Student Individual Reading Improvement Plan (IRIP) Template

days after identification.

The school shall notify parents of reading deficiency no later than 15

District:				
Address:	Student Individual Reading Improvement Plan must be implemented no later than 30 days after identification.			
Phone Number:				
	ng intervention services to students in grades kinde ency at or above grade level by the end of grade thr	_	hibit a read	ding deficiency
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 Notificati	on		
Section 1. Considerations:				
Does this student have an identified disability	y with goals specific to reading addressed in an Individ	lual Education Plan (IEP)?	Yes	No
If yes, complete sections 4 and 7 only				l .
	erall on the literacy screening tool? Identified as Interpretation on the 20th national percentile on department approve		Yes	No
If ves. also complete Section 6.				



School:

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

IRIP Collaboration Date(s):

		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 Collabora	ation 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	a Used to Inform IRIP:	
(Attach results or indicate scores below that indicated a reading deficiency)	(i.e., classroom, diagnostic, observat	ions, etc.)	
	Assessment:		Date:
	Assessment:		Date:
	Assessment:		Date:
Other Considerations: (prior interventions, risk factors, special education/504 ser	vices, language proficiency, attendanc	e- attach record, etc.)	
Summary of findings: Strengths:			

IRIP Collaboration Communication:

Needs:

Section 4. Instructional Focus:

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

Intervention the Student will Receive (in addition to Tier I core instruction): (Indicate the Tiered Intervention the student will receive)			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	Areas of Instructional Focus:		Specific Skill(s) to Address in Each Area of Instructional Focus:		Evidence-Based methods or materials used for each instructional area:
Phonemic Awareness	Tier II	Tier III			
Phonics	Tier II	Tier III			
Reading Fluency	Tier II	Tier III			
Vocabulary Development	Tier II	Tier III			
Oral Language Skills	Tier II	Tier III			
Reading Comprehension	Tier II	Tier III			

Section 5. Reading Support at Home:

Section 3: Reading Support at Frome.	
Recommended Culturally Relevant, Evidence-Based Instructional Acti (Materials/training will be provided to parents/guardians in the identified areas that corn	
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:

This section is <u>only to be completed if the student was identified with a reading deficiency on the lowest level</u> 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 20th 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.e., computer-based, reading teacher, paraprofessional, etc.)	Materials/Methods Used for After-School Intervention:
Phonemic Awareness				paraprojessional, etc.)	
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.

For students with an ikir, p	progress must be reported to parents ten time	s each 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



Section 8: Change in Student Individual Reading Improvement Plan:

This section is only to be completed when a change in the IRIP is needed.	
	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
Date Determination was made:	Other: (Specify)
bate betermination was made.	Data used to make the determination: (Attach data or record in this space)
Date Intensive Intervention was discontinued:	(Attach data of record in this space)
	Described the change needed to meet the student's individual needs:
Team involved in making the decision:	
(List each person that was involved in the decision. If they were not involved, leave blank)	
Reading Teacher:	Data Batany institution was used a
nedding rederier.	Date Determination was made:
Principal:	Date the Change will begin:
Parent/Guardian:	
Parenty 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:	
Date decision was made:	Other:



(20 hours of individual reading interv	ention is required during the sum			to non-proficient reading skills. a waiver due to non-proficient reading skills	s. Indicate the instruction focus area(s) fo
summer intervention that supports in 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 Awarenes	S				
Phonics					
Reading Fluency					
Vocabulary					
Comprehension					
Oral Language					
This Student Individual Reading each signature below:	Improvement Plan has bee	n reviewed by the re	eading teacher, prii	ncipal, parent/guardian, and other	pertinent staff as indicated by
Name:	Title:	Signa	ture:	Date: _	
Name:	Title:	Signa	ture:	Date: _	
Name:	Title:	Signa	ture:	Date: _	
Name:	Title	Signa	ture:	Date:	

