

Individual Student Improvement Plan (ISIP)

Student _____ **Grade** _____

School _____

Program: 192 **Comp. Ed:** ___ R ___ W ___ M

Commission Teacher _____ **Start Date** _____

Minutes per week _____ **407-1 Yes** _____ **No** _____

Standardized Test Scores: Name of Test _____

Entrance Scores

Reading Composite _____ **Language Composite** _____ **Math Composite** _____

Entrance Scores for Continuation

School year _____ **Reading Composite** _____ **Language Composite** _____ **Math Composite** _____

Entrance Scores for Continuation

School year _____ **Reading Composite** _____ **Language Composite** _____ **Math Composite** _____

Teaching Techniques:

Small group instruction

Portfolio Assessments

Hands on Activities

Modeling /Peer buddies

Pacing guides/ Teacher made tests

Teaching Materials:

Graphic Organizers

Manipulatives

Computer Programs

Smart Technology/ i-Pads if available

Resources: Individual Achievement Test, Student Profile and/or Skills Acquisition Checklists, School Professional Staff, Technology computer base programs/ i-pads smart boards (if applicable)

Commission Teacher's assessment of student's individual needs:

Exit Criteria: Based on your child's standardized test score he/she has tested out of the Compensatory Education program and reached his/her goal in one or more of the specific areas.

Reading Composite _____ **Language Composite** _____ **Math Composite** _____

Teacher's Signature _____ **Date** _____