

Submit by E-mail

Crook County School District

STUDENT EVALUATION AND TAG INSTRUCTIONAL PLAN

STUDENT NAME

Last Name

First Name

DATE

TEACHER

GRADE

Identification

Identification

Identification

DETERMINATION OF RATE AND LEVEL

(Check applicable boxes below)

- | | |
|--|--|
| <input type="checkbox"/> Observations | <input type="checkbox"/> Student's Response to Instruction |
| <input type="checkbox"/> Review of Academic History | <input type="checkbox"/> Anecdotal Records |
| <input type="checkbox"/> Work Samples/Portfolios | <input type="checkbox"/> Dialogue with Student |
| <input type="checkbox"/> Standardized Tests | <input type="checkbox"/> Parent Input |
| <input type="checkbox"/> Teacher Developed Tests (Pre-, Postassessments) | <input type="checkbox"/> Other |

In the comment section below, describe how you determine rate and level and how you communicate with student and parent regarding the differentiation. The section holds approximately 200 words at 10 pts.

Comments:

MODIFICATION FOR RATE AND LEVEL

Check applicable boxes below

Curriculum Modifications	Instructional Modifications	Social/Emotional Goals
<input type="checkbox"/> Advanced Course	<input type="checkbox"/> Independent Study	<input type="checkbox"/> Self-Acceptance
<input type="checkbox"/> Differentiated Assignment	<input type="checkbox"/> Small Group with TAG Peers	<input type="checkbox"/> Cooperative Work Group
<input type="checkbox"/> Interdisciplinary Curriculum	<input type="checkbox"/> Higher Order Questioning Strategies	<input type="checkbox"/> Acceptance of Others
<input type="checkbox"/> Research Skills Curriculum	<input type="checkbox"/> Individualized Instruction	<input type="checkbox"/> Self Confidence
<input type="checkbox"/> Curriculum Compacting	<input type="checkbox"/> Learning Style Emphasis	<input type="checkbox"/> Leadership Skills
<input type="checkbox"/> Complex/Abstract Materials	<input type="checkbox"/> Flexible Pacing and Scheduling	<input type="checkbox"/> Appropriate Behavior
<input type="checkbox"/> Book Club	<input type="checkbox"/> No Modification Needed	<input type="checkbox"/> Organization
<input type="checkbox"/> No Modifications Needed	<input type="checkbox"/> Other	<input type="checkbox"/> No Modifications Needed

ADJUSTMENTS TO PROGRAM (Based on Modifications)—Fall Conferences

The program is adjusted to meet the needs of the individual student. This match is achieved by reviewing the student's rate and level, as described above, and then modifying accordingly. The following instructional plan is the ongoing record of determinations for rate and level modifications.

Teacher Comments/Notes - Attach pre-assessments or additional notes, if necessary. Date: _____

*Circle appropriate identifications observed: **Mathematics, Reading, Intellectually Gifted***

ADJUSTMENTS TO PROGRAM (Based on Modifications)/ Yearly Observations—Spring Conferences

The program is adjusted to meet the needs of the individual student. This match is achieved by reviewing the student's rate and level, as described above, and then modifying accordingly. The following instructional plan is the ongoing record of determinations for rate and level modifications.

Teacher Comments/Notes - Attach pre-assessments or additional notes, if necessary. Date: _____

*Circle appropriate identifications observed: **Mathematics, Reading, Intellectually Gifted***

Parent Teacher Conference Acknowledgment and Academic Recommendations

Fall Conference Parental Review

Parent was offered conference, but declined. (Date: _____)

Parent Input:

Parent/Guardian Signature _____ Date: _____

Academic Recommendations Based on Assessment Results

Spring Conference Parental Review

Parent was offered conference, but declined. (Date: _____)

Subject:	Recommendations for Next School Year
Reading	
Math	
Other (specify)	

Parent/Guardian Signature _____ Date: _____

Printed Name: _____

Classroom Teacher, Focus Teacher, Advisor Signature: _____

Printed Name: _____ Date: _____