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| --- | --- | --- | --- | --- |
| **Student:** |  |  | **District:** |  |
| **Grade Level:** | 4 5 |  | **School:** |  |
| **Date:** |  |  | **Teacher:** |  |
| **Parent/Guardian:** |  |  | **Principal:** |  |

Students promoted to 4th grade through a good-cause exemption or a unanimous decision by the Student Reading Proficiency Team (SRPT) shall be provided intensive reading instruction that includes specialized diagnostic information and specific reading strategies for each student until the student meets grade-level targets in reading. The school district shall assist schools and teachers to implement reading strategies for the promoted students that research has shown to be successful in improving reading among low-performing readers. *70 O.S. § 1210.508C(M)*

The purpose of this document 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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| **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 |

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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| **Additional assessment(s) used for informal diagnostic purposes:** |
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| **An intensive intervention plan will be implemented 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 intervention plan shall align with the Oklahoma Academic Standards. In addition to 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: |  |

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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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| **Student demonstrated on-grade-level reading ability through a state-approved screening instrument and no longer requires intensive intervention under the Reading Sufficiency Act.** | | | |
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| Screening Assessment | Grade-Level Target  (40th percentile at the time of year  assessment was given) | Student Score | Date Target Met |

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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: |  |  |
| 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 |