

Individual Reading Plan

Documentation Packet



Student Name :	Teacher/School:	Date:
Individual Reading Plan Checklist		
Following the identification of a reading deficiency, intensive reading instruction and intervention must be documented for each student in an individual reading plan, which includes, at a minimum, the following:		
	(a) The student's specific, diagnosed reading skill deficiencies as determined (or identified) by diagnostic assessment data;	
	(b) The goals and benchmarks for growth;	
	(c) How progress will be monitored and evaluated;	
	(d) The type of additional instructional services and interventions the student will receive;	
	(e) The research-based reading instructional programming the teacher will use to provide reading instruction, addressing the areas of phonemic awareness, phonics, fluency, vocabulary and comprehension;	
	(f) The strategies the student's parent is encouraged to use in assisting the student to achieve reading competency; and,	
	(g) Any additional services the teacher deems available and appropriate to accelerate the student's reading skill development	

*Note: The Individual Reading Plan correlates with the Multi-Tiered System of Supports (MTSS) student documentation required for *Tier III (Intensive Intervention). These pages may be used when meeting with the Teacher Support Team for each student that did not respond to Tier II Interventions; 4th grade students requiring Intensive Intervention after Good Cause Exemption promotion; or, for intensive reading interventions for Special Education students (K-4) and English Language Learners (ELLs).*

Section A: Determining Reading Deficiencies

Student Name/Grade:

MSIS Number/ID:

School/Site:

District:

Date of Birth:

Teacher:

Gender:

Race:

Parent/Guardian Name:

Phone:

Email:

Street Address:

K-Readiness Assessment

Recommended Scale Score	Student Scale Score
Fall / 530	
Spring / 681	

Indicate reading deficiencies as determined by the assessment:

1. _____
2. _____
3. _____

Universal Screener/ Diagnostic Assessment Scale Score

	Fall	Winter	Spring
Reading * _____			
Math * _____			
Behavior * _____			

Indicate reading deficiencies as determined by the assessment:

1. _____
2. _____
3. _____

**List screener and date administered*

Attendance

School Year Days Present / Absent
 _____ _____ / _____
 _____ _____ / _____
 _____ _____ / _____

Note: Attach MSIS suspension data, if applicable.

List last 2 schools attended and dates.

1. _____
2. _____

Retention

Instructions: If applicable, indicate grade(s) and school year(s) below.

Grade	School Year
_____	_____
_____	_____
_____	_____

Special Population

Instructions: Check if applicable to student.

- Special Education / IEP
 Initial Eligibility Date: _____
 Eligibility Category: _____
- 504
- ELL (Appendix B)
- Dyslexia
- Other _____

3rd Grade Summative Assessment

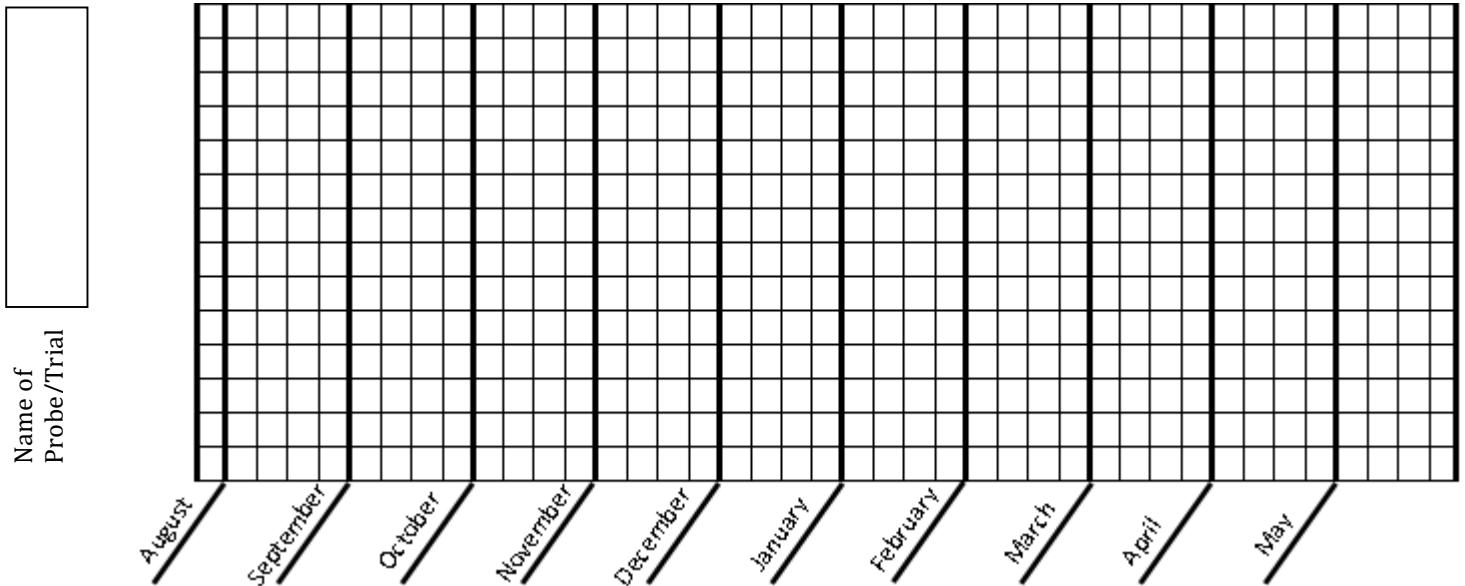
Attempts	Date	Score
Initial Test		
1st Retest		
2nd Retest		

Course Performance

Subject	T1	T2	T3	T4	Final
Reading					
Mathematics					
Science					
Social Studies					
Language Arts					

Section B: Goals and Benchmarks for Growth

Instructions: Teachers should complete progress monitoring for interventions. It is recommended that the teacher establish a baseline by administering three (3) probes or trials, selecting the median, and marking the baseline by placing a dot on the vertical axis. Teachers should determine the goal by determining the expected rate of progress and marking the target by placing a dot at the intersections. On the bolded line above each month, indicate the first result recorded that month; on the line to the right, indicate the second result of that month.



Baseline: _____

Goal: _____

Section C: Progress Monitoring

Intervention Start Date: _____

How will progress be monitored and evaluated?

1st Documented Review Date: _____
(to be completed no later than 8 weeks after starting intervention)

Sufficient Progress Made? (circle one): Yes / No
(if no, an additional intervention form should be completed)

Cumulative Documented Review Date: _____
(to be completed no later than 16 weeks after starting intervention)

Sufficient Progress Made? (circle one): Yes / No
(if no, an additional intervention form should be completed)

Adequate progress was made; intervention was successful in meeting student's needs. This student will be returned to the following tier:

Tier I
Tier II
Re-evaluation date: _____

Adequate progress was not made; intervention was somewhat successful in meeting student's needs. Student will continue at Tier III and additional intervention will be attempted (additional form—both Section 3B & 3C should be completed).

Adequate progress was not made; intervention was not successful in meeting student's needs. Referral to child study on (date): _____

Student currently has an IEP. Complete the information in the box below.

Enter Eligibility Category

Student Name: _____

Individual Reading Plan

Section D: Additional Instructional Services and Interventions

Instructions: TST members, classroom teachers, and interventionists should work together to complete this form for each student identified as needing an *Individual Reading Plan* based on reading deficiencies.

Target deficit area(s):

List **additional** instructional services and **specific** interventions that will be provided to address reading deficiencies:

Section E: Reading Instructional Program

What research-based program will be used to deliver explicit, systematic core reading instruction during the required 90-minute reading block?

Indicate the areas addressed by the core reading program:

- Phonemic Awareness
- Phonics
- Fluency
- Vocabulary
- Comprehension

Additional supplemental materials (if applicable):

Section F: Parental Support

Parent Read-at-Home Plan

Target deficit area(s):

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

Written Parental Notification Received:

Parent Initial: _____

Date: _____

Parent Read-at-Home Plan Received

Parent Initial: _____

Date: _____

Section G: Additional Services

Indicate any additional services the teacher deems available and appropriate to accelerate the student's reading skill development, if applicable: