

**2020-2021 Personal Learning Plan**

***Required for Level 2 OSY/DO/D+ Students***

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| **Student Name:** | **METS STAFF:** | **Goal-Setting** |
| **Student Type:**  **OSY**  **DO**  **D+** | **METS:** |  |

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| **Instructional Focus Areas:**  **ESL/ENL**  **High School Equivalency (HSE)**  **Life Skills**  **P.A.S.S.**  **Health Education** | **Long-term Goal:** |
| **Referral and/or Academic Support:**  **High School Diploma**  **Job Training**  **CAMP**  **HEP**  **Other:** | **Short-term Goal:** |
|  | **Short-term Goal Started:** **/****/****Short-term Goal Ended:** **/****/** |

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| **Instruction: Identified steps and/or actions to be taken to achieve short-term goal(s).**    **Has the student made any progress toward their goal?:  Yes**  **No If “NO”,**  **Student did not participate**  **Student left the area** |
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| **Steps/Actions** | | **Completed Y/N** | **Progress Comments** |
| **1** |  | **Y / N** |  |
| **2** |  | **Y / N** |  |
| **3** |  | **Y / N** |  |
| **4** |  | **Y / N** |  |
| **5** |  | **Y / N** |  |
| **6** |  | **Y / N** |  |
| **7** |  | **Y / N** |  |
| **8** |  | **Y / N** |  |