

PERSONALIZED LEARNING PLAN (PLP)

Gorham School Department
 75 South Street, Suite 2
 Gorham, ME 04038
 (207)222-1000

PERSONAL LEARNING PLAN INFORMATION

Start Date:	_____	EndDate:	_____
	(month/day/year)		(month/day/year)
Name of PLP			
Type of PLP			
Learning Area(s) Addressed			
Team Manager			

STUDENT INFORMATION

Student's Name	Grade	Gender	DOB	Student ID#
Street Address, City, State, Zip				
School of Enrollment	School Telephone (207)	Providing District #	Resident District #	

PARENT INFORMATION

Parent/Guardian

Last Name:		First Name:		
Address:		City:		State: ME
Home Phone:		Work Phone: (207)		Zip: 04038
Email:		Relationship to Student:		Cell Phone:
				Primary Language:

Parent/Guardian

Last Name:		First Name:		
Address:		City: Gorham		State: ME
Home Phone: (207)		Work Phone: (207)		Zip: 04038
Email:		Relationship to Student:		Cell Phone: (207)
				Primary Language:

PLP MEETING

This Team Meeting was held at on in/at Great Falls.

Minutes of PLP Meeting:

Title	Team Member Name	Team Member Signature	Invited	Attended
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GOALS AND OBJECTIVES

Goal # 1: Reading
Goal # 2: Math
Goal # 3: Social / Emotional

Services					
Service Provided	Provider / Position	Amount of Time (direct/indirect)	Frequency	Duration	Gen Ed Location

LEARNING ATTRIBUTES

Academic Strengths
Academic Needs
Learning Style ACCOMMODATIONS: