**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial PLP yes/no**

**Date Initiated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Initiated:\_\_\_\_\_\_**

**Comments: (only fill in this area if needed)**

|  |  |  |  |
| --- | --- | --- | --- |
| DateD/M/Y | Progress Plan | Recommended Parent/Student Activity | Initials to update |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I agree to the conditions of and support the Personal Literacy Plan.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if appropriate)