

Targeted Services CLP Intake/Continual Learning Plan



Student Name: _____ Grade: _____ Graduation Incentive (GI) Code: _____

School: Brooklyn Middle School Date Referred: _____ By whom: _____
(optional for students to participate)

Parent/Student Goals: (check up to 3)

- Improve reading, writing, math skills
- Improve Attendance
- Decrease conflicts with others
- Increase self-esteem/concept
- Increase amount of reading at home
- Complete homework on time
- Learn test-taking strategies
- Join a club/activity
- Improve verbal communication skills
- Make better decisions
- Decrease stress/anxiety
- Increase motivation/attitude
- Improve personal hygiene/general health
- Learn more about oneself
- Discover/enhance individual talents
- Improve grades
- Other: _____

(All goals must be assessed below)

Will this student generate more than 1.0 ADM

- Yes No Unknown

Progression to next grade level

- Yes No Unknown

Indicators of Need (GI Code):

- Is below one or more grade level(s) based on standardized test(s). (1)
- Is behind peers in satisfactorily completing coursework. (2)
- Is pregnant or is a parent. (3)
- Has been assessed as chemically dependent. (4)
- Has been excluded or expelled. (5)
- 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)
- Is a victim of physical or sexual abuse. (7)
- Has experienced mental health problems. (8)
- Has experienced homelessness in the past 6 months. (9)
- Speaks English as a second language or has limited English proficiency (LEP) (10)
- Has withdrawn from school or has a higher than average level of absenteeism. (11)
- Is a sibling of or is being treated in a hospital for a life-threatening disease. (12)

Assessments: (Pre & post MCA/NWEA scores, Dibels, report card, informal writing & math assessments, observations, attendance, IEP/504 plans, academic information, career assessments, as defined by program.)

Were all the goals listed above met? Yes No

Assessment Used (for each goal) Pre (Spring 2019) Post: (Spring 2020)(Results/Outcomes):

- | | | |
|--|---------------------|---------------------|
| <input type="checkbox"/> Reading: MAPS | _____ | _____ |
| <input type="checkbox"/> Reading: MCA | E __ M __ P __ D __ | E __ M __ P __ D __ |
| <input type="checkbox"/> Math: MAPS | _____ | _____ |
| <input type="checkbox"/> Math: MCA | E __ M __ P __ D __ | E __ M __ P __ D __ |
| <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Other: _____ | | |

<u>Student Signature:</u>	<u>Parent/Guardian Signature:</u>	<u>Teacher/Staff Signature:</u>
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Registration Form

2019-2020

Brooklyn Middle School

You may choose to have your child participate in our FREE before or after school program **Code Academy** this fall. We would love for your child to join us (every other Tuesday, Wednesday and Thursday) starting (September 25 – May 28) from (2:45 – 4:30 pm). Transportation will be provided. In this program we will be working on Creativity and Innovation, Communication and Collaboration, Research and Information Fluency, Critical Thinking, Problem Solving, and Decision-Making Digital Citizenship, Technology Operations and Concepts.

Please fill out the information below if you are interested in having your student participate in this free program provided by Targeted Services and 21st CCLC funding through the Minnesota Department of Education.

Please return this form by **(Sept 24 or ASAP)** in order for your child to participate.

Class (es): _____

Student Name: _____ Current Grade: _____ Date: _____

Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Phone: (Home): _____ (Work): _____ (Cell): _____

Add any additional information:

Parent Signature: _____

Student Signature: _____