

JJEEP 2008-2009 QA Review Work Papers - Residential

Program Name: School Number: School District:

Review Date: Reviewer(s):

CLOSED (continued)

STUDENT EDUCATIONAL EXIT PLANS

4.2 Exit Plan -- Required Components _____ Who develops the plan _____

Student	Educational Rep. WHO?	Desired diploma option	Anticipated next ed. placement	Post-release ed. plans	Aftercare provider	Job or career plans	Parties responsible for implementing
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

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Summary of School District Comprehensive Reading Plan for QA review

School District: _____ Program: _____

Is the program's name on the school district comprehensive plan? Yes No

Placement criteria for _____ minutes of intensive reading instruction:

FCAT Reading Level 1, Level 2: _____

Placement assessments: _____

Class size: _____ minutes: _____

Placement criteria for _____ minutes: _____

FCAT Reading Level 2: _____

Placement assessments: _____

Class size: _____

Diagnostic Testing: DAR-1 DAR-2 CTOPP Other: _____

Comprehensive Intervention Reading Program (CIRP) materials if required: Yes No

Are these listed in the school district plan? Yes No

Do they address the 5 construct areas? Yes No

Supplemental Intervention Reading Program (SIRP) materials: _____

Reading online/software are used as: Supplement Core Reading Curricula Software Titles _____

Progress Monitoring: FORF MAZE Other: _____ How often? _____ Who administers? _____

Progress Monitoring Reporting _____ PMRN

Classroom intervention course should include on a daily basis: whole group explicit instruction; small group differentiated instruction; independent reading practice; CAI; other: _____

Administrative Monitoring plan requirements and frequency: walk-through fidelity checks literacy assessment teams

Other _____

District Support: reading coach , training , other: _____

Course numbers for HS: 1000400, 1000410, 7910100, 1002380, 7910400, other: _____

Course numbers for MS: 1000000, 1000010, 1002180, 7810020, other: _____

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TEACHER DATA COLLECTION SHEET

Subject	Name	Area of Certification	Type of Certification	Expiration Date	Time at Facility	Endorsements	In-field
Reading							
English/L.A.							
Math							
Science							
Social Studies							
Career							
Previous							

*Total # of Teachers with:
 Professional /Temporary /Statement of Eligibility /Application of SOE /Approved by School District policy

