



**Continual Learning Plan (CLP)**

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

Name (Last, First, Middle Initial): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date/Age/Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

A total of 63 credits are needed to graduate from the Prior Lake Savage area school district. To graduate the following credit requirements must be met: (completed credits are indicated by a circle)

9th Grade		10th Grade		11th Grade		12th Grade	
English 9	3.0 Credits	English 10	3.0 Credits	English 11	3.0 Credits	English 12	3.0 Credits
Social 9	1.5 Credits	Global Studies	3.0 Credits	US History 11	3.0 Credits	Government	1.5 Credits
Science 9	3.0 Credits	Biology	3.0 Credits	Physics, Chemistry	3.0 Credits	Economics	1.5 Credits
Mathematics	3.0 Credits	Mathematics	3.0 Credits	Mathematics	3.0 Credits		
Health 9	1.5 Credits						
<b>Must complete by end of senior year</b>							
		Art	3.0 Credits				
		Physical Education	1.5 Credits				
		Electives	16.5 Credits				

**Personal and Educational Goals:** \_\_\_\_\_

**Goal for current school year:** To earn credits needed for graduation. I understand I am expected to work towards a minimum of 18 credits this year. If I am behind in credits I will need to work on additional credits in order to graduate with my academic peers. I know I will have reached this goal when the credits appear on my official transcript. This will serve as my assessment for reaching my academic goals.

**Courses to be enrolled:** See Student Credit Audit Sheet / Daily schedule / Infinite Campus (attached).

**Participation in this program is optional.** A CLP must be developed and completed annually for each pupil with the participation of the pupil, parent or guardian, teachers and other staff. Each participant must sign and date the plan as acknowledgement of the voluntary nature and focus of the program.

**Signatures:**

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

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ Student successfully met goals \_\_\_\_\_ Student was unable to meet goals.

Reason for not meeting goals:

School official signature: \_\_\_\_\_ Date: \_\_\_\_\_