Twindly Bridge Charter School ILP AMENDMENT FORM K – 8 -DUE BY 10/31/2018-

STUDENT NAME:		
GRADE LEVEL:		
PARENT NAME:		
HOME PHONE:	CELL PHONE:	
CURRENT SCHOOL YEAR:	2017/2018	
CURRENT DATE:		
ADVISORY TEACHER:		
ADDING	CHANGING EXISTING REMOVING	
IF "ADDING" OR "CHANGIN	G", PLEASE COMPLETE THE FOLLOWING:	
SUBJECT:		
Primary Curriculum Source:		
(Please add level if specified.) P	ublisher:	
Supplementary Curriculum Please give book titles, video titles, etc.	Source(s):	
Goals:		
Please explain what you expect your child	d	
to be able to do/learn as a result of this course.		
Method of Assessment:		
Please indicate how the grade for	he course	
will be determined: whether throu		
quizzes, tests, projects, etc.		
Include the grading scale (if applied		
If "CHANGING", please explain	the change:	
If " REMOVING ", please comple	e the following:	
Subject:		

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Reason for Removing:

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