**ALC (Sample)**

# Accelerated Learning Committee

***[State of Texas Assessments of Academic Readiness (STAAR) or State of Texas Assessments of Academic Readiness A (STAAR Alt 2)]***

***End-of-Course* Assessment**

Student: Date of Notice:

Parent/Guardian: Date of Meeting:

Address: Location:

Phone:

##### Membership

|  |  |  |
| --- | --- | --- |
|  | **Member** | **Name** |
| [ ]  | \*Principal (or designee) |  |
| [ ]  | \*Teacher of (subject) |  |
| [ ]  |  Teacher of (subject)  |  |
| [ ]  | \*Parent/Guardian |  |
| [ ]  |  Parent/Guardian |  |
| [ ]  |  LPAC/504 Representative (if applicable) |  |
| [ ]  |  Other |  |
| [ ]  |  Other |  |

 \*Required

**I. Agenda**

* Introduction
* Purpose of Meeting (HB 4545 Requirements)
* Review of Assessment Data
* Teacher Feedback and/or Questions
* Parent Feedback and/or Questions
* Develop Plan: How/When AI will occur, Roles of School, Student, and Parent
* Final Questions and Close

|  |  |  |  |
| --- | --- | --- | --- |
| ***[STAAR/STAAR Alt 2]*** | **Score Code(scored, absent, other)** |  **Performed Satisfactorily (Approaches or higher)** |  |
|  |  |  [ ]  Yes [ ]  No [ ]  NA |  |
|  |  |  [ ]  Yes [ ]  No [ ]  NA |  |
|  |  |  [ ]  Yes [ ]  No [ ]  NA |  |
|  |  |  [ ]  Yes [ ]  No [ ]  NA |  |
|  |  |  [ ]  Yes [ ]  No [ ]  NA |  |

**II. Acceleration Learning Plan Below** (or see the attached documentation.)

**Notes** (e.g. Frequency, Location of instruction, Staff member(s) responsible, Time of instruction before, after, during school)

##### IV. Signatures

|  |  |  |
| --- | --- | --- |
| **Member** | Signatures |  |
| \*Principal  |  | [ ]  Agree [ ]  Disagree |
| \*Teacher of  |  | [ ]  Agree [ ]  Disagree |
|  Teacher of  |  | [ ]  Agree [ ]  Disagree |
| \*Parent/Guardian (circle one) |  | [ ]  Agree [ ]  Disagree |
| Parent/Guardian (circle one) |  | [ ]  Agree [ ]  Disagree |
|  LPAC Representative (if applicable) |  | [ ]  Agree [ ]  Disagree |
|  Other |  | [ ]  Agree [ ]  Disagree |
|  Other |  | [ ]  Agree [ ]  Disagree |

*\*Required*