

CWCS Personalized Learning Team Meeting Request (PLT)

Also complete the [PLT Individual Checklist](#) and Education Plan

Send all documents to: plt@cwcharter.org

Student Name: _____ Date: _____ Sex: M/F Age: _____ DOB: _____

School: CW / CWCV / CWEB Student # _____ Grade: _____ Retained: No / Yes If Yes, what Grade: _____

Parent Names: _____

Email Address: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

First Language: English Spanish Other: _____

Education Specialist: _____

What is the parent and ES's expected outcome for this PLT meeting?

Learning Concerns

Areas of Concern:

- | | |
|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Written Language | <input type="checkbox"/> Test Taking |
| <input type="checkbox"/> Listening Skills | <input type="checkbox"/> Health Issues |
| <input type="checkbox"/> Focusing Attention | <input type="checkbox"/> Social/Emotional issues |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Other - Explain: |
| <input type="checkbox"/> Memory | <input type="checkbox"/> Speech Only |

Describe learning concerns: _____

CWCS Personalized Learning Team Meeting Request (PLT)

READING			
i-Ready District Assessment <i>(mark NA, if not taken)</i>			
Pre-Test Diagnostic 1		Post-Test Diagnostic 3	
Test Date		Test Date	
Overall		Overall	
GLE		GLE	
Score		Score	
Stretch		Progress to Annual:	
Mid Year Diagnostic 2		Typical Growth %	
Test Date		Stretch Growth %	
Overall			
GLE			
Score			
Stretch			

MATH			
i-Ready District Assessment <i>(mark NA, if not taken)</i>			
Pre-Test Diagnostic 1		Post-Test Diagnostic 3	
Test Date		Test Date	
Overall		Overall	
GLE		GLE	
Score		Score	
Stretch		Progress to Annual:	
Mid Year Diagnostic 2		Typical Growth %	
Test Date		Stretch Growth %	
Overall			
GLE			
Score			
Stretch			

CWCS Personalized Learning Team Meeting Request (PLT)

MyAccess District Writing Prompt (Grades K-12) *Required

Semester 1 Benchmark #1	<i>Date:</i>	Writing Rubric Score: __ / 4	Genre:
Semester 2 Benchmark #2	<i>Date:</i>	Writing Rubric Score: __ / 4	Genre:

**Statewide Assessments from Spring 2019
(CAASPP, CAA, CST, PFT, ELPAC) *(mark NA, if not taken)***

Statewide Assessments ELA	Year Taken: Score: Range: Reading Range: Writing Range: Speaking and Listening Range: Research / Inquiry Range:
Statewide Assessments Math	Year Taken: Score: Range: Concepts and Procedures Range: Problems Solving and Data Analysis Range: Communication Reasoning Range:
Statewide Assessments CST	Test Taken: Year Taken: Score: Range:
Statewide Assessments PFT	Year Taken: Score: Range:

**Statewide Assessments
ELPAC (English Learners Only)**

Year Taken:
Overall Score:
Overall Performance Level:
Scores:
 Oral Language:
 Written Language:
 Listening:

CWCS Personalized Learning Team Meeting Request (PLT)

Reading:

Writing:

Speaking:

Other Testing: (including test results from physicians)

☐ No

☐ Yes

Where

By Whom

What type of testing:

Results:

Suggested Learning Objectives:

Strengths:

Needs:

CWCS Personalized Learning Team Meeting Request (PLT)

Has there been a **Student Study Team (SST)** or support meeting from a previous school?

☐ No

☐ Yes

Where: _____

Date: _____

Has there been a **504 Plan** from a previous school?

☐ No

☐ Yes

Where: _____

Date: _____

Has there been a Special Education Evaluation for an **IEP** (individualized Education Program)?

☐ No

☐ Yes

Where: _____

Date: _____

Did student qualify for service?

☐ No

☐ Yes

What Type of Service? _____

Health History

Most current vision screening: **Date:** _____

Result: _____

Most current hearing screening: **Date:** _____

Result: _____

Health Concerns:

Current Curriculum and Instruction Information

- Does the student have an Advisor Approved plan? No/Yes

If yes, what is it? _____

- Does the student have an Exemption? No/Yes

If yes, What is it? _____

- Provide the program name **and** publisher of student's current curriculum(s) in Reading-Language Arts and Math: _____

- Does the parent have all of the necessary curricular components (i.e., teacher's guides, practice books, manipulatives, etc.)?

☐ Yes

☐ No, Explain _____

CWCS Personalized Learning Team Meeting Request (PLT)

- How much instructional time is spent in the subject area(s) of most concern on a regular basis (e.g., four or more times per week and how many minutes per day)?

Subject(s) of concern	Taught regularly week	times per	Taught regularly for per session	minutes

- Which specific strategies have been used to help the student become more successful?
 - Describe the effectiveness of each strategy?

Program Usage

Concept Skills Review (CSR) (Attach Report)	
Program Name	
Time Spent in Program	

School History

School	District	Grade Level(s)	Year(s)

Other relevant Information:

CWCS Personalized Learning Team Meeting Request (PLT)

Your signature below indicates that you are requesting a Personalized Learning Team meeting for the student indicated.

Education Specialist:

Date:

Parent Signature:

Date:
