Pacific Charter Institute

STUDENT LEARNING PLAN

Student Information	Parent/Guardian Information				
Name:	Name:				
Grade:	Phone:				
 Fall Percentile(M)/(ELA),	_/(R) Winter Percentile(M)/(ELA)/(R	.)			

eas of Strength	n/Concern	Meeting Frequency					
Course on MA	Academic Goal(s)	Resource Needed to Achieve Academic Goal(s) Curriculum/Supplies Vendors/Services			Reserved Budget		
1ath					EU:		
LA					EU		
ocial Studies					EU:		
cience					EU		
nrichment/PE					EU:		
upplies					EU:		
					EU:		
·			·	TOTAL BU	DGET: EUs		
Parent/Guardio	an: Sign	Date	_ Received By:	Sign	Date		
Reviewing Teacher:		Date	_ Approved By:	Sign	Date		