

SCHOOL YEAR (SY):
MONITORING PATH:
CYCLE: GROUP:

REGION:
DISTRICT NAME:
DISTRICT TYPE:

SHARED SERVICE ARRANGEMENT (SSA) MEMBER:
FISCAL AGENT:

TEXAS VIRTUAL SCHOOL NETWORK CAMPUS:
RESIDENTIAL FACILITY (RF):

MONITORING TYPE:
SELF-REPORTED NONCOMPLIANCE:
COMPLIANCE STATUS:
ACTION REQUIRED:

STRATEGIC SUPPORT PLAN (SSP) DUE DATE:
CORRECTIVE ACTION PLAN (CAP) DUE DATE:

DYSLEXIA STATUS:
DYSLEXIA ACTION REQUIRED
DYSLEXIA PERFORMANCE PLAN (DPP) DUE DATE:

INTRODUCTION

OVERVIEW OF CYCLICAL MONITORING

from the date of this notification _____ *as soon as possible, but in no case later than one year*

IMPLEMENTATION OF HOUSE BILL 4545:

Accelerated Instruction

Residential Facilities (RFs)

SUCSESSES

Area	Legal Requirement	Status

Identified Dyslexia Program Successes

Dyslexia Program Areas of Need

SUMMARY OF REQUIRED ACTION

APPENDIX I: SELF-REPORTED NONCOMPLIANCE

Area	Citation	Level	Status	Action

APPENDIX II: ADDITIONAL RESOURCES

APPENDIX III: ACRONYMS

Acronym Description

