



Learner Progress Plan

Date: _____ Class(es): _____

Learner Name: _____

Teacher(s) Name: _____

Team Members: _____

Concerns: _____

Current CASAS score: _____ Needed CASAS score: _____

Attendance history attached

Assessment history attached

Past PEP(s) attached

ACTION STEPS

(Must be measurable and/or quantifiable)

Staff responsibilities:

Learner responsibilities:

(See reverse for follow-ups and notes)

Deadline date (6-months): _____

Learner Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Follow-up

Date:	Comments:
Date:	Comments:
Date:	Comments:
Date:	Comments:
Date:	Comments:
Date:	Comments:

Progress Plan outcomes:

Academic progress obtained Date: _____

NRS goal completed Date: _____

Other: _____ Date: _____