

SHELTON SCHOOL DISTRICT - CHOICE HIGH SCHOOL
Alternative Experience 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)									
Social Studies (3)									
Mathematics (2)									
Science (2) [1 lab]									
Occupational (2)				Fine Arts (1)					
Health/Fitness (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 _____ 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: _____

