

STUDENT SCHOOL YEAR CHECKLIST

STUDENT \_\_\_\_\_ STUDENT# \_\_\_\_\_ SCHL YR 20\_\_ - 20\_\_

Writing Assessments Completed and Collected: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

EDPerformance Assessment Scheduled: Fall \_\_\_\_\_ Spring \_\_\_\_\_  
Date Met Date Met

| SEM 1: Course Title | Sample Collected: HQT Requirement Plan (if needed) | Met:  |
|---------------------|--|-------|
| _____               | _____  | _____ |
| _____               | _____  | _____ |
| _____               | _____  | _____ |
| _____               | _____  | _____ |
| _____               | _____  | _____ |
| _____               | _____  | _____ |
| _____               | _____  | _____ |
| _____               | _____  | _____ |

| SEM 2: Course Title | Sample Collected: HQT Requirement Plan | Met:  |
|---------------------|--|-------|
| _____               | _____                                  | _____ |
| _____               | _____                                  | _____ |
| _____               | _____                                  | _____ |
| _____               | _____                                  | _____ |
| _____               | _____                                  | _____ |
| _____               | _____                                  | _____ |
| _____               | _____                                  | _____ |
| _____               | _____                                  | _____ |

ENGLISH CST Scores Require PLIP Plan: Y N If Yes, see below.  
 PLIP suggestions from English Specialist used: \_\_\_\_\_  
 Curriculum Used: \_\_\_\_\_  
 Circle One: Standards Aligned OR Checklist List supplements used: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MATH CST Scores Require PLIP Plan: Y N If Yes, see below.  
 PLIP suggestions from Math Specialist used: \_\_\_\_\_  
 Curriculum Used: \_\_\_\_\_  
 Circle One: Standards Aligned OR Checklist List supplements used: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_