

# Student Individual Reading Improvement Plan (IRIP) Template

School: Demonstration Elementary School  
 District: Demo School District  
 Address: 123 Avenue, City, AK, 99xxx  
 Phone Number: 907-555-5555

The school shall notify parents of reading deficiency no later than 15 days after identification.

Student Individual Reading Improvement Plan must be implemented no later than 30 days after identification.

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:

<b>Student Name:</b> Grizzly Bear	<b>Grade:</b> 2nd	<b>School Year:</b> 2023/2024
<b>Student ID:</b> AKxxxxxx	<b>Classroom Teacher:</b> Smith	<b>Parents/Guardians:</b> Polar Bear
<b>Date of Identified Reading Deficiency:</b> <i>(Using the approved literacy screener)</i> 9/5/23	<b>Date Parent/Guardian was Notified of Deficiency:</b> 9/20/23 <i>(Notified within 15 days of identification)</i> <input checked="" type="checkbox"/> Written Notification <input type="checkbox"/> Oral Notification	<b>Date Plan was Implemented:</b> <i>(Implemented within 30 days of identification)</i> 10/5/23

## Section 1. Considerations:

Does this student have an identified disability with goals specific to reading addressed in an Individual Education Plan (IEP)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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If yes, complete sections 4 and 7 only

Did this student score at the lowest level overall on the literacy screening tool? Identified as <i>Intensive Support</i> by mCLASS with DIBELS® 8th Edition (individual subtest) or below the 20 <sup>th</sup> national percentile on department approved alternative literacy screener.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If yes, also complete Section 6.





**Section 4. Instructional Focus:**

<b>Tier I:</b> The student receives Tier I grade level core reading instruction with peers that is explicit, evidence-based, and culturally responsive	<b>Number of Days per Week:</b> 5 days	<b>Number of Minutes per Day:</b> 100 to 109 minutes
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<b>Intervention the Student will Receive</b> (in addition to Tier I core instruction): <i>(Indicate the Tiered Intervention the student will receive)</i>	<b>Total Number of Days per Week:</b>	<b>Total Number of Minutes per Day:</b>	<b>Average Group Size:</b>
<input checked="" type="checkbox"/> Tier II Intervention	5 days	11-19 minutes	4 to 5
<input checked="" type="checkbox"/> Tier III Intervention	<b>Total Number of Days per Week:</b> 5 days	<b>Total Number of Minutes per Day:</b> 11-19 minutes	<b>Average Group Size:</b> 2 to 3
<b>Areas of Instructional Focus:</b>	<b>Specific Skill(s) to Address in Each Area of Instructional Focus:</b>		Evidence-Based methods or materials used for each instructional area:
<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III			
<input type="checkbox"/> Phonics <input type="checkbox"/> Tier II <input checked="" type="checkbox"/> Tier III	Identify, read, and write words with vowel teams and diphthongs Long a - a, ai, ay, ea; Long e - e, e_e, ea, ee, y; Long i - i, ie, igh, y; Long o - o, oa, ow, oe; Long u - u, ue, ew, ui		95% Group Phonics Lesson Library, Spire Phonics Level 2
<input checked="" type="checkbox"/> Reading Fluency <input checked="" type="checkbox"/> Tier II <input type="checkbox"/> Tier III	Fry's 200 sight words		Elkonin boxes, UFLI Foundations
<input type="checkbox"/> Vocabulary Development <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III			
<input type="checkbox"/> Oral Language Skills <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III			
<input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III			

## Example of how IRIP can assist tracking student data across years. Grade level: 1st

### Section 4. Instructional Focus:

<b>Tier I:</b> The student receives Tier I grade level core reading instruction with peers that is explicit, evidence-based, and culturally responsive	<b>Number of Days per Week:</b> 5 days	<b>Number of Minutes per Day:</b> 100 to 109 minutes
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<b>Intervention the Student will Receive</b> (in addition to Tier I core instruction): <i>(Indicate the Tiered Intervention the student will receive)</i>	<b>Total Number of Days per Week:</b>	<b>Total Number of Minutes per Day:</b>	<b>Average Group Size:</b>
<input checked="" type="checkbox"/> Tier II Intervention	5 days	11-19 minutes	4 to 5
<input type="checkbox"/> Tier III Intervention	<b>Total Number of Days per Week:</b> n/a	<b>Total Number of Minutes per Day:</b> n/a	<b>Average Group Size:</b> n/a
<b>Areas of Instructional Focus:</b>	<b>Specific Skill(s) to Address in Each Area of Instructional Focus:</b>		Evidence-Based methods or materials used for each instructional area:
<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III			
<input type="checkbox"/> Phonics <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III			
<input checked="" type="checkbox"/> Reading Fluency <input checked="" type="checkbox"/> Tier II <input type="checkbox"/> Tier III	Fry's 100 sight words		Elkonin boxes, Read Naturally
<input type="checkbox"/> Vocabulary Development <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III			
<input type="checkbox"/> Oral Language Skills <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III			
<input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III			



**Section 5. Reading Support at Home:**

<b>Recommended Culturally Relevant, Evidence-Based Instructional Activities to Support Classroom Intervention:</b> <i>(Materials/training will be provided to parents/guardians in the identified areas that correlate with the instructional focus above.)</i>	
<input type="checkbox"/> Phonemic Awareness	Activity:
<input checked="" type="checkbox"/> Phonics	Activity: Decodable text passages
<input checked="" type="checkbox"/> Reading Fluency	Activity: Florida Center for Reading Research (FCRR) "Word Crazy game", UFLI Foundations "at home" activities which correspond with tier 3 lessons
<input type="checkbox"/> Vocabulary Development	Activity:
<input type="checkbox"/> Reading Comprehension	Activity:
<input type="checkbox"/> Oral Language Skills	Activity:
<input type="checkbox"/> Other: <i>(Specify)</i>	Activity:
<b>Notes:</b>     	

**Section 6. After-School Intervention:**

This section is **only to be completed if the student was identified with a reading deficiency on the lowest level** using the literacy screener as indicated in **Section 1 above**. Identified as *Intensive Support* in mCLASS with DIBELS® 8th Edition (individual subtest, not composite score) or *below the 20<sup>th</sup> national percentile* on department approved alternative literacy screener.  
*(Indicate the instruction focus area(s) for after-school 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>(i.e., computer-based, reading teacher, paraprofessional, etc.)</i>	Materials/Methods Used for After-School Intervention:
<input type="checkbox"/> Phonemic Awareness		n/a	n/a		
<input type="checkbox"/> Phonics		n/a	n/a		
<input checked="" type="checkbox"/> Reading Fluency	Fry's first 200 sight words	4 days	20-29	Computer based with paraprofessional	Amira sight words
<input type="checkbox"/> Vocabulary		n/a	n/a		
<input type="checkbox"/> Comprehension		n/a	n/a		
<input type="checkbox"/> Oral Language		n/a	n/a		

**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.

<p><b>Date:</b> 10/6/23</p> <p>Orally Reported <input type="checkbox"/></p> <p>Reported in Writing <input checked="" type="checkbox"/></p> <p>Making Progress in Focus Area <input checked="" type="checkbox"/></p> <p>Not Making Progress in Focus Area <input type="checkbox"/></p>	<p><b>Date:</b> 11/6/23</p> <p>Orally Reported <input type="checkbox"/></p> <p>Reported in Writing <input type="checkbox"/></p> <p>Making Progress in Focus Area <input type="checkbox"/></p> <p>Not Making Progress in Focus Area <input type="checkbox"/></p>
<p><b>Date:</b> 12/6/23</p> <p>Orally Reported <input type="checkbox"/></p> <p>Reported in Writing <input type="checkbox"/></p> <p>Making Progress in Focus Area <input type="checkbox"/></p> <p>Not Making Progress in Focus Area <input type="checkbox"/></p>	<p><b>Date:</b> 1/8/24</p> <p>Orally Reported <input type="checkbox"/></p> <p>Reported in Writing <input type="checkbox"/></p> <p>Making Progress in Focus Area <input type="checkbox"/></p> <p>Not Making Progress in Focus Area <input type="checkbox"/></p>
<p><b>Date:</b> 2/6/24</p> <p>Orally Reported <input type="checkbox"/></p> <p>Reported in Writing <input type="checkbox"/></p> <p>Making Progress in Focus Area <input type="checkbox"/></p> <p>Not Making Progress in Focus Area <input type="checkbox"/></p>	<p><b>Date:</b> 3/6/24</p> <p>Orally Reported <input type="checkbox"/></p> <p>Reported in Writing <input type="checkbox"/></p> <p>Making Progress in Focus Area <input type="checkbox"/></p> <p>Not Making Progress in Focus Area <input type="checkbox"/></p>
<p><b>Date:</b> 4/8/24</p> <p>Orally Reported <input type="checkbox"/></p> <p>Reported in Writing <input type="checkbox"/></p> <p>Making Progress in Focus Area <input type="checkbox"/></p> <p>Not Making Progress in Focus Area <input type="checkbox"/></p>	<p><b>Date:</b> 5/6/24</p> <p>Orally Reported <input type="checkbox"/></p> <p>Reported in Writing <input type="checkbox"/></p> <p>Making Progress in Focus Area <input type="checkbox"/></p> <p>Not Making Progress in Focus Area <input type="checkbox"/></p>
<p><b>Date:</b> 5/24/24</p> <p>Orally Reported <input type="checkbox"/></p> <p>Reported in Writing <input type="checkbox"/></p> <p>Making Progress in Focus Area <input type="checkbox"/></p> <p>Not Making Progress in Focus Area <input type="checkbox"/></p>	<p><b>Date:</b> 9/6/24</p> <p>Orally Reported <input type="checkbox"/></p> <p>Reported in Writing <input type="checkbox"/></p> <p>Making Progress in Focus Area <input type="checkbox"/></p> <p>Not Making Progress in Focus Area <input type="checkbox"/></p>

Section 8: Change in Student Individual Reading Improvement Plan:

This section is only to be completed when a change in the IRIP is needed.

Discontinuation of Individual Reading Plan

Data used to make determination:  
*(Attach data or record in this space)*

Date **Determination** was made:

Date **Intensive Intervention** was discontinued:

Team involved in making the decision:  
*(List each person that was involved in the decision. If they were not involved, leave blank)*

Reading Teacher:

Principal:

Parent/Guardian:

Other:

The decision has been made for a referral to special education:

Date decision was made:

Change in:

- Tiered Intervention
- Instructional Focus
- Frequency of Intervention (number of days per week)
- Duration of Intervention (number of minutes each day)
- Methods/Materials used for Intervention
- Other: (Specify)

Data used to make the determination:  
*(Attach data or record in this space)*

Described the change needed to meet the student's individual needs:

Date **Determination** was made:

Date the **Change** will begin:

Team involved in making the decision:

Reading Teacher:

Principal:

Parent/Guardian:

Other:





**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>(i.e., computer-based, reading teacher, paraprofessional, etc.)</i>	Materials/Methods Used for Summer Intervention:
Phonemic Awareness		n/a	n/a		
Phonics		n/a	n/a		
Reading Fluency		n/a	n/a		
Vocabulary		n/a	n/a		
Comprehension		n/a	n/a		
Oral Language		n/a	n/a		

*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: Panda Bear Title: Parent Signature: \_\_\_\_\_ Date: 9/13/23

Name: Mrs. Smith Title: Teacher Signature: \_\_\_\_\_ Date: 9/13/23

Name: Mrs. Tam Title: Reading teacher Signature: \_\_\_\_\_ Date: 9/13/23

Name: Mrs. Rodriguez Title: Principal Signature: \_\_\_\_\_ Date: 9/13/23

