### **Fraser Public Schools**

Individual Reading Improvement Plan

School	Pre-populated	Teacher	Pre-populated						
Student	Pre-populated	Grade	Pre- DOB		Pre-	Date	<b>Enter</b>		
			populated		populated				

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 Vocab	Pre- populated		Pre- populated		Level	Pre- populated		Pre- populated				
Aimsweb Plus RC	Pre- populated		Pre- populated		Reading Engagement							
Aimsweb ORF	Pre- populated		Pre- populated		ORF							
Aimsweb Reading Benchmark	Pre- populated		Pre- populated		Comprehension							

	SRI										
	Fall Benchmark	Winter Benchmark	Spring Benchmark								
	Pre-populated	Pre-populated									
Lexile											

Additional Assessment/Diagnostic								
Assessment/Diagnostic	Date	Score/Findings						
FALL PREPOPULATED								
Enter - MID	Enter - MID	Enter - MID						

## **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				

Component Code	Recommend ed Intervention s	Days per Week	Min	Start Date	End Date	Responsible Person	Progress/Notes
	Enter - MID	Enter - MID	Enter - MID	Enter - MID	Enter - MID	Enter - MID	Enter - MID
Enter - MID							

## **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					
Enter - MID	Enter - MID	Enter - MID	Enter - MID	Enter - MID	Enter - MID					

**Student Strengths** 

Student Strength

Staff

Parent Participated in SSP

**Parent Notification Letter Sent** 

FALL							
WINTER							
SPRING							
			Student Pr	ogress Note	:S		
Fall Notes:							
Winter Notes: Enter							
Spring Notes:							
EOY Status	:						
					Enter		

<b>Parent Name</b>		Paren	nt Name		
Phone		Phone	е		
e-mail		e-mai			

Fall

Date

Winter

Date

**Enter** 

**Spring** 

Date

### **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