|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student: |  |  | District: |  |
| Grade Level: | K 1 2 3 4 5 |  | School: |  |
| Date: |  |  | Teacher: |  |
| Parent/Guardian: |  |  | Principal: |  |

**The purpose of an Individualized Program of Reading Instruction (IPRI) is to define a plan that will enable the student to acquire the appropriate grade level reading skills.**

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| **Student Status** |
| * This is the first time since public school enrollment that the student has been placed on an IPRI.
* The K-3 student has previously had an IPRI, but successfully met the grade-level targets and was removed.
* The K-3 student has previously had an IPRI, but has not yet met the grade-level targets.
* The 4th or 5th grade student did not meet RSA criteria, was promoted with a good-cause exemption or with probation by the SRPT, has not yet met grade-level targets and will continue to receive instructional supports.
 |

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| **Oklahoma State Board of Education Approved Screening Assessment** |
| The student took the following screening assessment: |
| * Acadience
* Aimsweb Plus
* DIBELS 8
 | * FAST
* Istation
 | * MAP Growth
* STAR Early Learning
 |

**A reading deficiency has been identified based on results from a screening assessment or not meeting RSA criteria on the 3rd grade OSTP ELA assessment.**

Student screening assessment scores for this year are below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Timeframe** | **Date** | **Grade-Level Target****(established by publisher)** | **Student Score** | **Percentile** |
| Beginning of Year |  |  |  |  |
| Middle of Year |  |  |  |  |
| End of Year |  |  |  |  |

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| **Conjoint Measurement Model:** |
| * Lexile Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Go to <https://lexile.com/parents-students/understanding-your-lexile-measure/> for more information. | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level: \_\_\_\_\_\_\_\_\_\_ |

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| **Assessment(s) used for informal diagnostic purposes:** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **An Individualized Program of Reading Instruction (IPRI) has been created for this student with the goal of improving his/her reading skills in the area(s) of:** |
| * Phonemic awareness
* Phonics
* Reading Fluency
 | * Vocabulary
* Comprehension
 |

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| **Based on the data, the student will receive supports at the following level of intensity:** |
| * Tier 2: Supplemental Instruction (time in addition to core instruction as fits the needs of the student required; 15-30 minutes of reading intervention recommended)
* Tier 3: Intensive Intervention (time in addition to core instruction as fits the needs of the student; 45-60 minutes of reading intervention strongly recommended)
 |

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| **The student will receive collaborative services through:** (check all that apply) |
| * Title 1
 | * Special Education (IDEA)
 | * English Language Learner/Title III
 |

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| **Description of Supplemental or Remedial Reading Services and Supports** |
| The IPRI shall align with the Oklahoma Academic Standards and may include: |
| * Daily reading block using research-based reading instruction

(minimum of 90 minutes required for all students) | Minutes: |  |
| * Additional in-school instructional time
 | Minutes: |  |
| * After school tutoring
 | Minutes: |  |
| * Before school tutoring
 | Minutes: |  |
| * Saturday school
 | Minutes: |  |
| * Summer school
 | Minutes: |  |
| * Specialized tutoring (3rd grade)
 | Minutes: |  |

Any additional proposed supplemental instructional services and supports that will be provided to the student which are designed to remediate the identified area of reading deficiency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Strategies to be used at home to help your student succeed in reading proficiency:** |

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| **Supplemental Instruction and Intervention Plan** |
| **Date** | **Instructional Routine/ Intervention** | **Interventionist** | **Duration** | **Frequency** |
|  |  |  | \_\_\_\_ minutes | \_\_\_ x/week |
|  |  |  | \_\_\_\_ minutes | \_\_\_ x/week |
|  |  |  | \_\_\_\_ minutes | \_\_\_ x/week |
|  |  |  | \_\_\_\_ minutes | \_\_\_ x/week |
|  |  |  | \_\_\_\_ minutes | \_\_\_ x/week |

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| **No Social Promotion** |

The Individualized Program of Reading Instruction shall continue until the student is determined by the results of an approved reading assessment to be reading on grade level. The student will not be promoted to the fourth grade if requirements for one of the following options are not met:

* Meets RSA Criteria on the Oklahoma State Testing Program (OSTP) at the end of third grade.
* Meets the end-of-year grade-level target for third grade.
* Meets requirements for one of the good-cause exemptions.
* Promoted with probation by a unanimous decision of the Student Reading Proficiency Team.

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| **School District’s Midyear Promotion Policy** |

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| **Eligible for Promotion to Fourth Grade through Screening Assessment (Pathway 2)** |
| Any first-grade, second-grade or third-grade student who demonstrates end of year proficiency in reading at the third-grade level through an approved screening instrument shall not be subject to the retention guidelines. After a student has demonstrated proficiency through a screening instrument, the district shall provide notification to the parent or guardian that the student has satisfied the requirements of the Reading Sufficiency Act and will not be subject to retention. (70 O.S. § 1210.508C.H.1) |
| * **Student has met the end-of-year grade-level target for 3rd grade and is eligible for promotion to fourth grade through Pathway 2.**
 |
| **Date target met** | **Name of screening instrument** | **Student score** |

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| **As the Parent/Guardian, I have been notified of the following:**  |

* The student has been identified as having a substantial deficiency in reading.
* A description of the current services that are provided to the student pursuant to a conjoint measurement model such that a reader and a text are placed on the same scale.
* A description of the proposed supplemental instructional services and supports that will be provided to the student that are designed to remediate the identified area(s) of deficiency.
* That the student will not be promoted to the fourth grade if the reading deficiency is not remediated by the end of the third grade, unless the student meets the requirements for one of the pathways for promotion.
* Strategies for families to be used in helping their child succeed in reading proficiency.
* The grade-level performance scores of the student.
* While the results of the OSTP are the initial determinant, they are not the sole determiner of promotion and that portfolio reviews and assessments are available.
* Specific criteria and policies of the school district for midyear promotion.

70 O.S. § 1210.508C

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| **Signatures below indicate that this intervention plan has been reviewed and agreed upon.** |
| * Conference was held virtually. I attest that the undersigned were all present for this conference.
 | Signature | Role |
|  | **Fall** | **Spring** |
| Conference Date: |  |  |
| Parent/Guardian: |  |  |
| Current Teacher |  |  |
| Next Grade Teacher:(for 1st-3rd grade) |  |  |
| Principal: |  |  |
| Reading Specialist: (if available) |  |  |
| Other: |  |  |

A parent/guardian was unable to attend parent-teacher conference. A written reading progress update was mailed to the parent/guardian.

|  |  |  |
| --- | --- | --- |
| Teacher Name/Signature |  | Date Mailed |