

ST. LUCIE PUBLIC SCHOOLS
TITLE I STUDENT LIST

Title I Personnel: _____

Grade: _____

Date: _____

LEA Teacher(s): _____

Approval: _____

								ITBS TEST						
								READING		MATH				
								PERCENTILE	SCALED SCORE	PERCENTILE	SCALED SCORE			
STUDENT NAME	ENTRY DATE	DOB	GENDER	RACE	REPEATER	READING ASSESSMENT	MATH ASSESSMENT	PRE POST	PRE POST	PRE POST	PRE POST	PRO/RET	WD/DATE	TOTAL DAYS IN PROGRAM
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														