

**Concord Community Schools**  
**Kindergarten**  
**Individual Reading Improvement Plan**

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>Gender:</b>	<b>Persons involved in IRIP Planning:</b> <b>Teacher:</b> <b>Parent:</b> <b>Other:</b>
<b>School:</b>	<b>Grade Level:</b>	<b>504/IEP?:</b>	

Developmental Reading Assessment (DRA)																
Kindergarten			First Grade					Second Grade				Third Grade				
1    2    3			Beg		Middle				End	Beg	Middle		End	Beg	Middle	End
			3 & 4	5 & 6	8	10	12	14	16	18	20	24	28	30	34	38

	Fall	Winter	Spring
<b>Reading Benchmark Data</b>	Running Record: ____/1 RAPID RSP: _____	Running Record: ____/3 RAPID RSP: _____	Running Record: ____/4 RAPID RSP: _____
<b>Attendance Data</b>			
<b>Reading Deficiency</b>	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension
<b>Targeted Instruction</b>	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension

<b>Additional Instructional Service</b>	<input type="checkbox"/> Evidence Based Core Instruction <input type="checkbox"/> Daily small group or 1:1 <input type="checkbox"/> Progress Monitoring	<input type="checkbox"/> Evidence Based Core Instruction <input type="checkbox"/> Daily small group or 1:1 <input type="checkbox"/> Progress Monitoring	<input type="checkbox"/> Evidence Based Core Instruction <input type="checkbox"/> Daily small group or 1:1 <input type="checkbox"/> Progress Monitoring
<b>Interventions</b>	<input type="checkbox"/> Tier 2 EBP in class <input type="checkbox"/> Tier 2 EBP with Title Staff or other interventionists <input type="checkbox"/> Tier 3 EBP with Title Staff or Special Education staff <input type="checkbox"/> Read At Home Plan & Training <input type="checkbox"/> Instruction in Academic Vocabulary <input type="checkbox"/> Other (mentoring/tutoring, etc.)_____	<input type="checkbox"/> Tier 2 EBP in class <input type="checkbox"/> Tier 2 EBP with Title Staff or other interventionists <input type="checkbox"/> Tier 3 EBP with Title Staff or Special Education staff <input type="checkbox"/> Read At Home Plan & Training <input type="checkbox"/> Instruction in Academic Vocabulary <input type="checkbox"/> Other (mentoring/tutoring, etc.)_____	<input type="checkbox"/> Tier 2 EBP in class <input type="checkbox"/> Tier 2 EBP with Title Staff or other interventionists <input type="checkbox"/> Tier 3 EBP with Title Staff or Special Education staff <input type="checkbox"/> Read At Home Plan & Training <input type="checkbox"/> Instruction in Academic Vocabulary <input type="checkbox"/> Other (mentoring/tutoring, etc.)_____

<b>Progress Monitoring</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Adequate progress; Return to Tier I.</b>				
<b>Some progress made; Continue intervention.</b>				
<b>Insufficient progress; Modifications to the interventions required.</b>				

<b>Document Concerns (Parent/School Staff)</b>			
<b>Final Summary (end of school year)</b>	<input type="checkbox"/> Student on grade level <input type="checkbox"/> Student not on grade level <input type="checkbox"/> Next Steps: _____		
<b>Parent Signature</b>	<b>Fall</b>	<b>Winter</b>	<b>Spring</b>
<b>Date:</b>	_____ Signed copy placed in CA60		

**Concord Community Schools**  
**First Grade**  
**Individual Reading Improvement Plan**

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>Gender:</b>	<b>Persons involved in IRIP Planning:</b> <b>Teacher:</b> <b>Parent:</b> <b>Other:</b>
<b>School:</b>	<b>Grade Level:</b>	<b>504/IEP?:</b>	

Developmental Reading Assessment (DRA)																
Kindergarten			First Grade					Second Grade				Third Grade				
1    2    3			Beg		Middle				End	Beg	Middle		End	Beg	Middle	End
			3 & 4	5 & 6	8	10	12	14	16	18	20	24	28	30	34	38

	Fall	Winter	Spring
<b>Reading Benchmark Data</b>	Running Record: ____/6 RAPID RSP: _____	Running Record: ____/12 RAPID RSP: _____	Running Record: ____/16 RAPID RSP: _____
<b>Attendance Data</b>			
<b>Reading Deficiency</b>	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension
<b>Targeted Instruction</b>	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension

<b>Additional Instructional Service</b>	<input type="checkbox"/> Evidence Based Core Instruction <input type="checkbox"/> Daily small group or 1:1 <input type="checkbox"/> Progress Monitoring	<input type="checkbox"/> Evidence Based Core Instruction <input type="checkbox"/> Daily small group or 1:1 <input type="checkbox"/> Progress Monitoring	<input type="checkbox"/> Evidence Based Core Instruction <input type="checkbox"/> Daily small group or 1:1 <input type="checkbox"/> Progress Monitoring
<b>Interventions</b>	<input type="checkbox"/> Tier 2 EBP in class <input type="checkbox"/> Tier 2 EBP with Title Staff or other interventionists <input type="checkbox"/> Tier 3 EBP with Title Staff or Special Education staff <input type="checkbox"/> Read At Home Plan & Training <input type="checkbox"/> Instruction in Academic Vocabulary <input type="checkbox"/> Other (mentoring/tutoring, etc.)_____	<input type="checkbox"/> Tier 2 EBP in class <input type="checkbox"/> Tier 2 EBP with Title Staff or other interventionists <input type="checkbox"/> Tier 3 EBP with Title Staff or Special Education staff <input type="checkbox"/> Read At Home Plan & Training <input type="checkbox"/> Instruction in Academic Vocabulary <input type="checkbox"/> Other (mentoring/tutoring, etc.)_____	<input type="checkbox"/> Tier 2 EBP in class <input type="checkbox"/> Tier 2 EBP with Title Staff or other interventionists <input type="checkbox"/> Tier 3 EBP with Title Staff or Special Education staff <input type="checkbox"/> Read At Home Plan & Training <input type="checkbox"/> Instruction in Academic Vocabulary <input type="checkbox"/> Other (mentoring/tutoring, etc.)_____

<b>Progress Monitoring</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Adequate progress; Return to Tier I.</b>				
<b>Some progress made; Continue intervention.</b>				
<b>Insufficient progress; Modifications to the interventions required.</b>				

<b>Document Concerns (Parent/School Staff)</b>			
<b>Final Summary (end of school year)</b>	<input type="checkbox"/> Student on grade level <input type="checkbox"/> Student not on grade level <input type="checkbox"/> Next Steps: _____		
<b>Parent Signature</b>	<b>Fall</b>	<b>Winter</b>	<b>Spring</b>
<b>Date:</b>	_____ Signed copy placed in CA60		

**Concord Community Schools**  
**Second Grade**  
**Individual Reading Improvement Plan**

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>Gender:</b>	<b>Persons involved in IRIP Planning:</b> <b>Teacher:</b> <b>Parent:</b> <b>Other:</b>
<b>School:</b>	<b>Grade Level:</b>	<b>504/IEP?:</b>	

Developmental Reading Assessment (DRA)																
Kindergarten			First Grade					Second Grade				Third Grade				
1    2    3			Beg		Middle				End	Beg	Middle		End	Beg	Middle	End
			3 & 4	5 & 6	8	10	12	14	16	18	20	24	28	30	34	38

	Fall	Winter	Spring
<b>Reading Benchmark Data</b>	Running Record: ____/18 RAPID RSP: _____	Running Record: ____/24 RAPID RSP: _____	Running Record: ____/28 RAPID RSP: _____
<b>Attendance Data</b>			
<b>Reading Deficiency</b>	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension
<b>Targeted Instruction</b>	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension

<b>Additional Instructional Service</b>	<input type="checkbox"/> Evidence Based Core Instruction <input type="checkbox"/> Daily small group or 1:1 <input type="checkbox"/> Progress Monitoring	<input type="checkbox"/> Evidence Based Core Instruction <input type="checkbox"/> Daily small group or 1:1 <input type="checkbox"/> Progress Monitoring	<input type="checkbox"/> Evidence Based Core Instruction <input type="checkbox"/> Daily small group or 1:1 <input type="checkbox"/> Progress Monitoring
<b>Interventions</b>	<input type="checkbox"/> Tier 2 EBP in class <input type="checkbox"/> Tier 2 EBP with Title Staff or other interventionists <input type="checkbox"/> Tier 3 EBP with Title Staff or Special Education staff <input type="checkbox"/> Read At Home Plan & Training <input type="checkbox"/> Instruction in Academic Vocabulary <input type="checkbox"/> Other (mentoring/tutoring, etc.)_____	<input type="checkbox"/> Tier 2 EBP in class <input type="checkbox"/> Tier 2 EBP with Title Staff or other interventionists <input type="checkbox"/> Tier 3 EBP with Title Staff or Special Education staff <input type="checkbox"/> Read At Home Plan & Training <input type="checkbox"/> Instruction in Academic Vocabulary <input type="checkbox"/> Other (mentoring/tutoring, etc.)_____	<input type="checkbox"/> Tier 2 EBP in class <input type="checkbox"/> Tier 2 EBP with Title Staff or other interventionists <input type="checkbox"/> Tier 3 EBP with Title Staff or Special Education staff <input type="checkbox"/> Read At Home Plan & Training <input type="checkbox"/> Instruction in Academic Vocabulary <input type="checkbox"/> Other (mentoring/tutoring, etc.)_____

<b>Progress Monitoring</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Adequate progress; Return to Tier I.</b>				
<b>Some progress made; Continue intervention.</b>				
<b>Insufficient progress; Modifications to the interventions required.</b>				

<b>Document Concerns (Parent/School Staff)</b>			
<b>Final Summary (end of school year)</b>	<input type="checkbox"/> Student on grade level <input type="checkbox"/> Student not on grade level <input type="checkbox"/> Next Steps: _____		
<b>Parent Signature</b>	<b>Fall</b>	<b>Winter</b>	<b>Spring</b>
<b>Date:</b>	_____ Signed copy placed in CA60		

**Concord Community Schools**  
**Third Grade**  
**Individual Reading Improvement Plan**

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>Gender:</b>	<b>Persons involved in IRIP Planning:</b> <b>Teacher:</b> <b>Parent:</b> <b>Other:</b>
<b>School:</b>	<b>Grade Level:</b>	<b>504/IEP?:</b>	

Developmental Reading Assessment (DRA)														
Kindergarten			First Grade					Second Grade				Third Grade		
			<i>Beg</i>		<i>Middle</i>				<i>End</i>	<i>Beg</i>	<i>Middle</i>		<i>End</i>	
1	2	3												
			3 & 4	5 & 6	8	10	12	14	16	18	20	24	28	30 34 38

	Fall	Winter	Spring
<b>Reading Benchmark Data</b>	Running Record: ____/30 RAPID RSP: _____	Running Record: ____/34 RAPID RSP: _____	Running Record: ____/38 RAPID RSP: _____
<b>Attendance Data</b>			
<b>Reading Deficiency</b>	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension
<b>Targeted Instruction</b>	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension	<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension

<b>Additional Instructional Service</b>	<input type="checkbox"/> Evidence Based Core Instruction <input type="checkbox"/> Daily small group or 1:1 <input type="checkbox"/> Progress Monitoring	<input type="checkbox"/> Evidence Based Core Instruction <input type="checkbox"/> Daily small group or 1:1 <input type="checkbox"/> Progress Monitoring	<input type="checkbox"/> Evidence Based Core Instruction <input type="checkbox"/> Daily small group or 1:1 <input type="checkbox"/> Progress Monitoring
<b>Interventions</b>	<input type="checkbox"/> Tier 2 EBP in class <input type="checkbox"/> Tier 2 EBP with Title Staff or other interventionists <input type="checkbox"/> Tier 3 EBP with Title Staff or Special Education staff <input type="checkbox"/> Read At Home Plan & Training <input type="checkbox"/> Instruction in Academic Vocabulary <input type="checkbox"/> Other (mentoring/tutoring, etc.)_____	<input type="checkbox"/> Tier 2 EBP in class <input type="checkbox"/> Tier 2 EBP with Title Staff or other interventionists <input type="checkbox"/> Tier 3 EBP with Title Staff or Special Education staff <input type="checkbox"/> Read At Home Plan & Training <input type="checkbox"/> Instruction in Academic Vocabulary <input type="checkbox"/> Other (mentoring/tutoring, etc.)_____	<input type="checkbox"/> Tier 2 EBP in class <input type="checkbox"/> Tier 2 EBP with Title Staff or other interventionists <input type="checkbox"/> Tier 3 EBP with Title Staff or Special Education staff <input type="checkbox"/> Read At Home Plan & Training <input type="checkbox"/> Instruction in Academic Vocabulary <input type="checkbox"/> Other (mentoring/tutoring, etc.)_____

<b>Progress Monitoring</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Adequate progress; Return to Tier I.</b>				
<b>Some progress made; Continue intervention.</b>				
<b>Insufficient progress; Modifications to the interventions required.</b>				

<b>Document Concerns (Parent/School Staff)</b>			
<b>Final Summary (end of school year)</b>	<input type="checkbox"/> Student on grade level <input type="checkbox"/> Student not on grade level <input type="checkbox"/> Next Steps: _____		
<b>Parent Signature</b>	<b>Fall</b>	<b>Winter</b>	<b>Spring</b>
<b>Date:</b>	_____ Signed copy placed in CA60		