

<p>Student Information</p> <input type="checkbox"/> ELA-S <input type="checkbox"/> ELL <input type="checkbox"/> Special Education/504 <input type="checkbox"/> Gifted and Talented	<p>STUDENT (legal name) _____</p> <p>STUDENT NUMBER _____</p> <p>DOB _____</p>	<p>GRADE _____</p> <p>SCHOOL _____</p> <p>CONTACT TEACHER _____</p> <p>DATE _____</p>
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<p>Area of Focus (Attach assessment summary for DRA2, DPS Benchmark, CELA, SRI)</p> <p>____ Comprehension</p> <p>____ Fluency</p> <p>____ Vocabulary</p> <p>____ Phonemic Awareness</p> <p>____ Phonics</p> <p>____ English Language Development</p> <p>____ Other</p>	<p>Goal Statement(s) for Intervention 1:</p> <p>_____ will increase DRA2 reading level from Level _____ (circle: Independent or Instructional) to Level _____ (circle: Independent or Instructional) by _____ (date).</p> <p style="text-align: center;">OR</p> <p>_____ will increase DRA2 Word Analysis tasks from _____ to _____ by _____ (date).</p>	<p>Goal Statement(s) for Intervention 2 (if revised):</p> <p>_____ will increase DRA2 reading level from Level _____ (circle: Independent or Instructional) to Level _____ (circle: Independent or Instructional) by _____ (date).</p> <p style="text-align: center;">OR</p> <p>_____ will increase DRA2 Word Analysis tasks from _____ to _____ by _____ (date).</p>
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Student will	Teachers will	Interventions (see page 2)
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<input type="checkbox"/> Practice teacher-demonstrated reading strategies <input type="checkbox"/> Contribute to class discussion and activities <input type="checkbox"/> Ask teacher for help and support <input type="checkbox"/> Listen to or read books daily <input type="checkbox"/> Share school progress with parents <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<p>Resources</p> <input type="checkbox"/> Read aloud daily <input type="checkbox"/> Do shared reading daily <input type="checkbox"/> Provide familiar reading materials for student to read independently or with buddy <input type="checkbox"/> Help student make reading/writing connections to support his/her reading development	<input type="checkbox"/> Extra small group instruction targeting area of focus <input type="checkbox"/> Tutoring (peer and teacher): _____ <input type="checkbox"/> Mentoring: _____ <input type="checkbox"/> After-school literacy program: _____ <input type="checkbox"/> Intervention resources or programs: _____ <input type="checkbox"/> Other: _____
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Parents/Guardians will		
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<input type="checkbox"/> Support student's schoolwork and homework <ul style="list-style-type: none"> <input type="checkbox"/> Discuss and ask questions <input type="checkbox"/> Set aside time and place for reading <input 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 type="checkbox"/> Monitor home reading regularly (_____ minutes/day) <input type="checkbox"/> Other: _____	<p>Targeted Instruction: Through modeling and guided practice in whole group, small group, and one-to-one instruction, provide targeted instruction in:</p> <input type="checkbox"/> Concepts of print <input type="checkbox"/> Phonemic awareness (rhyming, segmenting, blending) <input type="checkbox"/> Phonics (letter/sound relationships) <input type="checkbox"/> Oral language and vocabulary development <input type="checkbox"/> Oral reading fluency <ul style="list-style-type: none"> <input type="checkbox"/> One-to-one matching of oral to written words <input type="checkbox"/> Monitoring and self-correcting to make sense <input type="checkbox"/> Using letters and letter sounds to problem solve unknown words; using sight word vocabulary to read <input type="checkbox"/> Comprehension <ul style="list-style-type: none"> <input type="checkbox"/> Retelling: sequence of events <input type="checkbox"/> Retelling: story elements or main idea <input type="checkbox"/> Retelling: using vocabulary from reading <input type="checkbox"/> Responding: making connections and reflecting <input type="checkbox"/> ELL support in L ₁ when appropriate and through sheltered instruction in L ₂ <input type="checkbox"/> Other: _____	
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	Reading-Related Assessment Accommodations
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	<input type="checkbox"/> Extended time (___ R; ___ W; ___ M; ___ S) <input type="checkbox"/> Teacher-read directions (___ R; ___ W; ___ M; ___ S) <input type="checkbox"/> Oral presentation (___ W; ___ M; ___ S) <input type="checkbox"/> Oral translation (___ W; ___ M; ___ S)
<p>_____ Teacher Signature Date</p> <p>_____ Teacher Signature Date</p> <p>_____ Administrator Signature Date</p> <p>_____ Administrator Signature Date</p>	

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 <i>(legal name)</i> _____		
Identify Student's Strengths	Identify Most Significant Concern	Identify Contributing Factors for this Area of Concern <i>(e.g., attendance, health, language, mobility)</i>
INTERVENTION 1	<p style="text-align:center;">WHAT WILL WE TRY?</p> <p>Intervention Plan <i>(include who, what, when, where, frequency, duration)</i></p> <p>Progress-Monitoring Plan</p>	<p style="text-align:center;">WHAT DID WE FIND OUT?</p> <p>Progress-Monitoring Data <i>(e.g., DRA2, Word Analysis, DIBELS, AIMSweb, running records, CBMs)</i> (Attach documentation.)</p> <p>Date/Data: _____ Date/Data: _____</p> <p>Date/Data: _____ Date/Data: _____</p> <p>Date/Data: _____ Date/Data: _____</p>
	<input type="checkbox"/> Discontinue intervention—adequate progress <input type="checkbox"/> Continue intervention <input type="checkbox"/> Revise intervention	Additional Comments
INTERVENTION 2	<p style="text-align:center;">WHAT WILL WE TRY?</p> <p>Intervention Plan <i>(include who, what, when, where, frequency, duration)</i></p> <p>Progress-Monitoring Plan</p>	<p style="text-align:center;">WHAT DID WE FIND OUT?</p> <p>Progress-Monitoring Data <i>(e.g., DRA2, Word Analysis, DIBELS, AIMSweb, running records, CBMs)</i> (Attach documentation.)</p> <p>Date/Data: _____ Date/Data: _____</p> <p>Date/Data: _____ Date/Data: _____</p> <p>Date/Data: _____ Date/Data: _____</p>
	<input type="checkbox"/> Discontinue intervention—adequate progress <input type="checkbox"/> Continue intervention <input type="checkbox"/> Revise intervention	Additional Comments