

STUDENT LEARNING PLAN (SLP)

STUDENT NAME _____ SLP DATE _____

WITH THE HELP OF YOUR TEACHER OR OTHER ADULT EDUCATION STAFF, COMPLETE THE FOLLOWING LEARNING PLAN.

SHORT TERM

Staff Name: _____

What do you want to do or learn in the next 6 months?	How will you measure success?

LONG TERM

What do you want to do or learn in the next 6 – 12 months?	How will you measure success?

Reviewer: _____	Date: _____
Reviewer: _____	Date: _____
Reviewer: _____	Date: _____
REVIEWING GOALS WITH LEARNERS MUST OCCUR AFTER EVERY 30 HOURS OF INSTRUCTION.	

GOAL INFORMATION – DOE AND LOCAL USE ONLY	DATE		
	SET	TARGET	MET
PRIMARY NRS			
<input type="checkbox"/> Increase Educational Functioning Level			
<input type="checkbox"/> Obtain GED <input type="checkbox"/> Scores Verified (<i>met only</i>) *			
<input type="checkbox"/> Adult H.S. Diploma			
<input type="checkbox"/> EDP Credential			
<input type="checkbox"/> Place in Post-secondary Education **			
<input type="checkbox"/> Enter Employment			
<input type="checkbox"/> Retain Employment			
SECONDARY NRS			
<input type="checkbox"/> Increase Involvement in Child's Education			
<input type="checkbox"/> Increase Involvement in Child's Literacy Activities			
STATE			
<input type="checkbox"/> Obtain Career Readiness Certificate (CRC)			
<input type="checkbox"/> Obtain Citizenship			

* GED TESTING NO. _____ ** POST-SECONDARY NO. _____

LEARNER FOLLOW-UP ON GOAL ATTAINMENT

Follow-up with learners for goal attainment must occur within 30 days after learners' exit. Please document below.

Reviewer Initials _____ Follow-up Method _____ Date _____
 Reviewer Initials _____ Follow-up Method _____ Date _____
 Reviewer Initials _____ Follow-up Method _____ Date _____