READING IMPROVEMENT AND MONITORING PLAN

School: School Year:

Date:
Student Name: Student ID:
Teacher Name: Grade:

Grade Level(s) on a RIMP ____*Kindergarten* ____*First* ____*Second* ____*Third*

This student is identified as: 1. A student with a disability 2. A student who is an English learner 3. A student who is gifted

A1: Screening Information

Fill in the results of the reading screener/fall reading diagnostic

Grade Level	Assessment	Status of Reading Screener/ Fall Reading Diagnostic	Mark the component(s) of reading for which the student requires support. Additional diagnostic testing may be needed to inform instruction and can be documented in A2 below.				
		On Track: OT Not on Track: NT	Phonological Awareness	Phonics	Vocabulary/ Oral Language	Fluency	Comprehension
K							
1							
2							
3							
4							

A2: Further Diagnostic Testing

Fill in additional diagnostic, performance or other observation data that has been used to determine the student's academic need in a specific component of reading (i.e. phonological skills surveys, phonics/decoding surveys, spelling inventories, morphology surveys, etc.)

Assessment *(insert name of assessment here)*	*Date*	*Results of Assessment*

B: Instructional Focus, Evidence-Based Strategies, and Progress Monitoring

Complete one progress monitoring table for each component of reading addressed by this Reading Improvement and Monitoring Plan (not all students will require every component to be addressed through intervention).

This section represents four 10-week grading periods. Adjust this section to match the district or school's grading periods <u>and</u> the frequency of progress monitoring (i.e. every week, every two weeks, etc.). This section should be reviewed and adapted as necessary throughout the school year.

<table>
<tr><td rowspan="5">Area of Instructional Focus:
Phonological Awareness

Instructor:

Progress Monitoring Tool:

Progress Monitoring Frequency (i.e. Weekly, Bi-Weekly, etc.):

Instructional Setting
___ Large Group
___ Small Group
___ Individual

Dates of Intervention:</td><td rowspan="5">Evidence-Based Strategy:

Frequency and Duration (how many days per week and for how long):

Decision Making Rule (why was this strategy chosen for this student):</td><td colspan="2">Observations:

Information from Progress Monitoring Tool:</td></tr>
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Interventions may vary depending on the child's instructional needs. This plan should be reviewed and revised, if needed, when a student transfers to another school.

<u>Change(s) in instruction/intervention based on progress monitoring:</u>

<u>Impact of intervention:</u></td></tr>
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<tr><td rowspan="5">Area of Instructional Focus:
Phonics (Basic Phonics or Advanced Word Study)

Instructor:

Progress Monitoring Tool:

Progress Monitoring Frequency (i.e. Weekly, Bi-Weekly, etc.):

Instructional Setting
___ Large Group
___ Small Group
___ Individual

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<tr><td rowspan="5">Area of Instructional Focus:
Vocabulary/Oral Language

Instructor:

Progress Monitoring Tool:

Progress Monitoring Frequency (i.e. Weekly, Bi-Weekly, etc.):

Instructional Setting
___ Large Group
___ Small Group
___ Individual

Dates of Intervention:</td><td rowspan="5">Evidence-Based Strategy:

Frequency and Duration (how many days per week and for how long):

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<tr><td rowspan="5">Area of Instructional Focus:
Fluency

Instructor:

Progress Monitoring Tool:

Progress Monitoring Frequency (i.e. Weekly, Bi-Weekly, etc.):

Instructional Setting
___ Large Group
___ Small Group
___ Individual

Dates of Intervention:</td><td rowspan="5">Evidence-Based Strategy:

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<tr><td rowspan="5">Area of Instructional Focus:
Comprehension

Instructor:

Progress Monitoring Tool:

Progress Monitoring Frequency (i.e. Weekly, Bi-Weekly, etc.):

Instructional Setting
___ Large Group
___ Small Group
___ Individual

Dates of Intervention:</td><td rowspan="5">Evidence-Based Strategy:

Frequency and Duration (how many days per week and for how long):

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C: Teacher(s) Providing Reading Services

Information for Kindergarten-Second Grade Teachers

Teacher of Record: _____

Is this teacher providing the reading services described in this plan?

_____ Yes

_____ No

If no, name of the teacher(s) providing reading services described in this plan:

_____

Qualifications for Third Grade Teachers

1) Is the teacher of record providing the reading services described in this plan? _____Yes _____No

If no, has the teacher of record and the building principal agreed to allow another teacher to provide these services? _____ Yes _____No

a. Name of the teacher(s) providing the reading services: _____

b. Signature of the teacher of record: _____

c. Signature of the building principal: _____

2) Teacher Qualifications for Teachers of Third Grade Students (*check the option A-D that qualifies the teacher providing the reading services described in this plan)*

_____ A) The teacher providing the reading services described in this plan has at least one year of teaching experience and meets at least one of the following criteria to provide reading services (check the applicable teacher qualification):

_____ a. Holds a K-12 reading endorsement on their teaching license

_____ b. Has obtained a master's degree with a major in reading

_____ d. Has earned a passing score on a rigorous test of principles of scientifically research-based reading instruction

_____ e. Was rated "most effective" for reading instruction consecutively for the most recent two years based on an approved assessment of student growth

_____ f. Was rated "above expected value-added" in reading instruction as determined by criteria established by the Department of Education for the most recent consecutive two years.

_____ B) The teacher providing the reading services described in this plan meets one of the qualifications listed above but has less than one year of teaching experience and is being mentored by a teacher with at least one year of experience who meets the qualifications to provide reading guarantee services.

a. The qualification the teacher providing reading services meets from the above list:

_____

b. Name of the teacher's mentor: _____

c. The qualification the teacher's mentor meets from the above list:

_____

_____ C) The teacher providing the reading services described in this plan is a speech-language pathologist who holds a license issued by the Board of Speech-Language Pathology and Audiology and a professional pupil services license as a school speech-language pathologist issued by the State Board of Education.

_____ D) The teacher providing the reading services described in this plan holds an alternative credential or has successfully completed professional development that is based on principles of research-based reading instruction, either of which is approved by the Department of Education, to provide a student who is an English Learner, and has been in the United States for three years or less, or a student that has an Individualized Education Program with reading services.

D: Additional Comments

Comments/Results of Intervention(s):

Comments/Concerns from Parent/Guardian:

On-Track Date (Student has either tested on track on the fall reading diagnostic or scored proficient or higher on Ohio's grade 3 English Language Arts test):

E: Statement Pertaining to Retention under the Third Grade Reading Guarantee

If the student does not attain the designated promotion score on the Ohio State Test for grade 3 English language arts, the student will be retained in third grade unless the student meets one of the following exemptions (if the student is exempt, mark the exemption that that student qualifies for):

____ Student is an English learner enrolled in U.S. schools for less than three full school years and with less than three years of instruction in an English as a second language program;

____ Student's IEP specifically exempts the student from retention under the Third Grade Reading Guarantee;

____ Student has demonstrated reading competency on an alternative reading assessment approved by the Department of Education;
Name of Assessment:_____ Score:_____ Date:_____

____ Student's IEP shows that the student has received intensive remediation in reading for at least two school years and the student was previously retained in any of grades Kindergarten through grade 3;

____ Student has received intensive remediation in reading for at least two school years and was previously retained in any of grades Kindergarten through grade 3.**
**A student that is promoted under this exemption must continue to receive intensive reading instruction in grade four. This instruction shall include an altered instructional day that includes specialized, diagnostic information and specific, research-based reading strategies for the student that have been successful in improving reading among low-performing readers.

F: Parent/Guardian and Teacher Involvement

I, _____(Parent(s)/Guardian(s) Name) have been involved in the development of this Reading Improvement and Monitoring Plan. I understand that my child will be receiving academic support in the area of reading during regular schools hours to assist my child to read at grade level. I understand that if my child does not attain the designated promotion score on the grade 3 English language arts test, and my child does not qualify for an exemption to retention, my child will be retained in third grade and provided intensive intervention in reading.

_____ _____
Parent/Guardian ***Date***

I, _____ (teacher of record) have been involved in the development of this Reading Improvement and Monitoring Plan. I understand that I, or another designated teacher (signed below), will be providing research-based academic support in the area of reading during regular school hours to assist this student to read at grade level. I will conduct ongoing analysis of this student's reading progress and share this progress with the above signed parent/guardian.

_____ _____
Teacher of record ***Date***

If another teacher is providing reading services:
I, _____ (Teacher providing reading services), along with the student's teacher of record have been involved in the development of this Reading Improvement and Monitoring Plan. I understand that I will be providing research-based academic support in the area of reading during regular school hours to assist this student to read at grade level. I will conduct ongoing analysis of this student's reading progress and share this progress with the above signed parent/guardian and teacher of record.

_____ _____
Teacher providing services if not Teacher of Record ***Date***