



Individual Reading Plan



Jackson Public Schools

Student Name :	Teacher/School:	Date:
Individual Reading Plan Checklist		
<p>Following the identification of a reading deficiency, intensive reading instruction and intervention must be documented for each student in an individual reading plan, which includes, at a minimum, the following:</p> <p>Provide date completed & signature certifying completion.</p>		
	(a) The student's specific, diagnosed reading skill deficiencies as determined (or identified) by diagnostic assessment data;	
	(b) The goals and benchmarks for growth;	
	(c) How progress will be monitored and evaluated;	
	(d) The type of additional instructional services and interventions the student will receive;	
	(e) The research-based reading instructional programming the teacher will use to provide reading instruction, addressing the areas of phonemic awareness, phonics, fluency, vocabulary and comprehension;	
	(f) The strategies the student's parent is encouraged to use in assisting the student to achieve reading competency; and,	
	(g) Any additional services the teacher deems available and appropriate to accelerate the student's reading skill development	

*Note: The **Individual Reading Plan** correlates with the Multi-Tiered System of Supports (MTSS) student documentation required for *Tier III (Intensive Intervention). These pages will be used when meeting with the Teacher Support Team for each student that did not respond to Tier II Interventions; 4th grade students requiring Intensive Intervention after Good Cause Exemption promotion; or, for intensive reading interventions for Special Education students (K-4) and English Language Learners (ELLs), and/or those students meeting the following criteria:*

Grades K-2- Scoring below 10th percentile on Universal Screener and retained previously

Grade 3 - Scoring below 10th percentile on the Universal Screener, failed MKAS2, scored Level 1 on MAP

Grades 4-8 - Scoring below 10th percentile on the Universal Screener, promoted to 4th grade with good cause exemption, failed the previous year, and/or scored Level 1 on the MAP

Section A: Determining Reading Deficiencies

Student Name/Grade:

MSIS Number/ID:

School/Site:

District:

Date of Birth:

Teacher:

Gender:

Race:

Parent/Guardian Name:

Phone:

Email:

Street Address:

K-Readiness Assessment

Recommended Scale Score	Student Scale Score
Fall / 530	
Spring / 681	

Indicate reading deficiencies as determined by the assessment:

- 1.
- 2.
- 3.

Universal Screener/ Diagnostic Assessment Scale Score

	Fall	Winter	Spring
Reading *STAR Date:			
Math *STAR Date:			
Behavior *ODR Date:			

Indicate reading deficiencies as determined by the assessment:

- 1.
- 2.
- 3.

**List screener and date administered*

Attendance

School Year	Days Present	Days Absent

Note: Attach MSIS suspension data, if applicable.

List last 2 schools attended and dates.

School	Dates

Retention

Instructions: If applicable, indicate grade(s) and school year(s) below.

Grade	Year

Special Population

Instructions: Check if applicable to student.

- ☐ Special Education / IEP
Initial Eligibility Date _____
Eligibility Category _____
- ☐ 504
- ☐ ELL (Appendix B)
- ☐ Dyslexia
- ☐ Other _____

3rd Grade Summative Assessment

Attempts	Date	Score
Initial Test		
1st Retest		
2nd Retest		

Course Performance

Subject	T1	T2	T3	T4	Final
Reading					
Mathematics					
Science					
Social Studies					
Language Arts					

Student Name: _____

Date: _____

Individual Reading Plan

Page 4 of 9

Section B: Goals and Benchmarks for Growth	
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Instructions: Teachers should complete progress monitoring for interventions. It is recommended that the teacher establish a baseline by administering three (3) probes or trials, selecting the median, and marking the baseline by placing a dot on the vertical axis. Teachers should determine the goal by determining the expected rate of progress and marking the target by placing a dot at the intersections. On the bolded line above each month, indicate the first result recorded that month; on the line to the right, indicate the second result of that month.

[illegible]

Baseline:

Goal:

Section C: Progress Monitoring

Intervention Start Date: _____

Intervention Start Date: _____

How will progress be monitored and evaluated?

1st Documented Review Date:

Sufficient Progress Made? (Check one): ☐ Yes ☐ No

(to be completed no later than 8 weeks after starting intervention)
(if no, an additional intervention form should be completed)

Cumulative Documented Review Date:

(to be completed no later than 16 weeks after starting intervention)

Sufficient Progress Made? (Check one): ☐ Yes ☐ No

(to be completed no later than 8 weeks after starting intervention)

(if no, an additional **intervention form** should be completed)

<p>Adequate progress was made; intervention was successful in meeting student's needs. This student will be returned to the following tier:</p> <div><input type="checkbox"/> Tier I</div> <div><input type="checkbox"/> Tier II</div> <p>Re-evaluation date: _____</p>	<p>Adequate progress was <u>not</u> made; intervention was somewhat successful in meeting student's needs. Student will continue at Tier III and additional intervention will be attempted (additional form—both Section 3B & 3C should be completed).</p>	<p>Adequate progress was <u>not</u> made; intervention was not successful in meeting student's needs. Referral to child study on (date):</p> <p>_____</p>	<p>Student currently has an IEP. Complete the information in the box below.</p> <p>Enter Eligibility Category</p> <p>_____</p>
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Section D: Additional Instructional Services and Interventions

Instructions: TST members, classroom teachers, and interventionists should work together to complete this form for each student identified as needing an *Individual Reading Plan* based on reading deficiencies.

Target deficit area(s):

List additional instructional services and specific interventions that will be provided to address reading deficiencies:

Section E: Reading Instructional Program

What research-based program will be used to deliver explicit, systematic core reading instruction during the required 90-minute reading block?

Indicate the areas addressed by the core reading program:

- ☐ Phonemic Awareness
- ☐ Phonics
- ☐ Fluency
- ☐ Vocabulary
- ☐ Comprehension

Additional supplemental materials (if applicable):

Section F: Parental Support

Parent Read-at-Home Plan

Target deficit area(s):

The following strategies are recommended for parents/families to use in assisting the student to achieve reading competency:

Written Parental Notification Received:

Parent Initial: _____ Date: _____

Parent Read-at-Home Plan Received

Parent Initial: _____ Date: _____

Section G: Additional Services

Indicate any additional services the teacher deems available and appropriate to accelerate the student's reading skill development, if applicable:

Student Name: _____ **Date:** _____

Individual Reading Plan

Page 8 of 9