PARENT-DIRECTED Year Plan

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

Grade_____ **Phone#**_____ **Cell #**_____ **ASN:** _____ **School Year:** 2024-25

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.