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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: | | STAR  Pre \_\_\_  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 |