



SANTA ANA UNIFIED SCHOOL DISTRICT

Academic Improvement Plan

Student: _____ ID# : _____ DOB : _____ Date: Dec. __, 2009
Teacher: Ms. Puich Grade: Kinder School: Esqueda

The student named above has been identified as at-risk of retention based on the following:

- ☐ knows only ____ / 26 Capital Letters
- ☐ knows only ____ / 26 small/ lowercase Letters
- ☐ Is not able to read the Kinder Word List
- ☐ Has difficulty keeping up with classroom tasks (staying focused)
- ☐ Has difficulty printing name and letters of the alphabet
- ☐ Is not able to say a word that rhymes with another word
- ☐ Math Skills are weak (counting to 30, shapes, number order, patterns)

Recommended Interventions:

- ☐ Please make sure that your child is able to recognize the Capital Letters (make flashcards + practice 20 min daily)
- ☐ Please make sure that your child is able to recognize all letters of the alphabet (small / lowercase letters)
- ☐ Please make sure that your child is able to read the Kinder word list quickly and without help. (make flashcards + practice daily)
- ☐ Please work on completing simple tasks at home. Use a time. Be consistent.
- ☐ Practice printing name + all letters of the alphabet daily using the printing lines. (Top to Bottom)
- ☐ Ask your child to tell you a word that rhymes with a word that you give them. Ex. mat (cat)
- ☐ Practice counting out loud 1-30 daily. Make flashcards. Be able to put them in order and recognize each number out of order.
- ☐ Practice reading the decodable books daily. Be able to recognize the words that the teacher/parent points to.

By next meeting, please be able to:

1. Recognize all letters (capital + lowercase)
2. Be able to read the word list to date
3. Be able to say words that rhyme
4. Be able to print first/last name + alphabet letters neatly
5. Be able to follow simple directions + complete tasks on time
6. Be able to count to 30 + recognize all numbers. Be able to write
Be able to write them.

Areas of concern:

- ☐ Homework (not completed) or not done neatly
- ☐ Attendance
- ☐ Tardies
- ☐ Not able to stay focused or follow directions
- ☐ Not forming letters from TOP TO BOTTOM
- ☐ Cannot keep hands to oneself / disrupts others

The instructional goal(s) of the Academic Improvement Plan is/are: _____

Plan to be reviewed by: _____

Date

Review Date: _____

Results of Academic Improvement Plan: _____

Modification to plan: _____

Parent Signature

Teacher Signature

Academic Plan for _____

Parent Signature _____



1. I will make sure that my child learns ALL of the letters of the alphabet. Be able to recognize them out of order.

How: Go over the flashcards daily (given to you at beginning of year)

2. I will make sure that my child learns ALL of the word lists.

How: Study the word lists over and over daily in the homework. Make flashcards if you need to.

3. I will make sure that my child is able to say a word that rhymes with another word. ex. What rhymes with mat? Child says, "cat, hat, fat, rat"

How: Every night say a word & have your child tell you words that rhyme with it.

4. I will make sure that my child knows how to count to 35 + recognize the numbers to 35 out of order.

How: Count out loud daily. Make flashcards or use the ones I have already sent home.

YOU MUST work with your child daily. **STUDY** until your child **KNOWS** all 4 of these!

Date: _____

Progress Report From Ms. Puich

Name _____

Listening Excellent Good Needs Improvement

Follows Directions Excellent Good Needs Improvement

Tries Excellent Good Needs Improvement

Line Behavior Excellent Good Needs Improvement

Keeps Hands to Oneself Excellent Good Needs Improvement

Neatness Excellent Good Needs Improvement

Knows letters A-Z Excellent Good Needs Improvement
+sounds:

Completes class assignments independently (without constant adult help):
Excellent Good Needs Improvement

Can print name and letters of the alphabet neatly:
Excellent Good Needs Improvement

Overall Behavior Excellent Good Needs Improvement

Knows the sight words (Kinder List)
Excellent Good Needs Improvement

Cutting, coloring, clean up
Excellent Good Needs Improvement

Parent Signature

JPuich Designs

Name _____

Teacher: Jill Puich Kindergarten Teacher (Esqueda Elem. SAUSD)

I have observed and witnessed the following behaviors:

- ★ drops things (his pencil box, books, papers)
- ★ difficulty sustaining attention
- ★ is easily distracted
- ★ often does not seem to listen
- ★ often does not complete activities
- ★ loses things
- ★ often interrupts or intrudes on others
- ★ has difficulty awaiting turn in groups
- ★ often blurts out answers to questions
- ★ often engages in physically dangerous activities without considering the consequences
- ★ Talks excessively
- ★ has difficulty playing quietly
- ★ has difficulty remaining seated
- ★ often fidgets or squirms in seat
- ★ difficulty following instructions.
- ★ writes on desks/ draws or scribbles all over the papers

Ms. Puich's Help Sheet for _____

"Children need to be able to determine with 100 percent certainty that forbidden behavior will be met with consequences."

We must be consistent and always follow through. Here is a list of behaviors. Sit down with your child and set the consequence for each behavior. Be consistent and stick to it.

<u>Behavior</u>	<u>Consequence</u>
1. Get in trouble at school >>	1. _____
2. Not completing homework >>	2. _____
3. hitting >>>>>>>>>>>>>>	3. _____
4. not following directions >>>>	4. _____
5. not doing chores >>>>>>>	5. _____
6. saying bad words >>>>>>>>	6. _____
7. Back talking a parent >>>>>	7. _____

Now, hang this on the fridge and follow through with it.

Fill this chart with stickers for good behavior and you will win a prize.

Name

Sticker Chart

80 SKILLS THAT HELP TO EASE KIDS TRANSITION INTO KINDERGARTEN

READING READINESS	LISTENING & SEQUENCING	HOP		Identifies other children by name
Remembers pictures from a printed page	Follows simple directions	Alternate feet walking downstairs		Can take care of toilet needs independently
Repeats a 6 to 8 word sentence	Pays attention	March		Cares for own belongings
Pretends to read (has been read to often)	Recognizes common sounds	Stand on one foot 10 seconds		Dresses self
Identifies own first name in writing	Retells a simple story in sequence	Walk backwards for 5 feet		Brushes teeth
Attempts to print own first name	Repeats a sequence of sounds	Throw a ball		Can be away from parents for 2 to 3 hours
Answers questions about a short story	Repeats a sequence of numbers heard	Paste pictures on paper		Joins in family conversation
Looks at pictures and tells a story	SIZE, POSITION & DIRECTION	Clap hands		Carries a plate of food
Understands words are read left to right	Big and little	Button clothes		Maintains self-control
Familiar with the letters of the alphabet	Long and short	Build with blocks		Gets along well with others
Knows some nursery rhymes	Up and Down	Complete simple 5 piece puzzle or less		Talks easily
Knows the meaning of simple words	In and out	Draw or color beyond a simple scribble		Meets visitors without shyness
TIME	Front and back	Zip clothes		Puts toys away
Understands day and night	Over and under	Control pencil and crayon well		MY CHILD KNOWS...
Knows age and birthday	Hot and cold	Handle scissors		Body parts
RECOGNIZES COLORS & SHAPES	Empty and full	Cut and draw simple shapes		Own first name
Recognizes primary colors	More and less	SOCIAL-EMOTIONAL		Own last name
Recognizes Triangles, circles, squares & rectangle	Fast and slow	Expresses self verbally		Parents' names
	Top and bottom	Looks forward to going to school		Home address
NUMBERS	MOTOR SKILLS	Recognizes authority		Home phone number
Counts to 10	Run	Shares with others		When to use a handkerchief
Can count objects	Walk a straight line	Helps with family chores		Own sex
	Jump	Works independently		

This list, which was compiled by researchers for World Book, Inc., on the basis of a survey of 4,500 kindergarten teachers, represents the ideal--something parents can aim for.

Attendance Plan

Date: _____

Child: _____

Parent: _____

I agree to the following:

- _____ My child will not miss more than 3 days for the next reporting period.
- _____ My child will NOT be late. He/She will be in line everyday ON TIME!
- _____ I will not take my child on vacation or out of town during the school-year.
- _____ I understand that the school loses money for each absence and tardy & I could be FINED for excessive absences & tardies.
- _____ Absences after 2 days MUST have a doctor's note.

Name _____

Practice these until you know them.

Be able to read each letter quickly and without help.

d	r	m	k	c
p	b	s	g	t
i	u	l	q	e
f	n	v	a	x
o	w	h	z y	j

Name _____

Read / Say the number.

Color the box = knows it

_____/25

6	14	12	0	7
15	3	22	19	11
5	23	20	1	21
16	10	8	24	18
9	17	4	13	2

Name _____

Write your numbers. Parents: Please do not
do this for your child.

0										

Needs help....Please practice.
Please do NOT do the printing for your child.

Please do NOT do the printing for your child.

[illegible]

Print your first and last name

Name _____

Count to 50 Parents: Please do not do this for your child.

[illegible]

Write the ABCs. Capital Letters ONLY

A									

Write the ABCs. Lowercase / small letters ONLY

a									

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

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