



Individual Reading Improvement Plan (IRP)

School: _____

Teacher Name: _____

Date of Plan: _____

Student Name and Grade: _____

The following reading improvement plan with **supplemental literacy intervention** is being developed to assist your child in getting *on track* for reading by third grade.

1. Identified Reading Deficiency:

Phonemic Awareness _____

Phonics _____

Vocabulary / Oral Language _____

Fluency _____

Comprehension _____

2. Current Reading Curriculum:

[Empty box for Current Reading Curriculum]

3. Intervention Services (x indicates recommended services):

Small Group _____

Individual Tutoring/Mentoring _____

Frequent Progress Monitoring _____

Extended School Day _____

Summer Camp _____

4. Intervention Information:

Review Dates	Description of Intervention	Impact of Intervention
November		
February		
May/June		

5. Parent Involvement:

Received Parent Notification Letter	Yes / No
Participated in the development of the Reading Improvement Plan	Yes / No
Parents provided with a "Read at Home" plan	Yes / No

6. Attach reading screener, diagnostic assessments or other observation data that has been used to determine the student's academic need in reading.

7. End of Year Status:

Signatures:

_____	_____	_____
Teacher	Initial Meeting Date	Final Meeting Date
_____	_____	_____
Principal	Initial Meeting Date	Final Meeting Date
_____	_____	_____
Parent/Guardian	Initial Meeting Date	Final Meeting Date