



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

School Turnaround Office
5N EB Mezzanine
Telephone: (518)473-8852
Fax: (518)473-4502

1003(g) School Improvement Grant (SIG) Implementation Period Progress Report #3

Two completed copies of this cover sheet should be submitted via email to your district's designated NYSED project liaison through email by close of business on the designated report due date. One copy should be in MSWORD; and the second copy should be signed /scanned, and converted to PDF. In addition to this cover sheet, district project leads should submit one MS EXCEL file of the SIG School-level Progress Report for each of the SIG 4 schools.

District or Educational Partnership Organization (EPO)	District BEDS Code
Project Period	Report # 3: Date of Report
Year-One Implementation Period (December 2, 2013 to January 31, 2014)	
District Person Responsible for Program Oversight and Report Validation	
Signature I hereby certify that I have personally reviewed and validated the information contained in this report, and to the best of my knowledge, the information is complete and accurate.	Date

School BEDS Code	School	SIG Model	Overall Status (District Rated) Green Yellow Red

Green	Expected results for this phase of the project are generally met, plan is on budget, and the school is fully implementing its improvement plan.
Yellow	Some barriers to implementation / outcomes / spending realized; with adaptation/correction school will be ready to begin implementation phase
Red	Major barriers to implementation / outcomes / encountered; full implementation of the model and its outcomes may not be possible



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District (or EPO) Analysis of School-level SIG projects	
Key Questions / Prompts	Analysis / Report Out
Based on your review of the data and results for each SIG school to date, describe any specific district (or EPO) actions and next steps to intervene in schools that may be at risk for not achieving the intended results.	