

*Member School Districts:
Albany, Melrose,
Paynesville and Sauk Centre*



WEST CENTRAL EDUCATION DISTRICT

*Program Oversight:
Early Intervention,
Star, Beacon and ALC*

Continual Learning Plan for Credit Recovery

Name (first, last): _____ DOB: _____

Grade: ____ (if you are filling this out for summer school, note the grade the student will in the fall)

Student Cell Phone Number: _____

Parent Name: _____ Phone # _____

Parent Name: _____ Phone # _____

Address: _____

Resident District: _____ MARSS Number _____

School student is enrolled in: _____

Referred By: _____ Date Referred: _____

Ethnicity (see your MARSS person): _____

Credit Recovery (students going into grades 9-12)

Student has the following Academic Credit Needs: (check classes to be assigned in Acellus on reverse)

Name of Course/Subject: _____ Credit: _____

Name of Course/Subject: _____ Credit: _____

Student is currently receiving the following services:

Special Education: Disability Category: _____ (**send Modifications/Accommodations**)

What are the expectations and goals the referring district, or the student, has for enrolling in Credit Recovery at the WCED ALC? Include academic and behavior concerns:

1. _____

2. _____

Teacher Support:

Provided by Enrolled District (attending on district campus; district will provide instruction, district will report attendance to ALC by the end of the school year)

Provided by WCED ALC (attending on ALC campus, ALC will provide instruction)

Additional details will be provided

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School District Rep Signature: _____ Date: _____

ALC Staff Rep Signature: _____ Date: _____