

SHELTON SCHOOL DISTRICT - HOME PARTNERSHIP ACADEMY FOR GRADES 9-12
Enrolled Home-Based Student Learning Plan 2005-2006

Student Name:				Start Date:		Estimated Completion Date:			
Parent/Guardian E-Mail Address:						Phone:			
Washington State Graduation Requirements: X's indicate classes completed, Dates indicate classes presently enrolled in and Circles forecast of upcoming classes.									
Language Arts (3.5)	I-A	I-B	II-A	II-B	III-A	III-B	IV-A	Literature	
Social Studies (3)	Pacific NW *	Geography	World Hist. A	World Hist. B	US Hist. A	US Hist. B *	US Gov. *		
Mathematics (2)	Pre-Alg. I	Pre. Alg. II	Alg. 1-I	Alg. 1-II	Geometry 1-I	Geometry 1-II	Alg. II-I	Alg. II-II	
	Trigonometry	Consumer I	Consumer II	Life Context	Pre-Calculus	Calculus I	Calculus II		
Science (2) [1 lab]	Intro-Physics	Intro-Chem.	Earth Science	Biology I	Biology II	Physics	Chemistry		
Occupational (2)				Fine Arts (1)					
Health/Fitness (2)	Health	PE I	PE 2			Senior Project		High School & Beyond Plan	
Electives (7.5)									
Graduation Plans:									
Graduation Year			Plans for completing graduation requirements:						
Total Credits Earned									
Credits to Graduation									
Credits needed to Graduate on time per Semester									
WASL Scores:			Specific Actions needed for student to accomplish goals and meet <u>standards</u> of Washington State:						
Reading	400+								
Writing	9+								
Math	400+								
Science	400+								
Alternative Assessments:									
Reading:									
Writing:									
Math:									
Science:									
Other:									
Goals student would like to accomplish:									

Ways Parent(s)/Guardian(s) wish to support their child's learning:

Courses and competencies needed to meet academic standards for a student to stay on track to graduate.

Quality work, assessments and timeliness in completing courses will be evaluated monthly to determine if Learning Plan objectives are being met. Syllabi attached correspond to essential learning requirements.

Monthly Dates of Evaluation													Completion					
Course Title	Day(s) of Week	<u>Estimated hours for completion</u>	On Schedule	Behind schedule	On Schedule	Behind Schedule	On Schedule	Behind Schedule	On Schedule	Behind Schedule	On Schedule	Behind Schedule	<u>Date Completed</u>	<u>Credit Earned</u>	<u>Grade Earned</u>	<u>Parent/ Guardian Initials</u>		

Student Learning Plan Support Activities:**Expectations for meeting written student learning plan objectives:**

Minimum Hours of Study for this learning plan will be ____ hours per week.

Minimum Hours of in class instruction will be __5__ hours per week.

Additional Comments:**Contract Signatures**

Parent Information | Parent/Guardian has received a copy of Student Learning Plan by: Mail ☐ Conference ☐ Date:

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Instructor: _____ Date: _____