

**Individual Graduation Committee Meeting Minutes**  
**State of Texas Assessment of Academic Readiness (STAAR)**  
*or*  
**State of Texas Assessment of Academic Readiness A (STAAR A)**  
**End-of-Course Assessment**  
**Clear Creek Independent School District**  
*[Insert campus]*

Student: *[Insert name]* Date of Notice: *[Insert date of notice]*  
 Parent/Guardian: *[Insert name]* Date of Meeting: *[Insert date of meeting]*  
 Address: *[Insert address]* Location: *[Insert location]*  
 Phone: *[Insert phone #]*

**Membership**

✓	Member	Name
<input type="checkbox"/>	Principal (or designee)	
<input type="checkbox"/>	Counselor	
<input type="checkbox"/>	Teacher of _____	
<input type="checkbox"/>	Department Chair of _____	
<input type="checkbox"/>	Parent/Guardian	
<input type="checkbox"/>	Parent/Guardian	
<input type="checkbox"/>	LPAC Representative (if applicable)	
<input type="checkbox"/>	Student	
<input type="checkbox"/>	Other	

**Purpose/Role**

- I. review assessment and accelerated instructional history;
- II. review course work, grades, and attendance;
- III. prescribe additional requirements; and or
- IV. alternate graduation plan for satisfying high school graduation requirements

**I. Review of Assessment Reports** (Confidential Student Report, which includes results for each reporting category and for the assessment overall)

<b>[STAAR/STAAR A]</b> EOC Subject	Score/Score Code (scored, absent, other)	Significant improvement from the previous administration
1 <sup>st</sup> Administration		
2 <sup>nd</sup> Administration		<input type="checkbox"/> Yes <input type="checkbox"/> No
3 <sup>rd</sup> Administration		<input type="checkbox"/> Yes <input type="checkbox"/> No
4 <sup>th</sup> Administration		<input type="checkbox"/> Yes <input type="checkbox"/> No

TSIA	Score	Acceptable
Reading/Writing		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mathematics		<input type="checkbox"/> Yes <input type="checkbox"/> No

**II. Review course work, grades, and attendance** (The following criteria is reviewed in determining whether a student is qualified to graduate):

Criteria	Notes	Acceptable
The teacher’s recommendation in each relevant course		<input type="checkbox"/> Yes <input type="checkbox"/> No
The student’s grade in each relevant course		<input type="checkbox"/> Yes <input type="checkbox"/> No
The student’s score on the EOC assessment instrument in which the student failed to perform satisfactorily		<input type="checkbox"/> Yes <input type="checkbox"/> No
The student’s performance on the additional academic requirements		<input type="checkbox"/> Yes <input type="checkbox"/> No
The number of hours of remediation the student has attended, including attendance of a college preparatory course		<input type="checkbox"/> Yes <input type="checkbox"/> No
The student’s attendance and successful completion of college preparatory courses in reading or mathematics		<input type="checkbox"/> Yes <input type="checkbox"/> No
The student’s school attendance rate		<input type="checkbox"/> Yes <input type="checkbox"/> No
The student’s satisfaction of the TSI college readiness benchmarks set by the THECB (SAT, ACT, or TSIA cut scores)		<input type="checkbox"/> Yes <input type="checkbox"/> No
The student’s successful completion of a dual credit course in one of the four core subject areas		<input type="checkbox"/> Yes <input type="checkbox"/> No
The student’s completion of a PreAP, AP, or IB program course in one of the four core subject areas		<input type="checkbox"/> Yes <input type="checkbox"/> No
The student’s “Advanced High” rating on the most recent high school administration of the TELPAS		<input type="checkbox"/> Yes <input type="checkbox"/> No

Academic Achievement: Graduation

EIF1(EXHIBIT A)

The student's score of 50 or better on a CLEP test		<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student's scores on ACT, SAT, or ASVAB tests		<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student's completion of a sequence of CTE program courses required to attain an industry-recognized credential or certificate		<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student's overall preparedness for postsecondary success		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other applicable academic information		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**III. Prescribe additional requirements**

Notes

**IV. Alternate Graduation Plan**

- TSIA:  Mathematics (Algebra I)  Reading/Writing (English II)
- Student has passed all of the related coursework for the graduation requirements
- Remediation
  - Portfolio
 or
  - Project
- Coursework submitted from the relevant course

**Signatures**

Member	Signatures	
Principal		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Counselor		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Teacher of _____		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Department Chair of _____		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Parent/Guardian* (circle one)		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Parent/Guardian* (circle one)		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
LPAC Representative (if applicable)		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Student		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Other		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

<b>Determination</b>	
The student may graduate on the basis of the committee's unanimous decision	<input type="checkbox"/> Yes <input type="checkbox"/> No

The decision of the IGC is final and may not be appealed.