

# LEAD Correspondence ILP – Individual Learning Plan, K-12

<b>STUDENT INFORMATION</b>						_____ <b>School Year</b>	_____ <b>Grade</b>
Last Name	First Name	MI	Suffix	Date of Birth	Primary Phone	Student Email	
<b>PARENT INFORMATION</b>							
Names(s)		Mailing Address		City	Zip	Parent Email	

**IMPORTANT – Parent/guardian and student notice of rights and responsibilities regarding program enrollment**

1. All parents and students in correspondence programs have the same right of access to district appeals process as do parents and students in other district programs (4 AAC 33.421). This includes, but is not limited to, **special education** (4 AAC 33.432).
2. All enrolled students, including part-time students, are **required to participate in statewide student assessments** (4 AAC 33.421).
3. Courses receiving an “incomplete” may not be counted towards credit for enrollment requirements (4 AAC 33.426).
4. Parents must disclose enrollment for all other education institutions, including private schools, to ensure the student is not concurrently enrolled in a substantially similar course (4 AAC 33.430).
5. All textbooks and other curriculum materials must be: aligned with state standards, comply with regulatory requirements, and be reviewed by a certified teacher (4 AAC 33.421).
6. All non-expendable materials remain the property of the school district and must be returned to the district (4 AAC 33.422).
7. All expenditures related to the student must be directly tied to a specific course with a need addressed in the ILP (4 AAC 33.422).
8. Monthly contact with the parent/student is required (4 AAC 33.421).
9. A quarterly review of the students progress with the parent/student is required (4 AAC 33.421).
10. A grade or other determination of course progress as determined by the certified teacher responsible for the course (4 AAC 33.421).
11. This plan may provide for review and consideration any recommendations submitted by the parent or student (4 AAC 33.421).

**Your signature indicates:** you are aware of this information; you accept responsibility for ensuring your student is aware of their rights and requirements; you agree to all requirements; and you confirm that the information provided is true and accurate the best of your knowledge.

\_\_\_\_\_  
*Parent Signature*                      *Parent Signature*                      *Date*                      *Education Specialist Signature*                      *Education Specialist Name (Print)*

<b>DISTRICT USE</b>	
State of AK ID: _____	FTE: <input type="checkbox"/> 1 <input type="checkbox"/> .75 <input type="checkbox"/> .5 <input type="checkbox"/> .25
Computer Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dual Enrollment: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>SPECIAL EDUCATION</b>
IEP Expiration Date: _____
ESER Expiration Date: _____
Disability: _____
Assessment Accommodations: _____

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Student Name \_\_\_\_\_

Subject:  ½ Credit Fall       ½ Credit Spring       Other:

Curriculum Materials: Please indicate title(s), Publisher; Add the material level (if specific). Include texts, videos, tutoring, etc.
Source of Credit: <input type="checkbox"/> Vendor: <input type="checkbox"/> Parent Designed Course <input type="checkbox"/> District Course <input type="checkbox"/> Other:
Topics: This should include all major topics to be covered in the course.
Method of Assessment: <input type="checkbox"/> Quizzes/Tests <input type="checkbox"/> Learning Journal <input type="checkbox"/> Oral Review/Presentations <input type="checkbox"/> Guided Practice <input type="checkbox"/> Portfolio <input type="checkbox"/> Projects <input type="checkbox"/> Other:
Planned Activities:
Goals: Explain what student will be able to do as a result of the course. Include special tasks.

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½ Credit Spring

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Parent Designed Course

District Course

Other:

Topics:

This should include all major  
topics to be covered in the course.

Method of Assessment:

Quizzes/Tests  Learning Journal  Oral Review/Presentations  Guided Practice  Portfolio  Projects  Other:

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### Quarterly Progress Reporting

Quarter End Date	Date Completed	Completed By	Notes	Follow-Up Required
1 <sup>st</sup> Quarter				
2 <sup>nd</sup> Quarter				
3 <sup>rd</sup> Quarter				
4 <sup>th</sup> Quarter				

### Monthly Contact Log

	Date Completed	Completed By	Notes	Follow-Up Required
July				
August				
September				
October				
November				
December				
January				
February				
March				
April				
May				
June				

