

2025-2026 School Year

School:



Pacific Charter Institute

Student Learning Plan 9-12

Student Name: _____

Grade:

Parent Name: _____

Phone: _____

Acknowledgements

YES	My student will be A-G Complete by HS Graduation, and eligible for admission to a 4 year CA University.
YES	My Student will complete 2 Community College Classes before graduation.
YES	I understand funds can only be spent on courses listed in the Master Agreement

S1 Beginning of Year Assessment Data

MAP Math Percentile:
MAP Reading Percentile:

- ☐ My student is at or above the 61st %ile on MAP and is **NOT REQUIRED** to complete weekly personalized supports
- ☐ My student is at 60th %ile or below on MAP and is **REQUIRED** to complete weekly personalized supports

S2 Middle of Year Assessment Data

MAP Math Percentile:
MAP Reading Percentile:

- ☐ My student is at or above the 61st %ile on MAP and is **NOT REQUIRED** to complete weekly personalized supports
- ☐ My student is at 60th %ile or below on MAP and is **REQUIRED** to complete weekly personalized supports

[illegible]

Teacher will send SLP
to Parent Educator

- ☐ Parent Signed S1 SLP
- ☐ Parent Signed S2 SLP

[illegible]

S1 Parent
Signature:

[illegible]

S2 Parent
Signature: _____