**AIP NON ALC (Sample)**

# Accelerated Instruction Plan

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

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

Date:

Student:

Subject:

Teacher:

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

Describe what additional support is needed. Document content specific concepts and skills that should be addressed.

1. The following concepts/skills have been identified as areas of need:
2. Specific skills related to this learning standard will include:
3. The accelerated instruction will be delivered using the following resources:

**Indicate when the support will be provided, frequency, location of instruction, staff member(s) responsible, time of instruction before, after, during school:**

**What data will be used for progress monitoring? Artifacts/evidence to support conclusions:**