# Reading Improvement Plan Template

## Section 1:

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| **Student Name:** Click or tap here to enter text. | **DOB**: Click or tap to enter a date. | **Grade**: Click or tap here to enter text. |
| **School:** Click or tap here to enter text.  | **Teacher:** Click or tap here to enter text. | **Parent/Guardian:** Click or tap here to enter text. |

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| **Team Members\* in Attendance** (enter name and role):Click or tap here to enter text.\**This team may be an existing* [*MTSS Student Problem Solving Team*](https://education.ky.gov/curriculum/standards/teachtools/Documents/MTSS_Teaming_Structures.pdf)*; however, to meet the requirements of SB9 reading improvement team members must include: the parent or guardian; general education teacher(s) of the student; a representative of the LEA who is knowledgeable about the reading curriculum and availability of the evidence-based literacy resources; and any specialized certified school employees for students receiving language instruction educational programming or special education services.* |

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| **Area(s) At/Above Grade-Level Benchmarks** **in Reading** (Check all that apply based on approved reading universal screener/diagnostic assessment. Attach data.)**:** [ ]  Phonemic Awareness[ ]  Phonics[ ]  Fluency [ ]  Vocabulary[ ]  Comprehension |

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| **Area(s) At Risk for Not Meeting Grade-Level Benchmarks** (Check all that apply based on approved reading diagnostic assessment. Attach data.)**:** [ ]  Phonemic Awareness[ ]  Phonics[ ]  Fluency[ ]  Vocabulary[ ]  Comprehension |

Section 2:

**Implementation Plan:** (To be completed based on review of [universal screening and diagnostic data](https://www.education.ky.gov/curriculum/EarlyLiteracy/Pages/early_Literacy_screening_Assessments.aspx) and use of a [standardized problem-solving model](https://kymtss.org/essential-elements/data-based-decision-making/). Plan may be modified as needed based on review of student progress data.):

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| **Verified Problem Statement** | **Goal and Timeline** | **Action/Intervention Plan** | **Monitoring Plan** |
| **What is the targeted area of concern and possible root cause?** Click or tap here to enter text.**What data was used to determine the problem and root cause?**Click or tap here to enter text. | **What is the criterion for success? Identify the goal or benchmark the student will be expected to meet.**Click or tap here to enter text.**By when?**Click or tap here to enter text. | **What evidence-based intervention aligned to the target area will be used?** Click or tap here to enter text.**Who will deliver it?** Click or tap here to enter text.**When will it occur (frequency and duration)?** Click or tap here to enter text.**How will it be delivered?** Click or tap here to enter text. | **How will the effectiveness of the intervention be monitored over time? Monitoring method:**Click or tap here to enter text.**Who will be responsible?**Click or tap here to enter text.**How will the fidelity of implementation be monitored?**Click or tap here to enter text.**Who will be responsible?**Click or tap here to enter text. |

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| **Intervention Start Date:** | **Duration of Intervention** | **Frequency of Intervention** | **Frequency of Progress Monitoring** |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |  Click or tap here to enter text.*KDE recommendation: Tier 2: every two weeks or at least monthly; Tier 3: weekly* |

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| **At what Tier will the problem be addressed?**[ ]  Tier 1 **–** Differentiated Support [ ]  Tier 2 – Supplemental Support [ ]  Tier 3 – Intensive Support  |

## Section 3:

**Progress Review:** (To obtain a reliable estimate of the student’s response to the intervention, progress monitoring data should be collected for a minimum of six to eight data points. Every time the progress monitoring probe is administered, ensure the score is recorded and graphed.)

**Review Date:** Click or tap to enter a date. (Attach graphed data with goal line and trend line at each data review.)

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| **Positive Response to the Intervention**[ ]  The trend line and goal line are the same or the trend line is steeper than the goal line.  | **Questionable Response to the Intervention** [ ]  Data is highly variable, with significant changes from data point to data point.  | **Poor Response to the Intervention**[ ]  Trend line is flat or falling below the goal line and gap is widening. |
| **Student on track to meet their goal.**[ ]  Continue intervention with current goal and re-evaluate in another 6-8 data points.**Student met or exceeded their goal.** [ ]  Plan to fade the support; and return to Tier 1 or Tier 2; or [ ]  Consider a more ambitious goal if set below grade-level benchmark; or[ ]  Revise intervention to focus on additional skills needed in order to meet grade-level goals.**Follow-Up Review Date:** Click or tap to enter a date.**Notes:** | **Was the intervention implemented as intended?** Consider:[ ] Delivery[ ] Quality[ ] Student engagement/behavior[ ] Attendance[ ] Scheduling conflicts[ ] Other[ ]  No, employ strategies to improve implementation integrity.[ ]  Yes, increase intensity of current intervention for 4 data points and assess impact.**Follow-Up Review Date:** Click or tap to enter a date.**Notes:** | **Intervention is not working and needs a change.** Consider fidelity and fit.**Fidelity**: Was the intervention implemented as intended? [ ]  No, employ strategies to improve implementation integrity. [ ]  Yes, consider fit and begin a new form to document the change. **Fit:** Is the intervention/assessment tool aligned to the identified targeted need?Potential Actions: [ ]  Change to the intervention:[ ] Increase duration.[ ] Change in interventionist.[ ] Decrease group size.[ ] Change in instructional delivery. and/or[ ] Change in type of intervention.[ ]  Was the problem identified correctly? Return to problem-analysis.[ ]  Was the progress monitoring tool the right match for the intervention? Appropriate match for the student? Sensitive to change? |

## Section 4:

**Parental Notification of Intervention**: Parent was in attendance and part of the problem-solving process [ ] Yes [ ] No

If no, how will the parent be notified of the intervention: Click or tap here to enter text.

Who will be responsible: Click or tap here to enter text. Date: Click or tap to enter a date.

**Parent Provided with Read at Home Plan that targets areas of intervention:**

Who will be responsible: Click or tap here to enter text. Date: Click or tap to enter a date.

**Written quarterly progress report provided to the parent** (may be included in the school’s existing quarterly progress report):

 Who will be responsible: Click or tap here to enter text.

Method: Click or tap here to enter text.

 Dates:

1: Click or tap to enter a date. 2. Click or tap to enter a date. 3. Click or tap to enter a date. 4. Click or tap to enter a date.

Notes:

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