



Individual Reading Plan (IRP)

2017-2018

Student Name: _____ Grade: _____ UIC: _____

Teacher Name: _____ School Name: _____

K-3 Universal Screener (DIBELS)

	FALL	WINTER	SPRING
JK			
K			
1			
2			
3			

NWEA Assessment

	FALL	WINTER	SPRING
K			
1			
2			
3			

Diagnostic Assessment (F & P)

	FALL	WINTER	SPRING
JK			
K			
1			
2			
3			

List additional support materials (if applicable):

Target Goal:

- Phonemic Awareness Vocabulary Decoding
 Phonics Fluency Comprehension

DEVELOP AND IMPLEMENT PLAN

	What?	Who?	Frequency	Fall	Winter	Spring
Tier I Instructional Practice	<input type="checkbox"/> Small Group <input type="checkbox"/> Words Their Way <input type="checkbox"/> 1 on 1 <input type="checkbox"/> Guided Reading <input type="checkbox"/> Phonemic Awareness Activities <input type="checkbox"/> Other _____	<input type="checkbox"/> Classroom Teacher	4 x per week 3 x per week 2 x per week	Adequate Progress Some Progress No Progress	Adequate Progress Some Progress No Progress	Adequate Progress Some Progress No Progress
Tier II Instructional Practice	<input type="checkbox"/> LLI <input type="checkbox"/> Read Naturally <input type="checkbox"/> Words Their Way <input type="checkbox"/> Additional Guided Reading/Strategy Group <input type="checkbox"/> Other _____	<input type="checkbox"/> Classroom Teacher <input type="checkbox"/> Literacy Coach <input type="checkbox"/> Paraeducator	4 x per week 3 x per week 2 x per week	Adequate Progress Some Progress No Progress	Adequate Progress Some Progress No Progress	Adequate Progress Some Progress No Progress
Tier III Instructional Practice	<input type="checkbox"/> Corrective Reading <input type="checkbox"/> EIR <input type="checkbox"/> Read Naturally <input type="checkbox"/> Read Well <input type="checkbox"/> Other _____	<input type="checkbox"/> Teacher Consultant <input type="checkbox"/> Resource Room <input type="checkbox"/> SE Paraeducator	4 x per week or as stated by IEP	Adequate Progress Some Progress No Progress	Adequate Progress Some Progress No Progress	Adequate Progress Some Progress No Progress
Other Supports				Adequate Progress Some Progress No Progress	Adequate Progress Some Progress No Progress	Adequate Progress Some Progress No Progress
<input type="checkbox"/> Student currently has an IEP. Eligibility: _____ <input type="checkbox"/> Refer Student to BEST. Student has already been referred to BEST. Date: _____			Next Steps:			

Our goal is to continue working together to improve your child’s achievement in reading. This **Individual Reading Plan** will remain in effect until your child is performing at grade level. We expect that your child will demonstrate at least one year’s academic growth or more for this school year.

SCHOOL SUPPORT (not all will apply)	
<input type="checkbox"/>	Provide additional targeted small group instruction in reading – minimum fifteen minutes, three times a week
<input type="checkbox"/>	Provide one-to-one reading intervention based on pupil needs
<input type="checkbox"/>	Provide effective instructional strategies based on the five components of reading: phonemic awareness, phonics, fluency, vocabulary, and comprehension
<input type="checkbox"/>	Document ongoing progress monitoring
<input type="checkbox"/>	Communicate child’s progress regularly with parent(s)
<input type="checkbox"/>	Provide tools to assist families with literacy, such as reading logs
<input type="checkbox"/>	Provide extended day/school year
<input type="checkbox"/>	Other:

PARENT SUPPORT	
<input type="checkbox"/>	Ensure on time and consistent attendance
<input type="checkbox"/>	Ensure child completes homework nightly – your child should have a regular study place and time to do his/her work
<input type="checkbox"/>	Ensure child reads every night for at least 20 minutes and completes a reading log
<input type="checkbox"/>	Sign child’s planner daily and communicate regularly with the teachers
<input type="checkbox"/>	Check teacher blog/school communications regularly
<input type="checkbox"/>	Ensure child attends extended day/year tutoring regularly
<input type="checkbox"/>	Attend educational parent meetings regarding the Read At Home plan and strategies for supporting child’s reading development
<input type="checkbox"/>	Other:

STUDENT COMMITMENT	
<input type="checkbox"/>	Be on time and attend school regularly
<input type="checkbox"/>	Complete classwork and homework to the best of my ability and on-time
<input type="checkbox"/>	Read every night for at least 20 minutes and complete a reading log
<input type="checkbox"/>	Work on mobymax.com and/or MyOn.com for at least 20 minutes each night
<input type="checkbox"/>	Correctly fill out my planner each day
<input type="checkbox"/>	Attend extended day/year tutoring regularly
<input type="checkbox"/>	Other:

Parent Read-at-Home Plan

The following strategies are recommended for parents/families to use in assisting the student to achieve reading competency:

If your child does not achieve grade level reading proficiency by the end of third grade, he/she may be at risk of retention.

Student Signature

Date

Teacher Signature

Date

Parent Signature

Date

Principal Signature

Date