

<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	068901042	Bonham Middle School

### Needs Assessment Summary and Improvement Plan

<b>Definition / Purpose:</b>	<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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<b>Problem Statements (PS):</b>  <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>	<b>PS 1:</b>	Low performance of African American students in all tested areas: Social Studies, Science, Writing - 18%, Math- 20%, Reading- 30%.	is occurring because of Root Cause #1	<b>Root Cause 1:</b>	Lack of engaging, effective instructional strategies
	<b>PS 2:</b>	Low performance of economically disadvantaged in all tested areas: Reading- 36%, Writing- 40%, Science- 49%, Math - 38%, Social Studies- 16%.	is occurring because of Root Cause #2	<b>Root Cause 2:</b>	Lack of engaging, effective instructional strategies
	<b>PS 3:</b>		is occurring because of Root Cause #3	<b>Root Cause 3:</b>	<Enter text>
	<b>PS 4:</b>		is occurring because of Root Cause #4	<b>Root Cause 4:</b>	<Enter text>
	<b>PS 5:</b>		is occurring because of Root Cause #5	<b>Root Cause 5:</b>	<Enter text>
	<b>PS 6:</b>		is occurring because of Root Cause #6	<b>Root Cause 6:</b>	<Enter text>
	<b>PS 7:</b>		is occurring because of Root Cause #7	<b>Root Cause 7:</b>	<Enter text>
	<b>PS 8:</b>		is occurring because of Root Cause #8	<b>Root Cause 8:</b>	<Enter text>

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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:

**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.

<b>Problem Statement 1:</b>	Low performance of African American students in all tested areas: Social Studies, Science, Writing - 18%, Math-20%, Reading- 30%.	<b>Annual Goal:</b>	The expectation for African American students is 50% in all tested content areas on the 2017 STAAR test.
<b>Root Cause 1:</b>	Lack of engaging, effective instructional strategies	<b>Strategy:</b>	Providing teachers with well designed, researched based professional development and opportunities to support each other during collaborative planning; create a system of student progress monitoring and TEK focused intervention supporting the implementation of high yield instructional strategies.
<b>Index Number:</b>	<input type="checkbox"/> <b>Not Applicable</b> <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 type="checkbox"/> Index 4: Postsecondary Readiness		
<b>Critical Success Factors (CSFs)</b> <b>ESEA Turnaround Principles (TPs)</b> <b>Major Systems</b>	<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 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 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	<b>How will addressing this root cause impact the index/indicator/CSF?</b>	By increasing highly engaging, effective instructional strategies, students will increase their performance in all tested content areas.

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)	
<b>Q1 Goal:</b>	By the end of Qtr 1, 100% of all teachers will incorporate writing tasks; minimum 2 per week.	<b>Q2 Goal:</b>	By the end of Qtr 2, 100% of all students will monitor their data.	<b>Q3 Goal:</b>	By the end of Qtr 3, specific TEKS-related tutorials will be offered to all students.	<b>Q4 Goal:</b>	By the end of Qtr 4, 100% of teachers will engage students by continuing to deliver highly effective instructional strategies.
<b>Q1 Interventions</b>		<b>Q2 Interventions</b>		<b>Q3 Interventions</b>		<b>Q4 Interventions</b>	
	1) Meeting weekly during PLC/Team to plan common writing tasks.		1) Student learning report		1) Interventionists will form student groups based on data.		1) Lead4Ward

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### Needs Assessment Summary and Improvement Plan

2)	Walk-throughs	2)	Student learning folders	2)	Interventionists will provide TEKS specific materials based on academic needs for tutorial use.	2)	Cooperative Learning		
	3)		C.S.S- Region 18 Consultants		3)		Walk-throughs	3)	Sheltered Instruction/AVID strategies
	4)				4)			4)	Walk-throughs
<b>What data will be collected to monitor interventions in Q1?</b>		<b>What data will be collected to monitor interventions in Q2?</b>		<b>What data will be collected to monitor interventions in Q3?</b>		<b>What data was collected to monitor interventions in Q4?</b>			

<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>
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### Needs Assessment Summary and Improvement Plan

1) Lesson plans	1) Eduphoria	1) Eduphoria	1) HEAT Walkthrough form
2) PLC/ I-teams agendas	2) STAAR/ TELPAS results	2) Stride/Think Through Math/Istation	2) Lesson plans
3) Walk-throughs	3) Stride/Think Through Math/Istation	3) TEKS Resource System	3) STAAR results
4)	4) Unit/ Major assessments	4) Unit/Major Assessments	4) TEKS Resource System

### End of Quarter Reporting

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 <b>did</b> meet your annual goal, to what do you attribute your success?</p> <p>If you <b>did not</b> 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 2017-2018 school year.	<Enter text>					

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### Needs Assessment Summary and Improvement Plan

<b>Problem Statement 2:</b>	Low performance of economically disadvantaged in all tested areas: Reading- 36%, Writing- 40%, Science- 49%, Math - 38%, Social Studies- 16%.	<b>Annual Goal:</b>	The expectation for Economically Disadvantaged students on the 2017 STAAR test is as follows; SS - 50%, Science - 60%, Math - 50%, Reading - 60% and Writing 60%
<b>Root Cause 2:</b>	Lack of engaging, effective instructional strategies	<b>Strategy:</b>	Providing teachers with well designed, researched-based professional development and opportunities to support each other during collaborative planning; create a system of student progress monitoring and TEK focused intervention supporting the implementation of high yield instructional strategies.
<b>Index Number:</b>	<input type="checkbox"/> <b>Not Applicable</b> <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 type="checkbox"/> Index 4: Postsecondary Readiness		
<b>Critical Success Factors (CSFs)</b> <b>ESEA Turnaround Principles (TPs)</b> <b>Major Systems</b>	<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 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 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	<b>How will addressing this root cause impact the index/indicator/CSF?</b>	By increasing highly engaging, effective instructional strategies, students will be expected to increase their performance in all tested content areas.

### 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)	
<b>Q1 Goal:</b>	By the end of Qtr 1, 100% of all teachers will incorporate writing tasks; minimum 2 per week.	<b>Q2 Goal:</b>	By the end of Qtr 2, 100% of students will monitor their data.	<b>Q3 Goal:</b>	By the end of Qtr 3, specific TEKS-related tutorials will be offered to all students.	<b>Q4 Goal:</b>	By the end of Qtr 4, 100% of teachers will engage students by continuing to deliver highly effective instructional strategies.
Q1 Interventions		Q2 Interventions		Q3 Interventions		Q4 Interventions	
1)	Meeting weekly during PLC/iTeam to plan common writing tasks.	1)	Student learning report	1)	Interventionists will form student groups based on data.	1)	Lead4Ward
2)	Walk-throughs	2)	student learning folders	2)	Interventionists will provide TEKS specific materials based on academic needs for tutorial use.	2)	Cooperative Learning
3)	C.S.S- Region 18 Consultants	3)	Walk-throughs	3)	Walk-throughs	3)	Sheltered Instruction/AVID strategies
4)		4)		4)		4)	TEKS Resource System

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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)	Lesson plans	1)	Eduphoria	1)	Eduphoria performance data	1)	HEAT Walk-through form
2)	PLC/ I-teams	2)	STAAR/ TELPAS results	2)	Stride/Think Through Math/Istation	2)	Lesson plans
3)	Walk-throughs	3)	Stride/Think Through Math /Istation	3)	TEKS Resource System	3)	STAAR results
4)		4)	Unit/ Major assessments	4)	Unit/Major Assessments	4)	TEKS Resource System

#### End of Quarter Reporting

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	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 <b>did</b> meet your annual goal, to what do you attribute your success?</p> <p>If you <b>did not</b> 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>
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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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### Needs Assessment Summary and Improvement Plan

<b>Problem Statement 3:</b>		<b>Annual Goal:</b>	<input type="text" value="&lt;Enter text&gt;"/>
<b>Root Cause 3:</b>		<b>Strategy:</b>	<input type="text" value="&lt;Enter text&gt;"/>
<b>Index Number:</b>	<input type="checkbox"/> <b>Not Applicable</b> <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		
<b>Critical Success Factors (CSFs)</b> <b>ESEA Turnaround Principles (TPs)</b> <b>Major Systems</b>	<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	<b>How will addressing this root cause impact the index/indicator/CSF?</b>	<input type="text" value="&lt;Enter text&gt;"/>

#### 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)	

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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 <b>did</b> meet your annual goal, to what do you attribute your success?  If you <b>did not</b> 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		<b>Please provide additional information for the selection of Other or for any selected elements.</b>	<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>					
<b>Problem Statement 4:</b>				<b>Annual Goal:</b>	<Enter text>		
<b>Root Cause 4:</b>	<Enter text>			<b>Strategy:</b>	<Enter text>		
<b>Index Number:</b>	<input type="checkbox"/> <b>Not Applicable</b> <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						
<b>Critical Success Factors (CSFs)</b>	<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						



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<b>ESEA Turnaround Principles (TPs)</b>  <b>Major Systems</b>	<input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar	<b>How will addressing this root cause impact the index/indicator/CSF?</b>	<Enter text>
	<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			

#### Interventions by Quarter

Q1 (Aug, Sept, Oct) <i>Districts and 1st Year IR campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).</i>		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 <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

<i>Responses to these questions have been from the Contact-Intervention Information Tab</i>	Education Service Center (ESC) Number:	District Number:	District Name:	Campus Number:	Campus Name:
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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 <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	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>				

<b>Problem Statement 5:</b>	<Enter text>	<b>Annual Goal:</b>	<Enter text>
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<b>Root Cause 5:</b>	<Enter text>	<b>Strategy:</b>	<Enter text>
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<b>Index Number:</b>	<input type="checkbox"/> <b>Not Applicable</b> <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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<b>Critical Success Factors (CSFs)</b> <b>ESEA Turnaround Principles (TPs)</b> <b>Major Systems</b>	<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	<b>How will addressing this root cause impact the index/indicator/CSF?</b>	<Enter text>
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### Interventions by Quarter

<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	068901042	Bonham Middle School

### Needs Assessment Summary and Improvement Plan

Q1 (Aug, Sept, Oct) <i>Districts and 1st Year IR campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).</i>		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 <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	Did you meet your annual goal?	Select

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:
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### Needs Assessment Summary and Improvement Plan

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>
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#### End of Year Reporting

Provide the data that supports your 4th quarter status of this annual goal.	<Enter text>	If you <b>did</b> meet your annual goal, to what do you attribute your success?  If you <b>did not</b> 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>
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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 6:	<Enter text>	Annual Goal:	<Enter text>
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Root Cause 6:	<Enter text>	Strategy:	<Enter text>
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Index Number:	<input type="checkbox"/> <b>Not Applicable</b> <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	

<i>Responses to these questions have been from the Contact-Intervention Information Tab</i>	Education Service Center (ESC) Number:	District Number:	District Name:	Campus Number:	Campus Name:
	Region 18	068901	Ector County ISD	068901042	Bonham Middle School

### Needs Assessment Summary and Improvement Plan

1) 2) 3) 4)		1) 2) 3) 4)		1) 2) 3) 4)		1) 2) 3) 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) 2) 3) 4)		1) 2) 3) 4)		1) 2) 3) 4)		1) 2) 3) 4)	

### End of Quarter Reporting

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	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	<input type="checkbox"/> Data Analysis Process	<input type="checkbox"/> (Specific) Interventions	Please provide additional information for the selection of Other or for any selected elements	<Enter text>
			<input type="checkbox"/> Data Quality <input type="checkbox"/> Appropriate Strategy <input type="checkbox"/> Identification of Root Cause	<input type="checkbox"/> Annual Goals <input type="checkbox"/> CSF/ESEA Turnaround <input type="checkbox"/> Training		

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 18	068901	Ector County ISD	068901042	Bonham Middle School

### Needs Assessment Summary and Improvement Plan

		What, to what do you attribute your lack of success?	<input type="checkbox"/> Quarterly Planning Process <input type="checkbox"/> Other <input type="checkbox"/> Ongoing Monitoring and Interventions	Selected Elements:	
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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>

<b>Problem Statement 7:</b>		<b>Annual Goal:</b>	<Enter text>
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<b>Root Cause 7:</b>	<Enter text>	<b>Strategy:</b>	<Enter text>
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<b>Index Number:</b>	<input type="checkbox"/> <b>Not Applicable</b> <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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<b>Critical Success Factors (CSFs)</b>	<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	<b>ESEA Turnaround Principles (TPs)</b>		<b>Major Systems</b>		<b>How will addressing this root cause impact the index/indicator/CSF?</b>	<Enter text>
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#### Interventions by Quarter

<b>Q1 (Aug, Sept, Oct)</b> <small>Districts and 1st Year IR campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).</small>	<b>Q2 (Nov, Dec, Jan)</b>	<b>Q3 (Feb, Mar)</b>	<b>Q4 (April, May, June)</b>
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<b>Q1 Goal:</b>		<b>Q2 Goal:</b>		<b>Q3 Goal:</b>		<b>Q4 Goal:</b>	
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<b>Q1 Interventions</b>	<b>Q2 Interventions</b>	<b>Q3 Interventions</b>	<b>Q4 Interventions</b>
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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 will be collected to monitor interventions in Q4?
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<i>Responses to these questions have been from the Contact-Intervention Information Tab</i>	Education Service Center (ESC) Number:	District Number:	District Name:	Campus Number:	Campus Name:
	Region 18	068901	Ector County ISD	068901042	Bonham Middle School

### Needs Assessment Summary and Improvement Plan

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 <b>did</b> meet your annual goal, to what do you attribute your success?  If you <b>did not</b> 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 8:		Annual Goal:	<Enter text>
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<i>Responses to these questions have been from the Contact-Intervention Information Tab</i>	Education Service Center (ESC) Number:	District Number:	District Name:	Campus Number:	Campus Name:
	Region 18	068901	Ector County ISD	068901042	Bonham Middle School

### Needs Assessment Summary and Improvement Plan

<b>Root Cause 8:</b>	<input type="text"/>	<b>Strategy:</b>	<input type="text"/>
<b>Index Number:</b>	<input type="checkbox"/> <b>Not Applicable</b> <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		
<b>Critical Success Factors (CSFs)</b> <b>ESEA Turnaround Principles (TPs)</b> <b>Major Systems</b>	<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	<b>How will addressing this root cause impact the index/indicator/CSF?</b>	<input type="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



<i>Responses to these questions have been from the Contact-Intervention Information Tab</i>	Education Service Center (ESC) Number:	District Number:	District Name:	Campus Number:	Campus Name:
	Region 18	068901	Ector County ISD	068901042	Bonham Middle School

### Needs Assessment Summary and Improvement Plan

Q1 Report Districts and 1st Year IR campuses are not required to complete the quarter 1 (Q1) report.		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?	<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>				

<b>Problem Statement 9:</b>				<b>Annual Goal:</b>	<Enter text>
<b>Root Cause 9:</b>				<b>Strategy:</b>	<Enter text>
<b>Index Number:</b>	<input type="checkbox"/> <b>Not Applicable</b> <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				
<b>Critical Success Factors (CSFs)</b> <b>ESEA Turnaround Principles (TPs)</b>	<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			<b>How will addressing this root cause impact the index/indicator/CSF?</b>	<Enter text>

<i>Responses to these questions have been from the Contact-Intervention Information Tab</i>	Education Service Center (ESC) Number:	District Number:	District Name:	Campus Number:	Campus Name:
	Region 18	068901	Ector County ISD	068901042	Bonham Middle School

### Needs Assessment Summary and Improvement Plan

<b>Major Systems</b>	<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			
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#### Interventions by Quarter

Q1 (Aug, Sept, Oct) <i>Districts and 1st Year IR campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).</i>		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 <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>

<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	068901042	Bonham Middle School

### Needs Assessment Summary and Improvement Plan

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

### End of Year Reporting

<b>Provide the data that supports your 4th quarter status of this annual goal.</b>	<Enter text>	<b>If you <u>did</u> meet your annual goal, to what do you attribute your success?</b>  <b>If you <u>did not</u> meet your annual goal, to what do you attribute your lack of success?</b>	<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	<b>Please provide additional information for the selection of Other or for any selected elements.</b>	<Enter text>
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<b>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.</b>	<Enter text>
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<b>Problem Statement 10:</b>		<b>Annual Goal:</b>	<Enter text>
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<b>Root Cause 10:</b>	<Enter text>	<b>Strategy:</b>	<Enter text>
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<b>Index Number:</b>	<input type="checkbox"/> <b>Not Applicable</b> <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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<b>Critical Success Factors (CSFs)</b> <b>ESEA Turnaround Principles (TPs)</b> <b>Major Systems</b>	<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	<b>How will addressing this root cause impact the index/indicator/CSF?</b>	<Enter text>
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### Interventions by Quarter

<b>Q1 (Aug, Sept, Oct)</b> Districts and 1st Year IR campuses are required to provide, at a minimum, the interventions accomplished for quarter 1 (Q1).	<b>Q2 (Nov, Dec, Jan)</b>	<b>Q3 (Feb, Mar)</b>	<b>Q4 (April, May, June)</b>
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<i>Responses to these questions have been from the Contact-Intervention Information Tab</i>	Education Service Center (ESC) Number:	District Number:	District Name:	Campus Number:	Campus Name:
	Region 18	068901	Ector County ISD	068901042	Bonham Middle School

### 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 <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	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

<i>Responses to these questions have been from the Contact-Intervention Information Tab</i>	Education Service Center (ESC) Number:	District Number:	District Name:	Campus Number:	Campus Name:
	Region 18	068901	Ector County ISD	068901042	Bonham Middle School

### Needs Assessment Summary and Improvement Plan

<b>Provide the data that supports your 4th quarter status of this annual goal.</b>	<i>&lt;Enter text&gt;</i>	<p><b>If you <u>did</u> meet your annual goal, to what do you attribute your success?</b></p> <p><b>If you <u>did not</u> meet your annual goal, to what do you attribute your lack of success?</b></p>	<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	<b>Please provide additional information for the selection of Other or for any selected elements.</b>	<i>&lt;Enter text&gt;</i>
<b>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.</b>		<i>&lt;Enter text&gt;</i>			

### 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.*

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