

# Individual Learning Plan (ILP)

*Kindergarten - 8th Grade*

# Twindly Bridge Charter School

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

Grade Level: _____	School Year: 20 ____ - 20 ____	Current Date: _____
Parent/Guardian Name(s): _____	Phone #s: _____	
Teacher Advisor: _____	_____	

## Recommendations:

- *A minimum of four courses are required per semester.*
- *Student's focus should initially be on courses required for the core areas of Language Arts, Math, Science, and Social Studies.*
- *Please bring Standards Based Assessment (SBA), Measures of Academic Progress (MAP), and/or TerraNova Test to initial ILP planning session.*
- *This ILP can be amended throughout the year. Please stay in touch with your Teacher Advisor.*

## LANGUAGE ARTS

- \_\_\_ Phonics (grades K-2)
- \_\_\_ Penmanship (grades K-3)
- \_\_\_ Spelling (grades K-8)
- \_\_\_ Reading (grades 1-8)
- \_\_\_ Writing (grades 2-8)

### Check the appropriate box(es):

- 1/2 Credit Fall     1/2 Credit Spring     Other

## Specific Course Title(s):

## Curriculum Materials:

Please indicate title(s) and publisher; add level if specified. Include texts, videos, games, tutoring, etc.

## Method of Assessment:

- \_\_\_ Quizzes/Tests    \_\_\_ Learning Journal/Log    \_\_\_ Oral Review/Presentations    \_\_\_ Other  
\_\_\_ Portfolio    \_\_\_ Projects    \_\_\_ Guided Practice

## Grading Scale:

A = 100-90%, B = 89-80 %, C = 79-70%, etc.

Outstanding, Satisfactory, Needs Improvement (use only for grades K-3)

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<b>MATH</b>	<b>Check the appropriate box(es):</b> <input type="checkbox"/> 1/2 Credit Fall <input type="checkbox"/> 1/2 Credit Spring <input type="checkbox"/> Other
<b>Specific Course Title:</b>	
<b>Curriculum Materials:</b> Please indicate title (s) and publisher; add level if specified. Include texts, videos, games, tutoring, etc.	
<b>Method of Assessment:</b> ____ Quizzes/Tests      ____ Learning Journal/Log      ____ Oral Review/Presentations      ____ Other ____ Portfolio      ____ Projects      ____ Guided Practice	
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<b>SCIENCE</b>	<b>Check the appropriate box(es):</b> <input type="checkbox"/> 1/2 Credit Fall <input type="checkbox"/> 1/2 Credit Spring <input type="checkbox"/> Other
<b>Specific Course Title:</b>	
<b>Curriculum Materials:</b> Please indicate title(s) and publisher; add level if specified. Include texts, videos, games, tutoring, etc.	
<b>Method of Assessment:</b> ____ Quizzes/Tests      ____ Learning Journal/Log      ____ Oral Review/Presentations      ____ Other ____ Portfolio      ____ Projects      ____ Guided Practice	
<b>Grading Scale:</b> A = 100-90%, B = 89-80 %, C = 79-70%, etc. Outstanding, Satisfactory, Needs Improvement (use only for grades K-3)	

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

<b>SOCIAL STUDIES</b> (Includes history and geography)	Check the appropriate box(es): <input type="checkbox"/> 1/2 Credit Fall <input type="checkbox"/> 1/2 Credit Spring <input type="checkbox"/> Other
<b>Specific Course Title:</b>	
<b>Curriculum Materials:</b> Please indicate title(s) and publisher; add level if specified. Include texts, videos, games, tutoring, etc.	
<b>Method of Assessment:</b> ____ Quizzes/Tests    ____ Learning Journal/Log    ____ Oral Review/Presentations    ____ Other ____ Portfolio    ____ Projects    ____ Guided Practice	
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<b>OTHER-TECHNOLOGY</b> (grades 6-8) (Includes computer and Internet usage, keyboarding, and computer programs to increase skills in other subject areas, as well as Internet safety and proper usage.)	Check the appropriate box(es): <input type="checkbox"/> 1/2 Credit Fall <input type="checkbox"/> 1/2 Credit Spring <input type="checkbox"/> Other
<b>Specific Course Title:</b>	
<b>Curriculum Materials:</b> Please indicate title(s) and publisher; add level if specified. Include texts, videos, games, tutoring, etc.	
<b>Method of Assessment:</b> ____ Quizzes/Tests    ____ Learning Journal/Log    ____ Oral Review/Presentations    ____ Other ____ Portfolio    ____ Projects    ____ Guided Practice	
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Student Name: \_\_\_\_\_

## OTHER - HEALTH/ PHYSICAL EDUCATION (PE)

Check the appropriate box(es):

1/2 Credit Fall     1/2 Credit Spring     Other

**Specific Course Title:**

### Curriculum Materials for Health:

Please indicate title(s) and publisher; add level if specified. Include texts, videos, games, tutoring, etc.

### Planned Activities for PE:

Please describe the planned activities. Contact must be made with the coach of an organized sport to determine eligibility. If this involves a sports facility or health club, give the name of the facility, as well. If applicable, please also list any book titles or video titles which will be used.

### Method of Assessment:

\_\_\_\_ Quizzes/Tests      \_\_\_\_ Learning Journal/Log      \_\_\_\_ Oral Review/Presentations      \_\_\_\_ Other  
\_\_\_\_ Portfolio      \_\_\_\_ Projects      \_\_\_\_ Guided Practice

### Grading Scale:

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## OTHER - MUSIC

Check the appropriate box(es):

1/2 Credit Fall     1/2 Credit Spring     Other

**Specific Course Title:**

### Curriculum Materials:

Please indicate title(s) and publisher; add level if specified. Include texts, videos, games, tutoring, etc.

### Method of Assessment:

\_\_\_\_ Quizzes/Tests      \_\_\_\_ Learning Journal/Log      \_\_\_\_ Oral Review/Presentations      \_\_\_\_ Other  
\_\_\_\_ Portfolio      \_\_\_\_ Projects      \_\_\_\_ Guided Practice

### Grading Scale:

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

<b>OTHER - ART</b>	<b>Check the appropriate box(es):</b> <input type="checkbox"/> 1/2 Credit Fall <input type="checkbox"/> 1/2 Credit Spring <input type="checkbox"/> Other
<b>Specific Course Title:</b>	
<b>Curriculum Materials:</b> Please indicate title(s) and publisher; add level if specified. Include texts, videos, games, tutoring, etc.	
<b>Method of Assessment:</b> ____ Quizzes/Tests      ____ Learning Journal/Log      ____ Oral Review/Presentations      ____ Other ____ Portfolio      ____ Projects      ____ Guided Practice	
<b>Grading Scale:</b> A = 100-90%, B = 89-80 %, C = 79-70%, etc. Outstanding, Satisfactory, Needs Improvement (use only for grades K-3)	

<b>OTHER</b>	<b>Check the appropriate box(es):</b> <input type="checkbox"/> 1/2 Credit Fall <input type="checkbox"/> 1/2 Credit Spring <input type="checkbox"/> Other
<b>Specific Course Title:</b>	
<b>Curriculum Materials:</b> Please indicate title(s) and publisher; add level if specified. Include texts, videos, games, tutoring, etc.	
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