By law, the Governor’s Office of Student Achievement (GOSA) monitors school progress towards the articulated academic goals in Strategic Waivers School Systems (SWSS) contracts, as measured by the College and Career Ready Performance Index (CCRPI) and Beating the Odds (BTO). GOSA monitors these data annually and reports to the SBOE.

Per Exhibit D of the district’s SWSS contract, schools that do not meet Year One Goals (those not meeting the Target CCRPI score *and* not Beating the Odds) must implement a school improvement plan by August 2018. The purpose of the SWSS School Improvement Plan is to identify specific achievement deficiencies to target during the 2018-2019 academic year. **Districts must submit plans for each school in their district to GOSA by June 1, 2018**.

GOSA encourages districts to use the local school improvement plan and other available reports to identify no more than three school-specific achievement deficiencies to target during the 2018-2019 academic year.

Please note that districts may submit revisions to their school plans to reflect any adjustments based on spring or summer test data, personnel changes, or district initiatives. **All revisions must be submitted to GOSA no later than September 15, 2018,**

If you have any questions, please contact Kimberly Creagh, Strategic Waivers School System Specialist with the Governor’s Office of Student Achievement.

Kimberly Creagh

Kimberly.creagh@gosa.ga.gov

404-683-4246

SWSS School Improvement Plan Instructions:

1. Use the following template to complete a School Improvement Plan for **each** school in the district that did not meet the Year 1 Goals as outlined in Exhibit D of the SWSS Contract.
2. Save the template with the following file name format: District Name\_School Name
3. Email the completed forms to Kimberly.creagh@gosa.ga.gov by June 1, 2018.

# Contact Information

**Instructions:** Use this template for the improvement plan for the school(s) in the district. Each SWSS school that did not meet the Year One target will have its own improvement plan.

|  |  |
| --- | --- |
| **District Name:** |  |

|  |  |
| --- | --- |
| **Superintendent’s Name:** |  |

|  |  |
| --- | --- |
| **Superintendent’s Email:** |  |

|  |  |
| --- | --- |
| **District SWSS Contact’s Name (if not Superintendent):** |  |

|  |  |
| --- | --- |
| **District SWSS Contact’s Email (if not Superintendent):** |  |

|  |  |
| --- | --- |
| **School Name:** |  |

**Questions**

**What specific achievement deficiencies will the SWSS School Improvement Plan target? Please list no more than three. (Limit 500 words)**

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| --- |
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**Please list your goals for improvement for each achievement deficiency. (Limit 500 words)**

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**What programs, initiatives, or supports are currently in place to address these deficiencies or are scheduled to be implemented during the 2018-2019 academic year? (Limit 500 words)**

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| --- |
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**How will the district monitor progress towards improving these deficiencies during the 2018-2019 academic year? (Limit 500 words)**

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| --- |
|  |

By signing below, I certify that the information contained in this report is true and correct to the best of my knowledge.

|  |  |
| --- | --- |
|  |  |
| **Superintendent:** | **Date:** |

|  |  |
| --- | --- |
|  |  |
| **SWSS District Contact/Designee** | **Date:** |