Student Individual Reading Improvement Plan (IRIP) Template

| School: | The school shall notify parents of reading deficiency no later than 15 days after identification. |
|-----------|---|
| District: | |
| Address: | Student Individual Reading Improvement Plan must be implemented no later than 30 days after identification. |

Phone Number:

Each school district shall offer intensive reading intervention services to students in grades kindergarten through three who exhibit a reading deficiency to assist students in achieving reading proficiency at or above grade level by the end of grade three. Complete the following:

| Student Name: | Grade: | School Year: |
|---|--|---|
| Student ID: | Classroom Teacher: | Parents/Guardians: |
| Date of Identified Reading Deficiency: (Using the approved literacy screener) | Date Parent/Guardian was Notified of Deficiency: (Notified within 15 days of identification) | Date Plan was Implemented: (Implemented within 30 days of identification) |
| | Written Notification Oral Notification | |

Section 1. Considerations:

| Does this student have an identified disability with goals specific to reading addressed in an Individual Education Plan (IEP)? | Yes | No |
|--|-----|----|
| * A total of 10 progress monitoring updates to parents per year is required- collaboration with reading specialist is strongly encouraged. | | |

| Did this student score at the lowest level overall on the literacy screening tool? Identified as Intensive Support by mCLASS with | Yes | No |
|---|-----|----|
| DIBELS® 8th Edition (composite score) or below the 20 th national percentile on department approved alternative literacy screener. | | |
| | | |

If yes, also complete Section 6.



Section 2. Student Individual Reading Improvement Plan (IRIP) Development:

| IRIP Collaboration Date(s): | IRIP Collaboration Communication: | | |
|---|-----------------------------------|----------------------------------|--|
| | Written | Verbal | |
| Team Members Involved in the Collaboration: (List each person that was involved in the collaboration. If they were not involved, leave blank) Reading Teacher Name: | Notes Regarding Collaborat | tion in Development of the Plan: | |
| Principal Name: | | | |
| Parent/Guardian Name: | | | |
| Other: | | | |

Section 3. Data used to inform the IRIP:

| Literacy Screener Used: | Additional Assessment Data Used to Inform IRIP: | | |
|--|---|-------|--|
| (Attach results or indicate scores below that indicated a reading deficiency) | (i.e., classroom, diagnostic, observations, etc.) | | |
| | Assessment: | Date: | |
| | Assessment: | Date: | |
| | Assessment: | Date: | |
| Other Considerations: (prior interventions, risk factors, special education/504 serv | vices, language proficiency, attendance- attach record, etc.) | | |
| Summary of findings: | | | |
| Strengths: | | | |
| | | | |
| Needs: | | | |
| | | | |
| | | | |
| | | | |
| | | | |



Section 4. Instructional Focus:

| Tier I: | Number of Days per | Number of Minutes |
|---|--------------------|-------------------|
| The student receives Tier I grade level core reading instruction with peers that is explicit, evidence-based, | Week: | per Day: |
| and culturally responsive | | |
| | | |

| Intervention the Student will Receive (i (Indicate the Tiered Intervention the student will rec | | I core instruction): | Total Number of Days per Week: | Total Number of Minutes per Day: | Average Group Size: |
|--|----------|----------------------|---|-------------------------------------|---|
| Tier II Intervention | | | | | |
| Tier III Intervention | | | Total Number of Days per Week: | Total Number of Minutes per Day: | Average Group Size: |
| Areas of Instructiona | l Focus: | | Specific Skill(s) to Add Instruction | | Evidence-Based methods or materials used for each instructional area: |
| Phonemic Awareness | Tier II | Tier III | | | |
| Phonics (Letter names, Letter sounds, Decoding) | Tier II | Tier III | | | |
| Reading Fluency (Word Reading, Reading Accuracy, Reading Fluency) | Tier II | Tier III | | | |
| Vocabulary Development (Vocabulary Subtest) | Tier II | Tier III | | | |
| Oral Language Skills | Tier II | Tier III | | | |
| Reading Comprehension | Tier II | Tier III | | | |



Section 5. Reading Support at Home:

| Recommended Culturally Relevant, Evidence-Based Instruction (Materials/training will be provided to parents/guardians in the identified areas | nal Activities to Support Classroom Intervention: that correlate with the instructional focus above.) |
|---|--|
| Phonemic Awareness | Activity: |
| Phonics | Activity: |
| Reading Fluency | Activity: |
| Vocabulary Development | Activity: |
| Reading Comprehension | Activity: |
| Oral Language Skills | Activity: |
| Other: (<i>Specify</i>) | Activity: |
| Notes: | |
| | |
| | |



Section 6. After-School Intervention:

| | | | | on the lowest level using the liter ite score) or below the 20 th national | |
|--|--|---------------------------------|--|--|--|
| approved alternative literacy s | | | | | |
| (Indicate the instruction focus area(s) Instructional Area Focus: | for after-school intervention that Specific Skill focus: | Number of Days Each Week: | intervention.) Number of Minutes Each Week: | How Intervention will be Delivered: (i.e., computer-based, reading teacher, paraprofessional, etc.) | Materials/Methods Used for After-School Intervention: |
| Phonemic Awareness | 5 | | | | |
| Phonics | | | | | |
| Reading Fluency | | | | | |
| Vocabulary | | | | | |
| Comprehension | | | | | |
| Oral Language | | | | | |



Section 7. Progress Monitoring and Reporting to Parents:

Literacy Screening and Progress Monitoring occurring during the year is included in the K-5 MTSS Plan developed by the district. The screening and progress monitoring report must be attached to this plan and reported to parents.

For students with an IRIP, progress must be reported to parents ten times each year.

| FOI Students with an IKIP, p | rogress must be reported to parents ten time | seach year. | |
|------------------------------|--|---------------------|-----------------------------------|
| Date: | | Date: | |
| Orally Reported | Making Progress in Focus Area | Orally Reported | Making Progress in Focus Area |
| Reported in Writing | Not Making Progress in Focus Area | Reported in Writing | Not Making Progress in Focus Area |
| Date: | | Date: | |
| Orally Reported | Making Progress in Focus Area | Orally Reported | Making Progress in Focus Area |
| Reported in Writing | Not Making Progress in Focus Area | Reported in Writing | Not Making Progress in Focus Area |
| Date: | | Date: | |
| Orally Reported | Making Progress in Focus Area | Orally Reported | Making Progress in Focus Area |
| Reported in Writing | Not Making Progress in Focus Area | Reported in Writing | Not Making Progress in Focus Area |
| Date: | | Date: | |
| Orally Reported | Making Progress in Focus Area | Orally Reported | Making Progress in Focus Area |
| Reported in Writing | Not Making Progress in Focus Area | Reported in Writing | Not Making Progress in Focus Area |
| Date: | | Date: | |
| Orally Reported | Making Progress in Focus Area | Orally Reported | Making Progress in Focus Area |
| Reported in Writing | Not Making Progress in Focus Area | Reported in Writing | Not Making Progress in Focus Area |



| | Change in: |
|---|---|
| Discontinuation of Individual Reading Plan | Tiered Intervention |
| | Instructional Focus |
| Data used to make determination: | Frequency of Intervention (number of days per week) |
| Attach data or record in this space) | Duration of Intervention (number of minutes each day) |
| | Methods/Materials used for Intervention |
| | Other: (Specify) |
| Date Determination was made: | Data used to make the determination: |
| Date Intensive Intervention was discontinued: | (Attach data or record in this space) |
| | Described the change needed to meet the student's individual needs: |
| Feam involved in making the decision: | |
| List each person that was involved in the decision. If they were not involved, leave blank) | |
| | |
| Reading Teacher: | Date Determination was made: |
| Principal: | Date the Change will begin: |
| Parent/Guardian: | Team involved in making the decision: |
| | |
| Other: | Reading Teacher: |
| | Principal: |
| The decision has been made for a referral to special education: | Parent/Guardian: |
| ······································ | |
| Date decision was made: | Other: |

Section 8: Change in Student Individual Reading Improvement Plan:



Section 9: Summer Reading Plan for Third Grade Students:

| This section is only to be completed for students advancing to grade four with a waiver due to non-proficient reading skills. (20 hours of individual reading intervention is required during the summer for students progressing to grade four with a waiver due to non-proficient reading skills. Indicate the instruction focus area(s) for summer intervention that supports in classroom intervention.) | | | | | | | |
|---|-----------------------|---------------------------------|------------------------------------|--|--|--|--|
| Instructional Area Focus: | Specific Skill focus: | Number of Days Each Week: | Number of Minutes Each Week: | How Intervention will be Delivered: (i.e., computer-based, reading teacher, paraprofessional, etc.) | Materials/Methods Used for Summer Intervention: | | |
| Phonemic Awareness | | | | | | | |
| Phonics | | | | | | | |
| Reading Fluency | | | | | | | |
| Vocabulary | | | | | | | |
| Comprehension | | | | | | | |
| Oral Language | | | | | | | |

This Student Individual Reading Improvement Plan has been reviewed by the reading teacher, principal, parent/guardian, and other pertinent staff as indicated by each signature below:

| Name: | Title: | Signature: | _ Date: |
|-------|--------|------------|---------|
| Name: | Title: | Signature: | _ Date: |
| Name: | Title: | Signature: | _ Date: |
| Name: | | Signature: | _Date: |

