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| **Secondary Individual Learning Plan (ILP)** | **Grades 7-12** |
| **Referral Form – Summer School** | **Summer School** |
| Student’s Name:       | Student ID#       | Date      /      /      |
| Remediation Area(s):       | Grade/Course:       |
| Remediation Activity/Opportunity: ▢Summer School ▢Skill Maintenance | Referred by (teacher):       | School:       |
| Persons Responsible for Implementing ILP (Summer School or Extended Day Teacher): |
| Completed by REFERRING TEACHER (information provided for Summer School Teacher) | Completed by Summer School Teacher |
| Select one skill under each recommended remediation area. | Recommended/Suggested Materials, Assignments, other Resources | IDENTIFY Success Criteria Please Check | SUCCESS Criteria Score | Date Remediation COMPLETED | **ILP Goal**Please Check |
| **Writing**▢Organization▢Mechanics▢Research Skills |  | ▢ Course Grade▢ District Assessment▢ Other: |       |       | ▢MET | ▢NOT Met |
| **Math**▢Problem Solving▢Computation/Basic Facts |  | ▢ Course Grade▢ District Assessment▢ Other: | STARPre \_\_\_Post \_\_\_ |       | ▢MET | ▢NOT Met |
| **Reading**▢Vocabulary▢Comprehension▢Informational Text |  | ▢ Course Grade▢ District Assessment▢ Other: | Pre \_\_\_Post \_\_\_ |       | ▢MET | ▢NOT Met |
| **Study Skills**▢Listening, Note Taking▢Self Advocacy▢Organization |  | ▢ Classroom Assessment▢ Other: |       |       | ▢MET | ▢NOT Met |
|  |
| **PRE-REFERRAL** | **PROGRESS/COMPLETION** |
| Parent Contacted (date):     /     /      | Informed by (person)      |  |  |
| Parent Contacted by: ▢Phone ▢Letter ▢Personal Contact ▢Other (specify) | Parent Contacted by: ▢Phone ▢Letter ▢Personal Contact ▢Report sent to parent ▢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). |
| *Student Signature (when appropriate)* |      Date | Referring Teacher Signature |      Date | *Student Signature (when appropriate)* |      Date |      Referring Teacher Signature |      Date |
|      Parent Signature |      Date | Bridges Coordinator |      Date  |      Parent Signature *(when appropriate)* |      Date |      Bridges Coordinator |      Date |