

(District Name/ Letterhead)

Self-Directed Learner (SDL) Plan

Student Name: _____ **Grade Level:** _____

Date of Plan: _____

Member in attendance:

Student: _____

Parent(s)/Guardian(s): _____

Teacher: _____

Administrator: _____

Teacher has recommended the student be classified as SDL for the following reasons:

- Mastery of content (shows a deep, comprehensive understanding of content matter enabling student to apply knowledge effectively and accurately in various contexts) in the following area(s):

- Academic growth in following area(s) (shows advancement in understanding of subject matter and demonstrates proficiency and higher levels of achievement):

- Timeliness for completion of assignments (punctuality of which student submits work, meeting deadlines, responsiveness, time management):

- Self-motivation (intrinsic drive to accomplish task/ achieve goals):

- Ability to set goals (ability to set goals that are attainable within the given resources, time frame and personal capabilities):

- Ability to reach appropriate learning outcomes (capacity to achieve defined educational goals and objectives):

If student is 8th grade or above: Please list post-secondary goals (or attach student career pathway plan with goals included):

Please list required criteria set forth by the district to be designated a SDL(grades, attendance, timeliness of work, progress reports etc.)

Any additional considerations for student (504, IEP, Migrant, EL, McKinney Vento, GT, etc.)

Plan was approved by the following attendees on: _____(date)

Student signature: _____

Parent/ Guardian signature: _____

Teacher signature: _____

Administrator signature: _____

Plan is to begin on: _____

Plan will be reviewed on/or before the following date: _____

***Designation of SDL may be rescinded at any time by Administration upon recommendation by the teacher(s) based on the following criteria:**

- Student does not continue to meet criteria to be designated SDL.
- Student does not stay current with plan as written,
- Student does not “cure the failure” within agreed timeline.

Date plan was rescinded: _____

Administrative signature: _____