

Student: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ Teachers: \_\_\_\_\_ Others: \_\_\_\_\_

Date of Fall Review(s): \_\_\_\_\_ Date of Winter Review(s): \_\_\_\_\_ Date of Spring Review(s): \_\_\_\_\_

### Area(s) of Concern

Check any areas of concern. Document specific concern beginning with most critical need.

**\*\*Reading intervention plan must be implemented within 30 days of identification of reading deficiency.**

Fall	Winter	Spring	Address most critical concern from left in more detail.
<input type="checkbox"/> Phonological Awareness	<input type="checkbox"/> Phonological Awareness	<input type="checkbox"/> Phonological Awareness	Fall Notes:
<input type="checkbox"/> Phonics	<input type="checkbox"/> Phonics	<input type="checkbox"/> Phonics	
<input type="checkbox"/> Vocabulary	<input type="checkbox"/> Vocabulary	<input type="checkbox"/> Vocabulary	Winter Notes:
<input type="checkbox"/> Reading Fluency	<input type="checkbox"/> Reading Fluency	<input type="checkbox"/> Reading Fluency	
<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Reading Comprehension	Spring Notes:

NWEA Reading Achievement Data						
RIT Scaled Score	RIT NORM			Fall	Winter	Spring
	F	W	S			
Percentile						

### Diagnostic: Phonological Screener

D A T E	Rhyme Recog.	Rhyme Produce	Onset Fluency	Blend Compd/ Blend Syllables	Isolate Final Sound	Isolate Medial Sound	Seg. Words into Compound or Syllables	Adding Words/ Adding Syllables	Blend Onset Rime	Del. Words & Syllables	Seg. Words into Onset- Rime	Subst. Words into Syllables	Blend Phonemes	Seg. Phonemes	Adding Initial Sound	Del. Initial Sound	Subst. Initial Sound

### Diagnostic: Phonics Screener

Date	Correct Letter Names /26	Correct Letter Sounds /26	CVC Words	Consonant Digraphs (ex: ch, sh, wh,ck,tch)	Blends (ex: sank, step)	Silent E CVC-E (ex: came, hive, rope, mule)	R-Control Vowels (ex: ar, ir, or, ur)	Advanced Digraphs (ex: ce, gn, kn,dge)	Vowel Teams (ex: oo, oi, au, ai)	Prefix/ Suffix	2-3-4 Syllable

### Additional Data

Use this section to document any additional testing data used as well as concerns from any educators or parents.

Other Assessments	
Teacher Input	
Service Provider Input	
Parent Input	

### Other Factors That May Affect Performance

Place an X in box if applicable for other factors that may affect performance on appropriate age/grade level standards.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Vision             | <input type="checkbox"/> Health           | <input type="checkbox"/> Motor Functioning (Fine/Gross) |
| <input type="checkbox"/> Hearing            | <input type="checkbox"/> Behavior         | <input type="checkbox"/> English as Second Language     |
| <input type="checkbox"/> Speech & Language  | <input type="checkbox"/> Attendance _____ | <input type="checkbox"/> Previous Retention _____       |
| <input type="checkbox"/> Reading IEP or 504 | <input type="checkbox"/> Tardies _____    | <input type="checkbox"/> Pre K Program                  |

Date of Eligibility:

\_\_\_\_\_

Other Factor(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Evidenced-Based Intervention(s) to be Implemented**

Focus Skill: Phonemic Awareness or Phonics or Vocabulary or Fluency or Comprehension	Intervention	Start Date	Stop Date	Minutes per Day	Sessions per Week	Group Size #	Name of Service Provider	Push-IN or Pull-OUT

**Fidelity of Reading Instruction**

Date	Name of Explicit, Systematic Core Reading Program	Student Receives Minimum of 90 Minutes of Daily Reading Instruction in Classroom Setting
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Progress Monitoring Plan**

Use this space to determine how to monitor progress, keeping in mind that out-of grade level monitoring may be necessary.

**Attach Progress Monitoring Data as applicable**

Focus Skill:	Date Intervention Began	How Will Progress Be Monitored?	How Often?	GOAL	Outcome

Progress Review			
<b>1st Review:</b> <b>Date:</b> _____	Student has met the reading benchmark on skill of _____. This student will be returned to the following tier: <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II (additional support on next critical skill, select another intervention)  Re-evaluation date: _____	Some progress was made; intervention was somewhat successful in meeting students' needs. Student will continue at Tier II/III and additional intervention will be attempted (select another intervention and progress monitoring plan). <input type="checkbox"/> Continue same intervention <input type="checkbox"/> Select new intervention <input type="checkbox"/> Intensify intervention Re-evaluation date: _____	No progress was made; intervention was not successful in meeting students' needs.  The next step would be to: __ Reduce Group Size __ Change Intervention __ Additional Time __ Other: _____
<b>2nd Review:</b> <b>Date:</b> _____	Student has met the reading benchmark on skill of _____. This student will be returned to the following tier: <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II (additional support on next critical skill, select another intervention)  Re-evaluation date: _____	Some progress was made; intervention was somewhat successful in meeting students' needs. Student will continue at Tier II/III and additional intervention will be attempted (select another intervention and progress monitoring plan). <input type="checkbox"/> Continue same intervention <input type="checkbox"/> Select new intervention <input type="checkbox"/> Intensify intervention Re-evaluation date: _____	No progress was made; intervention was not successful in meeting students' needs.  The next step would be to: __ Reduce Group Size __ Change Intervention __ Additional Time __ Other: _____

Documentation of Parental Notice of Reading Deficiency				
	Date	Parent/Guardian	Contacted By Whom	Means of Communication (e.g. phone, email, meeting.)
Fall				
Winter				
Spring				

Other notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Your child's Read-At-Home Plan will include the following:</b>		
<b>1. Area:</b> Read at home with your child.		
Activity/Goal:	Read at home for _____ minutes	_____ times per week.
Start Date:	End Date:	
<b>2. Area:</b>		
Activity/Goal:	_____	
Start Date:	End Date:	
<b>3. Area:</b>		
Activity/Goal:	_____	
Start Date:	End Date:	
<b>Evidence of Read-At-Home Plan will be in the form of: (Sample: parent sign-off, child mini-conference, etc.)</b>		
<b>Parent Training Workshop Offered:</b>		
1.		
2.		
3.		
<b>Parent Training Workshop Attended:</b>		
1.		
2.		
3.		

<b>Parent Signature**:</b>		<input type="checkbox"/> Parent Initial Winter
		<input type="checkbox"/> Parent Initial Spring
<input type="checkbox"/> Read At Home Plan Received & Accepted	<input type="checkbox"/> Read at Home Plan Not Received	
<b>Principal Signature:</b>		
<b>Teacher Signature:</b>		
<b>Student Signature:</b>		
<b>Other Service Provider:</b>		

*\*\* Indicates parent is fully aware of the intervention(s) being implemented with his/her child, has played a role in developing this reading plan and has received the "Read at Home Plan" to use outside of school*