Fraser Public Schools

Individual Reading Improvement Plan

School	Pre-populated	Teacher	Pre-populated					
Student	Pre-populated	Grade	Pre- populated	DOB	Pre- populated	Date	ENTER	

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								
	Aim	sweb Plu	S			DF	RA2		
	Fall Benchmark	December	Winter Benchmark	Spring Benchmark		Fall Benchmark	December	Winter Benchmark	Spring Benchmark
Aimsweb Plus Vocab	Pre- populated				Level	Pre- populated			
Aimsweb Plus RC	Pre- populated				Reading Engagement				
Aimsweb ORF	Pre- populated				ORF				
Aimsweb Reading Benchmark	Pre- populated				Comprehension				

SRI									
	Fall Benchmark	Winter Benchmark	Spring Benchmark						
Lexile	Pre-populated								

Additional Assessment/Diagnostic							
Assessment/Diagnostic	Date	Score/Findings					
ENTER If you have info.	\Rightarrow	\Rightarrow					

Fraser Public Schools

Summary of Reading Intervention Services

Interventions Component Codes: PA, P, F, V, C							
	Phonemic Awareness	Phonics	Fluency	Vocabulary	Comprehension		
Component Codes	PA	Р	F	V	С		
Identified Deficiency							

Component Code	Recommended Interventions	Days per Week	Min	Start Date	End Date	Responsible Person	Progress/Notes
ENTER	ENTER	ENTER	ENTER	ENTER	ENTER	ENTER	ENTER

Student Success Plan

Summary of Reading Intervention Services

	Enrollment History							
	Absent	Tardy	Suspension	Academic Year	Site Name	Grade	Entry Date	Exit Date
Grade K								
Grade 1								
Grade 2								
Grade 3								
			Services Rec	eived				
Title				ESL		Speech	A	At Risk

ENTER

ENTER

ENTER

Student Strengths								
	Staff	Student Strength						
FALL	ENTER	ENTER ENTER						
WINTER								
SPRING								

ENTER

ENTER

ENTER

Fall Notes: ENTER Winter Notes:
Winter Notes:
Spring Notes:
EOY Status:

Parent Participated in SSP	Fall	ENTER	Winter		Spring	
Parent Notification Letter Sent	Date	ENTER	Date		Date	
Daront Namo	n d	Daront N	ama	Dro no	nulated	

Parent Name	Pre-populated	Parent Name	Pre-populated
Phone	Pre-populated	Phone	Pre-populated
e-mail	Pre-populated	e-mail	Pre-populated

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