

SCHOOL IMPROVEMENT PLAN
FINAL ADEQUATE PROGRESS CHECKLIST

SCHOOL: **DATE SUBMITTED:**

Principal's Signature: _____

***Adequate
Goal
Progress**

Documentation/ Evidence

<p>Reading</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO</p>	<p>OBJECTIVE(S):</p> <div style="border: 1px solid black; height: 500px; margin-top: 5px;"></div>	
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Writing

OBJECTIVES(S):

YES

NO

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Math

OBJECTIVE(S):

YES

NO

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Science

OBJECTIVES(S):

YES

NO

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Technology

OBJECTIVE(S):

YES

NO

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Health /
Fitness

OBJECTIVE(S):

YES

NO

A large, empty rectangular box with a thin black border, intended for writing the objective(s) for the Health / Fitness category.

Student
Safety

OBJECTIVES(S):

YES

NO

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OTHER

OBJECTIVES(S):

YES

NO

***Based on the SAC's examination of the definition of adequate progress for each goal included in the plan and the data/information to support it. Attach brief explanation if adequate progress has not been made.**