

Birthdate:	Grade:	Sc	chool:		
Parents/Guardians: ——	Teachers: _	O1	thers:		
Pate of Fall Review(s): Date of V		nter Review(s): Da	Date of Spring Review(s):		
_	<u> </u>				
	Area(s)	of Concern			
Check any areas of concern	Document specific concern l		1 1		
	. Document specime concern i	beginning with most critic	ai need.		
**Reading intervention pla	n must be implemented withi	•			
**Reading intervention pla	•	•	n of reading deficiency.		
**Reading intervention pla	•	•			
	n must be implemented withi	n 30 days of identification	n of reading deficiency. Address most critical concern		
	n must be implemented withi	n 30 days of identification	Address most critical concern from left in more detail. Fall Notes:		
Fall	n must be implemented withi	n 30 days of identification Spring	Address most critical concern from left in more detail. Fall Notes:		
Fall Phonological Awareness Phonics	winter Phonological Awareness Phonics	Spring Phonological Awarenes	Address most critical concern from left in more detail. Fall Notes:		
Fall Phonological Awareness	winter Phonological Awareness	Spring Phonological Awarenes Phonics	Address most critical concern from left in more detail. Fall Notes:		

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

Diagnostic: Phonological Screener													
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		Del. Words & Syllables	Subst. Words into Syllables	Seg. Phonemes	Del. Initial Sound	Subst. Initial Sound



				Diag	nostic	:: Phoni	cs Scree	ner				
Date	Correct Letter Names /26	Correct Letter Sounds /26	CVC Words	Consonant Digraphs (ex: ch, sh, wh,ck,tch)	Blends (ex: sa <u>nk,</u> <u>st</u> ep)	Silent E CVC-E (ex: came hive, rope mule)	Vowe e, (ex: ar	els Digra , ir, (ex: ce	phs (ex	owel Teams x: oo, oi, au, ai)	Prefix/ Suffix	2-3-4 Syllabl
	Additional Data											
U	se this section	on to doc	ument any ac	dditional te				concerns	from ar	ny educato	rs or pa	rents.
	ier Assessm								-	<u> </u>		
Tea	cher Input											
Ser	vice Provide	er Input										
Par	ent Input											
			Othe	r Factors	That	May Aff	ect Perf	ormanc	e			
Plac	e an X in box	c if applica	able for other	r factors th	at may	affect per	formance	on appro	priate	age/grade	level sta	andards.
	Vision			Healt	:h			Moto	r Funct	tioning (Fin	e/Gross	;)
	Hearing	;		Beha	vior			Englis	sh as Se	econd Lang	uage	
	Speech	& Langua	ige	Atter	ndance			Previ	ous Ret	ention		
	Reading	g IEP or 50	04	Tardi	es			Pre K	Progra	ım		
				Othe	r Facto	r(s)		Additional Comments				
	Date of	Eligibility	:									
												-
				d Basad	Inton	antion/	-\ to bo	l-maralam.	- 12 to d			
	Focus S	Ŀill•	Evidence Intervent				linutes	Sessions			Pus	h-IN or
Pho	nemic Award nics or Voca ency or Comp	eness or bulary or		Dat		-	er Day	per Week	Size	e of	Pul	II-OUT
									1		T	



		Fidelity of Reading Instru	ction				
Date	Name of Explicit, Systema	tic Core Reading Program	Student Receives Minimum of 90 Minutes of Daily Reading Instruction in Classroom Setting				
			Yes		No		
		Progress Monitoring Pl	an				
Use this s		monitor progress, keeping in min necessary. ach Progress Monitoring Data as		e level r	monitoring may be		
Focus Skill:	Date Intervention Began	How Will Progress Be Monitor	ed? How Often?	GOAL	Outcome		



	Progress Review								
1st Review: Date:	Student has met the reading benchmark on skill of This student will be returned to the following tier:Tier ITier 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). Continue same intervention Select new intervention	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:						
2nd Review: Date:	Student has met the reading benchmark on skill of This student will be returned to the following tier: Tier I Tier II (additional support on next critical skill, select another intervention) Re-evaluation date:	Intensify 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). Continue same intervention Select new intervention Intensify intervention	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:						
		Re-evaluation date:							

	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:			



Your child's Read-At-Home Plan will in	clude the follow	ving:
1. Area: Read at home with your	child.	
Activity/Goal: Read at home for	minutes	times per week.
Start Date:	End D	rate:
2. Area:		
Activity/Goal:		
Start Date:	End [Date:
3. Area:		
Activity/Goal:		
Start Date:	End [Date:
Evidence of Read-At-Home Plan will b (Sample: parent sign-off, child mini-co		
Parent Training Workshop Offered:		
1. 2.		
3.		
Parent Training Workshop Attended:		
1. 2.		
3.		



Parent Signature**:	Parent Initial Winter Parent Initial Spring
Read At Home Plan Received & Accepted	Read at Home Plan Not Received
Principal Signature:	
Teacher Signature:	
Other Service Provider:	
Other Service Provider:	

^{**} 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