## **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								
	Aimsweb Plus						DRA2		
	Fall Benchmark	December	Winter Benchmark	Spring Benchmark		Fall Benchmark	December	Winter Benchmark	Spring Benchmark
Aimsweb Plus LNF	Pre- populated		Pre- populated	Pre- populated	Level		Pre- populated	Pre- populated	Pre- populated
Aimsweb Plus LWSF	Pre- populated		Pre- populated	Pre- populated	Reading Engagement		Pre- populated	Pre- populated	Pre- populated
Aimsweb Benchmark			Pre- populated	Pre- populated	ORF		Pre- populated	Pre- populated	Pre- populated
					Comprehension		Pre- populated	Pre- populated	Pre- populated

Pearl				Cubed					
	Fall Benchmark	December	Winter Benchmark	Spring Benchmark		Fall Benchmark	December	Winter Benchmark	Spring Benchmark
Pearl	Pre- populated				Cubed			Pre- populated	Pre- populated

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

## **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 P F V C								

Componen <sup>‡</sup> Code	Recomme ided Interventions	Days per Week	Min	Start Date	End Date	Responsibl e Person	Progress/Notes
ENTER	<mark>ENTER</mark>	<mark>ENTER</mark>	ENTER	ENTER	ENTER	ENTER	ENTER

## 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 ENTER ENTER ENTER ENTER									

	Student Strengths							
	Staff	Student Strength						
FALL	ENTER	ENTER						
WINTER	<u>ENTER</u>	<u>ENTER</u>						
SPRING	<u>ENTER</u>	<u>ENTER</u>						

	Student Progress Notes
Fall Notes:	ENTER
Winter Note	es:
<u>ENTER</u>	
Spring Note:	s:
<b>ENTER</b>	
EOY Status: ENTER	

Parent Participated in SSP	Fall		ER	Winter	ENTER	ENTER
Parent Notification Letter Sent	Date	ENTER		Date	ENTER	<b>ENTER</b>

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 Signat	ture
Teacher	Date
Principal or Designee	Date
Parent/Guardian	Date
Other:	Date
SPRING Signat	ture
Teacher	Date
Principal or Designee	Date

Parent/Guardian	Date
	_
Other:	Date