

Grade 3-5 Individual Reading Improvement Plan

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|---|--------------------|------------------------------|
| Student Name: | Date of Birth: | Student Grade: |
| Current Supports: | Classroom Teacher: | Support Teacher: |
| Date Assessed: | Date IRIP Created: | Other Factors (check below): |
| <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Health <input type="checkbox"/> Cognitive <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Attendance <input type="checkbox"/> Environmental <input type="checkbox"/> Motor Functions | | |

Assessments Administered: (Attach or list assessments)

| Areas of Strength | Areas of Need |
|--|--|
| <input type="checkbox"/> Accuracy <input type="checkbox"/> Phonemics Awareness <input type="checkbox"/> Phonics | <input type="checkbox"/> Accuracy <input type="checkbox"/> Phonemics Awareness <input type="checkbox"/> Phonics |
| <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Reading Fluency |
| <input type="checkbox"/> Vocabulary <input type="checkbox"/> Writing | <input type="checkbox"/> Vocabulary <input type="checkbox"/> Writing |
| Teacher Comments: | |
| | |

School Intervention Plan

Core Reading Instruction:

Additional Interventions: (Provided in addition to regular reading instruction and outside of regular ELA classroom time)

Daily targeted small group OR

1 to 1 reading intervention based on pupil needs

Other: _____

Provided by: _____

Intervention/Program Name or Description:

Intervention Frequency and Duration:

Metrics of Success: (Expectation, tool and frequency)

Areas of Need Addressed by Intervention:

| | |
|---|--|
| <input type="checkbox"/> Accuracy | <input type="checkbox"/> Comprehension |
| <input type="checkbox"/> Phonemic Awareness | <input type="checkbox"/> Fluency |
| <input type="checkbox"/> Phonics | <input type="checkbox"/> Vocabulary |

Read at Home Plan:

| | |
|--|-------------------------------------|
| Recommended Activities: <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension <input type="checkbox"/> Writing | Frequency and Duration: |
| | Other: |
| Materials provided to parent: <input type="checkbox"/> Parents' Read-at-Home Plan for Student Success Booklet <input type="checkbox"/> Other: _____ | Training provided to parent: |

Signature Date

Signature Date

Signature Date

Signature Date

Third Grade Reading Law Procedural Safeguards

I am aware that my child, _____ has been identified as having a reading deficiency. As a result, an individual reading plan has been created within 30 days of this identification. I have had an opportunity to participate in the creation of the individual reading plan.

I am aware that I am expected to implement the "Read at Home" program detailed above. Further, I am aware that school personnel will be following up to determine if the plan has been implemented and what further supports may be necessary.

Additionally, I am aware that my child may be retained into third grade if he/she does not make satisfactory progress to demonstrate a reading proficiency which is less than one grade level behind expected levels by the end of third grade.

I have expressed a dissenting opinion to the individual reading improvement plan:

- Yes No

If yes, please describe the dissenting opinion:

Parent Signature Date

Principal Signature Date

Progress Monitoring Results

| | | |
|---|---|---|
| Date: | Date: | Date: |
| Assessment Results: | Assessment Results: | Assessment Results: |
| <p>Action Steps:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student at expected proficiency/level. Intervention no longer required. Student will receive core instruction. <input type="checkbox"/> Student has progressed, but is not at expected levels. Will continue in current intervention. <input type="checkbox"/> Student has not progressed, as expected, additional intervention is required. (List intervention: increased frequency, duration, different instructional strategies, etc.) | <p>Action Steps:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student at expected proficiency/level. Intervention no longer required. Student will receive core instruction. <input type="checkbox"/> Student has progressed, but is not at expected levels. Will continue in current intervention. <input type="checkbox"/> Student has not progressed, as expected, additional intervention is required. (List intervention: increased frequency, duration, different instructional strategies, etc.) | <p>Action Steps:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student at expected proficiency/level. Intervention no longer required. Student will receive core instruction. <input type="checkbox"/> Student has progressed, but is not at expected levels. Will continue in current intervention. <input type="checkbox"/> Student has not progressed, as expected, additional intervention is required. (List intervention: increased frequency, duration, different instructional strategies, etc.) |

Monitoring of Efforts to Engage Parents:

| | | | |
|--|------------------------------|-----------------------------|-------|
| Parent Notification Letter Sent | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: |
| Participated in development of Individual Reading Improvement Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: |
| Parents provided with Read-At-Home Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: |

Parent Contact Log

| | | |
|-------|---------|--------|
| Date: | Format: | Topic: |
| Date: | Format: | Topic: |
| Date: | Format: | Topic: |
| Date: | Format: | Topic: |
| Date: | Format: | Topic: |