



FALC Continual Learning Plan

Student Name: _____
 Plan Start Date: _____

Date Revised: _____

Birth Date: _____
 Date Revised: _____

	CURRENT STATUS: <i>Where am I at today?</i>	GOAL: <i>Where do I want to go?</i>	ACTIVITIES: <i>How will I meet my goal?</i>	GOAL MET?
CREDITS	(Portal – Reports – Official Transcript) As of today, I have _____ credits out of 22 possible. I have completed: _____ / 4 Credits English _____ / 3 Credits Math _____ / 3 Credits Science _____ / 3 ½ Credits Social Studies _____ / 1 Credit Phy Ed _____ / ½ Credit Health _____ / 7 Credits Elective (_____ / 1 Credit Art) Anticipated Year of Graduation: _____	I need to complete the following credits: _____ / Credits English _____ / Credits Math _____ / Credits Science _____ / Credits Social Studies _____ / Credit Phy Ed _____ / Credit Health _____ / Credits Elective (_____ / Credit Art)	Classes I need to take: I also need to: People I need to help me:	
ATTENDANCE	(Portal – Attendance – Term tab) My attendance for the ____ / ____ School Yr: Quarter 1: _____ days absent; _____ periods tardy Quarter 2: _____ days absent; _____ periods tardy Quarter 3: _____ days absent; _____ periods tardy Quarter 4: _____ days absent; _____ periods tardy The biggest factor(s) in my attendance was:	I have the following goals: <input type="checkbox"/> Increase my attendance by _____ (number of days) each qrtr. ____ <input type="checkbox"/> I have no attendance goals at this time. <input type="checkbox"/> Other:	I need to do the following to meet my goal: People I need to help me:	
TRANSPORTATION	Please check all that apply: <input type="checkbox"/> I have access to a car and can drive myself. <input type="checkbox"/> I have a reliable person that can bring me to school. <input type="checkbox"/> I live more than 2 miles away and can take the bus. <input type="checkbox"/> I will walk/bike to school. <input type="checkbox"/> Transportation is a concern for me due to: _____	I have the following goals: <input type="checkbox"/> Get my driver's license. <input type="checkbox"/> Buy a car. <input type="checkbox"/> I have no transportation goals at this time. <input type="checkbox"/> Other:	I need to do the following to meet my goal: People I need to help me:	

VOCATIONAL/CAREER	<p>Please indicate your current job status:</p> <input type="checkbox"/> I have a job. I work at: _____ <input type="checkbox"/> I do not have a job but I want a job. <input type="checkbox"/> I do not have a job and do not want a job. <p>Please indicate your current plan for after high school:</p> <input type="checkbox"/> I plan on working right out of high school at: _____ <input type="checkbox"/> I plan on attending a 2 year school for: _____ <input type="checkbox"/> I plan on attending a 4 year school for: _____ <input type="checkbox"/> I plan on going into the military. Branch: _____ <input type="checkbox"/> I am currently undecided but I am interested in: _____	<p>I have the following goals:</p> <input type="checkbox"/> I want to get a job. <input type="checkbox"/> I want to get a different Job than the one I have. <input type="checkbox"/> I have no job goals at This point. <input type="checkbox"/> Other: _____ <p>I need to complete the following for after I graduate: _____</p>	<p>I need to do the following to meet my goal: _____</p> <p>People I need to help me: _____</p>	
	CURRENT STATUS: <i>Where am I at today?</i>	GOAL: <i>Where do I want to go?</i>	ACTIVITIES: <i>How will I meet my goal?</i>	GOAL MET?
PERSONAL	<p>MISC (Share any other important information about your current status that may impact your ability to be successful in school. For example, you may be without a place to live, family issues, mental health concern, need to work to help pay bills, doctor appointments, issues with other people – including other students – that may impact your ability to attend, etc.)</p>	<p>I have the following personal goal: _____</p>	<p>I need to do the following to meet my goal: _____</p> <p>People I need to help me: _____</p>	
	<p>TESTS (Portal – Assessment – most recent)</p> <p>I have taken the following tests:</p> <input type="checkbox"/> ACT (Overall Score_____/Reading_____/English_____/Math_____) <input type="checkbox"/> ASVAB <input type="checkbox"/> Accuplacer (Score Reading_____/Math_____) <input type="checkbox"/> MCA III (Math_____/ Science_____/Reading_____)	<p>I am interested in taking:</p> <input type="checkbox"/> ACT <input type="checkbox"/> ASVAB <input type="checkbox"/> Accuplacer		

Review Date: _____ Were any of the goals not met? YES / NO

If yes, what goals were not met?

Student Signature

Parent/Guardian Signature

Staff Signature

Date