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|---|---|-------------------------|-----------------------|-----------------------|-------------------------|
| <i>Responses to these questions have been from the Contact-Intervention Information Tab</i> | <i>Education Service Center (ESC) Number:</i> | <i>District Number:</i> | <i>District Name:</i> | <i>Campus Number:</i> | <i>Campus Name:</i> |
| | Region 18 | 068901 | Ecor County ISD | 000000114 | John Ireland Elementary |

Needs Assessment Summary and Improvement Plan

Definition Purpose: 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:
 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
 The needs assessment process is intended to safeguard against planning or implementing strategies before the root cause of a problem is understood.

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| Problem Statements (PS): <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: | In the area of science all students scored 45% mastery, Hispanic was 33% mastery, and Economically Disadvantaged 23% mastery on the 2016 STAAR testing. | is occurring because of Root Cause #1 | Root Cause 1: | There was a lack of focused Tier 1 science instruction. |
| | PS 2: | In the area of writing all students scored 57% mastery, Hispanic was 54% mastery, and Economically Disadvantaged 59% on the 2016 STAAR testing. | is occurring because of Root Cause #2 | Root Cause 2: | There was a lack of focused writing instruction in K-3 grades. |
| | PS 3: | | is occurring because of Root Cause #3 | Root Cause 3: | <Enter text> |
| | PS 4: | | is occurring because of Root Cause #4 | Root Cause 4: | <Enter text> |
| | PS 5: | | is occurring because of Root Cause #5 | Root Cause 5: | <Enter text> |
| | PS 6: | | is occurring because of Root Cause #6 | Root Cause 6: | <Enter text> |
| | 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.

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| Responses to these questions have been from the Contact-Intervention Information Tab | Education Service Center (ESC) Number: Region 18 | District Number: 068901 | District Name: Ector County ISD | Campus Number: 00000114 | Campus Name: John Ireland Elementary |
|--|---|----------------------------|------------------------------------|----------------------------|---|

Needs Assessment Summary and Improvement Plan

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| Problem Statement 1: | In the area of science all students scored 45% mastery, Hispanic was 33% mastery, and Economically Disadvantaged 23% mastery on the 2016 STAAR testing. | Annual Goal: | On the 2017 STAAR test, 65% of all students and student subgroups will score at the mastery level in the area of science on the 2017 STAAR test. |
| Root Cause 1: | There was a lack of focused Tier 1 science instruction. | Strategy: | The science teachers will attend professional development focused on Tier 1 instruction and implementation of the strategies presented. |
| 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: 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? | Through ongoing job embedded professional development, campuswide science vocabulary focus, and use of the new campus science lab, the level of rigor of lesson delivery will be improved; therefore, impacting individual student progress, closing the achievement gap and promoting high levels of learning which also increases post-secondary readiness. |

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: | The teachers will plan and construct a science content wall by the end quarter 1. | Q2 Goal: | By the end of quarter 2, all science vertical team members will attend and implement professional development strategies as presented by the district science coordinator. | Q3 Goal: | By the end of quarter 3 the science teacher will complete a student created activity wall. | Q4 Goal: | By the end of quarter 4 the science teacher will have taught the science power standards to the students. |
| Q1 Interventions | | Q2 Interventions | | Q3 Interventions | | Q4 Interventions | |
| 1) | Review the foundations of science in grades K-5 | 1) | District coordinator will attend and present at science vertical PLC meetings | 1) | Students will continually spiral review science concepts | 1) | Focus on earth and science by the student construction of labs |
| 2) | Find and correct science misconceptions | 2) | District coordinator will plan science lessons individually with teachers K-5 | 2) | Students will take the 2015/16 released STAAR test to assess student mastery level and create student tutoring groups | 2) | Focus on organisms and environment by the student construction of labs |
| 3) | Daily spiral review of science TEKS in grades K-5 | 3) | District coordinator will monitor and provide feedback related to science Tier 1 instruction in the classroom | 3) | Science grade 5 teacher will review individual student progress with the campus leadership | 3) | Saturday school focusing on the students needing additional science instruction |
| 4) | Preview the TEKS that will be taught in quarter 2 | 4) | Preview TEKS that will be taught in quarter 3 | 4) | Preview TEKS that will be taught in quarter 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) | Unit assessments | 1) | Minutes of PLC discussions related to science | 1) | Walkthroughs focusing on the spiral review of science concepts | 1) | Review of lesson plans |
| 2) | Walkthroughs focusing on science | 2) | Review of lesson plans showing collaboration with district science coordinator | 2) | Released STAAR test results | 2) | Walkthroughs focusing on science |
| 3) | Minutes of PLC discussions related to science | 3) | District coordinator will complete an informal monitoring form | 3) | Data PLC meeting minutes | 3) | List of students and teachers attending Saturday school and intervention plans |
| 4) | Review of lesson plans. | 4) | Review of lesson plans | 4) | Review of lesson plans | 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> | What, if any, adjustments must be made in order to meet the annual goal? <Enter any additional information here> | |

End of Year Reporting

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| 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 2017-2018 school year. | | <Enter text> | | | |
| Problem Statement 2: | In the area of writing all students scored 57% mastery, Hispanic was 54% mastery, and Economically Disadvantaged 59% on the 2016 STAAR testing. | Annual Goal: | On the 2017 STAAR test, 65% of all students and student subgroups will score at the mastery level in the area of writing on the 2017 STAAR test. | | |
| Root Cause 2: | There was a lack of focused writing instruction in K-3 grades. | Strategy: | Teachers in grades k-5 will focus on revising and editing as well as focusing on student expository writing. | | |

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|--|---|----------------------------|------------------------------------|----------------------------|---|
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|--|---|----------------------------|------------------------------------|----------------------------|---|

Needs Assessment Summary and Improvement Plan

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|---|--|--|---|--|--|
| Index Number: | <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Index 1: Student Achievement <input type="checkbox"/> Index 2: Student Progress <input checked="" 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 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 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? | Through ongoing job embedded writing professional development, the level of rigor of lesson delivery will be improved impacting individual student progress, closing the achievement gap and promoting high levels of learning which also increases post-secondary readiness. | | |

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: | The teachers will plan and construct a writing content wall by the end quarter 1. | Q2 Goal: | By the end of quarter 2 the school will conduct a STAAR expository student writing camp. | Q3 Goal: | By the end of quarter 3 the students will attend an editing and revising decision camp. | Q4 Goal: | By the end of quarter 4 the teachers will have writing samples from all students in grades K-5 reflecting knowledge of the writing power standards. |
| Q1 Interventions | | Q2 Interventions | | Q3 Interventions | | Q4 Interventions | |
| 1) | Review the foundations of writing in grades K-5 | 1) | District ELA director will attend and present at writing vertical PLC meetings | 1) | Students will continually spiral review writing TEKS | 1) | Students will participate in guided writing work stations |
| 2) | Revising and editing writing misconceptions | 2) | District ELA director will plan writing lessons individually with teachers K-5 | 2) | Students will take the 2015/16 released STAAR test to assess student mastery level and create student tutoring groups | 2) | The teachers will work with small groups in the area of writing |
| 3) | Daily spiral review of writing TEKS in grades K-5 | 3) | District ELA director will monitor and provide feedback related to writing Tier 1 instruction | 3) | The grade 4 writing teacher(s) will review individual student writing progress with the campus leadership | 3) | Students will continue journal writing daily |
| 4) | Preview of writing TEKS that will be taught in quarter 2 | 4) | Preview writing TEKS that will be taught in quarter 3 | 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) | Unit assessments | 1) | Minutes of PLC discussions related to writing | 1) | Walk throughs focusing on the spiral review of writing TEKS | 1) | Walkthroughs focusing on guided writing work stations |
| 2) | Walkthroughs focusing on writing | 2) | Review of lesson plans showing collaboration with District ELA director | 2) | Released STAAR test results | 2) | Review of lesson plans |
| 3) | Minutes of PLC discussions related to writing | 3) | District ELA director will complete an informal monitoring form | 3) | Data PLC meeting minutes | 3) | The campus leadership will review two student journals each week |
| 4) | Review of lesson plans | 4) | Review of lesson plans | 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 | Are you on track to meet the 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

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| 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> | | | | |

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| Problem Statement 3: | | Annual Goal: | <Enter text> |
| Root Cause 3: | | 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 | | | | |
| | <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 | | | | |

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|--|---|----------------------------|------------------------------------|-----------------------------|---|
| Responses to these questions have been from the Contact-Intervention Information Tab | Education Service Center (ESC) Number: Region 18 | District Number: 068901 | District Name: Ector County ISD | Campus Number: 000000114 | Campus Name: John Ireland Elementary |
|--|---|----------------------------|------------------------------------|-----------------------------|---|

Needs Assessment Summary and Improvement Plan

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| Critical Success Factors (CSFs) ESEA Turnaround Principles (TPs) Major Systems | <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> | <Enter any additional information here> |

End of Year Reporting

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|--|--------------|--|---|---|---|--------------|
| 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> | | | | |

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| Problem Statement 4: | | Annual Goal: | <Enter text> |
| Root Cause 4: | | 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 | How will addressing this root cause impact the index/indicator/CSF? | <Enter text> |
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| Responses to these questions have been from the Contact-Intervention Information Tab | Education Service Center (ESC) Number: Region 18 | District Number: 068901 | District Name: Ector County ISD | Campus Number: 000000114 | Campus Name: John Ireland Elementary |
|--|---|----------------------------|------------------------------------|-----------------------------|---|

Needs Assessment Summary and Improvement Plan

CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers

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 | Are you on track to meet the 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

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|--|--------------|--|--|--|
| 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. | <Enter text> | | | |

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| Problem Statement 5: | | Annual Goal: | <Enter text> |
| Root Cause 5: | | 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) |
|--|--------------------|---------------|-----------------------|
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|--|---|----------------------------|------------------------------------|-----------------------------|---|
| Responses to these questions have been from the Contact-Intervention Information Tab | Education Service Center (ESC) Number: Region 18 | District Number: 068901 | District Name: Ector County ISD | Campus Number: 000000114 | Campus Name: John Ireland Elementary |
|--|---|----------------------------|------------------------------------|-----------------------------|---|

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 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

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|--|--------------|--|---|---|--|--------------|
| 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> | | | | | |

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| Problem Statement 6: | | Annual Goal: | <Enter text> |
| Root Cause 6: | | 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 | | |
| 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> |

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 | |

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|--|---|----------------------------|------------------------------------|-----------------------------|---|
| Responses to these questions have been from the Contact-Intervention Information Tab | Education Service Center (ESC) Number: Region 18 | District Number: 068901 | District Name: Ector County ISD | Campus Number: 000000114 | Campus Name: John Ireland Elementary |
|--|---|----------------------------|------------------------------------|-----------------------------|---|

Needs Assessment Summary and Improvement Plan

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|----|--|----|--|----|--|----|--|
| 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? |
|---|---|---|---|
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|----|--|----|--|----|--|----|--|
| 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> | | | | | |

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| 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> |
|--|--|---|

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 |
|------------------|------------------|------------------|------------------|
|------------------|------------------|------------------|------------------|

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| 1) | | 1) | | 1) | | 1) | |
| 2) | | 2) | | 2) | | 2) | |

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|--|---|----------------------------|------------------------------------|-----------------------------|---|
| Responses to these questions have been from the Contact-Intervention Information Tab | Education Service Center (ESC) Number: Region 18 | District Number: 068901 | District Name: Ector County ISD | Campus Number: 000000114 | Campus Name: John Ireland Elementary |
|--|---|----------------------------|------------------------------------|-----------------------------|---|

Needs Assessment Summary and Improvement Plan

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| 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> | | | | | |

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| Problem Statement 8: | | Annual Goal: | <Enter text> |
| 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 | | |
| 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> |

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? | |

| | | | | | |
|--|---|----------------------------|------------------------------------|-----------------------------|---|
| Responses to these questions have been from the Contact-Intervention Information Tab | Education Service Center (ESC) Number: Region 18 | District Number: 068901 | District Name: Ector County ISD | Campus Number: 000000114 | Campus Name: John Ireland Elementary |
|--|---|----------------------------|------------------------------------|-----------------------------|---|

Needs Assessment Summary and Improvement Plan

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|----|--|----|--|----|--|----|--|
| 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> | <p>If you did meet your annual goal, to what do you attribute your success?</p> <p>If you did not meet your annual goal, to what do you attribute your lack of success?</p> | <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> | | | | | |

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| Problem Statement 9: | | Annual Goal: | <Enter text> |
| Root Cause 9: | | 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> |
|--|--|---|--------------|

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) | |

| | | | | | |
|--|---|----------------------------|------------------------------------|-----------------------------|---|
| Responses to these questions have been from the Contact-Intervention Information Tab | Education Service Center (ESC) Number: Region 18 | District Number: 068901 | District Name: Ector County ISD | Campus Number: 000000114 | Campus Name: John Ireland Elementary |
|--|---|----------------------------|------------------------------------|-----------------------------|---|

Needs Assessment Summary and Improvement Plan

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| 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 | Are you on track to meet the 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> | | | | | |

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|-----------------------|--|--------------|--------------|
| 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: 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> |

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

| | | | | | |
|---|---|-------------------------|-----------------------|-----------------------|-------------------------|
| <i>Responses to these questions have been from the Contact-Intervention Information Tab</i> | <i>Education Service Center (ESC) Number:</i> | <i>District Number:</i> | <i>District Name:</i> | <i>Campus Number:</i> | <i>Campus Name:</i> |
| | Region 18 | 068901 | Ector County ISD | 000000114 | John Ireland Elementary |

Needs Assessment Summary and Improvement Plan

| Q1 Report <i>Districts and 1st Year IR campuses are not required to complete the quarter 1 (Q1) report.</i> | | 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 | Are you on track to meet the 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> | <p>If you <u>did</u> meet your annual goal, to what do you attribute your success?</p> <p>If you <u>did not</u> meet your annual goal, to what do you attribute your lack of success?</p> | <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 | <p>Please provide additional information for the selection of Other or for any selected elements.</p> | <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> |