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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |  | | --- | | 날짜: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  | | --- | | **--------------------------** | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | | --- | | RFEP 날짜: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |  | | --- | | 학년 : \_\_\_ | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  | | --- | |  | | | | | | | |  |  |  | |  | | --- | | 재편성된 년도: \_\_\_\_ | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | 연방법 및 주법 그리고 LAUSD 방침에 의거하여, 학교는 반드시 재편성된 영어 능숙생이 학년별 학습 기준을 적절히 진전시키고 있는지 모니터하고 그리고 필요한 경우 RFEP 학생에게 표적된 인터벤션 보충지도를 제공해야만 합니다.  본 서식서는 귀하에게 자녀의 최근 학업 데이터를 통지하고, 필요한 경우 학업 지원 서비스를 추천하기 위함입니다. 다음은 자녀의 학업 진전도를 요약한 내용입니다 | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | |  | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | | |  |  |  |  |  |  | |  | | --- | |  | |  |  |  |  | |  | |  | |  | |  | |  | | | |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  | | --- | | **최근 학교 기간 학업 성적: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | | | | | |  |  |  |  |  |  | |  | |  | |  | |  | |  | | |  |  |  |  |  | |  | | --- | | **최근 학업 성취도 점수:** | | | | | | | | |  | |  | | |  |  |  |  |  |  | |  | |  | |  | |  | |  | | |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | | |  |  |  |  |  |  |  |  | |  |  |  | | --- | --- | --- | | **날짜** | **학년별 학력평가** | **점수(들)** | |  |  |  | | | | | | | |  | |  | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | 영어 듣기 : | \_\_ | | |  | | |  |  | | --- | --- | | 영어 말하기 : | \_\_ | | | |  |  | | --- | --- | | 영어 읽기 : | \_\_ | | | |  |  | | --- | --- | | 영어 쓰기 : | \_\_ | | | |  |  | | --- | --- | | 수학 : | \_\_ | | | |  |  | | --- | --- | | 사회 과목 : | \_\_ | | | |  |  | | --- | --- | | 과학 : | \_\_ | | | | | |  |  |  |  |  |  | |  | |  | | |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  | | |  |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  | | |  |  |  |  |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  | | |  |  | |  | | --- | | 자녀의 학업 성적 및 학력평가 결과에 의거하여, 귀하의 자녀는:   적절한 학업 진전도를 보이고 있습니다.   학업 진전도가 부족합니다.  **인터벤션 보충지도 서비스 제공됨/추천됨 (진전도가 미달되는 학생들을 대상으로 함:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **소견 (예: 출결석, 품행, 학습 습관들): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **교장의 서명:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**                         **날짜:\_\_\_\_\_\_\_\_\_\_\_\_**  **학부모 통지서: 해당되는 곳에 표시한 후, 전체 서식서를 자녀의 학교로 보내주십시오**.  \_\_\_\_\_ 본인은 위에 명시된 자녀의 학업 진전도를 검토했습니다.  \_\_\_\_\_ 본인은 자녀가 추가 지원 서비스를 받기를 원합니다.  \_\_\_\_\_ 본인은 이 정보를 상의하기 위해 면담을 원하며 그리고 본인의 전화번호는\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_입니다 | | | | | | | | | | | | | | | | | | |  | | |  |  | |  | | --- | | **학부모/보호자의 서명:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |  | | |  | | --- | | **날짜:\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |  | | | | |
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