

Personalized Learning Plan

Name:	Grade:	Teacher:	
Start date:	End date:	Check-up dates:	
Content Focus			
<input type="checkbox"/> English language arts Strand: <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Speaking and listening <input type="checkbox"/> Language <input type="checkbox"/> Mathematics <input type="checkbox"/> Performing or visual art <input type="checkbox"/> Science <input type="checkbox"/> Social studies <input type="checkbox"/> World language <input type="checkbox"/> Other: _____			
Skill Set			
Basic Cognitive <input type="checkbox"/> Decoding <input type="checkbox"/> Fluency <input type="checkbox"/> Numbers <input type="checkbox"/> Operations <input type="checkbox"/> Phonics <input type="checkbox"/> Vocabulary <input type="checkbox"/> Other: _____	Digital <input type="checkbox"/> Basic <input type="checkbox"/> Applied <input type="checkbox"/> Other: _____	Complex Cognitive <input type="checkbox"/> Critical thinking <input type="checkbox"/> Creative thinking <input type="checkbox"/> Problem solving <input type="checkbox"/> Design thinking <input type="checkbox"/> Cognitive function	Social-Emotional <input type="checkbox"/> Collaboration <input type="checkbox"/> Communication <input type="checkbox"/> Self-direction
Feedback			
Feedback is by: <input type="checkbox"/> Self <input type="checkbox"/> Teacher <input type="checkbox"/> Peers: _____ <input type="checkbox"/> Other: _____			

Plans

Enter your response in the blank after each request.

The improvement outcome I want:

What do I need to know for this learning plan?

What people or resources will I call on?

What materials and equipment will I use?

What strategies will I use to reach my goal?

What skills and talents will I apply?

What are my criteria for measurable success?

What evidence of learning will I show?

How much time will I need?

Notes: