

<b>Student Information</b> <input type="checkbox"/> ELA-S <input type="checkbox"/> ELL <input type="checkbox"/> Special Education/504 <input type="checkbox"/> Gifted and Talented	<b>STUDENT</b> (legal name) <u>Samantha Smith</u>	<b>STUDENT NUMBER</b> _____	<b>DOB</b> _____
<b>GRADE</b> <u>3</u>		<b>SCHOOL</b> _____	
<b>CONTACT TEACHER</b> _____		<b>DATE</b> <u>Oct. 7, 2008</u>	

<b>Area(s) of Focus</b> (attach assessment summary for DRA2, DPS Benchmark, CELA, CBLA, SRI) <input checked="" type="checkbox"/> Comprehension <input checked="" type="checkbox"/> Fluency <input type="checkbox"/> Phonics <input type="checkbox"/> Vocabulary <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Other <input type="checkbox"/> English Language Development	<b>SMART Goal Statement(s) for Intervention 1</b>  <u>Samantha</u> will increase DRA2 independent reading level from Level <u>18</u> to Level <u>24</u> by <u>December 16, 2008</u> (date).	<b>SMART Goal Statement(s) for Intervention 2</b> (if revised)  _____ will increase DRA2 independent reading level from Level _____ to Level _____ by _____ (date).
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Student will	Teachers will	Interventions (see page 2)
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<input checked="" type="checkbox"/> Set reading goals with teacher <input checked="" type="checkbox"/> Practice teacher-demonstrated reading strategies <input type="checkbox"/> Develop and monitor own progress using rubrics <input type="checkbox"/> Contribute to class discussion and activities <input type="checkbox"/> Ask teacher for help and support <input checked="" type="checkbox"/> Read daily ( <u>20-30</u> minutes/day) using strategies learned in class <input type="checkbox"/> Share school progress with parents  <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<b>Resources</b> <input checked="" type="checkbox"/> Provide reading materials that match student's independent and instructional levels <input checked="" type="checkbox"/> Offer significant time for student to read materials at independent level, including self-selected reading <input type="checkbox"/> Supplement textbooks and other grade-level resources with materials at a variety of reading levels <input type="checkbox"/> Provide technology support (research and publishing)  <b>Targeted Instruction: Through modeling and guided practice in whole group, small group, and one-to-one instruction, provide targeted instruction in:</b> <input type="checkbox"/> Concepts of print <input checked="" type="checkbox"/> Phonemic awareness (rhyming, segmenting, blending) <input checked="" type="checkbox"/> Phonics, decoding, and word analysis <input type="checkbox"/> Oral language and vocabulary development <input checked="" type="checkbox"/> Oral reading fluency <input type="checkbox"/> Phrasing and expression <input type="checkbox"/> Monitoring and self-correcting <input type="checkbox"/> Problem solving unknown words; using sight words <input checked="" type="checkbox"/> Comprehension <input type="checkbox"/> Retelling: sequence of events <input type="checkbox"/> Retelling: story elements and main idea and supporting details <input type="checkbox"/> Retelling: using vocabulary from reading <input type="checkbox"/> Responding: making connections and reflecting <input type="checkbox"/> ELL support in L <sub>1</sub> when appropriate and through sheltered instruction in L <sub>2</sub>	<input checked="" type="checkbox"/> Extra small group instruction targeting area of focus: _____ <input type="checkbox"/> Tutoring (peer and teacher): _____ <input type="checkbox"/> Mentoring: _____ <input checked="" type="checkbox"/> After-school literacy program: <u>Clubs 2</u> <input type="checkbox"/> Intervention resources or programs: _____  <input type="checkbox"/> Other: _____
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Parents/Guardians will		Reading-Related Assessment Accommodations
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<input type="checkbox"/> Support student's schoolwork and homework <input type="checkbox"/> Discuss and ask questions <input type="checkbox"/> Set aside time and place for reading <input checked="" type="checkbox"/> Ensure student attends school daily and on time <input type="checkbox"/> Stay in contact with teachers (e.g., attend parent/teacher conferences, contact teachers when questions arise) <input type="checkbox"/> Listen to student read or retell stories <input checked="" type="checkbox"/> Monitor home reading regularly ( <u>20-30</u> minutes/day)  <input type="checkbox"/> Other: _____	<input type="checkbox"/> Support student's schoolwork and homework <input type="checkbox"/> Discuss and ask questions <input type="checkbox"/> Set aside time and place for reading <input checked="" type="checkbox"/> Ensure student attends school daily and on time <input type="checkbox"/> Stay in contact with teachers (e.g., attend parent/teacher conferences, contact teachers when questions arise) <input type="checkbox"/> Listen to student read or retell stories <input checked="" type="checkbox"/> Monitor home reading regularly ( <u>20-30</u> minutes/day)  <input type="checkbox"/> Other: _____	<input type="checkbox"/> Extended time (___ R; ___ W; ___ M; ___ S) <input checked="" type="checkbox"/> Teacher-read directions (___ R; <u>X</u> W; <u>X</u> M; ___ S) <input checked="" type="checkbox"/> Oral presentation (___ W; <u>X</u> M; ___ S) <input type="checkbox"/> Oral translation (___ W; ___ M; ___ S)
_____ <b>Parent/Guardian Signature</b>	_____ <b>Date</b>	_____ <b>Teacher Signature</b>
_____ <b>Parent/Guardian Signature</b>	_____ <b>Date</b>	_____ <b>Administrator Signature</b>
_____ <b>Parent/Guardian Signature</b>	_____ <b>Date</b>	_____ <b>Teacher Signature</b>
_____ <b>Parent/Guardian Signature</b>	_____ <b>Date</b>	_____ <b>Administrator Signature</b>

Discontinue ILP. Student is reading on grade level (as evidenced by an Individual Reading Inventory and a body of evidence). Date \_\_\_\_\_

**BODY OF EVIDENCE  
RESPONSE TO INTERVENTION**

**STUDENT** (legal name) Samantha Smith

**Identify Student’s Strengths**  
*Reads Level 18 fluently with comprehension  
 Works well when paired with partner  
 Can break words into chunks*

**Identify Most Significant Concern**  
*Has difficulty with main idea and summarizing;  
 building fluency would support comprehension; has a  
 hard time choosing “just right” books; is at least a  
 year and half below grade level, as measured by the  
 DRA2.*

**Identify Contributing Factors for this Area of Concern  
 (e.g., attendance, health, language, mobility)**  
*Infrequent attendance in grades 1 and 2  
 caused her to fall significantly behind in her  
 reading; family concerns*

**INTERVENTION 1**

**WHAT WILL WE TRY?**

**Intervention Plan** (include who, what, when, where, frequency, duration)  
*Daily 45-minute reading group instruction with intervention support teacher  
 Twice a week lunchtime book club, Girls and Chocolate  
 After-school reading program, twice a week for 1/2 hr.*

**Progress-Monitoring Plan**  
*Ongoing progress monitoring: Weekly running records, with  
 comprehension questions on main idea and summarizing; written  
 summaries once/wk; DIBELS ORF test once/2 week.*

Discontinue intervention—adequate progress  
 Continue intervention  
 Revise intervention

**WHAT DID WE FIND OUT?**

**Progress-Monitoring Data** (e.g., DRA2, Word Analysis, DIBELS, Aimsweb, running records, CBMs) (attach documentation)

Date/Data: \_\_\_\_\_ Date/Data: \_\_\_\_\_  
 Date/Data: \_\_\_\_\_ Date/Data: \_\_\_\_\_  
 Date/Data: \_\_\_\_\_ Date/Data: \_\_\_\_\_

**Additional Comments**

**INTERVENTION 2**

**WHAT WILL WE TRY?**

**Intervention Plan** (include who, what, when, where, frequency, duration)

**Progress-Monitoring Plan**

Discontinue intervention—adequate progress  
 Continue intervention  
 Revise intervention

**WHAT DID WE FIND OUT?**

**Progress-Monitoring Data** (e.g., DRA2, Word Analysis, DIBELS, Aimsweb, running records, CBMs) (attach documentation)

Date/Data: \_\_\_\_\_ Date/Data: \_\_\_\_\_  
 Date/Data: \_\_\_\_\_ Date/Data: \_\_\_\_\_  
 Date/Data: \_\_\_\_\_ Date/Data: \_\_\_\_\_

**Additional Comments**