

ILLP Progress Report - Attachment B

*Name _____

*SAIS ID # _____

The ILLP will be reviewed quarterly (or in accordance with reporting period) by the teachers identified on the ILLP and after each administration of the AZELLA. Recommendations for any modifications can be made to the ILLP team.

*Quarter: 1	*Date:	*Teacher Signature: (Classroom/Language Arts/English teacher)
*Formative Assessments Used and Results:		
*Recommendations:		

*Quarter: 2	*Date:	*Teacher Signature: (Classroom/Language Arts/English teacher)
*Formative Assessments Used and Results:		
*Recommendations:		

ILLP Progress Report (cont.)

*Quarter: 3	*Date:	*Teacher Signature: (Classroom/Language Arts/English teacher)
*Formative Assessments Used and Results:		
*Recommendations:		

*Quarter: 4	*Date:	*Teacher Signature: (Classroom/Language Arts/English teacher)
*Formative Assessments Used and Results:		
*Recommendations:		