

Academic Improvement Plan/ Student Growth Plan
Middle School
(Includes Title I Teaching/Learning Agreement & Title III Parent Notification)

Student: _____ Grade _____ School Year _____

Current School: _____ Teacher _____

Areas covered by this Academic Improvement Plan

Reading Math

Diagnostic Assessments

Reading

PARCC/SBA Date _____ Overall Performance _____

F & P Instructional Reading Level

Beginning of Year

DRA Level: _____

EDL Level: _____

Reading Benchmark Date _____ Level: _____

Middle of Year

DRA Level: _____

EDL Level: _____

Reading Benchmark Date _____ Level: _____

FRI (4-8—Focused Reading Intervention)

Math

PARCC/SBA Date _____ Overall Performance _____

MAPS—Short Cycle Assessment

Date _____ Score _____

Date _____ Score _____

Date _____ Score _____

Navigator Entry Date: _____ Exit Date: _____

Language

PHLOTE Non-PHLOTE

English Lang. Learner (ELL) YES NO

Fluent English Proficient (FEP) YES NO

Bilingual Program: YES NO

Language Classification _____

Language Assessment

Kinder-6th grade

ACCESS: Proficiency Level _____ Date _____

Reading Improvement Plan

Areas of Need

- Foundational Skills/Reading Readiness
- Vocabulary
- Comprehension Strategies
- Word Recognition/Decoding
- Language/Grammar/Mechanics
- Fluency
- Writing
- Study Skills Other: _____

Goal(s) and Objectives:

Increase student achievement in Reading:

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-

Parent: In order to help my child to be proficient in reading I will...

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Teacher: In order to help this student to be proficient in reading I will...

- Differentiate instruction to meet the needs of my students.
- Utilize Balanced Literacy strategies, ideas, and concepts.
- Apply best practices in the classroom by keeping up with new research for student success in Reading.

Student: In order to become proficient in reading I will...

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Instructional/Support Services Provided

- After-school tutoring: Specify Program _____
- In-school Intervention Program: Specify Program _____
- Separate Reading Class: Specify _____
- Differentiated Instruction
- Other (specify) _____

Student: _____ Grade _____ School Year _____

Math Improvement Plan

<p>Area(s) of Need</p> <p><input type="checkbox"/> Counting and Cardinality</p> <p><input type="checkbox"/> Operations and Algebraic Thinking</p> <p><input type="checkbox"/> Measurement and Data</p> <p><input type="checkbox"/> Number and Operations</p> <p><input type="checkbox"/> Geometry</p> <p><input type="checkbox"/> Math Practice # _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>Goal(s) and Objectives based on need analysis and SBA/PARCC student report: (minimum of 2)</p> <ul style="list-style-type: none"> • •
<p>Parent: In order to help my child to be proficient in math I will...</p> <ul style="list-style-type: none"> • • 	
<p>Teacher: In order to help this student to be proficient in math I will...</p> <ul style="list-style-type: none"> • Differentiate instruction to meet the needs of my students. • Utilize GMI strategies, ideas, and concepts. • Apply best practices in the classroom by keeping up with new research for student success in Math. 	
<p>Student: In order to become proficient in math I will...</p> <ul style="list-style-type: none"> • • 	
<p>Instructional/Support Services Provided</p> <p><input type="checkbox"/> After-school tutoring _____</p> <p><input type="checkbox"/> In-school Intervention Program—Navigator Entry Date: _____</p> <p><input type="checkbox"/> Differentiated Instruction</p> <p><input type="checkbox"/> Other (specify) _____</p>	
<p>Signatures of those who will carry out these plans:</p> <p>Teacher _____</p> <p>Parent(s) _____</p> <p>Student _____</p> <p>Date of 1st Review _____ Date of 2nd Review _____</p>	

Comments:

- **Fall Conference:**

- **Spring Conference:**

Distribution of copies: Copy is given to the parent at the Fall PTC
 Copy is given to the parent at the Spring PTC
 Copy is placed into the student’s cumulative record **after** the Spring PTC

Upon student’s withdrawal from school (if before Spring PTC)– the form is placed into the student’s cumulative record