

**PERSONAL PROGRAM PLAN
FOR STUDENTS WITH LEARNING DIFFICULTIES**

Name _____ Birthdate _____ Grade _____
 Parent/Guardian _____ Address _____ Phone No. _____
 School _____ Classroom Teacher _____ Learning Assistance Teacher _____

<p>REASON FOR PROVIDING SUPPORT SERVICES</p> <p><input type="checkbox"/> Academic Achievement <input type="checkbox"/> Previous Recipient of Learning Assistance <input type="checkbox"/> Behavioural/Attentional Difficulties</p>	<p align="center">OTHER SERVICES PROVIDED</p> <p><input type="checkbox"/> In-School Counseling <input type="checkbox"/> Speech & Language <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Other</p>
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ASSESSMENTS				
Cognitive	WRMT-R	Key Math	Most Recent CTBS	Other
DATE _____	DATE _____ Grade Placement _____	DATE _____ Grade Placement _____	DATE _____ Grade Placement _____	DATE _____ Grade Placement _____
<input type="checkbox"/> WISC-III <input type="checkbox"/> Woodcock-Johnson <input type="checkbox"/> Other	Word ID _____ Word Attack _____ Passage Comp. _____ Full Scale _____ CLUSTERS ▲ Readiness _____ ▲ Basic Skills _____ ▲ Reading Comprehension _____	Basic Concept _____ Operations _____ Application _____ Total Test _____	Vocabulary _____ Reading _____ Math Concept. _____ Math Prob. S. _____ Math Comp. _____	

PROGRAM Regular _____ Modified _____ Alternate _____	Dates of Intervention _____ to _____
In-Class Support _____ In-Class Small Group _____	Pull-Out Individual _____ Pull-Out Small Group _____