



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

Student Name:

Date:

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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Student Name:

Date:

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><b>Instructional Status and Team Recommendations:</b></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><b>Team Recommendation?</b></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	_____	_____	_____