

**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** |  |