

Fidelity of Reading Instruction		
Date	Name of Explicit, Systematic Core Reading Program	Student Receives Minimum of 90 Minutes of Daily Reading Instruction in Classroom Setting
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Progress Monitoring Plan					
Use this space to determine how to monitor progress, keeping in mind that out-of grade level monitoring may be necessary.					
Attach Progress Monitoring Data as applicable					
Focus Skill:	Date Intervention Began	How Will Progress Be Monitored?	How Often?	GOAL	Outcome

Progress Review			
1st Review: Date: _____	Student has met the reading benchmark on skill of _____. This student will be returned to the following tier: <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II (additional support on next critical skill, select another intervention) Re-evaluation date: _____	Some progress was made; intervention was somewhat successful in meeting students' needs. Student will continue at Tier II/III and additional intervention will be attempted (select another intervention and progress monitoring plan). <input type="checkbox"/> Continue same intervention <input type="checkbox"/> Select new intervention <input type="checkbox"/> Intensify intervention Re-evaluation date: _____	No progress was made; intervention was not successful in meeting students' needs. The next step would be to: <input type="checkbox"/> Reduce Group Size <input type="checkbox"/> Change Intervention <input type="checkbox"/> Additional Time <input type="checkbox"/> Other: _____
2nd Review: Date: _____	Student has met the reading benchmark on skill of _____. This student will be returned to the following tier: <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II (additional support on next critical skill, select another intervention) Re-evaluation date: _____	Some progress was made; intervention was somewhat successful in meeting students' needs. Student will continue at Tier II/III and additional intervention will be attempted (select another intervention and progress monitoring plan). <input type="checkbox"/> Continue same intervention <input type="checkbox"/> Select new intervention <input type="checkbox"/> Intensify intervention Re-evaluation date: _____	No progress was made; intervention was not successful in meeting students' needs. The next step would be to: <input type="checkbox"/> Reduce Group Size <input type="checkbox"/> Change Intervention <input type="checkbox"/> Additional Time <input type="checkbox"/> Other: _____

Documentation of Parental Notice of Reading Deficiency				
	Date	Parent/Guardian	Contacted By Whom	Means of Communication (e.g. phone, email, meeting.)
Fall				
Winter				
Spring				

Other notes: _____



Individual Reading Improvement Plan & Read-At-Home Plan

Your child's Read-At-Home Plan will include the following:	
1. Area: Read at home with your child.	
Activity/Goal: Read at home for _____ minutes _____ times per week.	
Start Date:	End Date:
2. Area:	
Activity/Goal:	
Start Date:	End Date:
3. Area:	
Activity/Goal:	
Start Date:	End Date:
Evidence of Read-At-Home Plan will be in the form of: (Sample: parent sign-off, child mini-conference, etc.)	
Parent Training Workshop Offered:	
1. 2. 3.	
Parent Training Workshop Attended:	
1. 2. 3.	



Individual Reading Improvement Plan & Read-At-Home Plan

Parent Signature**:		<input type="checkbox"/> Parent Initial Winter
		<input type="checkbox"/> Parent Initial Spring
<input type="checkbox"/> Read At Home Plan Received & Accepted	<input type="checkbox"/> Read at Home Plan Not Received	
Principal Signature:		
Teacher Signature:		
Other Service Provider:		
Other Service Provider:		

*** Indicates parent is fully aware of the intervention(s) being implemented with his/her child, has played a role in developing this reading plan and has received the "Read at Home Plan" to use outside of school*