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| LEA Name:    | Brackett Independent School District |
| Campus Name: |                                      |

### 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: 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.

|   |               |  |  |                       |  |
|---|---------------|--|--|-----------------------|--|
| <b>Problem Statements (PS):</b><br><br><i>Problem statements are carried over from Section V of the Campus Data Analysis tab OR Section VI of the District Data Analysis Summary tab.</i> | <b>PS 1:</b>  | 22.2 District Rate compared to 9.6 PBMAS Standard        | is occurring because of Root Cause #1  | <b>Root Cause 1:</b>  | Too many students are scoring Beginning in the TELPAS Reading Assessment                   |
|   | <b>PS 2:</b>  | Only 32.7 District Pass Rate in 8th grade Social Studies | is occurring because of Root Cause #2  | <b>Root Cause 2:</b>  | Instructional practices and previous improvement plan was not implemented and/or monitored |
|   | <b>PS 3:</b>  | Only 28.8 special education participation rate in        | is occurring because of Root Cause #3  | <b>Root Cause 3:</b>  | Too many special education students taking the STAAR Modified and STAAR Alt.               |
|   | <b>PS 4:</b>  |  | is occurring because of Root Cause #4  | <b>Root Cause 4:</b>  |  |
|   | <b>PS 5:</b>  |  | is occurring because of Root Cause #5  | <b>Root Cause 5:</b>  |  |
|   | <b>PS 6:</b>  |  | is occurring because of Root Cause #6  | <b>Root Cause 6:</b>  |  |
|   | <b>PS 7:</b>  |  | is occurring because of Root Cause #7  | <b>Root Cause 7:</b>  |  |
|   | <b>PS 8:</b>  |  | is occurring because of Root Cause #8  | <b>Root Cause 8:</b>  |  |
|   | <b>PS 9:</b>  |  | is occurring because of Root Cause #9  | <b>Root Cause 9:</b>  |  |
|   | <b>PS 10:</b> |  | is occurring because of Root Cause #10 | <b>Root Cause 10:</b> |  |

**Identified and Prioritized Root Causes:**  
 It is important to prioritize your Root Causes so that your improvement plan is targeted and focused. Although a Campus IP/District IP is critical to overall success, the targeted improvement plan is intended to address the specific reasons for low performance in the state accountability, PBM, or RF system. To ensure a targeted improvement plan, identify what focus areas will have the greatest impact on the reason(s) for low performance in an index, system safeguard, or PBM indicator and ensure those are your prioritized Root Causes.

*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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| LEA Name: <i>Brackett Independent School District</i>  |   |  |  |
| Campus Name:   |   |  |  |
| <b>Needs Assessment Summary and Improvement Plan</b>   |   |  |  |
| <b>Root Cause 1:</b>   | Too many students are scoring Beginning in the TELPAS Reading Assessment  |  |  |
| <b>Index Number:</b>   | <input type="checkbox"/> Not Applicable<br><input checked="" type="checkbox"/> Index 1: Student Achievement<br><input checked="" type="checkbox"/> Index 2: Student Progress<br><input checked="" type="checkbox"/> Index 3: Closing Achievement Gaps<br><input type="checkbox"/> Index 4: Postsecondary Readiness  |  |  |
| <b>Critical Success Factors (CSFs)/<br/>ESEA Turnaround Principles (TPs)/<br/>Major Systems</b>  | <input checked="" type="checkbox"/> CSF 1-Improve Academic Performance/ESEA TP: Strengthen the School's Instruction<br><input checked="" type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction<br><input checked="" type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership<br><input checked="" type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar<br><input checked="" type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement<br><input checked="" type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment<br><input checked="" type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers |  |  |
| <b>Annual Goal:</b>  | More students scoring intermediate, advanced or advanced high on TELPAS Reading   |  |  |
| <b>Strategy:</b>   | ELL Staffings, ESL Teacher and Reg. Teacher Collaboration, Linguistic Accommodations implemented, monitor student progress, ELPS training for teachers, TELPAS training for reg. ed. teachers   |  |  |
| <b>How will addressing this Root Cause impact the index/indicator/CSF?</b>   | A deeper understanding of second language acquisition will equip both the ESL teacher and the regular education teachers to instruct our ELLs. Parent will become more involved and teacher will ensure linguistic accommodations are implemented.  |  |  |
| <b>Interventions by Quarter</b>  |   |  |  |
| Q1 (Aug, Sept, Oct)  | Q2 (Nov, Dec, Jan)  | Q3 (Feb, Mar, Apr)   | Q4 (May, June, July)                                     |
| ?  | ?   | ?  | ?  |
| <b>Q1 Goal:</b>  | <b>Q2 Goal:</b>   | <b>Q3 Goal:</b>  | <b>Q4 Goal:</b>  |
| <b>Interventions:</b>  | <b>Interventions:</b>   | <b>Interventions:</b>  | <b>Interventions:</b>                                    |
| If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) goal section is not required to be completed. | 1)  | 1)   | 1)   |
|  | 2)  | 2)   | 2)   |
|  | 3)  | 3)   | 3)   |
|  | 4)  | 4)   | 4)   |
| <b>What data will be collected to monitor interventions?</b>   | <b>What data will be collected to monitor interventions?</b>  | <b>What data will be collected to monitor interventions?</b> | <b>What data was collected to monitor interventions?</b> |
| 1)   | 1)  | 1)   | 1)   |
| 2)   | 2)  | 2)   | 2)   |
| 3)   | 3)  | 3)   | 3)   |
| 4)   | 4)  | 4)   | 4)   |

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|---|--------|---|--|---|--|---|--------|
| LEA Name: <i>Brackett Independent School District</i>   |        |   |  |   |  |   |        |
| Campus Name:  |        |   |  |   |  |   |        |
| <b>Needs Assessment Summary and Improvement Plan</b>  |        |   |  |   |  |   |        |
| <b>End of Quarter Reporting</b>   |        |   |  |   |  |   |        |
| <b>Q1 Report</b><br><small>If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) report section is not required to be completed.</small> |        | <b>Q2 Report</b>  |  | <b>Q3 Report</b>  |  | <b>Q4 Report</b>  |        |
| 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 |
| Describe the data or evidence used to determine if the goal will or won't be met.   |        | Describe the data or evidence used to determine if the goal will or won't be met.                       |  | Describe the data or evidence used to determine if the goal will or won't be met.   |  | Describe the data or evidence used to determine if the goal will or won't be met. |        |
| What, if any, adjustments must be made in order to meet the annual goal?  |        | What, if any, adjustments must be made in order to meet the annual goal?                                |  | What, if any, adjustments must be made in order to meet the annual goal?  |  | What, if any, adjustments must be made in order to meet the annual goal?          |        |
| <b>End of Year Reporting</b>  |        |   |  |   |  |   |        |
| Did you meet your annual goal?  | Select | If YES, to what do you attribute your success?<br>If NO, to what do you attribute your lack of success? | <input type="checkbox"/> Data Analysis Process<br><input type="checkbox"/> Data Quality<br><input type="checkbox"/> Appropriate Strategy<br><input type="checkbox"/> Identification of Need/Root Cause Chosen<br><input type="checkbox"/> Annual Goals | <input type="checkbox"/> Quarterly Planning Process<br><input type="checkbox"/> (Specific) Interventions<br><input type="checkbox"/> Ongoing Monitoring of Interventions<br><input type="checkbox"/> CSFs and/or ESEA Turnaround Principles Planning<br><input type="checkbox"/> Training | <If there are other factors or additional explanation needed, please explain here> |   |        |

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| Campus Name:  |   |  |  |
| <b>Needs Assessment Summary and Improvement Plan</b>  |   |  |  |
| <b>Root Cause 2:</b>  | Instructional practices and previous improvement plan was not implemented and/or monitored  |  |  |
| <b>Index Number:</b>  | <input type="checkbox"/> Not Applicable<br><input checked="" type="checkbox"/> Index 1: Student Achievement<br><input checked="" type="checkbox"/> Index 2: Student Progress<br><input checked="" type="checkbox"/> Index 3: Closing Achievement Gaps<br><input checked="" type="checkbox"/> Index 4: Postsecondary Readiness   |  |  |
| <b>Critical Success Factors (CSFs)/<br/>ESEA Turnaround Principles (TPs)/<br/>Major Systems</b>   | <input checked="" type="checkbox"/> CSF 1-Improve Academic Performance/ESEA TP: Strengthen the School's Instruction<br><input checked="" type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction<br><input checked="" type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership<br><input checked="" type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar<br><input checked="" type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement<br><input checked="" type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment<br><input checked="" type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers |  |  |
| <b>Annual Goal:</b>   | Increase the percentage of students passing the 8th grade Social Studies STAAR Assessment by 35%  |  |  |
| <b>Strategy:</b>  | Administering a benchmark to determine intervention stages; providing tutorials, reviewing teacher lesson plans, monitoring student progress  |  |  |
| <b>How will addressing this Root Cause impact the index/indicator/CSF?</b>  | By increasing the passing rate, our students will meet progress and experience success  |  |  |
| <b>Interventions by Quarter</b>   |   |  |  |
| Q1 (Aug, Sept, Oct)   | Q2 (Nov, Dec, Jan)  | Q3 (Feb, Mar, Apr)   | Q4 (May, June, July)                                     |
| Q1 Goal:  | Q2 Goal:  | Q3 Goal:   | Q4 Goal:   |
| <b>Interventions:</b>   | <b>Interventions:</b>   | <b>Interventions:</b>  | <b>Interventions:</b>                                    |
| <p style="color: red; font-size: small;">If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) goal section is not required to be completed.</p> | 1)  | 1)   | 1)   |
|   | 2)  | 2)   | 2)   |
|   | 3)  | 3)   | 3)   |
|   | 4)  | 4)   | 4)   |
| <b>What data will be collected to monitor interventions?</b>  | <b>What data will be collected to monitor interventions?</b>  | <b>What data will be collected to monitor interventions?</b> | <b>What data was collected to monitor interventions?</b> |
| 1)  | 1)  | 1)   | 1)   |
| 2)  | 2)  | 2)   | 2)   |
| 3)  | 3)  | 3)   | 3)   |
| 4)  | 4)  | 4)   | 4)   |

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| Campus Name: |                                      |

**Needs Assessment Summary and Improvement Plan**

**End of Quarter Reporting**

| Q1 Report   |        | Q2 Report   |        | Q3 Report   |        | Q4 Report   |        |
|---|--------|---|--------|---|--------|---|--------|
| <b>If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) report section is not required to be completed.</b> |        |   |        |   |        |   |        |
| 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 |
| Describe the data or evidence used to determine if the goal will or won't be met.   |        | Describe the data or evidence used to determine if the goal will or won't be met. |        | Describe the data or evidence used to determine if the goal will or won't be met. |        | Describe the data or evidence used to determine if the goal will or won't be met. |        |
| What, if any, adjustments must be made in order to meet the annual goal?  |        | What, if any, adjustments must be made in order to meet the annual goal?          |        | What, if any, adjustments must be made in order to meet the annual goal?          |        | What, if any, adjustments must be made in order to meet the annual goal?          |        |

**End of Year Reporting**

|                                |        |   |  |   |  |
|--------------------------------|--------|---|--|---|--|
| Did you meet your annual goal? | Select | If <b>YES</b> , to what do you attribute your success?<br>If <b>NO</b> , to what do you attribute your lack of success? | <input type="checkbox"/> Data Analysis Process<br><input type="checkbox"/> Data Quality<br><input type="checkbox"/> Appropriate Strategy<br><input type="checkbox"/> Identification of Need/Root Cause Chosen<br><input type="checkbox"/> Annual Goals | <input type="checkbox"/> Quarterly Planning Process<br><input type="checkbox"/> (Specific) Interventions<br><input type="checkbox"/> Ongoing Monitoring of Interventions<br><input type="checkbox"/> CSFs and/or ESEA Turnaround Principles Planning<br><input type="checkbox"/> Training | <If there are other factors or additional explanation needed, please explain here> |
|--------------------------------|--------|---|--|---|--|

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>Root Cause 3:</b>  | Too many special education students taking the STAAR Modified and STAAR Alt.  |  |  |   |  |
| <b>Index Number:</b>  | <input type="checkbox"/> Not Applicable<br><input checked="" type="checkbox"/> Index 1: Student Achievement<br><input checked="" type="checkbox"/> Index 2: Student Progress<br><input checked="" type="checkbox"/> Index 3: Closing Achievement Gaps<br><input checked="" type="checkbox"/> Index 4: Postsecondary Readiness   |  | <b>Annual Goal:</b> ?  | More special education students taking the regular STAAR  |  |
| <b>Critical Success Factors (CSFs)/<br/>ESEA Turnaround Principles (TPs)/<br/>Major Systems</b> | <input checked="" type="checkbox"/> CSF 1-Improve Academic Performance/ESEA TP: Strengthen the School's Instruction<br><input checked="" type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction<br><input checked="" type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership<br><input checked="" type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar<br><input checked="" type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement<br><input checked="" type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment<br><input checked="" type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers |  | <b>Strategy:</b> ?   | Mainstreaming and exposing students to grade level TEKS   |  |
|   |   |  | <b>How will addressing this Root Cause impact the index/indicator/CSF?</b> ? | More special education students exposed to regular instruction in an effort to master all grade level TEKS and be prepared for the next grade |  |

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| Needs Assessment Summary and Improvement Plan   |   |  |   |
| Interventions by Quarter  |   |  |   |
| Q1 (Aug, Sept, Oct)   | Q2 (Nov, Dec, Jan)                                    | Q3 (Feb, Mar, Apr)   | Q4 (May, June, July)  |
| ?   | ?   | ?  | ?   |
| Q1 Goal:  | Q2 Goal:  | Q3 Goal:   | Q4 Goal:  |
| Interventions:  | Interventions:  | Interventions:   | Interventions:  |
| <p style="color: red;">If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) goal section is not required to be completed.</p>   | 1)  | 1)   | 1)  |
|   | 2)  | 2)   | 2)  |
|   | 3)  | 3)   | 3)  |
|   | 4)  | 4)   | 4)  |
| What data will be collected to monitor interventions?   | What data will be collected to monitor interventions? | What data will be collected to monitor interventions?  | What data was collected to monitor interventions?   |
| 1)  | 1)  | 1)   | 1)  |
| 2)  | 2)  | 2)   | 2)  |
| 3)  | 3)  | 3)   | 3)  |
| 4)  | 4)  | 4)   | 4)  |
| End of Quarter Reporting  |   |  |   |
| Q1 Report   | Q2 Report   | Q3 Report  | Q4 Report   |
| <p style="color: red;">If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) report section is not required to be completed.</p> |   |  |   |
| Are you on track to meet the annual goal?   | Select  | Are you on track to meet the annual goal?  | Select  |
| Describe the data or evidence used to determine if the goal will or won't be met.   |   | Describe the data or evidence used to determine if the goal will or won't be met.                                  |   |
| What, if any, adjustments must be made in order to meet the annual goal?  |   | What, if any, adjustments must be made in order to meet the annual goal?   |   |
| End of Year Reporting   |   |  |   |
| Did you meet your annual goal?  | Select  | <p>If YES, to what do you attribute your success?</p> <p>If NO, to what do you attribute your lack of success?</p> | <input type="checkbox"/> Data Analysis Process<br><input type="checkbox"/> Data Quality<br><input type="checkbox"/> Appropriate Strategy<br><input type="checkbox"/> Identification of Need/Root Cause Chosen<br><input type="checkbox"/> Annual Goals<br><input type="checkbox"/> Quarterly Planning Process<br><input type="checkbox"/> (Specific) Interventions<br><input type="checkbox"/> Ongoing Monitoring of Interventions<br><input type="checkbox"/> CSFs and/or ESEA Turnaround Principles Planning<br><input type="checkbox"/> Training |
|   |   |  | <If there are other factors or additional explanation needed, please explain here>  |

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| <b>Needs Assessment Summary and Improvement Plan</b> |                                      |

|   |  |  |  |
|---|--|--|--|
| <b>Root Cause 4:</b>  |  |  |  |
| <b>Index Number:</b>  | <input type="checkbox"/> Not Applicable<br><input type="checkbox"/> Index 1: Student Achievement<br><input type="checkbox"/> Index 2: Student Progress<br><input type="checkbox"/> Index 3: Closing Achievement Gaps<br><input type="checkbox"/> Index 4: Postsecondary Readiness  |  | <b>Annual Goal:</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">?</span> <enter text>   |
| <b>Critical Success Factors (CSFs)/<br/>ESEA Turnaround Principles (TPs)/<br/>Major Systems</b> | <input type="checkbox"/> CSF 1-Improve Academic Performance/ESEA TP: Strengthen the School's Instruction<br><input type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction<br><input type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership<br><input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar<br><input type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement<br><input type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment<br><input type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers |  | <b>Strategy:</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">?</span> <enter text><br><br><b>How will addressing this Root Cause impact the index/indicator/CSF?</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">?</span> <enter text> |

| Interventions by Quarter |  |  |  |
|--------------------------|--|--|--|
|--------------------------|--|--|--|

|  | Q1 (Aug, Sept, Oct)              | Q2 (Nov, Dec, Jan)  | Q3 (Feb, Mar, Apr)  | Q4 (May, June, July)  |
|--|----------------------------------|---|---|---|
| <b>Q1 Goal:</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">?</span>  |                                  | <b>Q2 Goal:</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">?</span> | <b>Q3 Goal:</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">?</span> | <b>Q4 Goal:</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">?</span> |
| <b>Interventions:</b>  |                                  | <b>Interventions:</b>   | <b>Interventions:</b>   | <b>Interventions:</b>   |
| If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) goal section is not required to be completed. | 1)<br><br>2)<br><br>3)<br><br>4) | 1)<br><br>2)<br><br>3)<br><br>4)  | 1)<br><br>2)<br><br>3)<br><br>4)  | 1)<br><br>2)<br><br>3)<br><br>4)  |
| <b>What data will be collected to monitor interventions?</b>   |                                  | <b>What data will be collected to monitor interventions?</b>                                    | <b>What data will be collected to monitor interventions?</b>                                    | <b>What data was collected to monitor interventions?</b>  |
| 1)<br><br>2)<br><br>3)<br><br>4)   |                                  | 1)<br><br>2)<br><br>3)<br><br>4)  | 1)<br><br>2)<br><br>3)<br><br>4)  | 1)<br><br>2)<br><br>3)<br><br>4)  |

| End of Quarter Reporting  |           |           |           |
|---|-----------|-----------|-----------|
| <b>Q1 Report</b><br><i>If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) report section is not required to be completed.</i> | Q2 Report | Q3 Report | Q4 Report |

| LEA Name: <i>Brackett Independent School District</i>   |  |   |  |   |  |   |        |
|---|--|---|--|---|--|---|--------|
| Campus Name:  |  |   |  |   |  |   |        |
| Needs Assessment Summary and Improvement Plan   |  |   |  |   |  |   |        |
| Are you on track to meet the annual goal?   | Select   | Are you on track to meet the annual goal?   | Select   | Are you on track to meet the annual goal?   | Select   | Are you on track to meet the annual goal?   | Select |
| Describe the data or evidence used to determine if the goal will or won't be met.               |  | Describe the data or evidence used to determine if the goal will or won't be met.                       |  | Describe the data or evidence used to determine if the goal will or won't be met.   |  | Describe the data or evidence used to determine if the goal will or won't be met. |        |
| What, if any, adjustments must be made in order to meet the annual goal?                        |  | What, if any, adjustments must be made in order to meet the annual goal?                                |  | What, if any, adjustments must be made in order to meet the annual goal?  |  | What, if any, adjustments must be made in order to meet the annual goal?          |        |
| End of Year Reporting   |  |   |  |   |  |   |        |
| Did you meet your annual goal?  | Select   | If YES, to what do you attribute your success?<br>If NO, to what do you attribute your lack of success? | <input type="checkbox"/> Data Analysis Process<br><input type="checkbox"/> Data Quality<br><input type="checkbox"/> Appropriate Strategy<br><input type="checkbox"/> Identification of Need/Root Cause Chosen<br><input type="checkbox"/> Annual Goals | <input type="checkbox"/> Quarterly Planning Process<br><input type="checkbox"/> (Specific) Interventions<br><input type="checkbox"/> Ongoing Monitoring of Interventions<br><input type="checkbox"/> CSFs and/or ESEA Turnaround Principles Planning<br><input type="checkbox"/> Training | <If there are other factors or additional explanation needed, please explain here> |   |        |
| <b>Root Cause 5:</b>  |  |   |  |   |  |   |        |
| <b>Index Number:</b>  | <input type="checkbox"/> Not Applicable<br><input type="checkbox"/> Index 1: Student Achievement<br><input type="checkbox"/> Index 2: Student Progress<br><input type="checkbox"/> Index 3: Closing Achievement Gaps<br><input type="checkbox"/> Index 4: Postsecondary Readiness  |   |  | <b>Annual Goal:</b> ?   | <enter text>   |   |        |
|   | <input type="checkbox"/> CSF 1-Improve Academic Performance/ESEA TP: Strengthen the School's Instruction<br><input type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction<br><input type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership<br><input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar<br><input type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement<br><input type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment<br><input type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers |   |  | <b>Strategy:</b> ?  | <enter text>   |   |        |
| <b>Critical Success Factors (CSFs)/<br/>ESEA Turnaround Principles (TPs)/<br/>Major Systems</b> |  |   |  | <b>How will addressing this Root Cause impact the index/indicator/CSF?</b> ?  | <enter text>   |   |        |
| Interventions by Quarter  |  |   |  |   |  |   |        |
| Q1 (Aug, Sept, Oct)   |  | Q2 (Nov, Dec, Jan)  |  | Q3 (Feb, Mar, Apr)  |  | Q4 (May, June, July)  |        |
| Q1 Goal: ?  |  | Q2 Goal: ?  |  | Q3 Goal: ?  |  | Q4 Goal: ?  |        |
| <b>Interventions:</b>   |  | <b>Interventions:</b>   |  | <b>Interventions:</b>   |  | <b>Interventions:</b>   |        |
|   |  | 1)  |  | 1)  |  | 1)  |        |
|   |  | 2)  |  | 2)  |  | 2)  |        |
| If this is your first submission (October 31st) of the 2014-2015 targeted                       |  |   |  |   |  |   |        |



|              |                                      |
|--------------|--------------------------------------|
| LEA Name:    | Brackett Independent School District |
| Campus Name: |                                      |

**Needs Assessment Summary and Improvement Plan**

|  |  |    |  |    |  |    |
|--|--|----|--|----|--|----|
| improvement plan, the quarter 1 (Q1) goal section is not required to be completed. |  | 3) |  | 3) |  | 3) |
|  |  | 4) |  | 4) |  | 4) |

| What data will be collected to monitor interventions? |  | What data will be collected to monitor interventions? |  | What data will be collected to monitor interventions? |  | What data was collected to monitor interventions? |  |
|---|--|---|--|---|--|---|--|
| 1)  |  | 1)  |  | 1)  |  | 1)  |  |
| 2)  |  | 2)  |  | 2)  |  | 2)  |  |
| 3)  |  | 3)  |  | 3)  |  | 3)  |  |
| 4)  |  | 4)  |  | 4)  |  | 4)  |  |

**End of Quarter Reporting**

| Q1 Report<br><i>If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) report section is not required to be completed.</i> |        | Q2 Report   |        | Q3 Report   |        | Q4 Report   |        |
|--|--------|---|--------|---|--------|---|--------|
| 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 |
| Describe the data or evidence used to determine if the goal will or won't be met.  |        | Describe the data or evidence used to determine if the goal will or won't be met. |        | Describe the data or evidence used to determine if the goal will or won't be met. |        | Describe the data or evidence used to determine if the goal will or won't be met. |        |
| What, if any, adjustments must be made in order to meet the annual goal?   |        | What, if any, adjustments must be made in order to meet the annual goal?          |        | What, if any, adjustments must be made in order to meet the annual goal?          |        | What, if any, adjustments must be made in order to meet the annual goal?          |        |

**End of Year Reporting**

|                                |        |   |  |   |  |
|--------------------------------|--------|---|--|---|--|
| Did you meet your annual goal? | Select | If YES, to what do you attribute your success?<br>If NO, to what do you attribute your lack of success? | <input type="checkbox"/> Data Analysis Process<br><input type="checkbox"/> Data Quality<br><input type="checkbox"/> Appropriate Strategy<br><input type="checkbox"/> Identification of Need/Root Cause Chosen<br><input type="checkbox"/> Annual Goals | <input type="checkbox"/> Quarterly Planning Process<br><input type="checkbox"/> (Specific) Interventions<br><input type="checkbox"/> Ongoing Monitoring of Interventions<br><input type="checkbox"/> CSFs and/or ESEA Turnaround Principles Planning<br><input type="checkbox"/> Training | <If there are other factors or additional explanation needed, please explain here> |
|--------------------------------|--------|---|--|---|--|

|  |   |  |  |              |  |
|--|---|--|--|--------------|--|
| <b>Root Cause 6:</b>   |   |  |  |              |  |
| <b>Index Number:</b>   | <input type="checkbox"/> Not Applicable<br><input type="checkbox"/> Index 1: Student Achievement<br><input type="checkbox"/> Index 2: Student Progress<br><input type="checkbox"/> Index 3: Closing Achievement Gaps<br><input type="checkbox"/> Index 4: Postsecondary Readiness   |  | <b>Annual Goal:</b> ?                        | <enter text> |  |
|  |   |  | <b>Strategy:</b> ?                           | <enter text> |  |
| <b>Critical Success Factors (CSFs)/ ESEA Turnaround Principles (TPs)</b> | <input type="checkbox"/> CSF 1-Improve Academic Performance/ESEA TP: Strengthen the School's Instruction<br><input type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction<br><input type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership<br><input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar |  | <b>How will addressing this Root Cause</b> ? | <enter text> |  |

|   |  |   |  |
|---|--|---|--|
| LEA Name: Brackett Independent School District  |  |   |  |
| Campus Name:  |  |   |  |
| <b>Needs Assessment Summary and Improvement Plan</b>  |  |   |  |
| <b>Major Systems</b><br><input type="checkbox"/> CSF 4-Focused Learning Time/ESEA TP: Redesign School Calendar<br><input type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement<br><input type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment<br><input type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers | impact the index/indicator/CSF?<br><br>                      |   |  |
| <b>Interventions by Quarter</b>   |  |   |  |
| Q1 (Aug, Sept, Oct)   | Q2 (Nov, Dec, Jan)   | Q3 (Feb, Mar, Apr)  | Q4 (May, June, July)                                     |
| ?   | ?  | ?   | ?  |
| <b>Q1 Goal:</b>   | <b>Q2 Goal:</b>  | <b>Q3 Goal:</b>   | <b>Q4 Goal:</b>  |
| <b>Interventions:</b>   | <b>Interventions:</b>  | <b>Interventions:</b>   | <b>Interventions:</b>                                    |
| If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) goal section is not required to be completed.  | 1)   | 1)  | 1)   |
|   | 2)   | 2)  | 2)   |
|   | 3)   | 3)  | 3)   |
|   | 4)   | 4)  | 4)   |
|   |  |   |  |
| <b>What data will be collected to monitor interventions?</b>  | <b>What data will be collected to monitor interventions?</b> | <b>What data will be collected to monitor interventions?</b>                      | <b>What data was collected to monitor interventions?</b> |
| 1)  | 1)   | 1)  | 1)   |
| 2)  | 2)   | 2)  | 2)   |
| 3)  | 3)   | 3)  | 3)   |
| 4)  | 4)   | 4)  | 4)   |
| <b>End of Quarter Reporting</b>   |  |   |  |
| <b>Q1 Report</b><br>If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) report section is not required to be completed.  |  | <b>Q2 Report</b>  |  |
| <b>Q3 Report</b>  |  | <b>Q4 Report</b>  |  |
| Are you on track to meet the annual goal?   | Select   | Are you on track to meet the annual goal?   | Select   |
| Describe the data or evidence used to determine if the goal will or won't be met.   |  | Describe the data or evidence used to determine if the goal will or won't be met. |  |
| What, if any, adjustments must be made in order to meet the annual goal?  |  | What, if any, adjustments must be made in order to meet the annual goal?          |  |
| <b>End of Year Reporting</b>  |  |   |  |

|              |                                      |
|--------------|--------------------------------------|
| LEA Name:    | Brackett Independent School District |
| Campus Name: |                                      |

**Needs Assessment Summary and Improvement Plan**

|                                |               |   |  |  |  |
|--------------------------------|---------------|---|--|--|--|
| Did you meet your annual goal? | <b>Select</b> | If <b>YES</b> , to what do you attribute your success?<br>If <b>NO</b> , to what do you attribute your lack of success? | <input type="checkbox"/> Data Analysis Process   | <input type="checkbox"/> Quarterly Planning Process  | <If there are other factors or additional explanation needed, please explain here> |
|                                |               |   | <input type="checkbox"/> Data Quality<br><input type="checkbox"/> Appropriate Strategy<br><input type="checkbox"/> Identification of Need/Root Cause Chosen<br><input type="checkbox"/> Annual Goals | <input type="checkbox"/> (Specific) Interventions<br><input type="checkbox"/> Ongoing Monitoring of Interventions<br><input type="checkbox"/> CSFs and/or ESEA Turnaround Principles Planning<br><input type="checkbox"/> Training |  |

|   |  |  |  |              |  |
|---|--|--|--|--------------|--|
| <b>Root Cause 7:</b>  |  |  |  |              |  |
| <b>Index Number:</b>  | <input type="checkbox"/> Not Applicable<br><input type="checkbox"/> Index 1: Student Achievement<br><input type="checkbox"/> Index 2: Student Progress<br><input type="checkbox"/> Index 3: Closing Achievement Gaps<br><input type="checkbox"/> Index 4: Postsecondary Readiness  |  | <b>Annual Goal:</b> ?  | <enter text> |  |
|   |  |  | <b>Strategy:</b> ?   | <enter text> |  |
| <b>Critical Success Factors (CSFs)/<br/>ESEA Turnaround Principles (TPs)/<br/>Major Systems</b> | <input type="checkbox"/> CSF 1-Improve Academic Performance/ESEA TP: Strengthen the School's Instruction<br><input type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction<br><input type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership<br><input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar<br><input type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement<br><input type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment<br><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> |  |

**Interventions by Quarter**

| Q1 (Aug, Sept, Oct)  |  | Q2 (Nov, Dec, Jan)   |  | Q3 (Feb, Mar, Apr)   |  | Q4 (May, June, July)                                     |  |
|--|--|--|--|--|--|--|--|
| Q1 Goal: ?   |  | Q2 Goal: ?   |  | Q3 Goal: ?   |  | Q4 Goal: ?   |  |
| <b>Interventions:</b>  |  | <b>Interventions:</b>  |  | <b>Interventions:</b>  |  | <b>Interventions:</b>                                    |  |
| If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) goal section is not required to be completed. |  | 1)   |  | 1)   |  | 1)   |  |
|  |  | 2)   |  | 2)   |  | 2)   |  |
|  |  | 3)   |  | 3)   |  | 3)   |  |
|  |  | 4)   |  | 4)   |  | 4)   |  |
| <b>What data will be collected to monitor interventions?</b>   |  | <b>What data will be collected to monitor interventions?</b> |  | <b>What data will be collected to monitor interventions?</b> |  | <b>What data was collected to monitor interventions?</b> |  |
| 1)   |  | 1)   |  | 1)   |  | 1)   |  |
| 2)   |  | 2)   |  | 2)   |  | 2)   |  |
| 3)   |  | 3)   |  | 3)   |  | 3)   |  |

|              |                                      |
|--------------|--------------------------------------|
| LEA Name:    | Brackett Independent School District |
| Campus Name: |                                      |

**Needs Assessment Summary and Improvement Plan**

|    |  |    |  |    |  |    |  |
|----|--|----|--|----|--|----|--|
| 4) |  | 4) |  | 4) |  | 4) |  |
|----|--|----|--|----|--|----|--|

**End of Quarter Reporting**

| Q1 Report<br><i>If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) report section is not required to be completed.</i> |        | Q2 Report   |        | Q3 Report   |        | Q4 Report   |        |
|--|--------|---|--------|---|--------|---|--------|
| 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 |
| Describe the data or evidence used to determine if the goal will or won't be met.  |        | Describe the data or evidence used to determine if the goal will or won't be met. |        | Describe the data or evidence used to determine if the goal will or won't be met. |        | Describe the data or evidence used to determine if the goal will or won't be met. |        |
| What, if any, adjustments must be made in order to meet the annual goal?   |        | What, if any, adjustments must be made in order to meet the annual goal?          |        | What, if any, adjustments must be made in order to meet the annual goal?          |        | What, if any, adjustments must be made in order to meet the annual goal?          |        |

**End of Year Reporting**

|                                |        |   |  |   |  |
|--------------------------------|--------|---|--|---|--|
| Did you meet your annual goal? | Select | If YES, to what do you attribute your success?<br>If NO, to what do you attribute your lack of success? | <input type="checkbox"/> Data Analysis Process<br><input type="checkbox"/> Data Quality<br><input type="checkbox"/> Appropriate Strategy<br><input type="checkbox"/> Identification of Need/Root Cause Chosen<br><input type="checkbox"/> Annual Goals | <input type="checkbox"/> Quarterly Planning Process<br><input type="checkbox"/> (Specific) Interventions<br><input type="checkbox"/> Ongoing Monitoring of Interventions<br><input type="checkbox"/> CSFs and/or ESEA Turnaround Principles Planning<br><input type="checkbox"/> Training | <If there are other factors or additional explanation needed, please explain here> |
|--------------------------------|--------|---|--|---|--|

|   |  |
|---|--|
| <b>Root Cause 8:</b>  |  |
| <b>Index Number:</b>  | <input type="checkbox"/> Not Applicable<br><input type="checkbox"/> Index 1: Student Achievement<br><input type="checkbox"/> Index 2: Student Progress<br><input type="checkbox"/> Index 3: Closing Achievement Gaps<br><input type="checkbox"/> Index 4: Postsecondary Readiness  |
| <b>Critical Success Factors (CSFs)/<br/>ESEA Turnaround Principles (TPs)/<br/>Major Systems</b> | <input type="checkbox"/> CSF 1-Improve Academic Performance/ESEA TP: Strengthen the School's Instruction<br><input type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction<br><input type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership<br><input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar<br><input type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement<br><input type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment<br><input type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers |
| <b>Annual Goal:</b>   | <enter text>   |
| <b>Strategy:</b>  | <enter text>   |
| <b>How will addressing this Root Cause impact the index/indicator/CSF?</b>                      | <enter text>   |

**Interventions by Quarter**

| Q1 (Aug, Sept, Oct)   | Q2 (Nov, Dec, Jan)    | Q3 (Feb, Mar, Apr)    | Q4 (May, June, July)  |
|-----------------------|-----------------------|-----------------------|-----------------------|
| ?                     | ?                     | ?                     | ?                     |
| <b>Q1 Goal:</b>       | <b>Q2 Goal:</b>       | <b>Q3 Goal:</b>       | <b>Q4 Goal:</b>       |
| <b>Interventions:</b> | <b>Interventions:</b> | <b>Interventions:</b> | <b>Interventions:</b> |
|                       | 1)                    | 1)                    | 1)                    |

|   |        |   |  |   |  |   |        |
|---|--------|---|--|---|--|---|--------|
| LEA Name: <i>Brackett Independent School District</i>   |        |   |  |   |  |   |        |
| Campus Name:  |        |   |  |   |  |   |        |
| <b>Needs Assessment Summary and Improvement Plan</b>  |        |   |  |   |  |   |        |
| <p style="color: red; font-size: small;">If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) goal section is not required to be completed.</p> |        | 2)  |  | 2)  |  | 2)  |        |
|   |        | 3)  |  | 3)  |  | 3)  |        |
|   |        | 4)  |  | 4)  |  | 4)  |        |
| <b>What data will be collected to monitor interventions?</b>  |        | <b>What data will be collected to monitor interventions?</b>  |  | <b>What data will be collected to monitor interventions?</b>  |  | <b>What data was collected to monitor interventions?</b>                          |        |
|   | 1)     |   | 1)   |   | 1)   |   |        |
|   | 2)     |   | 2)   |   | 2)   |   |        |
|   | 3)     |   | 3)   |   | 3)   |   |        |
|   | 4)     |   | 4)   |   | 4)   |   |        |
| <b>End of Quarter Reporting</b>   |        |   |  |   |  |   |        |
| <b>Q1 Report</b>  |        | <b>Q2 Report</b>  |  | <b>Q3 Report</b>  |  | <b>Q4 Report</b>  |        |
| <p>If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) report section is not required to be completed.</p>                                     |        |   |  |   |  |   |        |
| 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 |
| Describe the data or evidence used to determine if the goal will or won't be met.   |        | Describe the data or evidence used to determine if the goal will or won't be met.   |  | Describe the data or evidence used to determine if the goal will or won't be met.   |  | Describe the data or evidence used to determine if the goal will or won't be met. |        |
| What, if any, adjustments must be made in order to meet the annual goal?  |        | What, if any, adjustments must be made in order to meet the annual goal?  |  | What, if any, adjustments must be made in order to meet the annual goal?  |  | What, if any, adjustments must be made in order to meet the annual goal?          |        |
| <b>End of Year Reporting</b>  |        |   |  |   |  |   |        |
| Did you meet your annual goal?  | Select | If YES, to what do you attribute your success?<br>If NO, to what do you attribute your lack of success?   | <input type="checkbox"/> Data Analysis Process<br><input type="checkbox"/> Data Quality<br><input type="checkbox"/> Appropriate Strategy<br><input type="checkbox"/> Identification of Need/Root Cause Chosen<br><input type="checkbox"/> Annual Goals | <input type="checkbox"/> Quarterly Planning Process<br><input type="checkbox"/> (Specific) Interventions<br><input type="checkbox"/> Ongoing Monitoring of Interventions<br><input type="checkbox"/> CSFs and/or ESEA Turnaround Principles Planning<br><input type="checkbox"/> Training | <If there are other factors or additional explanation needed, please explain here> |   |        |
| <b>Root Cause 9:</b>  |        |   |  |   |  |   |        |
| <b>Index Number:</b>  |        | <input type="checkbox"/> Not Applicable<br><input type="checkbox"/> Index 1: Student Achievement<br><input type="checkbox"/> Index 2: Student Progress<br><input type="checkbox"/> Index 3: Closing Achievement Gaps<br><input type="checkbox"/> Index 4: Postsecondary Readiness |  |   | <b>Annual Goal:</b> ?  | <enter text>  |        |
|   |        |   |  |   | <b>Strategy:</b> ?   | <enter text>  |        |

|  |  |   |        |   |        |   |        |
|--|--|---|--------|---|--------|---|--------|
| LEA Name: <i>Brackett Independent School District</i>  |  |   |        |   |        |   |        |
| Campus Name:   |  |   |        |   |        |   |        |
| <b>Needs Assessment Summary and Improvement Plan</b>   |  |   |        |   |        |   |        |
| <b>Critical Success Factors (CSFs)</b><br><b>ESEA Turnaround Principles (TPs)</b><br><b>Major Systems</b>  | <input type="checkbox"/> CSF 1-Improve Academic Performance/ESEA TP: Strengthen the School's Instruction<br><input type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction<br><input type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership<br><input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar<br><input type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement<br><input type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment<br><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>  |        |
| <b>Interventions by Quarter</b>  |  |   |        |   |        |   |        |
| Q1 (Aug, Sept, Oct)  |  | Q2 (Nov, Dec, Jan)  |        | Q3 (Feb, Mar, Apr)  |        | Q4 (May, June, July)  |        |
| ?  |  | ?   |        | ?   |        | ?   |        |
| <b>Q1 Goal:</b>  |  | <b>Q2 Goal:</b>   |        | <b>Q3 Goal:</b>   |        | <b>Q4 Goal:</b>   |        |
| <b>Interventions:</b>  |  | <b>Interventions:</b>   |        | <b>Interventions:</b>   |        | <b>Interventions:</b>   |        |
| If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) goal section is not required to be completed.   |  | 1)  |        | 1)  |        | 1)  |        |
|  |  | 2)  |        | 2)  |        | 2)  |        |
|  |  | 3)  |        | 3)  |        | 3)  |        |
|  |  | 4)  |        | 4)  |        | 4)  |        |
| <b>What data will be collected to monitor interventions?</b>   |  | <b>What data will be collected to monitor interventions?</b>                      |        | <b>What data will be collected to monitor interventions?</b>                      |        | <b>What data was collected to monitor interventions?</b>                          |        |
| 1)   |  | 1)  |        | 1)  |        | 1)  |        |
| 2)   |  | 2)  |        | 2)  |        | 2)  |        |
| 3)   |  | 3)  |        | 3)  |        | 3)  |        |
| 4)   |  | 4)  |        | 4)  |        | 4)  |        |
| <b>End of Quarter Reporting</b>  |  |   |        |   |        |   |        |
| <b>Q1 Report</b>   |  | <b>Q2 Report</b>  |        | <b>Q3 Report</b>  |        | <b>Q4 Report</b>  |        |
| If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) report section is not required to be completed. |  |   |        |   |        |   |        |
| 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 |
| Describe the data or evidence used to determine if the goal will or won't be met.  |  | Describe the data or evidence used to determine if the goal will or won't be met. |        | Describe the data or evidence used to determine if the goal will or won't be met. |        | Describe the data or evidence used to determine if the goal will or won't be met. |        |
| What, if any, adjustments must be made in order to meet the annual goal?   |  | What, if any, adjustments must be made in order to meet the annual goal?          |        | What, if any, adjustments must be made in order to meet the annual goal?          |        | What, if any, adjustments must be made in order to meet the annual goal?          |        |

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| LEA Name:    | Brackett Independent School District |
| Campus Name: |                                      |

**Needs Assessment Summary and Improvement Plan**

| End of Year Reporting          |        |   |  |   |  |
|--------------------------------|--------|---|--|---|--|
| Did you meet your annual goal? | Select | If YES, to what do you attribute your success?<br><br>If NO, to what do you attribute your lack of success? | <input type="checkbox"/> Data Analysis Process<br><input type="checkbox"/> Data Quality<br><input type="checkbox"/> Appropriate Strategy<br><input type="checkbox"/> Identification of Need/Root Cause Chosen<br><input type="checkbox"/> Annual Goals | <input type="checkbox"/> Quarterly Planning Process<br><input type="checkbox"/> (Specific) Interventions<br><input type="checkbox"/> Ongoing Monitoring of Interventions<br><input type="checkbox"/> CSFs and/or ESEA Turnaround Principles Planning<br><input type="checkbox"/> Training | <If there are other factors or additional explanation needed, please explain here> |

|   |  |  |  |              |
|---|--|--|--|--------------|
| <b>Root Cause 10:</b>   |  |  |  |              |
| <b>Index Number:</b>  | <input type="checkbox"/> Not Applicable<br><input type="checkbox"/> Index 1: Student Achievement<br><input type="checkbox"/> Index 2: Student Progress<br><input type="checkbox"/> Index 3: Closing Achievement Gaps<br><input type="checkbox"/> Index 4: Postsecondary Readiness  |  | <b>Annual Goal:</b> ?  | <enter text> |
| <b>Critical Success Factors (CSFs)/<br/>ESEA Turnaround Principles (TPs)/<br/>Major Systems</b> | <input type="checkbox"/> CSF 1-Improve Academic Performance/ESEA TP: Strengthen the School's Instruction<br><input type="checkbox"/> CSF 2-Quality Data to Drive Instruction/ESEA TP: Use of Data to Inform Instruction<br><input type="checkbox"/> CSF 3-Leadership Effectiveness/ESEA TP: Provide Strong Leadership<br><input type="checkbox"/> CSF 4-Increased Learning Time/ESEA TP: Redesigned School Calendar<br><input type="checkbox"/> CSF 5-Family/Community Engagement/ESEA TP: Ongoing Family and Community Engagement<br><input type="checkbox"/> CSF 6-School Climate/ESEA TP: Improve School Environment<br><input type="checkbox"/> CSF 7-Teacher Quality/ESEA TP: Ensure Effective Teachers |  | <b>Strategy:</b> ?   | <enter text> |
|   |  |  | <b>How will addressing this Root Cause impact the index/indicator/CSF?</b> ? | <enter text> |

| Interventions by Quarter   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Q1 (Aug, Sept, Oct)  |  | Q2 (Nov, Dec, Jan)   |  | Q3 (Feb, Mar, Apr)   |  | Q4 (May, June, July)                                     |  |
| <b>Q1 Goal:</b> ?  |  | <b>Q2 Goal:</b> ?  |  | <b>Q3 Goal:</b> ?  |  | <b>Q4 Goal:</b> ?  |  |
| <b>Interventions:</b>  |  | <b>Interventions:</b>  |  | <b>Interventions:</b>  |  | <b>Interventions:</b>                                    |  |
| If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) goal section is not required to be completed. |  | 1)   |  | 1)   |  | 1)   |  |
|  |  | 2)   |  | 2)   |  | 2)   |  |
|  |  | 3)   |  | 3)   |  | 3)   |  |
|  |  | 4)   |  | 4)   |  | 4)   |  |
| <b>What data will be collected to monitor interventions?</b>   |  | <b>What data will be collected to monitor interventions?</b> |  | <b>What data will be collected to monitor interventions?</b> |  | <b>What data was collected to monitor interventions?</b> |  |
| 1)   |  | 1)   |  | 1)   |  | 1)   |  |
| 2)   |  | 2)   |  | 2)   |  | 2)   |  |

|   |        |   |  |   |  |   |        |
|---|--------|---|--|---|--|---|--------|
| LEA Name: Brackett Independent School District  |        |   |  |   |  |   |        |
| Campus Name:  |        |   |  |   |  |   |        |
| <b>Needs Assessment Summary and Improvement Plan</b>  |        |   |  |   |  |   |        |
| 3)  |        | 3)  |  | 3)  |  | 3)  |        |
| 4)  |        | 4)  |  | 4)  |  | 4)  |        |
| <b>End of Quarter Reporting</b>   |        |   |  |   |  |   |        |
| <b>Q1 Report</b><br><i>If this is your first submission (October 31st) of the 2014-2015 targeted improvement plan, the quarter 1 (Q1) report section is not required to be completed.</i> |        | <b>Q2 Report</b>  |  | <b>Q3 Report</b>  |  | <b>Q4 Report</b>  |        |
| 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 |
| Describe the data or evidence used to determine if the goal will or won't be met.   |        | Describe the data or evidence used to determine if the goal will or won't be met.                       |  | Describe the data or evidence used to determine if the goal will or won't be met.   |  | Describe the data or evidence used to determine if the goal will or won't be met. |        |
| What, if any, adjustments must be made in order to meet the annual goal?  |        | What, if any, adjustments must be made in order to meet the annual goal?                                |  | What, if any, adjustments must be made in order to meet the annual goal?  |  | What, if any, adjustments must be made in order to meet the annual goal?          |        |
| <b>End of Year Reporting</b>  |        |   |  |   |  |   |        |
| Did you meet your annual goal?  | Select | If YES, to what do you attribute your success?<br>If NO, to what do you attribute your lack of success? | <input type="checkbox"/> Data Analysis Process<br><input type="checkbox"/> Data Quality<br><input type="checkbox"/> Appropriate Strategy<br><input type="checkbox"/> Identification of Need/Root Cause Chosen<br><input type="checkbox"/> Annual Goals | <input type="checkbox"/> Quarterly Planning Process<br><input type="checkbox"/> (Specific) Interventions<br><input type="checkbox"/> Ongoing Monitoring of Interventions<br><input type="checkbox"/> CSFs and/or ESEA Turnaround Principles Planning<br><input type="checkbox"/> Training | <If there are other factors or additional explanation needed, please explain here> |   |        |