

**ACADEMIC IMPROVEMENT PLAN (AIP)**

(circle one) TIER 1 2 3

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Teacher(s) \_\_\_\_\_

Person with primary responsibility for the AIP \_\_\_\_\_

Reason(s) this student is receiving an AIP

student is not attaining level of proficiency required by content standards at grade level

student is being retained and is repeating grade \_\_\_\_7\_\_\_\_8

student is deficient in high school credits

other (behavioral, medical, etc.) \_\_\_\_\_

List each need in order of priority and describe specifically how it is to be met.

<p>Academic Deficiency</p>	<p>Intervention that addresses the need</p> <hr/> <p>Time line and how progress will be assessed</p> <hr/> <p>Who will implement the intervention</p> <hr/> <p>Criteria for evaluation success</p>
<p>Behavioral Concerns</p>	<p>Intervention that addresses the need</p> <hr/> <p>Time line and how progress will be assessed</p>

	Who will implement that intervention
	Criteria for evaluating success
Medical Concerns	Intervention that addresses the need
	Time line and how progress will be assessed
	Who will implement the intervention
	Criteria for evaluating success

**PARENT/GUARDIAN:**

I, \_\_\_\_\_, as this student's parent/guardian, have reviewed the AIP plan for my child.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT**

I acknowledge that I have reviewed the AIP plan created for me.

Signature: \_\_\_\_\_ Date \_\_\_\_\_