

K-2 Individual Reading Improvement Plan

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)

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"/> Phonemic Awareness <input type="checkbox"/> Phonics	<input type="checkbox"/> Comprehension <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary
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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: