

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



WEST CENTRAL EDUCATION DISTRICT

*Program Oversight:  
Early Intervention,  
Beacon and ALC*

## Credit Recovery Continual Learning Plan

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: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Referred By: \_\_\_\_\_ Date Referred: \_\_\_\_\_

### Credit Recovery (students going into grades 9-12)

Student has the following Academic Credit Needs:

Name of Course/Subject: \_\_\_\_\_ Credit: \_\_\_\_\_

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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: \_\_\_\_\_