

READING IMPROVEMENT AND MONITORING PLAN

School:
Date:

School Year:

Student Name:
Birth Date:
Teacher Name:

Student ID:
Grade:

Grade Level(s) Retained: _____ **Exempt from Retention (provide reason):** _____

Grade Level(s) on a RIMP: _____ **Referred for Evaluation:** _____ **No** **Yes** **Date** _____

Based on the information in Section A, your child has been identified as needing academic improvement in the area of **READING**.

A1: Fill in the diagnostic and reading levels of the student.

Grade Level	Assessment (Type in the initials of assessment used)	Status of Diagnostic Assessment administered by September 30, 2013	Report independent reading levels for each grading period.				Comments
		On Track: OT Not on Track: NT	1	2	3	4	
K							
1							
2							
3							
4							

A2: Fill in performance, diagnostic or other observation data used to identify and monitor progress in areas of academic need.

Measure	Date	District or School Level Assessment Data	Comments
(insert name of assessment here)			
(insert name of assessment here)			

**B: Complete one row for each focus addressed by this Reading Improvement and Monitoring Plan.
This section should be reviewed and adapted as necessary throughout the school year.**

Progress Monitoring		(S) satisfactory • (P) progressing • (U) unsatisfactory			
Check one area for <u>curriculum and instructional</u> focus: <input type="checkbox"/> Comprehension <input type="checkbox"/> Text Reading Level <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics and Word Recognition <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Other:	Specify one or more instructional strategies employed in response to instructional focus: Context <input type="checkbox"/> Large group <input type="checkbox"/> Small group <input type="checkbox"/> Individual Instructional Strategy:	1st 9 weeks	2nd 9 weeks	3rd 9 weeks	4th 9 weeks
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C: Enter Intervention Information

INTERVENTION	Starting Date	Description of intervention and how it was delivered	Ending Date
90 Minutes of Reading Instruction*			
<i>Impact of Intervention:</i> <i>Intervention Provided By:</i>			
Small Group Instruction			
<i>Impact of Intervention:</i> <i>Intervention Provided By:</i>			
Reduced Student/Teacher Ratios			
<i>Impact of Intervention:</i> <i>Intervention Provided By:</i>			
Extended School Day			
<i>Impact of Intervention:</i> <i>Intervention Provided By:</i>			
Tutoring or Mentoring			
<i>Impact of Intervention:</i> <i>Intervention Provided By:</i>			

***Required for retained 3rd Grade students only**

Note to Parents: Families are encouraged to frequently discuss the student's progress with the school. Progress will be reviewed every 9 weeks using classroom work, teacher observations, tests, grades, and other relevant information. The strategies may be revised based on progress monitoring.

Interventions may vary depending on the school. This specific plan may or may not need to be revised when a student transfers to another school.

D: Enter Information on the Teacher Providing Reading Guarantee Services

Teacher Qualifications for 2013-2014 and beyond for Third Grade Teachers*
<p><i>Check all that apply:</i> The teacher providing reading guarantee services:</p> <p>A) Is the Teacher of Record: <input type="checkbox"/> Yes <input type="checkbox"/> No; if no, the teacher is providing reading guarantee services as agreed by the building principal and the Teacher of Record. <input type="checkbox"/> Yes <input type="checkbox"/> No. a. Name the assigned teacher if not the teacher of record _____</p> <p>B) Meets at least one of the following criteria to provide reading services:</p> <p><input type="checkbox"/> a. Holds a reading endorsement and has attained a passing score on the corresponding assessment.</p> <p><input type="checkbox"/> b. Has obtained a master's degree with a major in reading.</p> <p><input type="checkbox"/> c. Shows evidence of completion of a program from a list of research-based reading instruction programs approved by the Department.</p> <p><input type="checkbox"/> d. Has earned a passing score on a rigorous test of principles of scientifically research-based reading instruction. (2014-2015)</p> <p><input type="checkbox"/> e. Was rated "most effective" for reading instruction consecutively for the most recent two years based on assessment of student growth</p>

measures.

_____ f. Was rated "above expected value-added" in reading instruction as determined by criteria established by the Department for the most recent consecutive two years.

C) _____ Has less than one year of teaching experience and is mentored by a teacher with at least one year of experience who meets the qualifications to provide reading guarantee services. Name the qualification the teacher with less than one year of teaching experience meets from the above list:

D) _____ Holds an alternative credential or who has successfully completed training that is based on principles of research-based reading instruction, either of which is approved by the Department, to provide a student, who enters third grade prior to July 1, 2016, with reading guarantee services.

E) _____ Is a speech-language pathologist who holds a license issued by the Board of Speech-Language Pathology and Audiology.

F) _____ The district has submitted a Staffing Plan and the teacher providing services to the student does not meet the qualifications established by legislation.

**Based on Substitution Senate Bill 21*

E:

Comments/Results of Intervention(s):

End of Year Status/Need for Intervention:

Test-Out Date:

Comments/Concerns from Parent/Guardian:

<hr/> <i>Teacher</i>	<hr/> <i>Start Date</i>	<hr/> <i>End Date</i>
 <hr/> <i>Principal or Designee</i>	 <hr/> <i>Start Date</i>	 <hr/> <i>End Date</i>
 <hr/> <i>Parent/Guardian Signature/Notification*</i>	 <hr/> <i>Start Date</i>	 <hr/> <i>End Date</i>

**Indicates parent is fully aware of the interventions and has played a role in developing this plan.*