

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: <i>(Using the approved literacy screener)</i>	Date Parent/Guardian was Notified of Deficiency: <i>(Notified within 15 days of identification)</i> <input type="checkbox"/> Written Notification <input type="checkbox"/> Oral Notification	Date Plan was Implemented: <i>(Implemented within 30 days of identification)</i>

Section 1. Considerations:

Does this student have an identified disability with goals specific to reading addressed in an Individual Education Plan (IEP)?	Yes	No
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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 <i>below the 20th national percentile</i> on department approved alternative literacy screener.	Yes	No
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If yes, also complete Section 6.



Grade level:

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

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

Section 3. Data used to inform the IRIP:

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



Grade level:

Section 4. Instructional Focus:

<p>Tier I: The student receives Tier I grade level core reading instruction with peers that is explicit, evidence-based, and culturally responsive</p>	<p>Number of Days per Week:</p>	<p>Number of Minutes per Day:</p>
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<p>Intervention the Student will Receive (in addition to Tier I core instruction): <i>(Indicate the Tiered Intervention the student will receive)</i></p> <p>Tier II Intervention</p>	<p>Total Number of Days per Week:</p>	<p>Total Number of Minutes per Day:</p>	<p>Average Group Size:</p>
<p>Tier III Intervention</p>	<p>Total Number of Days per Week:</p>	<p>Total Number of Minutes per Day:</p>	<p>Average Group Size:</p>
<p>Areas of Instructional Focus:</p>	<p>Specific Skill(s) to Address in Each Area of Instructional Focus:</p>		<p>Evidence-Based methods or materials used for each instructional area:</p>
<p>Phonemic Awareness Tier II Tier III</p>			
<p>Phonics Tier II Tier III</p>			
<p>Reading Fluency Tier II Tier III</p>			
<p>Vocabulary Development Tier II Tier III</p>			
<p>Oral Language Skills Tier II Tier III</p>			
<p>Reading Comprehension Tier II Tier III</p>			



Grade level:

Section 5. Reading Support at Home:

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



Grade level:

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



Grade level:

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.

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



Grade level:

Section 8: Change in Student Individual Reading Improvement Plan:

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

<p>Discontinuation of Individual Reading Plan</p> <p>Data used to make determination: <i>(Attach data or record in this space)</i></p> <p>Date Determination was made:</p> <p>Date Intensive Intervention was discontinued:</p> <p>Team involved in making the decision: <i>(List each person that was involved in the decision. If they were not involved, leave blank)</i></p> <p>Reading Teacher:</p> <p>Principal:</p> <p>Parent/Guardian:</p> <p>Other:</p> <p>The decision has been made for a referral to special education:</p> <p>Date decision was made:</p>	<p>Change in:</p> <ul style="list-style-type: none"> 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)
	<p>Data used to make the determination: <i>(Attach data or record in this space)</i></p> <p>Described the change needed to meet the student’s individual needs:</p> <p>Date Determination was made:</p> <p>Date the Change will begin:</p> <p>Team involved in making the decision:</p> <p>Reading Teacher:</p> <p>Principal:</p> <p>Parent/Guardian:</p> <p>Other:</p>



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					
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: _____ Title: _____ Signature: _____ Date: _____

