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| --- | --- | --- | --- | --- |
| Student: |  |  | District: |  |
| Grade Level: | K 1 2 3 |  | 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 and communicate**

**this plan and the student’s progress to the student’s family.**

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| **Student Status (Optional section)** |
| * 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. |

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| **Universal Screening Assessment**  **Approved by the Oklahoma State Board of Education** | | |
| The student took the following universal screening assessment: | | |
| * Acadience (formerly DIBELS Next) * aimswebPlus * Amira * FastBridge | * i-Ready Diagnostic * Istation * MAP Growth | * MAP Reading Fluency * mClass DIBELS 8th Edition * STAR Early Learning Suite |

**A reading deficiency has been identified based on results from a screening assessment.**

Student screening assessment scores for this year are below:

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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   More information on the Lexile Framework can be found at <https://lexile.com/parents-students/understanding-your-lexile-measure/>. |

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| **Screening Assessment for Characteristics of Dyslexia**  **Approved by the Oklahoma State Board of Education** | | |
| The student took the following screening assessment for characteristics of dyslexia: | | |
| * Acadience & PAST * Amira * FastBridge & PAST | * Istation & PAST * MAP Reading Fluency | * mClass DIBELS 8th Edition & PAST * STAR CBM |
| * Screening for characteristics of dyslexia has not yet been completed. Screening will be completed by November 1 (February 15 for kindergarten) and the results will be communicated no later than December 1 (March 15 for kindergarten). An addendum will be attached to this document with the results and any changes that need to be made to the intervention plan. | | |

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| **Results of Screening for Characteristics of Dyslexia** |
| * Data indicates student is **at-risk** for characteristics of dyslexia at this time. * Data indicates student is **not at-risk** for characteristics of dyslexia at this time.   This is a reminder that this screening is **not** a diagnosis of dyslexia. This data indicates the student needs instruction in word recognition skills (e.g., phonemic awareness and/or phonics/spelling) through the intervention process. This does not mean the student is automatically eligible for or needs an Individualized Education Program (IEP) or Section 504 plan under the Individuals with Disabilities Education Act (IDEA). |

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| **Additional 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 1 + Differentiation: (targeted instruction based on the needs of the student) * Tier 2: Supplemental Instruction (required time in addition to core instruction as fits the needs of the student; 15-30 minutes of reading intervention recommended) * Tier 3: Intensive Intervention (required 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. In addition to a minimum of 90 minutes of daily reading instruction to address on-grade-level standards using research-based curriculum resources, the student will receive the following instructional supports: | | | | |
| **Instructional Support** | **Frequency** | | **Duration** | |
| * Additional in-school instructional time |  | x/week | Minutes: |  |
| * After school tutoring |  | x/week | Minutes: |  |
| * Before school tutoring |  | x/week | Minutes: |  |
| * Saturday school |  | x/week | Minutes: |  |
| * Summer school |  | x/week | Minutes: |  |
| * Specialized tutoring (3rd grade) |  | x/week | Minutes: |  |

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| **Evidence-based program(s) that will be used to remediate the identified area of reading deficiency:** | | | |
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| **Plan for monitoring student progress:** | | | |
| Name of assessment: |  | Frequency of monitoring: | * Weekly * Every other week * Monthly * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | |
| **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 the student succeed in reading proficiency:** | | | |
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* **The family has indicated that the student is receiving tutoring outside of school services to address characteristics of dyslexia.**

Indicating this is for communication purposes only, and should not take the place of instructional supports or services provided by the school. Under federal law, all students are entitled to a free and appropriate public education. [34 CFR § 300.101](https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-300/subpart-B/subject-group-ECFR4c69ab8d340f516/section-300.101)

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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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| **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.
* Resources and information regarding dyslexia (if applicable).

70 O.S. § 1210.508C

70 O.S. § 1210.520

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| **Signatures below indicate that this intervention plan has been reviewed and agreed upon.** | | |
|  | **Initial Conference** | **Follow-up Conference (optional)** |
| Conference Date: |  |  |
| Parent/Guardian: |  |  |
| Current Teacher: |  |  |
| Next Grade Teacher:  (for 1st-3rd grade) |  |  |
| Reading Specialist:  (if available) |  |  |
| Other:  (position/title) |  |  |
|  |  |
| Other:  (position/title) |  |  |
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| **In the event the conference was unable to be held in person and was held virtually instead, the teacher’s signature below attests that all required parties had input and received information about this plan.** | | |
| **Initial Conference** |  |  |
| Signature | Date |
|  | |
| Role/Position |  |
|  |  |  |
| **Follow-up Conference (optional)** |  |  |
| Signature | Date |
|  | |
| Role/Position |  |

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| **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 |