EATON
REGIONAL EDUCATION SERVICE AGENCY

Individual Reading Improvement Plan

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.

- ☐ Phonemic Awareness
- ☐ Phonics
- ☐ Vocabulary
- ☐ Reading Fluency
- ☐ Reading Comprehension

Address most critical concern from left in more detail.

Reading Achievement Data

	Benchmark Goal	Fall	Winter	Spring
Composite Score				
Sub-Skills:	F W S			
First Sound Fluency				
Letter Naming Fluency				
Phoneme Segmentation Fluency				
Nonsense Word Fluency: Correct Letter Sounds & Whole Words Read				
Oral Reading Fluency-Words Correct & Accuracy %				
Retell Task (DORF-Daily Oral Reading Fluency)				
Comprehension Task				

Diagnostic: Phonics Screener (Goal is 90% at each skill)

Date	Correct Letter Names /26	Correct Letter Sounds /26	VC/CV V-vowel C-consonant (ex: of, at, ig)	Consonant Digraphs (ex: ch, sh, wh,ck,tch)	CVCC CCVC (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 Digraphs (ex: oo, oi, au, ai)	Prefix/ Suffix	3-4 Syllable

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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.

- ☐ Vision
- ☐ Hearing
- ☐ Speech & Language
- ☐ Reading IEP or 504
  Date of Eligibility:
- ☐ Health
- ☐ Behavior
- ☐ Attendance/Tardies
  Other Factor(s)
- ☐ Motor Functioning (Fine/Gross)
- ☐ English as Second Language
- ☐ Previous Retention (inc. DK, Young 5s)
  Additional Comments

Evidenced-Based Intervention(s) to be Implemented

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

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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
		☐ Yes ☐ 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			
1st 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: _____	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). 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:
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: _____	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). 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:

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

Parent Signature:**	☐ Parent Initial Winter ☐ Parent Initial Spring
☐ Read At Home Plan Received	☐ 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*