



Denise Juneau, Superintendent
Montana Office of Public Instruction
www.opi.mt.gov

2009-2010 PEER REVIEW FORM

2009-2010 Title I School Improvement Plan (SIP) Peer Review Process

This form must be included with the School Improvement Plan, due to the Office of Public Instruction (OPI) by January 31, 2010. This form provides the OPI with all the necessary information regarding your selection of a Peer Review partner school and the results of that review. This page is filled in by the school *being* reviewed.

School Identified for Improvement:

Name of District:

Area(s) Identified for Improvement:

Grade Span(s) Identified for Improvement:

Contact Person:

Partner School conducting the review:

Name of School:

Name of District:

Contact Person:

After the peer review has been completed and returned to your school, submit this form and the peer review evaluation along with the completed SIP to:

Title I Program
Attention: Cheryl Heldt
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
Telephone: (406) 444-0686
Fax: (406) 444-3924
Toll Free: 1-888-231-9393
E-Mail: cheldt@mt.gov



Denise Juneau, Superintendent
Montana Office of Public Instruction
www.opi.mt.gov

2009-2010 PEER REVIEW FORM

School Improvement Plan Review

School Being Reviewed:

Has the school developed a School Improvement Plan that includes the following?

Consultation	Comments
Is there evidence that the school has engaged in significant consultation during the development of this plan, specifically with parents, school staff, outside experts and the LEA serving the school (when applicable)?	
Scientifically-based Research Does the school plan address the incorporation of scientifically-based strategies to strengthen the core academic subjects and address the specific academic issues that caused the school to be identified for improvement?	
Successful Policies and Practices Is there evidence that the school has adopted policies and practices to ensure the greatest likelihood that all students enrolled in the school will meet the state's level of achievement by the end of 2013-2014? The policies and practices must address major racial/ethnic groups, limited English proficient, low income and disabled students.	



Denise Juneau, Superintendent
Montana Office of Public Instruction
www.opi.mt.gov

2009-2010 PEER REVIEW FORM

School Being Reviewed:

<p>Professional Development Has the school described how it will commit 10 percent of its Title I, Part A funds for professional development? Does the plan specifically describe how these funds will be used to remove the school from the school improvement process? Has a mentoring program been incorporated into the school's plan?</p>	
<p>Specific Annual, Measurable Objectives Has the school included a roadmap of how it will get all students to the proficient level of achievement by 2013-2014? A plan for continuous and substantial progress detailing how all subgroups will meet the state's proficient level of achievement must be evident. The annual measurable objectives must be developed in accordance with the state's measurement of AYP.</p>	
<p>Fundamental Teaching and Learning Needs (District Plan Only) Does the plan address the fundamental teaching and learning needs of the schools of the district and specific academic problems of low-achieving students including a determination of why the prior plan failed to bring about increased student academic achievement?</p>	
<p>Notice to Parents Does the plan include a description of how the school will provide written notice to all parents of each child enrolled explaining the identification for improvement? The plan must include strategies to promote effective parental involvement in the school.</p>	
<p>Shared Responsibility for Improvement Does the plan specify the responsibilities of the school, the LEA and the SEA? (A description of the technical assistance provided by the LEA)</p>	



Denise Juneau, Superintendent
Montana Office of Public Instruction
www.opi.mt.gov

2009-2010 PEER REVIEW FORM

School Being Reviewed:

Printed Names and Signatures of Peer Review Team Members from:

School Completing Review

Date

Administrator:

Printed

Signature

Teacher:

Printed

Signature

Teacher:

Printed

Signature

Teacher:

Printed

Signature

Submit this entire form to the contact for the school that was reviewed.