OSY Personal Learning Plan – Provider Version

Student Name:	**Service Provider(s):**	**District/Site:**
DOB:	**State ID #:**	**MSIX #:**
Quadrant: (refer to Educational Outcomes Table) ☐ **I** ☐ **II** ☐ **III** ☐ **IV**		**Goal Timeline:**

Instructional Focus Area: (check all that apply) *Pending GOSOSY Profile revision*

☐ Adult Basic Ed

☐ Health Education

☐ Job Training

☐ Post-Secondary Awareness

☐ HEP

☐ Life Skills

☐ Career Exploration
(Career Awareness)

☐ HS Diploma

☐ Mobile Technology

☐ Learning English

☐ HS Equivalency Diploma
(HSED Prep/HSED)

☐ Credit Accrual
(PASS/Virtual School)

☐ Other:

Current Goal:

Date Goal Started: _____

Goal Details

Student actions to be taken in order to accomplish goal:

OSY Personal Learning Plan – Provider Version

MEP actions to be taken in support of accomplishing goal:

_____

_____

_____

Progress checks

Date:	Progress Made Towards Goal:	Next Steps:		
% of Goal Met:	☐ 0-24%	☐ 25-49%	☐ 50-74%	☐ 75-100%
Date:	Progress Made Towards Goal:	Next Steps:		
% of Goal Met:	☐ 0-24%	☐ 25-49%	☐ 50-74%	☐ 75-100%
Date:	Progress Made Towards Goal:	Next Steps:		
% of Goal Met:	☐ 0-24%	☐ 25-49%	☐ 50-74%	☐ 75-100%
Final Date Measured: _____				
% of Goal Met:	☐ 0-24%	☐ 25-49%	☐ 50-74%	☐ 75-100%

Supportive Service/Referral (check all that apply)

☐ Medical	☐ Vision	☐ Dental
☐ Legal	☐ Childcare	☐ Hearing Screening
☐ Counseling re-enroll in school	☐ Translation/Interpretation	
☐ Transportation	☐ Other	

Additional Notes:

Service Provider Signature: _____ Date: _____