## Detroit Lakes Area Learning Center Continue Learning Plan (CLP)

					ate: 11/7/12	
Student Name:		Da	Date of Birth: 2/10/2000		Grade: 12	
Pa	Parent/Guardian Name:		Guardian Number:		Students Number:	
Pa	rent/Guardian email: winonaladuke	1@g	mail.com			
Cha	allenges/Barriers:					
Wa	aking up on time consistently	<b>'</b> .				
Wh	ere do you need help? (che	ck a	ill that apply)			
	Classroom		Hallway		Anger issues	
	School grades		Home	х	Authority Issues	
	Cafeteria		Truancy		Attention Issues	
	Gym		Chemical Use		Other:	
Str	engths About Me (check all t	hat a	apply)			
х	I have a positive attitude	х	I work well by myself	х	I am organized	
х	I am a hard worker		I am responsible	х	I cooperate with others	
х	People can trust me	х	I finish my work		I am a good leader	
	I work well in groups		I am motivated to do a good job	х	I have a good sense of humor	
х	I deal with conflict well	х	I am athletic	х	I am creative	
Str	engths I want to improve: Working	in gr	oups.			
I have difficulties with (check all that apply)						
	Getting good grades		Writing assignments		Working by myself	
	Finishing my work		Reading	Х	Working with others	
	Following directions	Х	Doing mathematics		Peer relations	
	Remembering things		Studying for tests	Х	Authority figures	

I need to work on: Literally whatever I marked right above this.

Behaviors I need help to stop doing (	check all that apply)
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	Physically hurting people	Bullying others		Stealing/cheating/lying
×	(ex:hitting, throwing things)	Being easily distracted		Giving up easily
	Saying mean comments	Arguing	х	Being late to school
×	(ex:swearing, threats)	Getting mad easily	х	Annoying people

(ex:swearing, threats)	Getting mad easily	x Annoying people
	his includes teachers, students	ous mood, in this mood I will seek out s, and random people. This can most people and myself.
What has been done so far to	o help you?	
1.) Nothing.		
2.) Nothing.		
3.) Really, I'm good, please just I	leave it.	
What have you done to help	yourself?	
1.) Eat and breathe.		
2.)		
3.)		
Current Goals: (academic, beh	avioral, personal, vocational)	
Graduate on time.		
I work with the following age	encies. Contact-	Name/ Phone
Workforce		
County Worker		
Family Health Nurse		
Probation Officer		
Mental Health Counselor		
CD Counselor		
ICW Worker		
Other		
(Parent/Guardian Signature)		(Date)

(Student Signature)	(Date)

## Lakes Area Learning Center Continue Learning Plan (CLP) Review

Review Dates:	
During this school year:	
I met the following goals:	
I need continued support in these goals:	