2017 CCRPI Innovative Practice

Pre Data Collection Form

The User Guide provides critical guidelines to complete both the portal application and the pre data collection form. Pre data user guide and webinar resources are posted on the Accountability [website](https://www.gadoe.org/Curriculum-Instruction-and-Assessment/Accountability/Pages/For-Educators.aspx).

All shaded cells must be completed in order to be eligible for review to potentially receive credit for this optional ETB.

|  |  |  |  |
| --- | --- | --- | --- |
| System Code:  Numeric district code | Click to enter text. | School Code:  Numeric four digit school code | Click to enter text. |
| System Name: | Click here to enter text. | | |
| School Name: | Click here to enter text. | | |

| Innovative Practice Description | | | | |
| --- | --- | --- | --- | --- |
| All shaded cells must be completed in order to be eligible for review to potentially receive credit for this optional ETB. Refer to Pre Data User Guide for critical guidelines and additional information. | | | | |
| Title of Innovative Practice | Click here to enter text. | | | |
| Description of Innovative Practice proposed for improving academic performance during the current school year and reason for implementing this practice.  (limit 60 words) | Click here to enter text. | | | |
| Dates of Program Implementation | **Start Date**  MM/DD/YYYY | Enter text. | **End Date**  MM/DD/YYYY | Enter Text |
| Program Frequency | Click here to enter text. | | | |

| Innovative Practice Target Population | |
| --- | --- |
| All shaded cells must be completed in order to be eligible for review to potentially receive credit for this optional ETB. Refer to Pre Data User Guide for critical guidelines and additional information. | |
| Target Grade Level(s) | Click here to enter text. |
| Target Subgroup(s)  (can be all students) | Click here to enter text. |
| Target Content Area(s) | Click here to enter text. |

| **Innovative Practice Pre Data** | | | | |
| --- | --- | --- | --- | --- |
| All shaded cells mustbe completed in order to be eligible for review to potentially receive credit for this optional ETB. Refer to Pre Data User Guide for critical guidelines and additional information. | | | | |
| Pre data collection period  (may be same day) | **Start Date**  MM/DD/YYYY | Enter text. | **End Date**  MM/DD/YYYY | Enter text. |
| Total number of students in target population  Minimum 15 students required (in both pre and post data) | Click here to enter text. | | | |
| Pre data source (select one) | Click here to enter text. | | | |
| Pre data single source reference | Click here to enter text. | | | |
| Pre data description | Click here to enter text. | | | |
| **Single Numeric goal of practice**   * Numerical increase which must be met in order to be eligible for award * One goal for entire identified target population | Click here to enter text. | | | |
| **Pre data score description** | Click here to enter text. | | | |
| **Pre data score (aggregate score)**  Student level data used in the calculation of the pre data score must be maintained at the local level | Click here to enter text. | | | |