

Sauk Rapids-Rice Public Schools Accelerated Learning Plan

Student:	Gender:	Birth Date:
School:	Current Grade:	Date:
Subject/Content Area:	Current Teacher(s):	

Parent/Guardian:	Phone:	Email:
Parent/Guardian:	Phone:	Email:

Details of Accelerated Learning Plan

(include class schedules, teachers involved, learning locations, transportation and curricular needs, and social/emotional considerations)

What is the timeline for implementation of the plan?

Who will implement transition plans?

Who will monitor the student's progress and how often?

How will acceptable student progress be determined?

_____ student must maintain same percentile rank in new setting as in former one

_____ student must demonstrate at least minimum level of growth on achievement testing

_____ other (specify:)

Other logistical considerations:

Date of next staffing for final review:

Accelerated Learning Plan Recommendations after Final Review

Feedback on the plan:

Final Recommendations: