***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.*

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