

**A proposal to re-invent education:
A Strength-Based Learning Plan (S-BLP) for special or general education
students and their families**

S-BLP Forms

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Mike Sage (*deceased*)

INPUT GATHERING FORM

Student: _____ Villager: _____

Return to TOR or parent: _____

Thank you for being part of _____ (student's name) Village. Please review the attached Strength-Based Learning Plan (S-BLP) Goal Progress before providing your input about the student below and return your INPUT Gathering Form by _____ (insert date). You may return it by: fax _____; email _____ or dropping it off or mailing to (insert address) _____

Agreed upon Development/Belief Model(s)*See Sources Page - Discovering Your Strengths*

Review from last most current Development/Belief Models and/or provide any updates or clarifications or, if not filled in, provide your input towards what you feel are the Development/Beliefs Model(s) of the student or his/her family.

Academic:

Psychological:

Social/Emotional:

Cultural:

Religious:

Political:

Economical:

Race:

Family:

Abilities:

INPUT GATHERING FORM

Student: _____

Interests

Please list what you know to be, may be or you would like to see developed as (things you believe the student would be interested in if introduced) as the student's interests.

| List Student's Interests | Know to be | May be | Would like to see developed |
|---------------------------------|-------------------|---------------|------------------------------------|
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Strengths

Please lists what you know to be, may be or you would like to see developed as (things you believe the student would be good at in if introduced) as the student's strengths: (Attach another sheet of paper, if needed)

| List Student's Strengths | Know to be | May be | Would like to see developed |
|---------------------------------|-------------------|---------------|------------------------------------|
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INPUT GATHERING FORM

Student: _____

Villager: _____

Development Needs

Please list what you know to be, may be or you believe are things the student needs to start working on or needs more development concerning as the student's Development Needs: (Attach another sheet of paper, if needed)

| List Student's Development Needs | Know to be | May be | Would like to see developed |
|---|-------------------|---------------|------------------------------------|
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How do you believe the student learns best?

Narrative Input

Provide any written comments, concerns, encouragement, etc. concerning the student's interests, strengths, development needs or about the student that you feel may impact the student's learning.

INPUT GATHERING COMPILATION FORM

Student: _____

Agreed upon Development/Belief Model(s)

Academic:

Psychological:

Social/Emotional:

Cultural:

Religious:

Political:

Economical:

Race:

Family:

Abilities:

K = Know to be; M=May be; W=Would like to see developed

| Student Individual Interests | <u>Student</u> | <u>General Education Teacher</u> | <u>Parent/Guardian</u> | <u>Special Ed. Teacher</u> | <u>Past Teacher</u> | | | | <u>Student Acknowledgement</u> |
|-------------------------------------|-----------------------|---|-------------------------------|-----------------------------------|----------------------------|--|--|--|---------------------------------------|
| | | | | | | | | | Yes No Maybe |
| | | | | | | | | | Yes No Maybe |
| | | | | | | | | | Yes No Maybe |
| | | | | | | | | | Yes No Maybe |
| | | | | | | | | | Yes No Maybe |

INPUT GATHERING COMPILATION FORM

Student: _____

K = Know to be; M=May be; W=Would like to see developed

| Student Individual Strengths | <u>Student</u> | <u>General Education Teacher</u> | <u>Parent/Guardian</u> | <u>Special Ed. Teacher</u> | <u>Past Teacher</u> | | | <u>Student Acknowledgement</u> | | |
|-------------------------------------|----------------|----------------------------------|------------------------|----------------------------|---------------------|--|--|--------------------------------|----|-------|
| | | | | | | | | Yes | No | Maybe |
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K = Know to be; M=May be; W=Would like to see developed Student: _____

| Student Individual Development Needs | <u>Student</u> | <u>General Education Teacher</u> | <u>Parent/Guardian</u> | <u>Special Ed. Teacher</u> | <u>Past Teacher</u> | | | <u>Student Acknowledgement</u> | | |
|---|----------------|----------------------------------|------------------------|----------------------------|---------------------|--|--|--------------------------------|----|-------|
| | | | | | | | | Yes | No | Maybe |
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S-BLP Goal Progress Compilation form

Student: _____

Time Frame: _____ date to _____ date

| <u>As determined by 1st or last S-BLP meeting</u> | <u>Compiled by TOR, with assistance from parent, if applicable</u> | <u>To be determined by individual Village members based on provided information and discussed at next S-BLP meeting.</u> | |
|--|---|---|--|
| <u>Goal Title</u> | <u>Data, documents or other information pertaining to progress on S-BLP Goal</u> | <u>Was goal met?</u> | <u>If goal was not met, are other resources needed and does this goal need to be continued or discontinued?</u> |
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Strength-Based Learning Plan Meeting (S-BLP)

Student's Name: _____

Mutually Agreed Date of S-BLP meeting: _____

Mutually Agreed Time of S-BLP meeting: _____

Mutually Agreed Location of S-BLP meeting: _____

Attendees (The Village of the Student): *attached another sheet for additional attendees if needed*

| Name | Relationship to Student (Parent/Guardian, Relative, General Education Teacher, Special Area Teacher(s), Principal, Social Worker, Resource Teacher, Religious Leader, Sibling, etc.) |
|------|---|
| | Student |
| | Parent/Guardian |
| | General Education Teacher |
| | |
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| | |

Time Keeper: _____

Note Taker(s): _____

Strength-Based Learning Plan Meeting (S-BLP)

AGREED UPON DEVELOPMENT/BELIEF MODEL(S):

Academic:

Psychological:

Social/Emotional:

Cultural:

Religious:

Political:

Economical:

Race:

Family:

Abilities:

Strength-Based Learning Plan Meeting (S-BLP)

S-BLP Goal Progress

If meeting for the first time, review prior academic progress and parent/guardian input. If this S-BLP meeting is not the first S-BLP meeting, review S-BLP Goal Progress and determine if goals were met or not. If not met, consider if unmet goal needs to be revised and/or copied to this S-BLP meeting's Goals section.

Student: _____

Time Frame: _____ date to _____ date

| <u><i>As determined by 1st or last S-BLP meeting</i></u> | <u><i>Compiled by TOR, with assistance from parent, if applicable</i></u> | <u><i>To be determined by individual Village members based on provided information and discussed at next S-BLP meeting.</i></u> | |
|--|--|---|---|
| <u>Goal Title</u> | <u>Data, documents or other information pertaining to progress on S-BLP Goal</u> | <u>Was goal met?</u> | <u>If goal was not met, are other resources needed and does this goal need to be continued or discontinued?</u> |
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S-BLP SERVICES, DATA & DOCUMENT

MONTHLY TRACKING FORM

This form must be filled out by provider of services or person responsible for each day of the month in which service is provided to student* or data/documents are collected and submitted to Teacher of Record and parent by the 3rd business day of the following month after services rendered. TOR will record expected Goal and Goal information.

| | | |
|---------------------------------|---|-----------------------------------|
| Student's Name: | IEP Year: <div style="text-align: center;"> ___/___/___ to ___/___/___ </div> | Year: Month: |
| Teacher of Record Name: | Parent Name: | |
| Teacher of Record Email: | Parent Email: | |

| Required S-BLP Services, Data, Doc. | Minutes/Hours/ Data/Document | Frequency (Per Week, Per Month) | Goal for Month | Goal Met? |
|-------------------------------------|------------------------------|---------------------------------|----------------|-----------|
| Reading Instruction | | | | |
| Speech Therapy | | | | |
| Occupational Therapy | | | | |
| 1:1 Assistant | | | | |
| Social Worker | | | | |
| Psychologist | | | | |
| Psychiatrist | | | | |
| | | | | |

| Day | Service, Data, Document | Start Time | End Time | Total Time |
|-----|-------------------------|------------|----------|--------------------|
| 1 | | | | __ hours __ minute |
| 2 | | | | __ hours __ minute |
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