

# TARGETED SERVICES

## Continual Learning Plan K - 8

### To be Completed by Referring Teacher:

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
 MARSS # \_\_\_\_\_ Classroom Teacher \_\_\_\_\_  
 School \_\_\_\_\_ School YR: \_\_\_\_\_ - \_\_\_\_\_ or Summer YR \_\_\_\_\_

Current Services the Student is Receiving (Student does not need these for Targeted Services)  
 Title I -  Special Education with IEP in  LD  EBD  ELL -  504 Plan

### Current Status/Indicators of Need for Targeted Services Program

Initial Referral: (To be completed by the day-school teacher at the time of initial referral to TS program)

Referral Criteria - Minnesota State GI Student: (To be completed by classroom teacher)

- \_\_\_\_\_ (1) performs substantially below the performance level for pupils of the same age in a locally determined achievement test;
- \_\_\_\_\_ (2) is behind in satisfactorily completing coursework or obtaining credits for graduation;
- \_\_\_\_\_ (3) is pregnant or is a parent;
- \_\_\_\_\_ (4) has been assessed as chemically dependent;
- \_\_\_\_\_ (5) has been excluded or expelled according to sections [121A.40](#) to [121A.56](#);
- \_\_\_\_\_ (6) has been referred by a school district for enrollment in an eligible program or a program pursuant to section [124D.69](#);
- \_\_\_\_\_ (7) is a victim of physical or sexual abuse;
- \_\_\_\_\_ (8) has experienced mental health problems;
- \_\_\_\_\_ (9) has experienced homelessness sometime within six months before requesting a transfer to an eligible program;
- \_\_\_\_\_ (10) speaks English as a second language or has limited English proficiency; or
- \_\_\_\_\_ (11) has withdrawn from school or has been chronically truant; or
- \_\_\_\_\_ (12) is being treated in a hospital in the seven-county metropolitan area for cancer or other life threatening illness or is the sibling of an eligible pupil who is being currently treated, and resides with the pupil's family at least 60 miles beyond the outside boundary of the seven-county metropolitan area.

### Assessment Scores

	Date	Reading	Math	Date	Reading	Math
NWEA	_____	_____	_____	_____	_____	_____
MCA	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____

Other Indicators of need:

### Recommended Targeted Program Goals/Outcomes

Using the initials provided (NY, IP, P), identify areas of concern in the Initial Referral column:

**NY** = Not Yet at Grade Level **IP** = In Progress **P** = Proficient at Grade Level **NA** = Not Applicable.

### Personal & Social

Day-school Performance Status		Targeted Services Completion Status	
Current	Goal	Status	Comments
_____	Shows comfort/confidence with self	_____	_____
_____	Follows classroom expectation/routines	_____	_____
_____	Uses materials purposefully/respectfully	_____	_____
_____	Makes independent personal choices	_____	_____
_____	Interacts easily with peers & adults	_____	_____
_____	Follows Directions	_____	_____
_____	Completion of Assignments	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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### Language & Literacy

Day-school Performance Status

Current	Goal
_____	Word Attack
_____	Comprehension
_____	Expresses ideas
_____	Mechanics of writing
_____	Vocabulary
_____	Listening Skills
_____	Editing Skills
_____	Research Skills
_____	_____
_____	_____

Targeted Services Completion Status

Status	Comments
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Mathematics

Day-school Performance Status

Current	Goal
_____	Number Recognition
_____	Addition/Subtraction
_____	Multiplication/Division
_____	Estimation
_____	Measurement
_____	Patterns & Relationships
_____	Problem Solving
_____	Number Sense
_____	Uses strategies to solve math problems
_____	Basic operations and math facts
_____	Reads and interprets graphs or charts
_____	Problem Solving
_____	Percentages, probability, and ratios
_____	Demonstrates algebraic thinking
_____	_____
_____	_____

Targeted Services Completion Status

Status	Comments
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Signatures/Comments

Referring Teacher: \_\_\_\_\_ School YR: \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Targeted Services Teacher: \_\_\_\_\_ School YR: \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_

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