

School Performance Plan

School District

School Name

Address (City, State, Zip Code, Telephone):

Superintendent/Academic Manager:

For Implementation During The Following Years:

The Following Checkbox Selections (if applicable) Must Be Completed:

Title I Status: Served (receives funds) Not Served (does not receive funds)

Designation: Reward School Focus School (Interventions will be attached)

Classification: 5 Star School 4 Star School 3 Star School 2 Star School 1 Star School

NCCAT-S: Not Required- 4/5 Star Schools Initial- 1/2/3 Star Schools Review- 1/2/3 Star Schools

***1 and 2 Star Schools Only:** Please ensure that the following documents will be available upon request Use of Core Instructional Materials Scheduling Model School Visits

Members of Planning Team * ALL Title I schools must have a parent on their planning team that is NOT a district employee.

| Name of Member | Position | Name of Member | Position |
|----------------|----------|----------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Last Date Review/Revised By Planning Team:

COMPONENT I: COMPREHENSIVE NEEDS ASSESSMENT (CNA)

DATA REVIEWED & ANALYZED:

Based on your schools NSPF results, identify what additional data have been reviewed and analyzed in development of the SPP.

| School Data For General Education Including FRL | English Language Learner (ELL) Data | Special Education Data |
|---|-------------------------------------|--------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Summary Statement: Please provide a brief description for how the analyzed data will impact your Inquiry and Action Planning process.

COMPONENT II: Inquiry Process & Action Plan Design- Priority Need/Goal 1

Based on the CNA, identify all that apply:

General Education

FRL

ELL

IEP

Other

Priority Need/
Goal 1:

Root Cause(s)

Measurable Objective(s):

Monitoring Status

ACTION PLAN

MONITORING PLAN

| Action Step <small>(please only list one action step per box)</small> | Resources and Amount Needed for Implementation <small>(people, time, materials, funding sources)</small> | List Artifacts/Evidence of Progress: <small>Information (Data) that will verify the action step is in progress or has occurred.</small> | List Timeline, Benchmarks, and Position Responsible | Monitoring Status |
|--|---|--|---|-------------------|
| 1.1 Professional Development (Required) | | <input type="checkbox"/> Continuation From Last Year | NCCAT-S Indicators: | |
| | | | | |

Comments:

| Action Step | Resources/Amount Needed | Artifacts/Evidence | Timeline and Position Responsible | Monitoring Status |
|---|-------------------------|--|-----------------------------------|-------------------|
| 1.2 Family Engagement (Required) | | <input type="checkbox"/> Continuation From Last Year | NCCAT-S Indicators: | |
| | | | | |

Comments:

| | | | | |
|---|--|--|---------------------|--|
| 1.3 Curriculum/Instruction/Assessment (Required) | | <input type="checkbox"/> Continuation From Last Year | NCCAT-S Indicators: | |
| | | | | |

Comments:

| | | | | |
|-----------------------------|--|--|---------------------|--|
| 1.4 Other (Optional) | | <input type="checkbox"/> Continuation From Last Year | NCCAT-S Indicators: | |
| | | | | |

Comments:

COMPONENT II: Inquiry Process & Action Plan Design- Priority Need/Goal 2

Based on the CNA, identify all that apply:

General Education

FRL

ELL

IEP

Other

Priority Need/
Goal 2:

Root Cause(s)

Measurable Objective(s):

Monitoring Status

ACTION PLAN

MONITORING PLAN

| Action Step <small>(please only list one action step per box)</small> | Resources and Amount Needed for Implementation <small>(people, time, materials, funding sources)</small> | List Artifacts/Evidence of Progress: <small>Information (Data) that will verify the action step is in progress or has occurred.</small> | List Timeline, Benchmarks, and Position Responsible | Monitoring Status |
|--|---|--|---|-------------------|
| 2.1 Professional Development (Required) | | <input type="checkbox"/> Continuation From Last Year | NCCAT-S Indicators: | |
| | | | | |

Comments:

| Action Step | Resources/Amount Needed | Artifacts/Evidence | Timeline and Position Responsible | Monitoring Status |
|---|-------------------------|--|-----------------------------------|-------------------|
| 2.2 Family Engagement (Required) | | <input type="checkbox"/> Continuation From Last Year | NCCAT-S Indicators: | |
| | | | | |

Comments:

| | | | | |
|---|--|--|----------------------------|--|
| 2.3 Curriculum/Instruction/Assessment (Required) | | <input type="checkbox"/> Continuation From Last Year | NCCAT-S Indicators: | |
| | | | | |

Comments:

| | | | | |
|-----------------------------|--|--|----------------------------|--|
| 2.4 Other (Optional) | | <input type="checkbox"/> Continuation From Last Year | NCCAT-S Indicators: | |
| | | | | |

Comments:

COMPONENT II: Inquiry Process & Action Plan Design- Priority Need/Goal 3

Priority Need/Goal 3 is optional, selection is required: Not Applicable Optional

Based on the CNA, identify all that apply:

General Education FRL ELL IEP Other

Priority Need/ Goal 3:

Root Cause(s)

Measurable Objective(s):

Monitoring Status

| ACTION PLAN | | MONITORING PLAN | | |
|--|---|--|---|-------------------|
| Action Step <small>(please only list one action step per box)</small> | Resources and Amount Needed for Implementation <small>(people, time, materials, funding sources)</small> | List Artifacts/Evidence of Progress: <small>Information (Data) that will verify the action step is in progress or has occurred.</small> | List Timeline, Benchmarks, and Position Responsible | Monitoring Status |
| 3.1 Professional Development (Required) | | <input type="checkbox"/> Continuation From Last Year | NCCAT-S Indicators: | |
| | | | | |

Comments:

| Action Step | Resources/Amount Needed | Artifacts/Evidence | Timeline and Position Responsible | Monitoring Status |
|---|-------------------------|--|-----------------------------------|-------------------|
| 3.2 Family Engagement (Required) | | <input type="checkbox"/> Continuation From Last Year | NCCAT-S Indicators: | |
| | | | | |

Comments:

| | | | | |
|---|--|--|----------------------------|--|
| 3.3 Curriculum/Instruction/Assessment (Required) | | <input type="checkbox"/> Continuation From Last Year | NCCAT-S Indicators: | |
| | | | | |

Comments:

| | | | | |
|-----------------------------|--|--|----------------------------|--|
| 3.4 Other (Optional) | | <input type="checkbox"/> Continuation From Last Year | NCCAT-S Indicators: | |
| | | | | |

Comments:

COMPONENT III: Budget Plan

COORDINATION OF FUNDS TO SUPPORT THE PLAN WITH OTHER PROGRAMS: Provide the sources of funds your school is currently receiving and identify the purposes for which those funds are spent. Sources of funds may include General Budget, Title I , Title II, Title III, Migrant, Immigrant, Neglected & Delinquent, 21st Century After School Programs, Gear Up, IDEA, McKinney-Vento/Homeless, Head Start, state-funded Pre-Kindergarten, Teacher Incentive Fund, Striving Readers, and other state/federal funds.

| Source of Funds applicable to Priority Need/Goal | Amount Received for this School Year | Purposes for which funds are used (include targeted audience, specific activities, intended outcomes, etc.) | Applicable Goal(s) |
|--|--------------------------------------|---|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

COMPONENT IV: REQUIRED ELEMENTS FOR TITLE I SCHOOLS:

Title I Schools operating a Schoolwide Program must complete Items 1 through 5 on this page.

1. Describe the school's strategies to attract effective, highly-qualified teachers to your school.

2. Describe the school's strategies to increase family engagement in accordance with Section 1118 of NCLB (see resource link), such as family literacy services and the provision to parents on how the school will share academic information in a language they understand.

3. Describe the school's plans for transition and articulation between school programs (ie: assisting preschool children from early childhood programs such as Head Start, Even Start, or a state-run preschool program to elementary school, elementary school to middle school, and middle to high school, etc.).

4. Identify the measures that include teachers in decisions regarding the use of academic assessments.

5. Provide assurance that federal, state, and local services are coordinated and integrated into the school improvement efforts.

APPENDIX A- Professional Development Plan

1.1

| |
|--|
| |
|--|

Goal 1
Additional
PD Action
Step
(Optional)

| |
|--|
| |
|--|

2.1

| |
|--|
| |
|--|

Goal 2
Additional
PD Action
Step
(Optional)

| |
|--|
| |
|--|

3.1

| |
|--|
| |
|--|

Goal 3
Additional
PD Action
Step
(Optional)

| |
|--|
| |
|--|

APPENDIX B- Family Engagement Plan

1.2

| |
|--|
| |
|--|

Goal 1
Additional
Family
Engagement
Action Step
(Optional)

| |
|--|
| |
|--|

2.2

| |
|--|
| |
|--|

Goal 2
Additional
Family
Engagement
Action Step
(Optional)

| |
|--|
| |
|--|

3.2

| |
|--|
| |
|--|

Goal 3
Additional
Family
Engagement
Action Step
(Optional)

| |
|--|
| |
|--|

APPENDIX C- Monitoring/Evaluation Priority Need/Goal 1

**Priority Need/
Goal 1:**

**Measurable
Objective(s):**

Status

Comments:

| | Mid-Year | End-of-Year |
|------------|-----------------|--------------------|
| 1.1 | | |
| Progress | | |
| Barriers | | |
| Next Steps | | |

| | | | |
|------------|--|--|--|
| 1.2 | | | |
| Progress | | | |
| Barriers | | | |
| Next Steps | | | |
| 1.3 | | | |
| Progress | | | |
| Barriers | | | |
| Next Steps | | | |
| 1.4 | | | |
| Progress | | | |
| Barriers | | | |
| Next Steps | | | |

APPENDIX C- Monitoring/Evaluation Priority Need/Goal 2

**Priority Need/
Goal 2:**

**Measurable
Objective(s):**

Status

Comments:

| | Mid-Year | End-of-Year |
|------------|----------|-------------|
| 2.1 | | |
| Progress | | |
| Barriers | | |
| Next Steps | | |

| | | | |
|------------|--|--|--|
| 2.2 | | | |
| Progress | | | |
| Barriers | | | |
| Next Steps | | | |
| 2.3 | | | |
| Progress | | | |
| Barriers | | | |
| Next Steps | | | |
| 2.4 | | | |
| Progress | | | |
| Barriers | | | |
| Next Steps | | | |

APPENDIX C- Monitoring/Evaluation Priority Need/Goal 3

| | | | | | |
|-------------------------------------|---|--|---------------|--|--|
| Priority Need/ Goal 3: | | | | | |
| Measurable Objective(s): | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 90%;"></td> <td style="width: 10%; text-align: center; background-color: #f4a460;">Status</td> </tr> <tr> <td style="height: 50px;"></td> <td style="height: 50px;"></td> </tr> </table> | | Status | | |
| | Status | | | | |
| | | | | | |
| Comments: | | | | | |

| | Mid-Year | End-of-Year |
|------------|-----------------|--------------------|
| 3.1 | | |
| Progress | | |
| Barriers | | |
| Next Steps | | |

| | | | |
|------------|--|--|--|
| 3.2 | | | |
| Progress | | | |
| Barriers | | | |
| Next Steps | | | |
| 3.3 | | | |
| Progress | | | |
| Barriers | | | |
| Next Steps | | | |
| 3.4 | | | |
| Progress | | | |
| Barriers | | | |
| Next Steps | | | |