## **Student Name: Grade:**

**Month of:**

### **COURSE OF STUDY:**

**\_\_\_\_\_\_\_ Modify** how our direct weekly contact is achieved

\_\_\_\_\_\_\_ **Increase** the frequency and time spent each week with the student to enhance student achievement

\_\_\_\_\_\_\_ **Modify** the student’s learning goals and performance outcomes

\_\_\_\_\_\_\_ **Modify** the number of courses being taken in WSLP and the scope and sequence of the learning goals and objectives

#### **GOAL(S) FOR THE MONTH:**

**Certificated Teacher Signature:**

**Date:**

**Student Signature (as available):**

**Parent Signature (as available):**

**Method of Participation:**