

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



WEST CENTRAL EDUCATION DISTRICT

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

Distance Learning 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:

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)

Provided by WCED ALC

Digital format using Google Suite (Google Classroom, Google Meet), Zoom, and Acellus as main platforms. "Live" group instruction as well as small group or one on one instruction will be provided. Students will have a set schedule to join classes.

Paper/Pencil learning in situations where the internet is unable to be accessed. Scheduled pick up/drop off of materials will be set. Scheduled phone calls for instructional support.

Outline of expectations to earn the credit will be provided.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School District Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ALC Staff Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_