

Program Oversight: Early Intervention, Beacon and ALC

2020-2021 Continual Learning Plan for Credit Recovery

Student's Na	me (no nicknames):	DOB:	Date Referred:	
Grade:	(if you are filling this out for summe	er school, note the grade the stude	ent will in the fall)	
Student Cell	Phone Number:			
Parent Name:		Phone #	Phone #	
Parent Name:		Phone #	Phone #	
		Resident District:		
		Ethnicity (see your MARSS person):		
School stude	nt is enrolled in:	Referred		
	very (students going into grades	-		
Name of Course/Subject:				
Name	e of Course/Subject:	Credit:		
Student is c	urrently receiving the following s	ervices:		
☐ Speci	al Education: Disability Category: _	(send Modifications	/Accommodations)	
the WCED AI	expectations and goals the referring LC? Include academic and behavio	or concerns:	nrolling in Credit Recovery at	
Provid	port: ded by Enrolled District (attending o ded by WCED ALC: "In person" or "Hybrid" credit reco		ALC. Tuesdays 3:30-7:00;	
٥	students allowed to work up to 7 a "Distance Learning" as declared be learning format. Students are requengage in learning during this time documentation will also be obtained additional 7 hours of learning as declared.	by WCED ALC, credit recovery will uired to join live on Tuesdays 3:30 e (documentation from live instructed from the online log). Students	I continue in distance 0-7:00 as a check in and tion/support, if using Acellus are also able to complete an	
	Digital format may be using Goog as main platforms. Students conn		•	
٠	Paper/Pencil learning in situations up/drop off of materials will be set	s where the internet is unable to be	e accessed. Scheduled pick	
	Outline of expectations to earn the	•	• •	
Student Signature:			Date:	
Parent/Guardian Signature:				
School District Rep Signature:			Date:	
ALC Staff Rep Signature:			Date:	