***Please attach the Individual Academic Improvement Plan Parent/Legal Guardian Agreement Form to this plan.***

*Complete the template for each subject area identified as below “Basic.”*

|  |
| --- |
| Student name and grade: |
| Subject area of need: |
| Beginning level of proficiency/Target level of proficiency:  |
| *Check the boxes below for each selected intervention and populate requested information:* |
| * High-quality curriculum
 | Curriculum: |
| * Highly-effective teacher
 | Teacher name: |
| * Additional in-school support
 | Teacher name(s):Define supports: Progress monitoring plan: |
| * Summer program
 | Teacher name:Summer program curriculum: Progress monitoring plan: |

 *\*Attach additional pages as necessary.*

|  |  |
| --- | --- |
| School Administrator Signature:  | Date: |

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 *\*Attach additional pages as necessary.*

|  |  |
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| School Administrator Signature:  | Date: |

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 *\*Attach additional pages as necessary.*

|  |  |
| --- | --- |
| School Administrator Signature:  | Date: |