

PROPOSED EDUCATION PLAN

for a Roots parent-directed home education student

Student's Legal Name: _____ School Year: 20__ - 20__

Also known as: _____ Grade: _____

Anything parents would like Roots to know:

SUBJECT OR GOAL:

Resource Materials			
Instructional Method			
Activities Planned			
Evaluation Method & Frequency			
Learning Outcomes Addressed			

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Parent's signature: _____

Facilitator's signature: _____

Office use only
At the time of the second home visit, indications are that this student [___ will] [___ will not] meet the goals of this program plan, with any modifications shown, by September 1. _____
facilitator initials

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