

SHELTON SCHOOL DISTRICT - HOME PARTNERSHIP ACADEMY FOR GRADES K-8
Enrolled Home-Based Student Learning Plan 2005-2006

Student Name:				Start Date:		Estimated Completion Date:			
Parent/Guardian E-Mail Address:						Phone:			
K-8: X's indicate classes completed, Dates indicate classes presently enrolled.									
Language Arts K-5	K	1	2	3	4	5			
6-8	6-1	6-2	7-1	7-2	8-1	8-2			
Mathematics K-5	K	1	2	3	4	5			
6-8	6-1	6-2	7-1	7-2	8-1	8-2			
Social Studies K-5	K	1	2	3	4	5			
6-8	Geography	Geography	World Hist.	World Hist.	US History	US History			
Science K-5	K	1	2	3	4	5			
6-8	Life Science	Life Science	Physical Sci.	Physical Sci.	Earth Sci.	Earth Science			
Health K-5	K	1	2	3	4	5			
6-8	6-1	6-2	7-1	7-2	8-1	8-2			
PE K-5	K	1	2	3	4	5			
6-8	6-1	6-2	7-1	7-2	8-1	8-2			
Fine Arts K-5	K	1	2	3	4	5			
6-8	6-1	6-2	7-1	7-2	8-1	8-2			
Electives									
Project-Based Learning									
		F							
		W							
		S							
		Extra							
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: BASI									
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 pass.
Quality Work, assessments and timeliness in completing courses will be evaluated monthly to determine if Learning Plan objectives are being met. Grade course plans K-5, or syllabi 6-8, attached correspond to essential learning requirements.

Monthly Dates of Evaluation**Completion**

Course Title	Day(s) of Week	Estimated hours for completion	On Schedule	Behind schedule	On Schedule	Behind Schedule	On Schedule	Behind Schedule	On Schedule	Behind Schedule	On Schedule	Behind Schedule	Date Completed	Credit Earned	Grade Earned	Parent/Guardian Initials
	M T W T H F															
	M T W T H F															
	M T W T H F															
	M T W T H F															
	M T W T H F															
	M T W T H F															
	M T W T H F															
	M T W T H F															
	M T W T H F															
	M T W T H F															

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: _____

