Reviewed by Supervisor INDIVIDUALIZED REMEDIAL PLAN _____ GRADE: _____ YEAR: ___ STUDENT:____ Reviewed by Principal TOTAL STANDARDIZED TEST SCORE: ______ %ile and/or LTP SCORE: _____ _____ _____ SCHOOL: ___ TEACHER:___ Reviewed by Parent/Guardian **CIRCLE ONE:** Reading Comp. Language Arts English Mathematics _____ **DOCUMENTATION (Objectives Met):** REMEDIAL PLAN: OBJECTIVES: ADDITIONAL SERVICES: RECOMMENDATIONS FOR IMPLEMENTATION (Methods, Activities, Materials, Time, Etc.):