

*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: ____ (for summer school, note the grade the student will enter in the fall)

Student Cell Phone Number: _____

Parent Name: _____ Phone # _____

Parent Name: _____ Phone # _____

Address: _____

Resident District: _____ MARSS Number _____

Referring District: _____ 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: _____

Name of Course/Subject: _____ Credit: _____

Name of Course/Subject: _____ Credit: _____

Name of Course/Subject: _____ Credit: _____

Student is currently receiving the following services:

Special Education: Disability Category: _____ (send IEP/ER)

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: _____