

School Name		Division	
Address		City	VA ZIP Code
Phone	Fax	Web Address	

# Student Reading Plan

## Student Information

Student Name		Grade	
Student ID		Date of Plan Development	
Participating Parent/Guardian(s)		Date of Parent/Guardian(s) Notification	

## School Support

The following staff members will support the implementation of this plan.

Staff Member	Contact Information
Classroom Teacher	
Reading Specialist	
Other Staff Support	
Other Staff Support	

## Area(s) of Identified Need

<b>Based on the assessment information, the student has the following area(s) of need:</b>	
Alphabet Knowledge:	Phonemic Awareness:      Decoding/Encoding:      Fluency:      Vocab/Comprehension:
Literacy Screener	
Specific assessment subtest(s) that indicates risk in the area(s)	
Additional assessment(s) (If applicable)	

## Targeted Reading Goal(s)\*

\*The number of targeted reading goals will be determined by the needs identified on the literacy screener.

<b>Area of Targeted Goal #1</b>				
Alphabet Knowledge:	Phonemic Awareness:	Decoding/Encoding:	Fluency:	Vocab/Comprehension:

<b>Goal Statement #1</b>
Describe the anticipated outcome student will reach by the end of the school year. (Target determined by the screener and/or assessments listed above.)

**Describe the objective(s) that will support growth towards Goal #1:**

Objective 1

Objective 2

Objective 3

**Area of Targeted Goal #2**

Alphabet Knowledge:      Phonemic Awareness:      Decoding/Encoding:      Fluency:      Vocab/Comprehension:

**Goal Statement #2**

Describe the anticipated outcome student will reach by the end of the school year. (Target determined by the screener and/or assessments listed above.)

**Describe the objective(s) that will support growth towards Goal #2:**

Objective 1

Objective 2

Objective 3

**Progress Monitoring Plan**

Describe how progress will be monitored (e.g., progress monitoring tool, observation data, fluency quick read, word reading inventory, etc.) including frequency of progress monitoring.

**Targeted Intervention Details**

Date Intervention Services Begin:

Identify the evidence-based reading intervention(s) the student will receive.

Describe any additional details of the plan such as the delivery method, location, dosage/frequency, and person(s) responsible for each goal.

**Narrative of Student Progress and Next Steps**

Describe student response (may include assessment results) and next steps in plan.

**Additional Consideration for Reading Intervention Services**

Describe any additional services that are appropriate to accelerate the student's reading skill development.

**Family Resources**

The strategies, resources, or materials listed below may support reading progress at home.