Owatonna Area Learning Center Continual Learning Plan 2026-2027

The information gathered here will be useful to you as you explore, plan and decide your educational choices.

Name:_____ Date of Birth:_____
Street Address:_____
City:_____State:_____ Father Phone:_____
Home District:_____ Mother Phone:_____
Emergency Contact:_____ Student Cell Phone:_____
Graduation Year:_____ Student Email:_____
Father Email:_____ Mother Email:_____

Current Services the Student is Receiving: (check all that apply)

____ Special Education (If Yes): IEP in Place _____ Yes _____ No Disability Classification:_____

____ 504 Accommodations ____ Social Security ____ CD Treatment ____ Social Worker ____Early Middle College

____ Mental Health Services ____ Human Services ____ School Psychologist ____ Probation/Diversion ____Other ___

Graduation Incentives: (Minnesota Statute 124D.128) ***Check which criteria apply (you must meet one of the criteria)***

_____ Performance substantially below average on a local achievement test.
_____ At least one year behind in completing coursework satisfactorily.
_____ Pregnant or a parent
_____ Chemically dependent
_____ Physically or sexually abused
_____ Experienced mental health problems
_____ Experienced homelessness in the last six months
_____ Limited English proficiency or speak English as a second language
_____ Excluded or expelled by a school district
_____ Chronically truant or have withdrawn from school
_____ Referred by your home district for enrollment in an eligible non traditional program.

_____ **I plan on receiving a diploma from my home district rather than Dist. 761.**

Student Signature: _____ Date:_____

Parent/Guardian Signature:_____ Date:_____

Staff Signature: _____ Date:_____

7/1/26 MW

Please have a school official complete the following section:

Credits required for graduation from District _____

_____ English _____ Social Studies _____ Math _____Health
_____Science _____ Other _____ _____ Electives

_____ _____
School Official Date

To be completed at the end of the current school year:

_____ Student successfully met academic goals.
_____ Student partially met academic goal.
Reason for partial achievement of goals:

_____ Student was unable to meet academic goals.
Reason for not meeting goals:

School official signature: _____ Date:_____