

# Wyoming Individual Reading Plan

<b>Student Name:</b>	<b>Teacher/School:</b>	<b>Date:</b>
<b>Individual Reading Plan</b>		
Students not reading at grade level or not meeting screening or assessment benchmarks shall be placed on an individualized reading plan. That includes, at a minimum, the following:		

## Section A: Determining Reading Skill Gaps:

- The student's specific reading skill deficiencies identified by screening and diagnostic assessment data. Screening identifies possible skill deficits. Diagnostic data provides detailed information about those skills deficits that can be used to group students and inform instruction.

## Section B: Core Reading Instructional

- The evidence-based core curriculum and intervention teacher(s) will use to provide reading instruction and intervention support.

## Section C: Instructional Services and Interventions

- What are the target deficit areas?
- Which evidence-based program will be used to fill specific skill gaps? Training teachers have received in evidence-based core or intervention programs.
- Whether the student will be receiving Tier 2 or Tier 3 instructional supports. Who will be providing the supports, and with what frequency?

## Section D: Goals and Benchmarks for Growth

## Section E: Progress Monitoring and Review

## Section F: Parent/Caregiver Consultation

## Section G: Additional Services

Student Name: \_\_\_\_\_ Individual Reading Plan

This form was adapted from the Mississippi Department of Education Individual Reading Plan (IRP) documentation packet.

**Section A: Determining Reading Deficiencies**

<b>Student Name:</b>		<b>Grade:</b>	
School ID:	School:	District:	
Date of Birth:	Teacher:	Gender:	
Parent/Guardian Name:	Phone:	Email:	
Street Address:			

**Screening Instrument:** \_\_\_\_\_

\* W.S. § 21-3-401 requires that these skills are screened. The evidence-based screener your district selects may screen a variety of subcategories of these skills and or additional skills such as Vocabulary or RAN. Screening 3x a year is recommended for all students.

Skill	1 <sup>st</sup> Screening Date: _____	2 <sup>nd</sup> Screening Date: _____	3 <sup>rd</sup> Screening Date: _____
*Phonological Awareness			
*Phonics			
*Real words and Nonwords			
* Oral Reading Fluency			
* Comprehension			

<u>Diagnostic Data</u>	<u>Diagnostic Data</u>	<u>Diagnostic Data</u>
<b>Attendance</b>	<b>Retention</b>	<b>Special Population</b>
School Year    Days Present/Absent _____    _____ / _____ _____    _____ / _____ _____    _____ / _____  <i>Note: Attach suspension data if applicable</i>	<i>Instructions: If applicable, indicate grade(s) and school year(s) below.</i>  Grade                      School Year  _____                      _____	<i>Instructions: Check if applicable to student.</i> <input type="checkbox"/> Special Education / IEP Initial Eligibility Date: _____ Eligibility Category: _____ <input type="checkbox"/> 504 <input type="checkbox"/> ELL (Appendix B) <input type="checkbox"/> Dyslexia <input type="checkbox"/> Other _____

<u>K-3 WY-TOPP</u>			
	Date	Lang. Arts	Math
BOY			
MOY			
EOY			

<u>Course Performance</u>				
Subject	Q1	Q2	Q3	Q4
Reading				
Math				
Sci				
Soc. Studies				
Writing				

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## Section B: Core Reading Instructional Program

What evidence-based program are being used to deliver explicit, systematic core reading instruction during the 90-minute reading block?

Training general education teachers have received in core reading program:

Does the core reading program provide:

Guidance about explicit instruction Yes \_\_\_ No \_\_\_

A clear scope and sequence Yes \_\_\_ No \_\_\_

A pacing guide Yes \_\_\_ No \_\_\_

Sufficient initial and distributed practice materials Yes \_\_\_ No \_\_\_

Research data demonstrating that the program is valid and reliable? Yes \_\_\_ No \_\_\_

Indicate the areas addressed by the core reading program:

- Phonological Awareness
- Phonics
- Fluency
- Vocabulary
- Comprehension

Indicate additional supplemental materials or programs that are used.

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**Section E: Progress Monitoring**

Intervention Start Date: \_\_\_\_\_

**How will progress be monitored and evaluated?**

**1<sup>st</sup> Documented Review Date:** \_\_\_\_\_  
(to be completed no later than 8 weeks after starting intervention)

**Sufficient Progress Made? Yes / No**  
(if no, an additional intervention form should be completed)

**Cumulative Document Review Date:** \_\_\_\_\_  
(to be completed no later than 16 weeks after starting intervention)

**Sufficient Progress Made? Yes / No**  
(if no, an additional intervention form should be completed)

Adequate progress was made; intervention was successful in meeting student's needs. This student will be returned to the following tier:  
 Tier I  
 Tier II  
  
Re-evaluation date: \_\_\_\_\_

Adequate progress was not made; intervention was somewhat successful in meeting student's needs. Student will continue at Tier III and additional intervention will be attempted.

Adequate progress was not made; intervention was not successful in meeting student's needs. Referral to Tier 3 on (date):

Student currently has an IEP. Complete the information in the area below.  
  
Enter Eligibility Category

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**Section F: Parental Support**

**Target Deficit Area** (can be more than one):

\_\_\_\_\_ Phonological                      \_\_\_\_\_ Phonics                      \_\_\_\_\_ Fluency  
\_\_\_\_\_ Vocabulary                      \_\_\_\_\_ Comprehension

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

Reading to students at home, audio-books

**Parent Conference**

**Date:** \_\_\_\_\_

**Record of topics discussed:**

**Written Parental Notification Received:**

Parent Signature: \_\_\_\_\_

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:

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