



Curriculum Department

Elementary Curriculum Progress Monitoring Plan

School Year: _____ School Name: _____

Student Name: _____ Student Number: _____

Student Date of Birth: _____ Grade: _____

Teacher Name: _____ ESOL Title 1 ESE

Previous PMP: Yes No Retained in Grades: _____

FSA: Date: _____ Reading Score: _____ Math Score: _____

ISIP: Date: _____ Reading Score: _____ Math Score: _____

SAT10: Date: _____ Reading: _____ Math: _____

EPT: Date: _____ EPT Results: _____

Altered Instructional Day: _____

Student's Learning Style: _____

PMP need in the following:

Reading/Teacher: _____ Writing/Teacher: _____

Math/Teacher: _____ Science/Teacher: _____

Additional reading diagnosis indicates a deficit in:

Phonemic Awareness Phonics Fluency Vocabulary Comprehension

Other Assessment Data:

Results: _____ Date: _____

Results: _____ Date: _____

Results: _____ Date: _____

	<u>R</u>	<u>W</u>	<u>M</u>	<u>S</u>		<u>R</u>	<u>W</u>	<u>M</u>	<u>S</u>
UFLI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Great Leaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Tutorial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small Group Tutorial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intervention Readers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer Assisted Inst.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leveled Books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peer Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accelerated Reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modified Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flash Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ESE Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESE Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation to Parents:

- Attend Parent/Teacher Meeting
- Listen to Child Read
- Flash Cards
- Check/Sign Child's Homework Assignment
- Attend Parent Workshops
- Other: _____

Parent Notification of PMP:

Parent Signature: _____ Date: _____
 Parent Signature: _____ Date: _____
 Teacher Signature: _____ Date: _____
 Other Signature: _____ Date: _____

Step 1 (by the end of 100 days)

Review of student's academic progress: _____

Parent Signature: _____ Date: _____
 Teacher Signature: _____ Date: _____

Step 2 (by the end of 135 days)

Review of student's academic progress: _____

Parent Signature: _____ Date: _____
 Teacher Signature: _____ Date: _____

Step 3 (by the end of 180 days)

Review of statewide testing (as applicable): _____
 Review of statewide testing (as applicable): _____

Placement Decision: Promote Retain

Parent Signature: _____ Date: _____
 Teacher Signature: _____ Date: _____
 Principal Signature: _____ Date: _____

Third Grade Only:

Promote Retain Promote for Good Cause Code: _____

- Code 1: ESOL less than 2 years
- Code 2: IEP exempts from FSA
- Code 3: Alternative Assessment
- Code 4: Student Portfolio
- Code 5: ESE/504 2+ years intensive reading remediation and previously retained in grades K, 1, 2, o 3
- Code 7: Previously retained twice. 2+ years with intensive reading remediation OR previously retained in grade 3.

Parent Signature: _____ Date: _____
 Teacher Signature: _____ Date: _____
 Principal Signature: _____ Date: _____