# 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; 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://education.ky.gov/curriculum/conpro/engla/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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