## Student name Grade

## WSLP completed on (date):

## Approved by:

### Parent 1

Address

City, St Zip

Home phone

Work phone

Cell phone

Email

### Parent 2

Address

City, St Zip

Home phone

Work phone

Cell phone

Email

### **Start Date**

### End Date

FTE

other FTE

at

Out of District: Y / N

IEP Y / N

504 Y / N

### Estimated Total Hours of Learning Activities per week:

### Method(s) of Weekly Contact include:

* in person
* phone
* synchronous or asynchronous digital
* class time

### Student Testing:

SBAC: WCAS:

CBAs: Other:

**Comments:**

## Student name Grade

### K-8 Course Listings:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CEDARS Code** | **Course** | **Course Type\*** | **Certificated Teacher** | **Start Date** | **End Date** |
|  | Language Arts |  |  |  |  |
|  | Social Studies |  |  |  |  |
|  | Math |  |  |  |  |
|  | Science |  |  |  |  |
|  | Health/Fitness |  |  |  |  |
|  | Arts |  |  |  |  |
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**\*TYPE: SB: Site-based (w/class time) R: Remote (Independent w/cert support) O: Online**

Syllabus and Timeline for each course listed above are attached or are available electronically.

Successful progress is determined by the certificated teacher based the student’s progress toward achieving the learning goals and performance objectives specified in the WSLP. Failure to meet the minimum progress requirements will result in a modification to the learning plan. If progress does not improve and become successful within two months, the student may be withdrawn from the course and/or program.

Certificated Staff Date

Parent Date

Student Date Student name Grade

### High School Course Plan + Start / End Dates

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Term/ Semester** | **Start Date** | **End Date** | **Term/ Semester** | **Start Date** | **End Date** |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| CEDARS Code | District Code (optional) | Course | Certificated Staff | Course Type\* | Sem | CR |
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Certificated Staff Date

Parent Date

Student Date

Student name Grade

## WSLP MONTHLY PROGRESS SUMMARY(detail available separately)

**September:** \_\_\_\_\_\_\_\_\_\_ S / U

 date teacher student/parent initials / method of communication

**October:** \_\_\_\_\_\_\_\_\_\_ S / U

 date teacher student/parent initials / method of communication

**November:** \_\_\_\_\_\_\_\_\_\_ S / U

 date teacher student/parent initials / method of communication

**December:** \_\_\_\_\_\_\_\_\_\_ S / U

 date teacher student/parent initials / method of communication

**January:** \_\_\_\_\_\_\_\_\_\_ S / U

 date teacher student/parent initials / method of communication

**February:** \_\_\_\_\_\_\_\_\_\_ S / U

 date teacher student/parent initials / method of communication

**March:** \_\_\_\_\_\_\_\_\_\_ S / U

 date teacher student/parent initials / method of communication

**April:** \_\_\_\_\_\_\_\_\_\_ S / U

 date teacher student/parent initials / method of communication

**May:** \_\_\_\_\_\_\_\_\_\_ S / U

 date teacher student/parent initials / method of communication

**Year End** \_\_\_\_\_\_\_\_\_\_ S / U

**/Exit** date teacher student/parent initials / method of communication

*Next Year’s Placement:* Grade Location:

*Reason(s) for leaving program:*