**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 |