|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name**:  | «SN» | **Student ID:**  | «ID» | **Date:**  |  |
| **AIP to be implemented:** [ ]  Before School (>3 students) [ ]  During School (>3 students) [ ]  After School (≤3 students)  |
| **Start Date for Instruction:** | 8/23/2021 | **Frequency of Data Review:** | Every Six Weeks |

|  |
| --- |
| **Assessment Results/Data Review – Year 1** |
|   |
| State Assessment Year: | 2021 |
| Test: | 8th Grade Math |
| Raw Score: | «RS» | Percent Score: | «PS» |
| **Reporting Category** | **Number Correct** | **Total Questions** | **Percent Correct** |
| 1 | «CNC1» | 4 | «CPC1» |
| 2 | «CNC2» | 16 | «CPC2» |
| 3 | «CNC3» | 15 | «CPC3» |
| 4 | «CNC4» | 7 | «CPC4» |
| **Intervention Strategies** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

 **Waiver –** Parent agrees to waive the 3-student minimum for accelerated instruction. Yes [ ]  No [ ]

|  |
| --- |
| **Accelerated Learning Committee – Year 1** |
|   |
| Principal (or designee): |  |
| Math Teacher: |  |
| Parent/Guardian: |  |
|  |  |

**Purpose/Role**

1. Review assessment and accelerated instruction history
2. Determine accelerated instruction plan (AIP) implementation
3. Discuss parent waiver for class size
4. Determine intervention strategies
5. Discuss progress monitoring

**Meeting Notes:**

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