



GOSOSY Student Services Plan

Name _____ Date _____

Location _____

Instructional

<input type="checkbox"/> ESL Instruction Focus/Goal(s):	Materials:
<input type="checkbox"/> Life Skills Focus/Goal(s):	Materials:
<input type="checkbox"/> Career Awareness/Vocational Training Focus/Goal(s):	Materials:
<input type="checkbox"/> Pre-HSED Preparation Focus/Goal(s):	Materials:
<input type="checkbox"/> HSED Preparation Focus/Goal(s):	Materials:
<input type="checkbox"/> Credit Recovery Focus/Goal(s):	Materials:
<input type="checkbox"/> Other Focus/Goal(s):	Materials:
Goals Follow-up: <input type="checkbox"/> Very few goals met (0-25%) <input type="checkbox"/> Sufficient goals met (50-74%) <input type="checkbox"/> Some goals met (26-49%) <input type="checkbox"/> Extensive goals met (75-100%)	Comments:

OSY English Language Screener Scores

Support

Beginning Listening		<input type="checkbox"/> Nutrition
Beginning Speaking		<input type="checkbox"/> Transportation
Intermediate/Advanced Speaking		<input type="checkbox"/> Translation
Beginning Literacy		<input type="checkbox"/> Dental Checkups
Reading		<input type="checkbox"/> Hearing Screenings
Writing		<input type="checkbox"/> Vision Exams
Comments:		<input type="checkbox"/> Material Resources
		<input type="checkbox"/> Counseling Leading to Re-enrollment in School
		<input type="checkbox"/> Other

Schedule of Planned Support

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times:							

