

Math Intensive Program of Instruction (IPI) Accelerated Instruction Plan (AIP) (Submit with ARD/IEP Documentation)

Student Name: _____

Date: _____

Student Name:			Student ID:			Date of Birth:			Date:		
Teacher:			Current Grade:			Campus:			School Year(s) Being Considered: 2013 2014 2015		
IPI To Be Provided/Did Not Meet Standard:											
<input type="checkbox"/> After 1 st administration Grade _____			<input type="checkbox"/> After 2 nd administration (5 th 8 th)			<input type="checkbox"/> During school year following 1 st administration Grade _____			<input type="checkbox"/> During school year following 3 rd administration (5 th 8 th)		
Start Date for Instruction:				End Date for Instruction:				Frequency of Data Review:			
Check Applicable Grade Level Placement:						<input type="checkbox"/> Promoted to Next Grade Level _____			<input type="checkbox"/> Retained in Grade Level _____		

Assessment Results/Data Reviewed	Targeted Reporting Category Interventions																																												
<p><u>Diagnostic Assessment</u> Test: Results:</p> <p><u>State Assessment Year:</u> Test: Scale Score: Raw Score:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Reporting Category</th> <th># Correct</th> <th>Total Tested</th> <th>%</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> <tr><td>Total</td><td></td><td></td><td></td></tr> </tbody> </table> <p><u>State Assessment Year:</u> Test: Scale Score: Raw Score:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Reporting Category</th> <th># Correct</th> <th>Total Tested</th> <th>%</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> <tr><td>Total</td><td></td><td></td><td></td></tr> </tbody> </table>	Reporting Category	# Correct	Total Tested	%	1				2				3				4				Total				Reporting Category	# Correct	Total Tested	%	1				2				3				Total				<p><u>Other sources:</u></p> <p><u>Improvement in the following Reporting Categories</u> (Check Applicable):</p> <p><input type="checkbox"/> 1. Numerical Representations and Relationships <input type="checkbox"/> 2. Computations and Algebraic Relationships <input type="checkbox"/> 3. Geometry and Measurement <input type="checkbox"/> 4. Data Analysis and Personal Financial Literacy</p> <p><u>Improvement in the following TEKS Math Strand:</u> (Check Applicable)</p> <p><input type="checkbox"/> Mathematical Process Standards <input type="checkbox"/> Number And Operations <input type="checkbox"/> Personal Financial Literacy <input type="checkbox"/> Measurement And Data <input type="checkbox"/> Algebraic Reasoning <input type="checkbox"/> Geometry And Measurement <input type="checkbox"/> Data Analysis <input type="checkbox"/> Proportionality <input type="checkbox"/> Two-Dimensional Shapes <input type="checkbox"/> Expressions, Equations, And Relationships <input type="checkbox"/> Foundations For Functions <input type="checkbox"/> Linear Functions <input type="checkbox"/> Quadratic And Other Nonlinear Functions <input type="checkbox"/> Algebra And Geometry <input type="checkbox"/> Quadratic And Square Root Functions <input type="checkbox"/> Rational Functions <input type="checkbox"/> Exponential And Logarithmic Functions <input type="checkbox"/></p> <p><u>Interventions:</u></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p style="text-align: right;"><u>Accommodations:</u></p> <p style="text-align: right;">Special Education</p> <p style="text-align: right;">Linguistic (if applicable)</p>
Reporting Category	# Correct	Total Tested	%																																										
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<p><u>Sample of student work:</u> Attach if available</p>																																													

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Area for Acceleration (TEKS Student Expectation)	Goal	Time (Frequency, Duration, Location, Responsible Staff for Implementation)	Activity(ies) (Strategies/Materials/Resources)	Method(s) of Evaluation

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Evaluation of Plan/Progress Monitoring

Date:	<u>Period 1</u>	<u>Period 2</u>	<u>Period 3</u>	<u>Period 4</u>	<u>Period 5</u>	<u>Period 6</u>
<p>Instructional Status and Team Recommendations:</p> <p>Questions To Consider: Was the instructional plan implemented and monitored as intended? Explain if needed.</p> <p>What is the student's level of performance following implementation of the instructional plan?</p> <p>What is the discrepancy between this performance and expected level? Include rate of acquisition when appropriate?</p> <p>Team Recommendation?</p>						
<p>If follow-up steps or activities are needed, briefly summarize here.</p>						

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Additional Notes:

Approval of ARD/GPC/LPAC Committee Members

Title	Name	Signature	Date
Parent	_____	_____	_____
Principal	_____	_____	_____
Content Area Teacher	_____	_____	_____
Special Education Teacher	_____	_____	_____
LPAC Representative If applicable	_____	_____	_____
Other	_____	_____	_____