Orange County Department of Education

Pacific Coast High School

Individualized Learning Plan

ILP to be completed every 6 months Original: Student Folder

Copy: Student/Parent Today's Date _____(First)_____(DOB)_____ Student Name (Last) ____Student email address____ Criteria For Success – PCHS ESLRs **Expected School Wide Learning Results** ESLR's are completed at the end of every course at Pacific Coast High School **Goals While Attending PCHS** Graduation Date Goal_ Steps needed to complete goal Academic Goal Steps needed to complete goal Life Skill Goals___ Steps needed to complete goal_____ Vocational/Career Goal Steps needed to complete goal_ **Transition Plan After PCHS** Please check as many as apply __Attend a 2 year college ____Attend a 2 year college with intent to transfer to a 4 year Travel ____Attend a 4 year college _Explore career possibilities ____Attend a job training program Be a good citizen _Re-enroll in my home high school for graduation _Maintain positive behavior Contribute to my community _Military Obtain and or keep a job Other__ Participate in service learning and volunteer work Student Signature___

02/21/07 Original: Student Folder Copy: Student/Parent

Teacher Signature_