Alternative Learning Opportunities Program
Student Success Plan
Mid-Valley: New Directions

Student Name: ___________________________ Date of Meeting: __________

Date of Birth: __________ Current Grade: ________ Referring District: ______

Parent/Guardian: ___________________________

Date of Service Initiation: _______ Anticipated Length of Enrollment: __________

____ New Student  ____Returning Student  ____ Over 18  Drop Date: __________

Meeting Participants: ___________________________

________________________________________________________________________

Reason for Referral to the Program:

____ Poor academic performance longer than a semester
____ Factors inhibiting school success
____ Lack of progress in promotion or credit requirements
____ Dropped out and returning to school environment
____ Other: __________________________

Educational Strengths: __________________________

________________________________________________________________________

Assessment Information (Academic and Social Functioning): __________________________

________________________________________________________________________
Needs: ____________________________

______________________________

______________________________

Career Development Experiences to Enhance Career Awareness: ______________________

______________________________

______________________________

Transition Activities to High School or Post-Secondary Option: ______________________

______________________________

______________________________

Student Responsibilities in the Program: ________________________________

______________________________

______________________________

Parent Commitment: ________________________________

______________________________

______________________________

Additional Notes: ________________________________

______________________________

______________________________

Student Signature/Date

Parent/Guardian Signature/Date

District Liaison/Date

MV Administrator/Date
## Student Goal

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**Support Services Needed to Meet Goal**

(See IEP, if appropriate.)

**Student Responsibilities to Meet Goal**

(See IEP, if appropriate.)