

LEARNFARE CASE MANAGEMENT PLAN

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

STUDENT:	SSN:	PIN:	DATE PRINTED:
PARENT:		OFFICE:	CASE MANAGER:

SCHOOL READINESS PLAN: (GENERAL PLAN OF ACTION TO REACH YOUR CHILD'S EDUCATIONAL GOALS)

EDUCATIONAL GOALS DURING LEARNFARE CASE MANAGEMENT:

LONG-TERM: _____

SHORT-TERM: _____

	ACTION STEPS	PLANNED COMPLETION DATE
1.	_____	_ / _ / _
2.	_____	_ / _ / _
3.	_____	_ / _ / _
4.	_____	_ / _ / _
5.	_____	_ / _ / _
6.	_____	_ / _ / _

PROGRAM ACTIVITY PLAN

The Program Activity Plan approved by your child's Learnfare case manager will begin ___/___/___ and be reviewed by ___/___/___.

The Program Activity Plan will help your child meet his or her educational goals. It lists the activities that s/he must do. Your Learnfare case manager will meet with you to talk about your child's progress and make changes to your child's plan, if needed.

ACTIVITY 1: _____

PLANNED BEGIN AND END DATES: ___/___/___ TO ___/___/___

RESPONSIBLE PARTY: _____

REMARKS: _____

ACTIVITY 2: _____

PLANNED BEGIN AND END DATES: ___/___/___ TO ___/___/___

RESPONSIBLE PARTY: _____

REMARKS: _____

ACTIVITY 3: _____

PLANNED BEGIN AND END DATES: ___/___/___ TO ___/___/___

RESPONSIBLE PARTY: _____

REMARKS: _____

OVER

