

Lancaster Community School District

Instruction

CURRICULUM MODIFICATION MANAGEMENT/ASSESSMENT

Student(s) Name: _____

Grade Level: _____ Teacher: _____ Date: _____

I. Length of Curriculum Modification Plan:

_____ One Year _____ One Week _____ One Day _____ Unit/Chapter

_____ Other time period: _____

II. Evaluation of Curriculum Modification Program:

A. Post program comments (include test scores, brief evaluation of student products/presentations, etc.)

B. Student motivation/independent participation measure (circle appropriate level):

X----- X----- X----- X----- X-----
Excellent Good Fair Poor Little
Effort Effort Effort Effort Effort

C. Curriculum Modification Follow-up:

Date _____

_____ Return to regular curriculum at this time
Or

_____ Continue to pursue curriculum modification efforts

D. Recommendations for Further Curriculum Modification:

1. _____
2. _____
3. _____

EXHIBIT APPROVED: January 12, 1994

April 14, 2004

EXHIBIT REVIEWED: 2015