



PLAN DATE

Education Plan

CA Children's Administration

NAME	ID NUMBER	GRADE	TERM	YEAR	DATE OF BIRTH
SCHOOL'S NAME			SCHOOL DISTRICT		AGE

Enrollment and Attendance

Is the child / youth enrolled and attending school? Yes No

Reason if not attending:

Status:

Currently suspended: Yes No

History of suspensions: Yes No

Current attendance:

Current conduct:

Other school information:

Have efforts been made so the child / youth can remain at the same school? Yes No N/A

Efforts made:

Description of plan or reason why no plan was developed:

During the last six months of placement, has there been a change of school? Yes No

Enrollment end date:

Reason for change:

Completion status:

Is there a plan for transportation to school? Yes No

Provided by:

Description of plan or reason no plan was developed:

Child / Youth's Progress

Is the child / youth making academic progress? Yes No

Comments:

GPA:

Current performance:

Has a plan been developed to assist child / youth in obtaining necessary credits to achieve academic goals?

Yes No N/A

Plan to obtain credits for high school student:

Description of plan or reason why no plan was developed:

Is the child / youth's progress at school adversely affected by physical, social, emotional, or mental health issues?

Yes No

Comments:

Are there any recommended educational services that are not being provided? Yes No

Comments:

For grades 9 – 12, is there preparation for post-high school? Yes No N/A

Youth's plan:

Comments:

Special Education

Does the child / youth have special education needs? Yes No Not Assessed

Supporting details:

Comments:

Does the child / youth have an IEP? Yes No

Start date:

Review date:

End date:

Summary of services:

Does the child / youth have a Section 504 plan? Yes No

Start date:

Review date:

End date:

Summary of services:

State Standardized Test Results

Math:

Reading:

Science:

Writing:

School Records Request

SCHOOL AND DISTRICT RECORDS REQUESTED FROM:

DATE REQUESTED

DATE RECEIVED

Referral

REFERRAL MADE TO:

REFERRAL DATE

Education Decision Making Responsibility

Who will be responsible for regular, day-to-day education decision-making?

Name:

Role:

Who will be responsible for special education needs decision-making?

Name:

Role:

Has the need for an educational liaison been identified? Yes No

Reason required:

Date identified:

Educational Liaison's name:

Relationship to youth:

Health and Safety Visit

DATE OF LAST FACE-TO-FACE CONTACT WITH CHILD / YOUTH