



## SKAGIT FAMILY LEARNING CENTER

### Written Student Learning Plan

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total estimated average hours per week: \_\_\_\_\_

Describe weekly contact with SFLC staff: \_\_\_\_\_

#### Subject:

Estimated average weekly hours: \_\_\_\_\_

Essential instructional materials: \_\_\_\_\_

Learning goals / Performance objectives: \_\_\_\_\_

Requirements for successful completion: \_\_\_\_\_

Timelines and methods for evaluating student progress: \_\_\_\_\_

Meets EALR number(s): \_\_\_\_\_

Meets the following state and/or district graduation requirements: \_\_\_\_\_

SFLC class: \_\_\_\_\_

#### Agreements and Approval:

I am in agreement with this alternative learning experience plan. I understand my responsibilities. I approve this written plan.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am in agreement with this alternative learning experience plan. I understand my student's and my responsibilities. I approve this written plan.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am in agreement with this alternative learning experience plan and approve it.

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_