



Marshfield Clinic
Health System



Personal Learning Plan

Week of: _____

Student: _____

Teacher: _____

School: _____

Academic Performance Personal/Social Healthy Active Living

Academic Performance:

Personal/Social Development:

Healthy Active Living:

| | | | |
|-------------------------|---|--|--|
| <u>Monday</u> | Math <input type="checkbox"/> Reading <input type="checkbox"/> Homework <input type="checkbox"/> | | |
| <u>Tuesday</u> | Math <input type="checkbox"/> Reading <input type="checkbox"/> Homework <input type="checkbox"/> | | |
| <u>Wednesday</u> | Math <input type="checkbox"/> Reading <input type="checkbox"/> Homework <input type="checkbox"/> | | |
| <u>Thursday</u> | Math <input type="checkbox"/> Reading <input type="checkbox"/> Homework <input type="checkbox"/> | | |
| <u>Friday</u> | Math <input type="checkbox"/> Reading <input type="checkbox"/> Homework <input type="checkbox"/> | | |



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Day School Contact

Student: _____

| Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------|-------------|-------------|-------------|-------------|
| | | | | |
| Total Time: | Total Time: | Total Time: | Total Time: | Total Time: |