

PARENT-DIRECTED Year Plan

Student Name: _____ **Parent Name:** _____

Grade _____ **Phone#** _____ **Cell #** _____ **ASN:** _____ **School Year:** _____

Address _____ **Email address** _____

SUBJECT	RESOURCES USED & INSTRUCTIONAL METHODS	LEARNING OUTCOMES TO ACHIEVE	EVALUATION METHOD & FREQUENCY
Language Arts			
Math			
Science			

SUBJECT	RESOURCES USED & INSTRUCTIONAL METHODS	LEARNING OUTCOMES TO ACHIEVE	EVALUATION METHOD & FREQUENCY
Social Studies			
PE/Health			
Religion/Faith/ Character Development			
Art			

SUBJECT	RESOURCES USED & INSTRUCTIONAL METHODS	LEARNING OUTCOMES TO ACHIEVE	EVALUATION METHOD & FREQUENCY
Music			
Other:			
Other:			
Other:			
Skills Integrated throughout			

Approved by:

Facilitator Signature: _____ Date: _____

This Year Plan is subject to changes throughout the year as necessary to best meet the student's educational needs.