

Prior Lake-Savage Area Schools
Bridges Area Learning Center - Continual Learning Plan
MN State Statute §124D.128, Subd.3

Part I - Student Information:

Last Name: First Name: Middle Name:

Student DOB: Grade:

Student Cell: Student Email:

Referred to Bridges by:

Reason for attending Bridges ALC:

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Part II - Goals and Learning Objectives:

My Career Goals

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My Educational Plans

	Bachelor's Degree (4 years of postsecondary education or more)		Military
	Associate Degree (2 years of postsecondary education)		Employment
	Certificate		No plans at this time
	Apprenticeship		Other

Career Clusters of Interest

	Agriculture, Food, and Natural Resources		Hospitality and Tourism
	Architecture and Construction		Human Services
	Arts, Audio/Visual Technology, and Communications		Information Technology
	Business Management and Administration		Law, Public Safety, Corrections, and Security
	Education and Training		Manufacturing
	Finance		Marketing
	Government and Public Administration		Science, Technology, Engineering, and Mathematics
	Health Science		Transportation, Distribution, and Logistics

Employment History

Employer	Dates	Description

Academic goals for this year (grades, skills, attendance, etc.)

Social goals for this year

Part III - Learning experiences that must occur during the entire year and are necessary for graduation and the method used to evaluate these objectives.

What will take place to achieve the goals listed above?

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How will you assess progress towards these goals?

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Part IV - What courses (credits) will the student be taking this year?
(To be completed by school staff)

Courses

Quarter 1	Quarter 2	Quarter 3	Quarter 4

Independent Study

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Part V - Please list (or attach) what is necessary for graduation.
(To be completed by school staff)

Required Credits

Credits	Class

Additional Information

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Part VI - Signatures

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Staff: _____ Date: _____

Part VII - Additional Student Information

Will student be driving car to school? Yes No

If yes; please list license plate, make and model below.

Part VIII - Review (FILL OUT AT THE END OF THE SCHOOL YEAR)

Did the student meet all of his/her objectives? Yes No

If no, please indicate which objectives were not met.

