

Fraser Public Schools

Individual Reading Improvement Plan

| | | | | | | | |
|---------|--|---------|--|-----|--|------|--|
| School | | Teacher | | | | | |
| Student | | Grade | | DOB | | Date | |

The following reading improvement plan with **supplemental literacy intervention** is being developed to assist your child in getting *on track* for reading by third grade.

| Assessment Data | | | | | | | | | |
|-------------------|----------------|----------|------------------|------------------|--------------------|----------------|----------|------------------|------------------|
| Aimsweb Plus | | | | | DRA2 | | | | |
| | Fall Benchmark | December | Winter Benchmark | Spring Benchmark | | Fall Benchmark | December | Winter Benchmark | Spring Benchmark |
| Aimsweb Plus LWSF | | | | | Level | | | | |
| Aimsweb Plus WRF | | | | | Reading Engagement | | | | |
| Aimsweb ORF | | | | | ORF | | | | |
| | | | | | Comprehension | | | | |

| NLM | | | | |
|-----|----------------|----------|------------------|------------------|
| | Fall Benchmark | December | Winter Benchmark | Spring Benchmark |
| NLM | | | | |

| Additional Assessment/Diagnostic | | |
|----------------------------------|------|----------------|
| Assessment/Diagnostic | Date | Score/Findings |
| | | |
| | | |
| | | |

Student Success Plan

Summary of Reading Intervention Services

Attendance

Enrollment History

| | Absent | Tardy | Suspension | Academic Year | Site Name | Grade | Entry Date | Exit Date |
|---------|--------|-------|------------|---------------|-----------|-------|------------|-----------|
| Grade K | | | | | | | | |
| Grade 1 | | | | | | | | |
| Grade 2 | | | | | | | | |
| Grade 3 | | | | | | | | |

Services Received

| Title | 504 | Special Ed | ESL | Speech | At Risk |
|-------|-----|------------|-----|--------|---------|
| | | | | | |

Student Strengths

| | Staff | Student Strength |
|--------|-------|------------------|
| FALL | | |
| WINTER | | |
| SPRING | | |

Student Progress Notes

Fall Notes:

Winter Notes:

Spring Notes:

EOY Status:

Parent Participated in SSP

Fall

Winter

Spring

Parent Notification Letter Sent

Date

Date

Date

Parent Name

Parent Name

Phone

Phone

e-mail

e-mail

Student Success Plan

Summary of Reading Intervention Services

FALL Signature

Teacher

Date

Principal or Designee

Date

Parent/Guardian

Date

Other:

Date

WINTER Signature

Teacher

Date

Principal or Designee

Date

Parent/Guardian

Date

Other:

Date

SPRING Signature

Teacher

Date

Principal or Designee

Date

Parent/Guardian

Date

Other:

Date