

Responses to these questions have been from the Contact-Intervention Information Tab	Education Services Center (ESC) Number: Region 20	District Number: 015909	District Name: Somerset ISD	Campus Number: 00000007	Campus Name: Somerset Academic Achievement Center
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Needs Assessment Summary and Improvement Plan

Definition Purpose:	<p>After your data analysis yields a summary of findings that results in a set of problem statements, the next step is to engage in the needs assessment process to identify root causes. The 5 steps of the root causes assessment include:</p> <p>Step 1: Clarify and prioritize problem statements Step 2: Establish the purpose of assessing root causes and establish the team Step 3: Gather data Step 4: Review data analysis Step 5: Root cause analysis</p> <p>The needs assessment process is intended to safeguard against planning or implementing strategies before the root cause of a problem is understood.</p>
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Problem Statements (PS):	PS #	Problem Statement	is occurring because of Root Cause #	Root Cause #	Root Cause
<i>Problem statements are carried over from Section VI of the Campus Data Analysis tab OR Section VI of the District Data Analysis Summary tab.</i>	PS 1:	Only 222 students achieved Level II standard in Reading, only 37 students achieved Level II standard in Math, 1/2 achieved Level II standard in science and 7/13 achieved Level II standard in Social Studies. None of the ELLS achieved Level II standard in any subject area. Additionally, students who need both course credit and EOC mastery did not have TEKS & Student Expectations specific data that informed	is occurring because of Root Cause #1	Root Cause 1:	There are two general root causes noted in this problem statement. The first, reflects statewide testing issues and the other is potential internal curriculum and instruction gaps. First, students who took the online EOC English I experienced the statewide technical shutdown, became defeated and chose not to retake the assessment. We are not confident that the data reflects accurate achievement since some were in progress with the assessment and others after the technical difficulties started new
	PS 2:	Problem Statement: There has not been an emphasis on graduation rate which will be reported in 2016-2017.	is occurring because of Root Cause #2	Root Cause 2:	Students who are potential dropouts (96's) will be re-enrolled by school start window for the first time in this particular school.
	PS 3:		is occurring because of Root Cause #3	Root Cause 3:	
	PS 4:	0	is occurring because of Root Cause #4	Root Cause 4:	
	PS 5:	0	is occurring because of Root Cause #5	Root Cause 5:	
	PS 6:	0	is occurring because of Root Cause #6	Root Cause 6:	
	PS 7:		is occurring because of Root Cause #7	Root Cause 7:	<Enter text>
	PS 8:		is occurring because of Root Cause #8	Root Cause 8:	<Enter text>
	PS 9:		is occurring because of Root Cause #9	Root Cause 9:	<Enter text>
	PS 10:		is occurring because of Root Cause #10	Root Cause 10:	<Enter text>

Identified and Prioritized Root Causes:

It is important to prioritize your root causes so that your improvement plan is targeted and focused. Although a TEC §11 campus/district improvement plan is critical to overall success, the TEC §39 targeted improvement plan is intended to address the specific reasons for low performance in the state accountability, PBM, or RF system.

If the district or campus would like to identify more than 10 root causes, contact the support specialist assigned to the review.

*** Important Notice! Improvement Required (IR) districts/campuses must complete the following attestation statement to fulfill TEC §39.106 requirements.***

Attestation Statement: By checking the box, I attest that an on-site needs assessment has been conducted according to TEC §39.106 (b) and recommendations were made by the intervention team when considered appropriate. In addition, these findings have been recorded and are available upon request.

Responses to these questions have been from the Contact-Intervention Information Tab	Education Service Center (ESC) Number	District Number	District Name	Campus Number	Campus Name
	Region 20	015909	Somerset ISD	00000007	Somerset Academic Achievement Center

Needs Assessment Summary and Improvement Plan

Problem Statement 1:	Only 2/22 students achieved Level II standard in Reading, only 3/10 students achieved Level II standard in Math, 1/2 achieved Level II standard in science and 7/13 achieved Level II standard in Social Studies. None of the ELLS achieved Level II standard in any subject area. Additionally, students who need both course credit and EOC mastery did not have TEKS & Student Expectations specific data that informed their learning plans.	Annual Goal:	Increase INDEX 1 Level II mastery scores to meet target of 35
Root Cause 1:	There are two general root causes noted in this problem statement. The first, reflects statewide testing issues and the other is potential internal curriculum and instruction gaps. First, students who took the online EOC English I experienced the statewide technical shutdown, became defeated and chose not to retake the assessment. We are not confident that the data reflects accurate achievement, since some were in progress with the assessment and others, after the technical difficulties, started	Strategy:	Design and deliver TEKS & SE learning plans to all students. Students and tteachers will use the lead4ward student learning reports to denote mastery progress. All Edgenuity student data reports will be aligned to the TEKS & SEs.
Index Number:	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Index 1: Student Achievement <input checked="" type="checkbox"/> Index 2: Student Progress <input checked="" type="checkbox"/> Index 3: Closing Achievement Gaps <input checked="" type="checkbox"/> Index 4: Postsecondary Readiness		
Critical Success Factors (CSFs) ESEA Turnaround Principles (TPs) Major Systems	<input checked="" type="checkbox"/> CSF 1-Improve Academic Performance / ESEA TP: Strengthen the School's Instruction <input checked="" type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction <input checked="" type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership <input checked="" type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar <input checked="" type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement <input checked="" type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment <input checked="" type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers	How will addressing this root cause impact the index/indicator/CSF?	Teachers will consistently and regularly plan TEKS & SE aligned lessons and assessments, including an analysis of the course set-up for the Edgenuity system and targeted SE instruction for individual students. (CSF-1). Frequent data sources will be used to assess student progress and revamp plans. (CSF-2). The campus leadership and CLT will monitor progress using data represented in data walls and walkthroughs. (CSF-3). Increased learning time will be addressed by both time on Edgenuity and in small groups with content specific teachers. (CSF-4). Students will use the TEKS & SE student learning reports to share mastery progress with teachers and parent/guardians. (CSF-5). Overall school climate will be addressed through individualization and feedback provided to students by staff. (CSF-6) Teachers will design and deliver high quality TEKS & SE driven plans in small group settings. (CSF-7).

Interventions by Quarter

Q1 (Aug, Sept, Oct)		Q2 (Nov, Dec, Jan)		Q3 (Feb, Mar)		Q4 (April, May, June)	
Q1 Goal: By the end of October, all students who are testing in December EOC will have had a TEKS focused benchmark, updated TEKS student learning reports and revised learning plan targeting needed TEKS & SEs. Benchmark scores will reflect mastery at 50%.		Q2 Goal: By the end of January, EOC scores from December will be analyzed, student learning reports and plans will be revised to reflect TEKS & SEs needs. IGP's may or may not be developed depending on numbers of tests students have not mastered.		Q3 Goal: The end of March, Benchmark 2 results (for new students and retesters) will be used to determine specific TEKS & SE learning needs. 50% mastery is the goal for each student needing BM #2		Q4 Goal: By the end of June, all students needing an EOC administration (retesters) or new students will have received intensive TEKS & SE specific intervention. 100% of students will perform at Level II or higher.	
Q1 Interventions		Q2 Interventions		Q3 Interventions		Q4 Interventions	
1) Conduct 400+ Dev. related to TEKS and SE targeted instruction and alignment in Edgenuity with small group <face-to-face> support with assigned content	2) Review student learning reports and use to track student TEKS & SE mastery progress. 100% of students will have and use TEKS student learning reports as an intervention or an extra wrap (attendance, referrals, TEKS & SE progress, etc.)	3) 100% of students will demonstrate 50% mastery of Edgenuity module assessments and TEKS & SE Benchmark assessments will be developed relative to the students' TEKS & SE needs and aligned to the TEKS & SEs.	1) Conduct TEKS & SE driven lesson design and delivery including small group <face-to-face> instruction daily. 100% lessons from Edgenuity and teachers will have TEKS & SE specific goals for students.	2) Student will share TEKS & SEs progress with parents/guardians (using student learning reports) data walls will be updated to reflect student progress. 100% of students will demonstrate 60% mastery of Edgenuity module assessments and TEKS & SE assignments in small groups.	3) Benchmark 2 will be designed to reflect identified TEKS & SEs.	1) Small group instruction time increased to meet TEKS & SE needs of students.	2) Edgenuity TEKS & SE student learning reports will be updated and data wall will reflect student progress. 100% of students will demonstrate 70% mastery of Edgenuity module assessments and TEKS & SE assignments in small groups.
What data will be collected to monitor interventions in Q1?		What data will be collected to monitor interventions in Q2?		What data will be collected to monitor interventions in Q3?		What data was collected to monitor interventions in Q4?	
1) STAAR item analysis by student on previous related STAAR assessment, baseline TEKS & SE benchmark based on prior performance data.	2) Edgenuity TEKS & SE specific student learning reports	3) Student learning reports ("lead4ward) with baseline data wall	4) Data wall depicting current student TEKS & SE mastery levels	1) Benchmark 2 TEKS & SE item analysis for each student	2) Edgenuity TEKS & SE specific student learning reports	3) Student learning reports ("lead4ward) with updated data wall	4) Small group TEKS & SE focused assignments
1) STAAR item analysis by student on previous related STAAR assessment, baseline TEKS & SE benchmark based on prior performance data.	2) Edgenuity TEKS & SE specific student learning reports	3) Student learning reports ("lead4ward) with baseline data wall	4) Data wall depicting current student TEKS & SE mastery levels	1) Edgenuity TEKS & SE specific student learning reports	2) Student learning reports ("lead4ward) and updated data walls	3) Small group TEKS & SE focused assignments	4) Student and teacher interviews regarding learning plans and support resources/support activities (& preliminary IGP planning)

End of Quarter Reporting

Q1 Report		Q2 Report		Q3 Report		Q4 Report	
Q1 Report Districts and 1st Year IR campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).		Q2 Report		Q3 Report		Q4 Report	
Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select
Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>
Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Did you meet your annual goal?	Select
What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>

End of Year Reporting

Provide the data that supports your 4th quarter status of this annual goal.	<Enter text>	If you did meet your annual goal, to what do you attribute your success?	<input checked="" type="checkbox"/> Data Analysis Process <input checked="" type="checkbox"/> Data Quality <input checked="" type="checkbox"/> Appropriate Strategy <input checked="" type="checkbox"/> Identification of Root Cause <input checked="" type="checkbox"/> Quarterly Planning Process <input checked="" type="checkbox"/> Ongoing Monitoring and Interventions	If you did not meet your annual goal, to what do you attribute your lack of success?	<input checked="" type="checkbox"/> (Specific) Interventions <input checked="" type="checkbox"/> Annual Goals <input checked="" type="checkbox"/> CSF/ESEA Turnaround <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Other	Please provide additional information for the selection of Other or for any selected elements.	<Enter text>
Provide information as to how the identified elements and their impact on your success, or lack of success, will inform/influence your planning for the 2017-2018 school year.	<Enter text>						

Problem Statement 2:	Problem Statement: There has not been an emphasis on graduation rate which will be reported in 2016-2017.	Annual Goal:	Decreased identified "98's" by 50%
Root Cause 2:	Students who are potential dropouts (98's) will be re-enrolled by school start window for the first time in this particular school.	Strategy:	Start system that tracks, supports, monitors, recovers potential drop-outs and course failures
Index Number:	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Index 1: Student Achievement <input checked="" type="checkbox"/> Index 2: Student Progress <input checked="" type="checkbox"/> Index 3: Closing Achievement Gaps <input checked="" type="checkbox"/> Index 4: Postsecondary Readiness		
	<input checked="" type="checkbox"/> CSF 1-Improve Academic Performance / ESEA TP: Strengthen the School's Instruction		

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	Region 20	015909	Somerset ISD	00000007	Somerset Academic Achievement Center

Needs Assessment Summary and Improvement Plan

Critical Success Factors (CSFs) ESEA Turnaround Principles (TPs) Major Systems	<input checked="" type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction <input checked="" type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership <input checked="" type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar <input checked="" type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement <input checked="" type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment <input checked="" type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers	How will addressing this root cause impact the index/indicator/CSF?	Increasing the time, attention and actions targeting "keeping" identified students in classroom/learning settings will enhance the students' academic performances. TEKS & SE specific data will be used to design effective lessons and monitor progress of learning and time. The CLT will monitor activities targeting students' recovering of credits and communicating progress to staff and parents/guardians.
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Interventions by Quarter

Q1 (Aug, Sept, Oct) <small>Districts and 1st Year IR Campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).</small>		Q2 (Nov, Dec, Jan)		Q3 (Feb, Mar)		Q4 (April, May, June)	
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Q1 Goal:	Students who are potential dropouts (99's) will be re-enrolled by school start window for the first time in this particular school. 100% of identified students will be re-enrolled and provided an individualized learning plan.	Q2 Goal:	By the end of January, 100% of students (depending on need) will have an adult mentor who meets with students 1x per week.	Q3 Goal:	By the end of March, 100% of students will share favorable experiences with mentoring and attendance incentive support	Q4 Goal:	Decreased numbers of students coded 98 and increased student attendance.
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Q1 Interventions		Q2 Interventions		Q3 Interventions		Q4 Interventions	
1)	Home and work visits designed to encourage and "bring back" students	1)	Weekly mentoring sessions (i.e. Tacos & Talk Tuesdays)	1)	Deepening of mentor and incentive programs to include weekly support sessions	1)	PEIMS reports citing increased attendance and decreased "dropouts"
2)	Develop a student mentoring plan to be implemented first with identified potential dropouts, then later for all students. (Q2)	2)	Mentors will denote times in logs reflect ongoing sessions	2)		2)	
3)	Individualized learning plans developed based on students' needs.	3)	Data walls depict students and assigned mentors	3)		3)	
4)	Attendance incentives established	4)	Attendance incentives	4)		4)	

What data will be collected to monitor interventions in Q1?		What data will be collected to monitor interventions in Q2?		What data will be collected to monitor interventions in Q3?		What data was collected to monitor interventions in Q4?	
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1)	Attendance and PEIMS reports	1)	Mentor logs	1)	Mentor logs	1)	Peims reports citing increased attendance and decreased "dropouts"
2)	Mentor logs	2)	Attendance and PEIMS reports	2)	Attendance and PEIMS reports	2)	
3)		3)	Student interviews	3)	Student interviews	3)	
4)		4)	Types and numbers of students receiving incentives	4)	Incentives results	4)	

End of Quarter Reporting

Q1 Report <small>Districts and 1st Year IR campuses are not required to complete the quarter 1 (Q1) report.</small>		Q2 Report		Q3 Report		Q4 Report	
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Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select
Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>
Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Did you meet your annual goal?	Select
What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>

End of Year Reporting

Provide the data that supports your 4th quarter status of this annual goal.	<Enter text>	If you <u>did</u> meet your annual goal, to what do you attribute your success?	<input type="checkbox"/> Data Analysis Process <input type="checkbox"/> Data Quality <input type="checkbox"/> Appropriate Strategy <input type="checkbox"/> Identification of Root Cause <input type="checkbox"/> Quarterly Planning Process <input type="checkbox"/> Ongoing Monitoring and Interventions	If you <u>did not</u> meet your annual goal, to what do you attribute your lack of success?	<input type="checkbox"/> (Specific) Interventions <input type="checkbox"/> Annual Goals <input type="checkbox"/> CSF/ESEA Turnaround <input type="checkbox"/> Training <input type="checkbox"/> Other	Please provide additional information for the selection of Other or for any selected elements.	<Enter text>
Provide information as to how the identified elements and their impact on your success, or lack of success, will inform/influence your planning for the 2016-2017 school year.	<Enter text>						

Problem Statement 3:	Annual Goal:
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Root Cause 3:	Strategy:
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Index Number:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Index 1: Student Achievement	<input type="checkbox"/> Index 2: Student Progress	<input type="checkbox"/> Index 3: Closing Achievement Gaps	<input type="checkbox"/> Index 4: Postsecondary Readiness
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Critical Success Factors (CSFs) ESEA Turnaround Principles (TPs) Major Systems	<input type="checkbox"/> CSF 1-Improve Academic Performance / ESEA TP: Strengthen the School's Instruction <input type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction <input type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership <input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar <input type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement <input type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment <input type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers	How will addressing this root cause impact the index/indicator/CSF?	
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Interventions by Quarter

Q1 (Aug, Sept, Oct) <small>Districts and 1st Year IR Campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).</small>		Q2 (Nov, Dec, Jan)		Q3 (Feb, Mar)		Q4 (April, May, June)	
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Responses to these questions have been from the Contact-Intervention Information Tab	Education Services Center (ESC) Number Region 20	District Number 015909	District Name Somerset ISD	Campus Number 00000007	Campus Name Somerset Academic Achievement Center
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Needs Assessment Summary and Improvement Plan

Q1 Goal:	Q2 Goal:	Q3 Goal:	Q4 Goal:
Q1 Interventions	Q2 Interventions	Q3 Interventions	Q4 Interventions
1)	1)	1)	1)
2)	2)	2)	2)
3)	3)	3)	3)
4)	4)	4)	4)
What data will be collected to monitor interventions in Q1?	What data will be collected to monitor interventions in Q2?	What data will be collected to monitor interventions in Q3?	What data will be collected to monitor interventions in Q4?
1)	1)	1)	1)
2)	2)	2)	2)
3)	3)	3)	3)
4)	4)	4)	4)

End of Quarter Reporting

Q1 Report <small>Districts and 1st Year IR campuses are not required to complete the quarter 1 (Q1) report.</small>		Q2 Report		Q3 Report		Q4 Report	
Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select
Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>
Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Did you meet your annual goal?	Select
What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	<Enter any additional information here>	<Enter any additional information here>

End of Year Reporting

Provide the data that supports your 4th quarter status of this annual goal.	<Enter text>	If you did meet your annual goal, to what do you attribute your success? If you did not meet your annual goal, to what do you attribute your lack of success?	<input type="checkbox"/> Data Analysis Process <input type="checkbox"/> Data Quality <input type="checkbox"/> Appropriate Strategy <input type="checkbox"/> Identification of Root Cause <input type="checkbox"/> Quarterly Planning Process <input type="checkbox"/> Ongoing Monitoring and Interventions	<input type="checkbox"/> (Specific) Interventions <input type="checkbox"/> Annual Goals <input type="checkbox"/> CSF/ESEA Turnaround <input type="checkbox"/> Training <input type="checkbox"/> Other	Please provide additional information for the selection of Other or for any selected elements.	<Enter text>
Provide information as to how the identified elements and their impact on your success, or lack of success, will inform/influence your planning for the 2016-2017 school year.	<Enter text>					

Problem Statement 4: 0	Annual Goal:	<Enter text>
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Root Cause 4: 0	Strategy:	<Enter text>
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Index Number:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Index 1: Student Achievement <input type="checkbox"/> Index 2: Student Progress <input type="checkbox"/> Index 3: Closing Achievement Gaps <input type="checkbox"/> Index 4: Postsecondary Readiness
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Critical Success Factors (CSFs) ESEA Turnaround Principles (TPs) Major Systems	<input type="checkbox"/> CSF 1-Improve Academic Performance / ESEA TP: Strengthen the School's Instruction <input type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction <input type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership <input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar <input type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement <input type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment <input type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers	How will addressing this root cause impact the index/indicator/CSF?	<Enter text>
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Interventions by Quarter

Q1 (Aug, Sept, Oct) <small>Districts and 1st Year IR campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).</small>		Q2 (Nov, Dec, Jan)		Q3 (Feb, Mar)		Q4 (April, May, June)	
Q1 Goal:	Q2 Goal:	Q3 Goal:	Q4 Goal:				
Q1 Interventions	Q2 Interventions	Q3 Interventions	Q4 Interventions				
1)	1)	1)	1)				
2)	2)	2)	2)				
3)	3)	3)	3)				

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Needs Assessment Summary and Improvement Plan

4)		4)		4)		4)	
What data will be collected to monitor interventions in Q1?		What data will be collected to monitor interventions in Q2?		What data will be collected to monitor interventions in Q3?		What data was collected to monitor interventions in Q4?	
1)		1)		1)		1)	
2)		2)		2)		2)	
3)		3)		3)		3)	
4)		4)		4)		4)	

End of Quarter Reporting

Q1 Report <small>Districts and 1st Year IR campuses are not required to complete the quarter 1 (Q1) report.</small>		Q2 Report		Q3 Report		Q4 Report	
Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select
Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>
Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Did you meet your annual goal?	Select
What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	<Enter any additional information here>	

End of Year Reporting

Provide the data that supports your 4th quarter status of this annual goal.	<Enter text>	If you <u>did</u> meet your annual goal, to what do you attribute your success? If you <u>did not</u> meet your annual goal, to what do you attribute your lack of success? <Enter text>	<input type="checkbox"/> Data Analysis Process <input type="checkbox"/> Data Quality <input type="checkbox"/> Appropriate Strategy <input type="checkbox"/> Identification of Root Cause <input type="checkbox"/> Quarterly Planning Process <input type="checkbox"/> Ongoing Monitoring and Interventions	<input type="checkbox"/> (Specific) Interventions <input type="checkbox"/> Annual Goals <input type="checkbox"/> CSF/ESEA Turnaround <input type="checkbox"/> Training <input type="checkbox"/> Other	Please provide additional information for the selection of Other or for any selected elements.	<Enter text>
Provide information as to how the identified elements and their impact on your success, or lack of success, will inform/influence your planning for the 2016-2017 school year.						

Problem Statement 5: 0	Annual Goal:	<Enter text>
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Root Cause 5: 0	Strategy:	<Enter text>
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Index Number:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Index 1: Student Achievement <input type="checkbox"/> Index 2: Student Progress <input type="checkbox"/> Index 3: Closing Achievement Gaps <input type="checkbox"/> Index 4: Postsecondary Readiness
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Critical Success Factors (CSFs) ESEA Turnaround Principles (TPs) Major Systems	<input type="checkbox"/> CSF 1-Improve Academic Performance / ESEA TP: Strengthen the School's Instruction <input type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction <input type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership <input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar <input type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement <input type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment <input type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers	How will addressing this root cause impact the index/indicator/CSF? <Enter text>
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Interventions by Quarter

Q1 (Aug, Sept, Oct) <small>Districts and 1st Year IR campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).</small>		Q2 (Nov, Dec, Jan)		Q3 (Feb, Mar)		Q4 (April, May, June)	
Q1 Goal:		Q2 Goal:		Q3 Goal:		Q4 Goal:	
Q1 Interventions		Q2 Interventions		Q3 Interventions		Q4 Interventions	
1)		1)		1)		1)	
2)		2)		2)		2)	
3)		3)		3)		3)	
4)		4)		4)		4)	
What data will be collected to monitor interventions in Q1?		What data will be collected to monitor interventions in Q2?		What data will be collected to monitor interventions in Q3?		What data was collected to monitor interventions in Q4?	
1)		1)		1)		1)	
2)		2)		2)		2)	
3)		3)		3)		3)	
4)		4)		4)		4)	

Responses to these questions have been from the Contact-Intervention Information Tab	Education Services Center (ESC) Number Region 20	District Number 015909	District Name Somerset ISD	Campus Number 00000007	Campus Name Somerset Academic Achievement Center
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Needs Assessment Summary and Improvement Plan

End of Quarter Reporting

Q1 Report <small>Districts and 1st Year IR campuses are not required to complete the quarter 1 (Q1) report.</small>		Q2 Report		Q3 Report		Q4 Report	
Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select
Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>
Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Did you meet your annual goal?	Select
What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>

End of Year Reporting

Provide the data that supports your 4th quarter status of this annual goal.	<Enter text>	If you <u>did</u> meet your annual goal, to what do you attribute your success? If you <u>did not</u> meet your annual goal, to what do you attribute your lack of success?	<input type="checkbox"/> Data Analysis Process <input type="checkbox"/> Data Quality <input type="checkbox"/> Appropriate Strategy <input type="checkbox"/> Identification of Root Cause <input type="checkbox"/> Quarterly Planning Process <input type="checkbox"/> Ongoing Monitoring and Interventions	<input type="checkbox"/> (Specific) Interventions <input type="checkbox"/> Annual Goals <input type="checkbox"/> CSF/ESEA Turnaround <input type="checkbox"/> Training <input type="checkbox"/> Other	Please provide additional information for the selection of Other or for any selected elements.	<Enter text>
Provide information as to how the identified elements and their impact on your success, or lack of success, will inform/influence your planning for the 2016-2017 school year.	<Enter text>					

Problem Statement 6:0	Annual Goal:	<Enter text>
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Root Cause 6:0	Strategy:	<Enter text>
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Index Number:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Index 1: Student Achievement <input type="checkbox"/> Index 2: Student Progress <input type="checkbox"/> Index 3: Closing Achievement Gaps <input type="checkbox"/> Index 4: Postsecondary Readiness
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Critical Success Factors (CSFs) ESEA Turnaround Principles (TPs) Major Systems	<input type="checkbox"/> CSF 1-Improve Academic Performance / ESEA TP: Strengthen the School's Instruction <input type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction <input type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership <input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar <input type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement <input type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment <input type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers	How will addressing this root cause impact the index/indicator/CSF?	<Enter text>
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Interventions by Quarter

Q1 (Aug, Sept, Oct) <small>Districts and 1st Year IR campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).</small>		Q2 (Nov, Dec, Jan)		Q3 (Feb, Mar)		Q4 (April, May, June)	
Q1 Goal:		Q2 Goal:		Q3 Goal:		Q4 Goal:	
Q1 Interventions		Q2 Interventions		Q3 Interventions		Q4 Interventions	
1)		1)		1)		1)	
2)		2)		2)		2)	
3)		3)		3)		3)	
4)		4)		4)		4)	
What data will be collected to monitor interventions in Q1?		What data will be collected to monitor interventions in Q2?		What data will be collected to monitor interventions in Q3?		What data will be collected to monitor interventions in Q4?	
1)		1)		1)		1)	
2)		2)		2)		2)	
3)		3)		3)		3)	
4)		4)		4)		4)	

End of Quarter Reporting

Q1 Report <small>Districts and 1st Year IR campuses are not required to complete the quarter 1 (Q1) report.</small>		Q2 Report		Q3 Report		Q4 Report	
Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select
Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>

Responses to these questions have been from the Contact-Intervention Information Tab	Education Services Center (ESC) Number Region 20	District Number 015909	District Name Somerset ISD	Campus Number 00000007	Campus Name Somerset Academic Achievement Center
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Needs Assessment Summary and Improvement Plan

Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Did you meet your annual goal?	Select
What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	<Enter any additional information here>	

End of Year Reporting

Provide the data that supports your 4th quarter status of this annual goal.	<Enter text>	If you did meet your annual goal, to what do you attribute your success? If you did not meet your annual goal, to what do you attribute your lack of success?	<input type="checkbox"/> Data Analysis Process <input type="checkbox"/> Data Quality <input type="checkbox"/> Appropriate Strategy <input type="checkbox"/> Identification of Root Cause <input type="checkbox"/> Quarterly Planning Process <input type="checkbox"/> Ongoing Monitoring and Interventions	<input type="checkbox"/> (Specific) Interventions <input type="checkbox"/> Annual Goals <input type="checkbox"/> CSF/ESEA Turnaround <input type="checkbox"/> Training <input type="checkbox"/> Other	Please provide additional information for the selection of Other or for any selected elements.	<Enter text>
Provide information as to how the identified elements and their impact on your success, or lack of success, will inform/influence your planning for the 2016-2017 school year.	<Enter text>					

Problem Statement 7:		Annual Goal:	<Enter text>
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Root Cause 7:		Strategy:	<Enter text>
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Index Number:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Index 1: Student Achievement <input type="checkbox"/> Index 2: Student Progress <input type="checkbox"/> Index 3: Closing Achievement Gaps <input type="checkbox"/> Index 4: Postsecondary Readiness
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Critical Success Factors (CSFs) ESEA Turnaround Principles (TPs) Major Systems	<input type="checkbox"/> CSF 1-Improve Academic Performance / ESEA TP: Strengthen the School's Instruction <input type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction <input type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership <input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar <input type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement <input type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment <input type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers	How will addressing this root cause impact the index/indicator/CSF?	<Enter text>
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Interventions by Quarter

Q1 (Aug, Sept, Oct) <small>Districts and 1st Year IR campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).</small>		Q2 (Nov, Dec, Jan)		Q3 (Feb, Mar)		Q4 (April, May, June)	
Q1 Goal:		Q2 Goal:		Q3 Goal:		Q4 Goal:	
Q1 Interventions		Q2 Interventions		Q3 Interventions		Q4 Interventions	
1)		1)		1)		1)	
2)		2)		2)		2)	
3)		3)		3)		3)	
4)		4)		4)		4)	
What data will be collected to monitor interventions in Q1?		What data will be collected to monitor interventions in Q2?		What data will be collected to monitor interventions in Q3?		What data was collected to monitor interventions in Q4?	
1)		1)		1)		1)	
2)		2)		2)		2)	
3)		3)		3)		3)	
4)		4)		4)		4)	

End of Quarter Reporting

Q1 Report <small>Districts and 1st Year IR campuses are not required to complete the quarter 1 (Q1) report.</small>		Q2 Report		Q3 Report		Q4 Report	
Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select
Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>
Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Did you meet your annual goal?	Select
What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	<Enter any additional information here>	

End of Year Reporting

Provide the data that supports your 4th quarter status of this annual goal.	<Enter text>	If you did meet your annual goal, to what do you attribute your success? If you did not meet your annual goal, to what do you attribute your lack of success?	<input type="checkbox"/> Data Analysis Process <input type="checkbox"/> Data Quality <input type="checkbox"/> Appropriate Strategy <input type="checkbox"/> Identification of Root Cause	<input type="checkbox"/> (Specific) Interventions <input type="checkbox"/> Annual Goals <input type="checkbox"/> CSF/ESEA Turnaround <input type="checkbox"/> Training	Please provide additional information for the selection of Other or for any selected elements.	<Enter text>
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Responses to these questions have been from the Contact-Intervention Information Tab	Education Services Center (ESC) Number Region 20	District Number 015909	District Name Somerset ISD	Campus Number 00000007	Campus Name Somerset Academic Achievement Center
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Needs Assessment Summary and Improvement Plan

	success? <input type="checkbox"/> Quarterly Planning Process <input type="checkbox"/> Other <input type="checkbox"/> Ongoing Monitoring and Interventions			
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Provide information as to how the identified elements and their impact on your success, or lack of success, will inform/influence your planning for the 2016-2017 school year.	<Enter text>
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Problem Statement 8:	Annual Goal: <Enter text>
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Root Cause 8:	Strategy: <Enter text>
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Index Number:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Index 1: Student Achievement <input type="checkbox"/> Index 2: Student Progress <input type="checkbox"/> Index 3: Closing Achievement Gaps <input type="checkbox"/> Index 4: Postsecondary Readiness
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Critical Success Factors (CSFs) ESEA Turnaround Principles (TPs) Major Systems	How will addressing this root cause impact the index/indicator/CSF? <Enter text>
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Interventions by Quarter

Q1 (Aug, Sept, Oct) <small>Districts and 1st Year IR campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).</small>	Q2 (Nov, Dec, Jan)	Q3 (Feb, Mar)	Q4 (April, May, June)
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Q1 Goal:	Q2 Goal:	Q3 Goal:	Q4 Goal:
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Q1 Interventions	Q2 Interventions	Q3 Interventions	Q4 Interventions
1) _____	1) _____	1) _____	1) _____
2) _____	2) _____	2) _____	2) _____
3) _____	3) _____	3) _____	3) _____
4) _____	4) _____	4) _____	4) _____

What data will be collected to monitor interventions in Q1?	What data will be collected to monitor interventions in Q2?	What data will be collected to monitor interventions in Q3?	What data was collected to monitor interventions in Q4?
1) _____	1) _____	1) _____	1) _____
2) _____	2) _____	2) _____	2) _____
3) _____	3) _____	3) _____	3) _____
4) _____	4) _____	4) _____	4) _____

End of Quarter Reporting

Q1 Report <small>Districts and 1st Year IR campuses are not required to complete the quarter 1 (Q1) report.</small>	Q2 Report	Q3 Report	Q4 Report
Did you meet this quarter's goal? Select	Did you meet this quarter's goal? Select	Did you meet this quarter's goal? Select	Did you meet this quarter's goal? Select
Provide the data or evidence that supports meeting or making progress toward this quarterly goal. <Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal. <Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal. <Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal. <Enter text>
Are you on track to meet the annual goal? Select	Are you on track to meet the annual goal? Select	Are you on track to meet the annual goal? Select	Did you meet your annual goal? Select
What, if any, adjustments must be made in order to meet the annual goal? <Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal? <Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal? <Enter any additional information here>	<Enter any additional information here>

End of Year Reporting

Provide the data that supports your 4th quarter status of this annual goal. <Enter text>	If you did meet your annual goal, to what do you attribute your success? If you did not meet your annual goal, to what do you attribute your lack of success?	<input type="checkbox"/> Data Analysis Process <input type="checkbox"/> (Specific) Interventions <input type="checkbox"/> Data Quality <input type="checkbox"/> Annual Goals <input type="checkbox"/> Appropriate Strategy <input type="checkbox"/> CSF/ESEA Turnaround <input type="checkbox"/> Identification of Root Cause <input type="checkbox"/> Training <input type="checkbox"/> Quarterly Planning Process <input type="checkbox"/> Other <input type="checkbox"/> Ongoing Monitoring and Interventions	Please provide additional information for the selection of Other or for any selected elements. <Enter text>
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Provide information as to how the identified elements and their impact on your success, or lack of success, will inform/influence your planning for the 2016-2017 school year.	<Enter text>
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Problem Statement 9:	Annual Goal: <Enter text>
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Root Cause 9:	Strategy: <Enter text>
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Responses to these questions have been from the Contact-Intervention Information Tab	Education Service Center (ESC) Number Region 20	District Number 015909	District Name Somerset ISD	Campus Number 00000007	Campus Name Somerset Academic Achievement Center
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Needs Assessment Summary and Improvement Plan

Index Number:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Index 1: Student Achievement <input type="checkbox"/> Index 2: Student Progress <input type="checkbox"/> Index 3: Closing Achievement Gaps <input type="checkbox"/> Index 4: Postsecondary Readiness				
Critical Success Factors (CSFs) ESEA Turnaround Principles (TPs) Major Systems	<input type="checkbox"/> CSF 1-Improve Academic Performance / ESEA TP: Strengthen the School's Instruction <input type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction <input type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership <input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesign School Calendar <input type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement <input type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment <input type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers		How will addressing this root cause impact the index/indicator/CSF?	<Enter text>	

Interventions by Quarter

Q1 (Aug, Sept, Oct) <small>Districts and 1st Year IR campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).</small>		Q2 (Nov, Dec, Jan)		Q3 (Feb, Mar)		Q4 (April, May, June)	
Q1 Goal:		Q2 Goal:		Q3 Goal:		Q4 Goal:	
Q1 Interventions		Q2 Interventions		Q3 Interventions		Q4 Interventions	
1)		1)		1)		1)	
2)		2)		2)		2)	
3)		3)		3)		3)	
4)		4)		4)		4)	
What data will be collected to monitor interventions in Q1?		What data will be collected to monitor interventions in Q2?		What data will be collected to monitor interventions in Q3?		What data was collected to monitor interventions in Q4?	
1)		1)		1)		1)	
2)		2)		2)		2)	
3)		3)		3)		3)	
4)		4)		4)		4)	

End of Quarter Reporting

Q1 Report <small>Districts and 1st Year IR campuses are not required to complete the quarter 1 (Q1) report.</small>		Q2 Report		Q3 Report		Q4 Report	
Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select
Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>
Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Did you meet your annual goal?	Select
What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	<Enter any additional information here>	<Enter any additional information here>

End of Year Reporting

Provide the data that supports your 4th quarter status of this annual goal.	<Enter text>	If you <u>did</u> meet your annual goal, to what do you attribute your success? If you <u>did not</u> meet your annual goal, to what do you attribute your lack of success?	<input type="checkbox"/> Data Analysis Process <input type="checkbox"/> (Specific) Interventions <input type="checkbox"/> Data Quality <input type="checkbox"/> Annual Goals <input type="checkbox"/> Appropriate Strategy <input type="checkbox"/> CSF/ESEA Turnaround <input type="checkbox"/> Identification of Root Cause <input type="checkbox"/> Training <input type="checkbox"/> Quarterly Planning Process <input type="checkbox"/> Other <input type="checkbox"/> Ongoing Monitoring and Interventions	Please provide additional information for the selection of Other or for any selected elements.	<Enter text>
Provide information as to how the identified elements and their impact on your success, or lack of success, will inform/influence your planning for the 2016-2017 school year.		<Enter text>			

Problem Statement 10:		Annual Goal:	<Enter text>
Root Cause 10:		Strategy:	<Enter text>

Index Number:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Index 1: Student Achievement <input type="checkbox"/> Index 2: Student Progress <input type="checkbox"/> Index 3: Closing Achievement Gaps <input type="checkbox"/> Index 4: Postsecondary Readiness				
Critical Success Factors (CSFs) ESEA Turnaround Principles (TPs) Major Systems	<input type="checkbox"/> CSF 1-Improve Academic Performance / ESEA TP: Strengthen the School's Instruction <input type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction <input type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership <input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesign School Calendar <input type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement <input type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment <input type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers		How will addressing this root cause impact the index/indicator/CSF?	<Enter text>	

Interventions by Quarter

Responses to these questions have been from the Contact-Intervention Information Tab	Education Service Center (ESC) Number Region 20	District Number 015909	District Name Somerset ISD	Campus Number 00000007	Campus Name Somerset Academic Achievement Center
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Needs Assessment Summary and Improvement Plan

Q1 (Aug, Sept, Oct) <small>Districts and 1st Year IR campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).</small>		Q2 (Nov, Dec, Jan)		Q3 (Feb, Mar)		Q4 (April, May, June)	
Q1 Goal:		Q2 Goal:		Q3 Goal:		Q4 Goal:	
Q1 Interventions		Q2 Interventions		Q3 Interventions		Q4 Interventions	
1)		1)		1)		1)	
2)		2)		2)		2)	
3)		3)		3)		3)	
4)		4)		4)		4)	
What data will be collected to monitor interventions in Q1?		What data will be collected to monitor interventions in Q2?		What data will be collected to monitor interventions in Q3?		What data was collected to monitor interventions in Q4?	
1)		1)		1)		1)	
2)		2)		2)		2)	
3)		3)		3)		3)	
4)		4)		4)		4)	

End of Quarter Reporting

Q1 Report <small>Districts and 1st Year IR campuses are not required to complete the quarter 1 (Q1) report.</small>		Q2 Report		Q3 Report		Q4 Report	
Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select	Did you meet this quarter's goal?	Select
Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>	Provide the data or evidence that supports meeting or making progress toward this quarterly goal.	<Enter text>
Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Are you on track to meet the annual goal?	Select	Did you meet your annual goal?	Select
What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	What, if any, adjustments must be made in order to meet the annual goal?	<Enter any additional information here>	<Enter any additional information here>	<Enter any additional information here>

End of Year Reporting

Provide the data that supports your 4th quarter status of this annual goal.	<Enter text>	If you did meet your annual goal, to what do you attribute your success? If you did not meet your annual goal, to what do you attribute your lack of success?	<input type="checkbox"/> Data Analysis Process <input type="checkbox"/> Data Quality <input type="checkbox"/> Appropriate Strategy <input type="checkbox"/> Identification of Root Cause <input type="checkbox"/> Quarterly Planning Process <input type="checkbox"/> Ongoing Monitoring and Interventions	<input type="checkbox"/> (Specific) Interventions <input type="checkbox"/> Annual Goals <input type="checkbox"/> CSF/ESEA Turnaround <input type="checkbox"/> Training <input type="checkbox"/> Other	Please provide additional information for the selection of Other or for any selected elements.	<Enter text>
Provide information as to how the identified elements and their impact on your success, or lack of success, will inform/influence your planning for the 2016-2017 school year.	<Enter text>					

FIR Sustainability Questions

If your campus is identified as formerly Improvement Required (FIR), please answer the following questions regarding the sustainability of strategies that led to your success.

What strategies, processes, and/or systems has the campus identified as making the greatest impact in moving the campus to a Met Standard rating?	<Enter text>
What plans are in place to sustain these strategies, processes, and/or systems?	<Enter text>