|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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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