

# **SUPPLEMENTAL INSTRUCTION PROGRAM PLAN FORMAT**

In order for the waiver request to be considered, the supplemental instruction program must be defined.

Attach responses to the following questions or statements to the waiver request form with the required signatures and send to:

**Jimmy Coats, Arkansas Activities Association  
3920 Richards Road, North Little Rock, Arkansas 72117.**

## **Format to writing SIP plan**

- Describe how the district plans to offer the required 100 minutes of supplemental instruction each week outside of the regular school day for the students and how attendance will be monitored.
- How will the factors contributing to the inadequate academic performance by students in the Supplemental Instruction Program be assessed? Explain what assessment tools will be used.
- Describe how the program will be designed to specifically address the needs of the students in the subject areas where assistance is needed (i.e., math, science, social studies, language arts, etc.). Include in the explanation whether or not classroom teachers, volunteers, and/or students who have demonstrated knowledge in the identified subject areas will be used. If student tutors are used, what criteria will be used to identify these students?
- Who will contact the students' parents or guardians to explain the Supplemental Instruction Program and how will this process be documented?
- Explain the procedures that will be used to monitor student progress while the students are in the Supplemental Instruction Program. Be certain to include as one of the requirements a progress report to be filed each grading period by the classroom teachers in the subject areas where the students are experiencing difficulty. The Supplemental Instruction Program director is required to keep a copy of these progress reports on file.
- Explain the procedures to be used during the semester and at the end of each semester (December/January or May/June) to determine if the students in the Supplemental Instruction Program maintain eligibility.

**Arkansas Activities Association \* 3920 Richards Road \* No. Little Rock, AR 72117  
\* Ph. 501.955.2500 \* Fax 501.955.2600 or 955.2521**

**Request For Waiver Of Academic Standards for  
Senior High Eligibility for Student  
Participation In Competitive Interscholastic Activities**

The local School Board of the \_\_\_\_\_ School District, by way of this form and the required attachments, requests a waiver to the Arkansas Activities Association Standard for Senior High Eligibility for Student Participation in Competitive Interscholastic Activities by establishing a supplemental instruction program as set forth in the rules and regulations adopted by the Arkansas Activities Association on July 22, 2002.

The required school district plan for establishing and implementing a supplemental instruction program must be attached to this waiver form. The format for the writing of the plan is outlined on the reverse side.

In order for the waiver request to be considered, the following signatures are required as assurances that the program is designed and will be implemented according to the established Arkansas Activities Association rules and regulations.

**THE FOLLOWING SIGNATURES ALSO CERTIFY THAT AN OFFICIAL COPY OF THE RULES AND REGULATIONS HAS BEEN GIVEN TO ALL SPONSORS OF INTERSCHOLASTIC COMPETITIVE ACTIVITIES.**

\_\_\_\_\_  
School Board President Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School District Superintendent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
High School Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
District's Appointed Director of Program  
(The Director must be a state-certified classroom teacher.)

\_\_\_\_\_  
Date