

# African Dance Club

## @ Maple Grove Middle School

We are inviting your child to participate in our **FREE after school program** called **African Dance Club**. This group will take place on Thursdays starting September 20 – May 30 from 2:50 – 4:20 pm. Transportation will be provided to students who take regular transportation within our school boundaries. In this program, we will be learning tradition, contemporary, and blended African Dance taught by Mrs. Patricia. Boys and girls will be able to learn new skills, talents, and strengths while building a sense of positive community and embracing a piece of African culture. **All students will meet in the Cafeteria by 2:50 and must be signed up in order to attend.**



This program is funded through Targeted Services funding from the Minnesota Department of Education. Targeted Services is a state-funded, by-invitation-only program that offers additional learning opportunities to academically targeted K-8 students. Students are invited if they would benefit from the program and are able to be independent, safe and successful within the program. Students who are not able to be independent, safe, or successful will be asked to discontinue their attendance as this is not a mandatory program for any child to participate in.

Targeted services programs are purposefully designed to build academic skills, as well as to help students develop better organizational and social/emotional skills. Targeted services programs are taught or supervised by highly-qualified teachers. Students qualify based upon informal and formal district assessment measures and district benchmarks. Students are selected for participation based on graduation incentive or GI codes. The identification of students who could benefit from a targeted service program can be referred by: classroom teachers, support teachers, counselors, or other school personnel.

Every student enrolled in a targeted services program must have a continuous learning plan (CLP) on file. The CLP is required by the Minnesota Statutes, section 124D.128, Subdivision 3. It is a communication tool to show why the student was recommended and to involve/inform the guardians about the process. A guardian must sign the registration form for the extended day/year program, as well as their child's CLP.

**Both forms are attached to this letter. Please fill in all grey shaded areas.  
Forms MUST be returned to Student Services BEFORE your child to participate.**

**\*\* IF YOU HAVE ALREADY FILLED OUT A CONTINUAL LEARNING PLAN FOR THE 2018-2019 SCHOOL YEAR, YOU DO NOT NEED TO COMPLETE ANOTHER \*\***

**Targeted Services Registration Form (Needed for EACH course taken)**  
**Please print and SIGN below!**

School Year: 2018-2019	School Site:	Maple Grove Middle School		
Student Name:				
Address:				
City:		State:		
Date of Birth:		Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Advisory Teacher:				
Parent/Guardian Name(s):				
Phone 1:		Phone 2:		
Emergency Contact Name & Phone Number				
Transportation method:	<input type="checkbox"/> Walk	<input type="checkbox"/> Picked up	<input type="checkbox"/> Bus	
<b>If someone other than a guardian will be providing transportation from MGMS at anytime, please list their name(s) below, granting permission for them to do so:</b>				
Name & Relationship to child:				


Student's Interest:
Additional Notes:

Guardian(s) Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Best Email(s) for communication: \_\_\_\_\_



Continual Learning Plan (CLP) Targeted Services			
	Fiscal Year this plan covers:	2018-2019	
	Student Identification Number:		
	Current Grade of Student:		
Student Name (First & Last):			
School Attending:	Maple Grove Middle School		
Guardian Name (First & Last):			
Address:			
Phone:			
Referred by:		Position:	
Guardian & Student Goals:  (Check up to three from this list or write below in other):	<input type="checkbox"/> Improve Reading, writing, math skills <input type="checkbox"/> Improve Attendance <input type="checkbox"/> Decrease conflicts with others <input type="checkbox"/> Increase self-esteem/concept <input type="checkbox"/> Increase amount of reading at home <input type="checkbox"/> Learn test-taking strategies <input type="checkbox"/> Join a club or activity <input type="checkbox"/> Improve Grades	<input type="checkbox"/> Improve verbal communication skills <input type="checkbox"/> Make better decisions <input type="checkbox"/> Decrease stress/anxiety <input type="checkbox"/> Increase motivation/attitude <input type="checkbox"/> Improve personal hygiene/general health <input type="checkbox"/> Learn more about oneself <input type="checkbox"/> Discover enhance individual talents	
Other Goals:	<input type="checkbox"/>		
Indicators of Need (Graduation (GI) Code)	<input type="checkbox"/> Is below one or more grade level(s) based on standardized test(s). (1) <input type="checkbox"/> Is behind peers in satisfactorily completing coursework. (2) <input type="checkbox"/> Is pregnant or is a parent. (3) <input type="checkbox"/> Has been assessed as chemically dependent. (4) <input type="checkbox"/> Has been excluded or expelled. (5) <input type="checkbox"/> Has been referred by a school district for being isolated, demonstrating low motivation, aggression or behavioral problems, has family issues, or for other reasons. (6)	<input type="checkbox"/> Is a victim of physical or sexual abuse. (7) <input type="checkbox"/> Has experienced mental health problems. (8) <input type="checkbox"/> Has experienced homelessness in the past 6 months. (9) <input type="checkbox"/> Speaks English as a second language or has limited English proficiency (LEP) (10) <input type="checkbox"/> Has withdrawn from school or has a higher than average level of absenteeism. (11) <input type="checkbox"/> Is a sibling of or is being treated in a hospital for a life-threatening disease. (12)	
Reading Level:		Math Level:	
Current Services the student is receiving: (Check all that apply)	<input type="checkbox"/> Special Education IEP in place <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> ELL Services
<input type="checkbox"/> Other: list supports/interventions			
*Student Signature:	*Guardian Signature:	*Staff Signature:	
End of Year Review:	Did the student accomplish their goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If answered No, please explain:			
*By signing, I confirm that the above information is accurate and enrollment in the Targeted Services Program is an appropriate educational opportunity for the named student.			