**Programs for At-Risk Students – Renewal Visit**

Please provide the Institute with details of the school’s current at-risk student population and the programs in place to support them. Please note, this form is specifically for schools receiving an evaluation visit.

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| **School name:** |  | | |
| **Date completed:** |  | **Completed by:** |  |

In this chart, please provide information regarding the school’s population in each category below. Please include both the **total number of students** as well as the **percentage breakdown** of the student population. With programs serving any combination of elementary, middle school, or high school programming, please provide the information by program level in the appropriate column. Include the grade span for each in the top row.

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| **At-Risk Student Groups** | **Elementary (GRADES)** | **Middle (GRADES)** | **High (GRADES)** |
| **Targeted Academic Interventions**  *How many* ***total*** *students currently receive targeted academic interventions that do not have an IEP or qualify for ELL services (e.g., students struggling academically)?* |  |  |  |
| **Students with Disabilities**  *How many* ***total*** *students have IEPs?* |  |  |  |
| * + How many students receive mandated services for less than 20% of the school day? |  |  |  |
| * + How many students receive mandated services for 21% - 59% of the school day? |  |  |  |
| * + How many students receive mandated services for greater than 60% of the school day? |  |  |  |
| How many total students have an IEP with *mandated academic services*? |  |  |  |
| **English language learners**  *How many* ***total*** *students are ELLs (including students ever identified as ELLs)?* |  |  |  |
| * How many ELLs are entering? |  |  |  |
| * How many ELLs are emerging? |  |  |  |
| * How many ELLs are transitioning? |  |  |  |
| * How many ELLs are expanding? |  |  |  |
| * How many ELLs tested at the commanding level in the past two years? |  |  |  |
| * How many students are former ELLs?   *Defined as having ever been an ELL at the school and tested at commanding over two years ago.* |  |  |  |

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| **General Education Students Receiving Targeted Academic Interventions** | |
| **Staff**  *List the name and title of staff members who:*   * *Oversee the program* * *Deliver the interventions* |  |
| **Progress Monitoring**  *Describe how the school monitors the ongoing progress of students receiving targeted academic interventions.* |  |
| **Coordination**  *Describe how the general education teachers and those providing academic interventions coordinate their efforts.* |  |
| **Professional Development**  *Describe the professional development staff member receive related to targeted academic interventions.* |  |

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| **Students with Disabilities** | |
| **Staff**  *List the name and title of staff members who:*   * *Oversee the program* * *Provide mandated services* * *Note if services are provided by the school or by the district* |  |
| **Progress Monitoring**  *Describe how the school monitors the ongoing progress of students with disabilities.* |  |
| **Coordination**  *Describe how the general education teachers and special education providers coordinate their efforts.* |  |
| **Professional Development**  *Describe the professional development staff members receive related to the special education program.* |  |

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| **English Language Learners (“ELLs”)** | |
| **Staff**  *List the name and title of staff members who:*   * *Oversee the program* * *Deliver the ELL services* |  |
| **Progress Monitoring**  *Describe how the school monitors the ongoing progress of ELLs.* |  |
| **Coordination**  *Describe how the general education teachers and ELL providers coordinate their efforts.* |  |
| **Professional Development**  *Describe the professional development staff members receive related to the ELL program.* |  |

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| **Social and Emotional Learning (“SEL”)** | |
| **Program**  *Describe the SEL program component(s), if applicable, at your school.*   * *If specific commercial programs are used, describe each program.* |  |
| **Staff**  *List the name and title of staff members who:*   * *Oversee the program* * *Deliver the SEL services* |  |