

# Interagency Academy Student Learning Plan 2014-15

(for office use only)

<u>IA School History</u>	<u>Start</u>	<u>End</u>

\*This plan includes 25 hours of work each week.





# Interagency Academy Student Learning Plan

All students work toward achieving goals in five different areas while attending Interagency Academy schools. Students will work with a support team (teachers, family, staff) to create these goals. These goals will be monitored and updated regularly. This student learning plan begins on \_\_\_\_\_ and will end on June 17, 2015.

**My Current School Year Goals** that support my personal vision. **Date:** \_\_\_\_\_

My primary **academic goal** for this semester is: \_\_\_\_\_

\_\_\_\_\_

My primary **attendance goal** for this year is: \_\_\_\_\_

\_\_\_\_\_

My primary **career development goal** for this year is: \_\_\_\_\_

\_\_\_\_\_

My primary **literacy goal** for this year is: \_\_\_\_\_

\_\_\_\_\_

My primary **math goal** for this year is: \_\_\_\_\_

\_\_\_\_\_

My primary **personal goal** for this year is: \_\_\_\_\_

\_\_\_\_\_

***By signing this Student Learning Plan, I am committing to doing my best to achieve my goals. I also agree to ask for help when I need it.***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Highly Qualified Teacher Signature

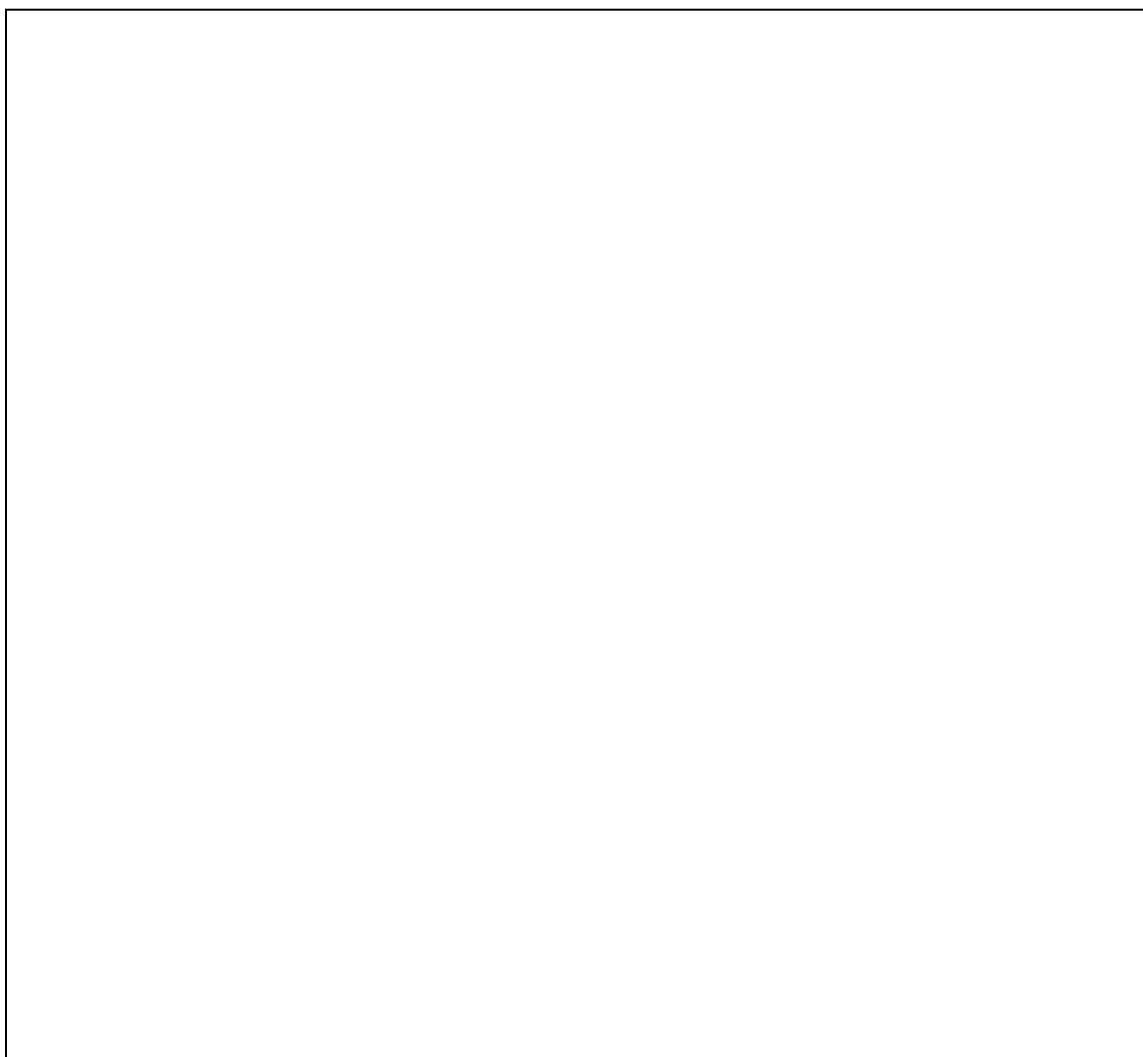
\_\_\_\_\_  
Date

## Interagency Student Vision

When you made the BIG decision to come to Interagency, you made the decision to make some changes in your life. It is our job to help you stay on the path you've chosen and to help you grow into the person you want to become.

Your vision statement tells us how you imagine yourself at the end of the year. Think about who you will be as you start meeting (and perhaps revising) the goals on the previous page and as you continue growing, how will your life change, what kind of decisions will you be making, how will you feel about yourself?

Use the box below to write YOUR personal vision statement.....

A large, empty rectangular box with a thin black border, intended for the student to write their personal vision statement.

# Getting to know you

Our goal is to get to know you so we can help match a school to your needs. We want a school that works for you and helps address any barriers that are in the way of you reaching your potential as a student and person. Please answer these questions while you wait to talk to someone personally. They are divided up into the three areas that influence who you are – home, school, and community. Do your best to answer honestly so we can best serve you. We are not here to judge you, just to support you.

What do you like to be called? \_\_\_\_\_ Languages you are able to speak \_\_\_\_\_

How old are you? \_\_\_\_\_ Your birth date: \_\_\_\_\_ Best # to reach you: \_\_\_\_\_

## SCHOOL

Why are you here? (at Interagency School) \_\_\_\_\_

How many high school credits have you earned so far? \_\_\_\_\_ (estimate if not sure)

What do you like about school?

\_\_\_\_\_

What are your academic strengths? \_\_\_\_\_ Challenges? \_\_\_\_\_

What gets in the way of your success at school? (For example: being late, missing school, not doing homework, behavior – kicked out of class or school regularly, work is too hard. If there are other reasons, please name them.)

\_\_\_\_\_

\_\_\_\_\_

Have you ever received special education services? \_\_\_\_\_ Do you have an I.E.P.? \_\_\_\_\_

Who is the adult who knows you best at your old school? \_\_\_\_\_

What is the last school you attended? \_\_\_\_\_ How long since you attended school?  
\_\_\_\_\_ List any other high schools you have attended \_\_\_\_\_

Have you attended an Interagency School or Southlake High School before? \_\_\_\_\_

Which one(s)? \_\_\_\_\_

Are there specific school sites you would like us to consider for you? (Orion, YEP, Opportunity Skyway, UDYC, Alder Academy, Southwest, Interagency at the YMCA, Southlake, Middle College, other high schools)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Explain why you want these schools to be considered:

\_\_\_\_\_  
\_\_\_\_\_

Is there a school you definitely do not want to attend?

\_\_\_\_\_ Explain your reason: \_\_\_\_\_

Which of your close friends attend Interagency school sites? \_\_\_\_\_

Which school sites do they attend? \_\_\_\_\_

Do you attend school regularly? (at least 4 days every week.) \_\_\_\_\_ If no, what gets in your way? \_\_\_\_\_

Are you usually on time to school? \_\_\_\_\_ If no, what gets in your way of getting to school on time?

\_\_\_\_\_

Is your goal to graduate high school? (yes/no) \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

How about go to college? (yes/no) \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

How about get job training and pursue a career? (yes/no) \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

Do you have a job or career you think you would like? (yes/no) \_\_\_\_\_ What is it? \_\_\_\_\_

Why? \_\_\_\_\_

What is the last book you read and liked? \_\_\_\_\_

**HOME (& Family)**

Where do you live? (house, apartment, shelter, group home, friend's house, or other) \_\_\_\_\_

What is your address? \_\_\_\_\_

If you don't know the address, what part of town do you live in? \_\_\_\_\_

How many times have you moved in the past year? \_\_\_\_\_

Who do you live with? \_\_\_\_\_

Who is your guardian (could be parent or other responsible adult)?

\_\_\_\_\_

If you are living independently, please tell us about your situation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have children? \_\_\_\_\_ How old are they?

\_\_\_\_\_

Do you have responsibility for taking care of any children (yours or someone else's)? \_\_\_\_\_ If so, what are your responsibilities?

\_\_\_\_\_  
\_\_\_\_\_

Do you have responsibility for caring for anyone else? (parents, aunts, siblings, friends) \_\_\_\_\_

Where do you eat most of your meals? \_\_\_\_\_

Have you ever lived in foster care? \_\_\_\_\_ Are you in foster care now? \_\_\_\_\_

Did either of your parents graduate from high school? \_\_\_\_\_ College? \_\_\_\_\_

Are either of your parents incarcerated (jail or facility)? \_\_\_\_\_

Do you have a physical and or mental health condition? If so what? \_\_\_\_\_

\_\_\_\_\_

How you been prescribed medications for your condition? \_\_\_\_\_



Do you think your condition is something that can affect your ability to be present and ready to learn in school? \_\_\_\_\_

Do you speak more than one language? \_\_\_\_\_ If yes, what language? \_\_\_\_\_

Do others in your family speak another language? \_\_\_\_\_ Do they speak English? \_\_\_\_\_

Who do you talk to when you need advice or support? \_\_\_\_\_

If you need support right now in any of the following areas, please check:

<input type="checkbox"/>	Food	<input type="checkbox"/>	Child care
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	School supplies
<input type="checkbox"/>	Clothing	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Finding housing	<input type="checkbox"/>	Mentoring
<input type="checkbox"/>	Medical needs	<input type="checkbox"/>	Other _____

Are you interested in talking to support staff (Care Coordinators) about these resources for you and / or your family? \_\_\_\_\_

### COMMUNITY

What do you normally do after school? \_\_\_\_\_

What do you enjoy doing on the weekends? \_\_\_\_\_

Who are your best friends? \_\_\_\_\_

Do you have a job? \_\_\_\_\_ What is it? \_\_\_\_\_ When do you work? \_\_\_\_\_

Are you involved in activities at any Community Centers or Boys and Girls Club? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Have you worked with any of these community programs during the past 3 years? Please check:

<input type="checkbox"/>	Treehouse	<input type="checkbox"/>	Seattle Youth Violence Prevention Initiative
<input type="checkbox"/>	YMCA	<input type="checkbox"/>	SWYFS

	Central Youth and Family Services		Atlantic Street Center
	Child Protective Services (CPS)		Consejo
	Therapeutic Health Service (THS)		ACRS

Other programs? \_\_\_\_\_

Do you have a counselor? \_\_\_\_\_ Who? \_\_\_\_\_

When and where do you meet? \_\_\_\_\_

Are you on parole or probation now? \_\_\_\_\_ Why? \_\_\_\_\_

Have you been in the past? \_\_\_\_\_ Why? \_\_\_\_\_

Are you gang involved? (yes/no) \_\_\_\_\_ Where? \_\_\_\_\_

What areas of the city are unsafe for you to go? \_\_\_\_\_

Are you connected to any religious organizations or churches? \_\_\_\_\_

Which ones? \_\_\_\_\_

Have you had issues with drugs or alcohol in the past? (yes/no) \_\_\_\_\_

Are you required to attend any counseling or programs for drug/alcohol use? \_\_\_\_\_

Would you like to talk with a counselor about drug and alcohol use or any other concerns you might have? Yes \_\_\_\_\_ Maybe \_\_\_\_\_ No \_\_\_\_\_

**Is there anything else we should have asked?** Please use this space to tell us anything else we should know that would help us understand you better.

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**Thanks for completing this questionnaire. Before you complete the intake process, you will have a chance to talk with one of the Interagency Intake staff members. Please be sure to let us know if you have any questions. Thanks!**

# Attendance

My primary **attendance goal** for this year is: \_\_\_\_\_

I understand the expectation is that I attend school every day and work for 25 hours each week.

Attendance is a critical part of success in any school.

Most recently, I attended school about \_\_\_\_\_ days every week, which is approximately \_\_\_\_%.

My goal this year is to increase my attendance to \_\_\_\_\_ days every week, approximately \_\_\_\_%.

What are the biggest barriers to your attending school every day? \_\_\_\_\_

The steps I will take this year to achieve my attendance goal are:

1. First, I will \_\_\_\_\_
2. Then, I will \_\_\_\_\_
3. I will also \_\_\_\_\_

Please rate yourself in the following areas:

	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Never</i>
I come to school every day.				
I come to school on time.				
I attend all my classes when I come to school.				
I am on time for appointments.				

*A note on attendance: Most successful students attend school more than 90% of the time. This means that they don't miss much school (they miss less than 3 days per month). How close are you to 90%?*

## Attendance Questionnaire

**What is currently happening in your life that keeps you from attending class?**

How does missing class affect you and others? Explain:

Who would be able to support you and help you with your situation?

What action can be taken that will empower you to attend class regularly?

Please fill in any squares from the categories listed which are applicable to your situation. All answers provided will be reviewed frequently throughout the school year. Thank you!

**Academic Concerns**

- The subject material is too hard
- I'm afraid of tests
- I don't like sitting in class
- School work is boring
- I'm not motivated to learn
- I don't get enough help in class
- My teacher doesn't like me
- I don't like my teacher
- I'm failing my classes so going to class is useless
- I don't learn anything in school
- Other \_\_\_\_\_

**Health Concerns**

- I am depressed/sad
- I can't focus in class
- I am sick a lot
- I feel sick when I think about attending school
- I don't eat before or during school
- I'm having problems with drugs/alcohol abuse
- My prescription drugs make it difficult to learn
- I can't stay in my seat during class
- I am feeling suicidal
- Other \_\_\_\_\_

**Family Concerns**

- My home life is a mess
- My parents don't care about school
- I don't have transportation to school
- I have to take care of other family members
- I don't have enough clothes
- I work during the school day
- I'm being abused or neglected
- I'm afraid things will fall apart if I leave home
- I think I am pregnant
- I recently lost a loved one
- Other \_\_\_\_\_

**Social Concerns**

- Other students pressure me into skipping class
- I'm having problems with gangs
- I'm in a gang
- I'm being bullied
- I feel alone at school
- I don't have any friends
- I'm ashamed of how I look
- I socialize and talk too much
- I don't feel safe at school
- Other \_\_\_\_\_

## Personal Development

My primary **personal development goal** for this year is: \_\_\_\_\_

\_\_\_\_\_

This goal is important to me because \_\_\_\_\_

\_\_\_\_\_

The steps I will take this year to achieve my personal goal are:

4. First, I will \_\_\_\_\_

5. Then, I will \_\_\_\_\_

6. I will also \_\_\_\_\_

## Literacy Plan

**\*READING - Current Levels of Performance:**

<b>MAP TEST SCORES</b>	Fall 2014	Winter 2014	Spring 2015
Overall Score			
Lexile Range			
Word Recognition Skills, Vocabulary Strategies			
Reading Comprehension			
Knowledge of Text Components			
Think Critically and Analyze			
Read for a Variety of Purpose			

\*My primary **reading goal**: \_\_\_\_\_

\_\_\_\_\_

My next **reading goal**: \_\_\_\_\_

\_\_\_\_\_

My next **reading goal**: \_\_\_\_\_

\_\_\_\_\_

**WRITING - Current Levels of Performance:**

\*HSPE Writing Score: \_\_\_\_\_ for grade \_\_\_\_\_

\*My primary **writing goal** for this year is: \_\_\_\_\_

\_\_\_\_\_

My next **writing goal**: \_\_\_\_\_

\_\_\_\_\_

My next **writing goal**: \_\_\_\_\_

\_\_\_\_\_

## Reading Plan

\*Date: \_\_\_\_\_ Volume/genre goal in reading is \_\_\_\_\_  
\_\_\_\_\_ because \_\_\_\_\_.

Date: \_\_\_\_\_ Volume/genre goal in reading is \_\_\_\_\_  
\_\_\_\_\_ because \_\_\_\_\_.

Date: \_\_\_\_\_ Volume/genre goal in reading is \_\_\_\_\_  
\_\_\_\_\_ because \_\_\_\_\_.

<b>Date:</b> <b>*The most recent books I've read:</b>	<b>Date:</b> <b>Next five books I will read:</b>	<b>Date:</b> <b>Next five books I will read:</b>
1) Notes:	1) Reason:	1) Reason:
2) Notes:	2) Reason:	2) Reason:
3) Notes:	3) Reason:	3) Reason:
4) Notes:	4) Reason:	4) Reason:
5) Notes:	5) Reason:	5) Reason:

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Qualitative Reflective Inventory: Evidence of Volume, Passion and Growth

1. How many days a week do you read outside of school? When? Where? \_\_\_\_\_  
\_\_\_\_\_
2. How many books, magazines, or news articles have you read in the past month?  
\_\_\_\_\_
3. What is the longest stretch of continuous reading that you can remember?  
\_\_\_\_\_
4. 4. What is your favorite genre of book? Examples: fantasy, realistic fiction, science fiction, non-fiction, poetry, memoir, etc.  
\_\_\_\_\_
5. I do the following when I read (circle all that apply):
  - a. Sometimes I reread what I have just read in order to better understand
  - b. I write notes about my ideas
  - c. I can picture what is going on inside my head
  - d. I can empathize with the characters (I feel what they feel)
6. I believe that reading is important because (be honest!): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Timed Reading:**

How many pages do I read in 10 minutes? \_\_\_\_\_

Title/author: \_\_\_\_\_

Starting page: \_\_\_\_\_ Ending page: \_\_\_\_\_

Please summarize what you read: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Writing Assessment

We want to get to know you as a person and as a writer. Please write a focused memoir (also called a personal narrative). A memoir is a true story from your life, one time you did something that you remember clearly. It can help if the moment you recall is meaningful to you in some way.

Demonstrate what you know about strong writing. For example, use dialogue (people talking), include lots of details, and what you were thinking at the time. Use what you know about good punctuation, paragraphs, spelling, and use of capital letters.

Please make changes and corrections directly on the draft – we want to see what revising and editing strategies you already know how to use.

Plan your writing here. Use any prewriting or brainstorming strategies you find useful.

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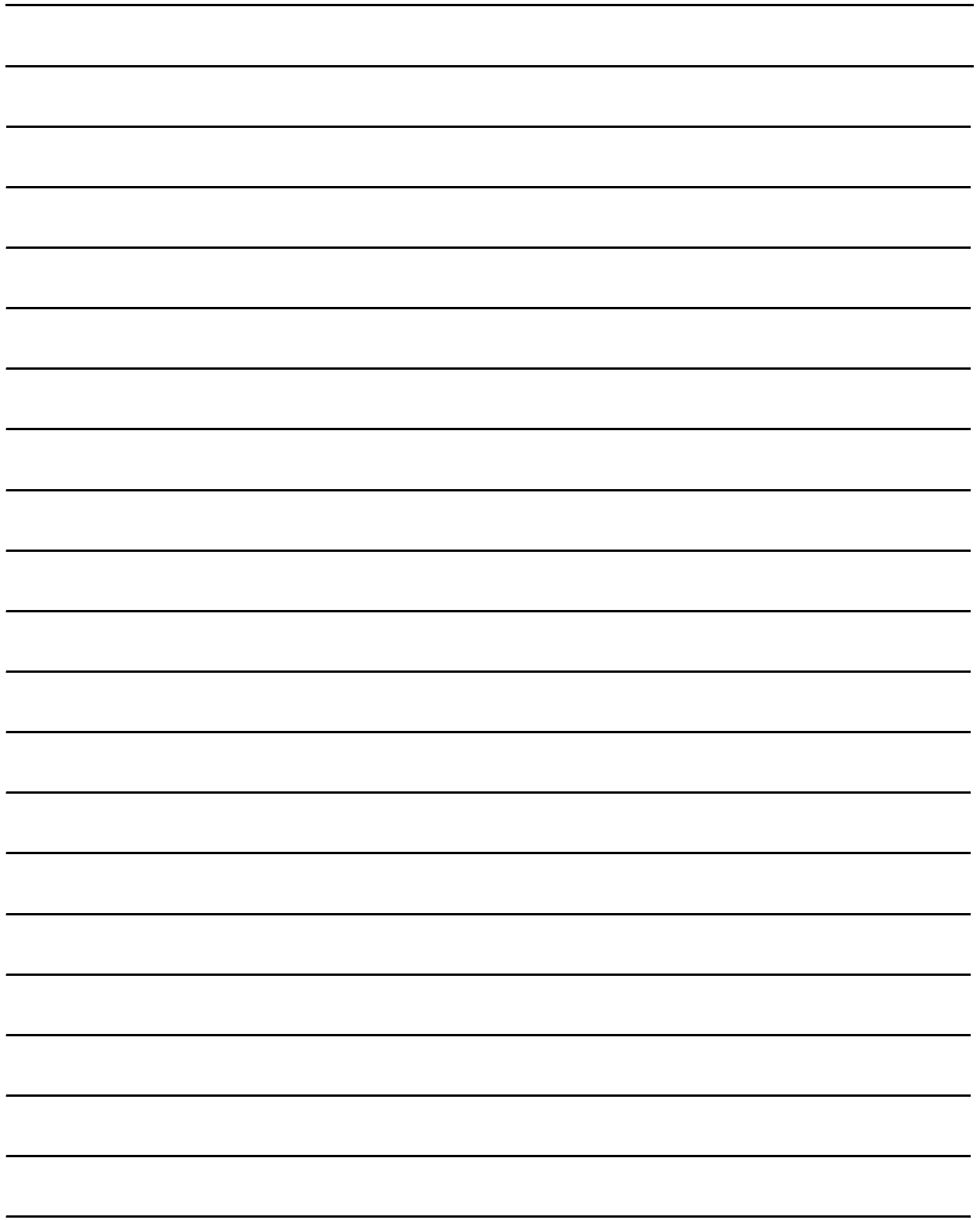
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## Math Goals

My primary **math goal** for this year is: \_\_\_\_\_

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Algebra/EOC Score: \_\_\_\_\_ Passed? \_\_\_yes \_\_\_not yet

### Levels of Performance

MAP TEST SCORES	Fall 2014	Winter 2014	Spring 2015
Overall Score			
Numbers and Expressions			
Functions			
Data and Distributions			
Testing time: 90+ minutes ideal			

My goal for next MAP testing opportunity: \_\_\_\_\_

What I can do to achieve this: \_\_\_\_\_

Math classes already completed: \_\_\_\_\_

Recommended math class (based on transcript and MAP score): \_\_\_\_\_

What will you do to work toward your math goals that is **different** than what you have done in the past? \_\_\_\_\_

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How will you know you are making progress? If you were asked for evidence, what would you show? \_\_\_\_\_

1<sup>st</sup> FOLLOW-UP (date, progress note, evidence)

NEXT STEP:

2<sup>nd</sup> FOLLOW-UP (date, progress note, evidence)

NEXT STEP:

## Academic Plan

### Graduation & Credit Totals

My projected graduation year is: \_\_\_\_\_.

Currently, I have \_\_\_\_\_ total credits. I still need to earn \_\_\_\_\_ credits in order to graduate.

My transcript is missing credits from the following schools:  
\_\_\_\_\_.

My goal for the remainder of the semester is to earn \_\_\_\_\_ credits.

My goal is to graduate in \_\_\_\_\_ semester(s), which means I will graduate in \_\_\_\_\_.

### Tests I need to pass to graduate:

**Reading**      Met\_\_\_ Not Met\_\_\_ Unsure\_\_\_

**Writing**      Met\_\_\_ Not Met\_\_\_ Unsure\_\_\_

**Math**          Met\_\_\_ Not Met\_\_\_ Unsure\_\_\_

**Science**      Met\_\_\_ Not Met\_\_\_ Unsure\_\_\_

### Other Info:

I am required to take B-Mod \_\_\_

I have a drug/alcohol requirement \_\_\_

I have an IEP \_\_\_

I have a 504 \_\_\_

Classes I need to take this semester:	<i>Online</i> classes I need to take this semester:
<p><b>LA:</b> _____</p> <p><b>Math:</b> _____</p> <p><b>Advisory:</b>                    _____</p> <p><b>Math COE:</b>                    _____</p> <p><b>Read/Writing LA COE:</b>    _____</p> <p><b>Math Intervention:</b>        _____</p> <p><b>Reading Intervention:</b>    _____</p> <p><b>Personal Growth (A.R.T.)</b> _____</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>

**My academic goal this semester at Interagency is:**

\_\_\_\_\_

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_ **Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_

## Career Development

1. My primary **career development goal** for the 2014/2015 school year is: \_\_\_\_\_

\_\_\_\_\_

2. List 5 careers you want to learn more about

\_\_\_\_\_

3. What are your long and short term career goals?

Long Term Goal:

\_\_\_\_\_

Short Term Goal (6 months):

\_\_\_\_\_

4. What will you do this semester to work toward your career goals?

\_\_\_\_\_

5. How will you know that you are making progress? If you were asked for evidence, what would you show? \_\_\_\_\_

6. Have you ever worked or had a volunteer job? \_\_\_\_\_ Where: \_\_\_\_\_

7. Are you currently working? \_\_\_\_\_

8. Do you have ID? \_\_\_\_\_

9. Do you have a copy of your Social Security Card? \_\_\_\_\_

10. Do you have a resume? \_\_\_\_\_

11. Who do you talk to about your future plans? \_\_\_\_\_

**Review #1**      **Date:** \_\_\_\_\_

Has your career goal changed? \_\_\_ yes \_\_\_ no. If yes, what is your new career goal?

What will you do this semester to work toward your career goals?

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**Review #2**      **Date:** \_\_\_\_\_

Has your career goal changed? \_\_\_ yes \_\_\_ no. If yes, what is your new career goal?

What will you do this semester to work toward your career goals?

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