

# NEW JERSEY DEPARTMENT OF EDUCATION EDUCATIONAL PROFICIENCY PLAN

Student: \_\_\_\_\_

SSID: \_\_\_\_\_

School: \_\_\_\_\_

District: \_\_\_\_\_

CDS Code: \_\_\_\_\_

In order to earn a New Jersey high school diploma a student must demonstrate proficiency in both mathematics and language arts literacy. A student may do this in the following ways:

- Achieving a score of 200 or above on the High School Proficiency Assessment (HSPA), or
- Alternative demonstration of proficiency in each content cluster by
  - Passing the Alternative High School Assessment (AHSA)
  - Meeting or exceeding the Just Proficient Means (JPM) on any administration of the HSPA
  - Demonstrating alternative classroom work aligned to the content cluster

*This plan is intended to guide targeted interventions for individual students to support the achievement of proficiency in mathematics and/or language arts literacy in order to earn a New Jersey high school diploma.*

## Part I. Student Courses and Assessment Information

This Educational Proficiency Plan is for this/these content area(s) – check those that apply:

Language Arts Literacy

Mathematics

Student Name: \_\_\_\_\_

### Baseline Data

Please complete the following review using available criteria. For the HSPA data, indicate the Just Proficient Means (JPM) for each cluster as reported on the student's Individual Score Report next to the student cluster score (JPM / Student Cluster Score). :

	Mathematics								Language Arts Literacy													
First HSPA Admin. If available	Total Scale Score	Cluster 1 N & NO JPM/Student		Cluster 2 G & M JPM/Student		Cluster 3 P & A JPM/Student		Cluster 4 D P & DM JPM/Student		Total Scale Score	Writing JPM/Student		Expository JPM/Student		Persuasive JPM/Student		Reading JPM/Student		Interpreting Text JPM/Student		Analyzing/ Crit. Text JPM/Student	
Content Courses	Course Name:				School Year:		Final Grade:		Course Name:				School Year:		Final Grade:							

Other standardized test data (SAT, ACT, Accuplacer, ASVAB, etc.):

	Date	Score	Date	Score
SAT:				
ACT:				
Accuplacer:				
ASVAB:				

Student Name: \_\_\_\_\_

### LAL Proficiency Plan

LAL Topic	Describe Interventions	Describe Evidence to be Collected to Determine Proficiency in the Topic	Targeted Date for Completion

Teachers and other school personnel consulted in the development of this plan:

Name	Position	Date Contacted

Quarterly meetings with the student to evaluate the progress made during the school year and to plan for the completion of graduation requirements took/will take place on: \_\_\_\_\_

Participants in this meeting will include:

**Please note when and how parents/guardians will receive communication from the school about the supports and services this student will receive to help him/her achieve proficiency.**

Letters (Dates Sent)	
In-person meetings (Dates)	

Phone Contacts (Dates)	
E-mails (Dates):	

Student Name: \_\_\_\_\_

### Mathematics Proficiency Plan

Mathematics Topic	Describe Interventions	Describe Evidence to be Collected to Determine Proficiency in the Topic	Targeted Date for Completion

Teachers and other school personnel consulted in the development of this plan:

Name	Position	Date Contacted

Quarterly meetings with the student to evaluate the progress made during the school year and to plan for the completion of graduation requirements took/will take place on: \_\_\_\_\_

Participants in this meeting will include:

**Please note when and how parents/guardians will receive communication from the school about the supports and services this student will receive to help him/her achieve proficiency.**

Letters (Dates Sent)	
In-person meetings (Dates)	

Phone Contacts (Dates)	
E-mails (Dates):	

## Plan Agreement

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Guidance or School Advisor Signature: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Advisor Contact Name: \_\_\_\_\_

Advisor Phone: \_\_\_\_\_ Advisor e-mail: \_\_\_\_\_

### Education Proficiency Plan Completion Verification Section (required):

This student has completed all requirements of his/her plan      Yes       No

Principal or designee name (printed): \_\_\_\_\_

Principal or designee signature: \_\_\_\_\_ Date \_\_\_\_\_