

- Keep copy of letters
- Log phone calls
- Conference scheduled attempts
- Date: Initial -
- 1st -
- 2nd -
- 3rd -

- Attendance:**
- Days absent _____
 - Days tardy _____

**Columbus City Schools
Individual Academic Assistance Plan
for
Retained Students ES and MS
2017 – 2018 School Year**

Name _____ School _____ Student ID# _____ Grade _____

Sex _____ Race _____ DOB _____

Parent/Guardian signature _____ Relationship _____ Home Phone _____

CHECK ALL BOXES THAT APPLY:

- Test Results -**
- BOY, MOY, EOY
Math _____
Reading _____
 - Final Grades
Math _____
Reading _____
Science _____
Social Studies _____
Writing _____

- Intervention provided -**
- In Class assistance
 - Differentiated instruction
 - Additional assignments
 - Guidance/counseling
 - Peer tutoring
 - Reduced pupil/teacher ratio
 - Leveled Literacy Instruction
 - MFE administered
 - After School tutoring
 - Modified Assignments
 - SAIL
 - Read180
 - SRI

Academic Strengths (be specific):

- 1. _____
- 2. _____
- 3. _____

Areas of needed improvement

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Academic Goals (based upon areas of improvement):

- 1. _____
- 2. _____
- 3. _____