**SAMPLE Elementary ILP**

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| **Elementary Individual Learning Plan (ILP)** | | | | | | | **Bridges Summer School** | | | | | | | | | | |
| 1 | Student’s Name: | | | | | | | | Grade Level: | | | | | Date       /     / | | | |
| 2 | Remediation Area(s): | | | | | | | | | | | | | | | | |
| 3 | Referred by (teacher): | | | | | | School: | | | | | | | | | | |
| 4 | Persons Responsible for Implementing ILP (Summer School or Extended Day Teacher): | | | | | | | | | | | | | | | | |
| 5 | Completed by REFERRING TEACHER (information provided for Summer School/Extended Day Teacher) | | | | | | | Completed by Summer School or Extended Day Teacher | | | | | | | | | |
| 6 | Specific Area of Need | | | | Present Level of Performance | | IDENTIFY Success Criteria | SUCCESS Criteria Score | | | | Date Remediation COMPLETED | | | **ILP Goal**  Please Check | | |
| 7 | Reading: Please Identify DIBELS Big Idea Needs;  ▢ Phonemic Awareness  ▢ Alphabetic Principles  ▢ Accuracy & Fluency with Connected Text  ▢ Vocabulary  ▢ Comprehension | | | |  | | DIBELS       MAP       Lexile |  | | | |  | | | ▢  MET | ▢  NOT Met | |
| 8 | Identify Math Standard | | | |  | | STARMATH |  | | | |  | | | ▢  MET | ▢  NOT Met | |
| 9 | If “not met”, describe progress achieved by student and what the student did learn. | | | | | | | | | | | | | | | | |
| 10 | Date to REVIEW PROGRESS      /     / | | | | | | | | | | | | | | | | |
| 11 | Parent Contacted (date):       /     / | Informed by (person) | | | | | Parent Contacted (date):       /     / | | | Informed by (person) | | | | | | | |
| 12 | Parent Contacted by: ▢Phone ▢Letter ▢Personal Contact ▢Other (specify) | | | | | | Parent Contacted by: ▢Phone ▢Letter ▢Personal Contact ▢Other (specify) | | | | | | | | | | |
|  | By signing this plan I indicate my agreement to the goals and responsibilities as outlined above. | | | | | | I have reviewed the student’s progress of this Individual Learning Plan (ILP). | | | | | | | | | | |
| 13 | *Student Signature(when appropriate)* | | Date | Referring Teacher Signature | | Date | *Student Signature(when appropriate)* | | | | Date | | Referring Teacher Signature | | | | Date |
| 14 | Parent Signature | | Date | Principal Signature | | Date | Parent Signature | | | | Date | | Principal Signature | | | | Date |