Montana Office of Public Instruction
Title I Program Plan

Student _____ **Grade** _____

School _____

Planning Team Members

_____
Title I Teacher Date

_____
Classroom Teacher Date

_____
Principal Date

_____
Parent(s) Date

_____
Student (If applicable) Date

I. Needs Assessment

____ **Completed.** Information must be kept together on file.

II. Program Emphasis (Check all that apply.)

____ **1.** Reading
____ **2.** Language Arts
____ **3.** Mathematics
____ **4.** Other _____

III. Program Design (Check and describe all that apply. Submit attachments as needed).

____ Pullout (Individual and/or Small Group)

Description _____
_____
_____
_____

SAMPLE

____ In-classroom (Inclusion/Push in)

Description _____

_____

_____

_____

____ Extended Day

Description _____

_____

_____

_____

____ Other Approaches

Description _____

_____

_____

_____

IV. Student Identification

____ Identification Criteria - Copy Attached

V. Student Evaluation - Copy Attached.

____ A student evaluation plan is developed which includes state mandated testing.

Description _____

_____

_____

_____

VI. Parent Compact - Copy Attached

____ Compact Completed/Signed.

VII. Follow-up meeting scheduled

____ Date _____

SAMPLE