**Demographics**

**DATE INITIATED**: Click here to enter a date. **Name:** Click here to enter text. **DOB:** Click here to enter text. **Gender:** Choose an item.

**SASID**: Click here to enter text. **School:** Click here to enter text. **Grade:** Choose an item.

**Other identified plans (check all that apply): IEP**   **GT**  **504**  **LEP**  **NEP**

**Classroom Teacher** Click here to enter text.

**History of achievement (Include strengths and areas of need from previous years based on assessments and parent input):**

Click here to enter text.

**Screening Results**

Screening Assessment: Choose an item. Score: Click here to enter text. Comments: Click here to enter text.

Progress Monitor Assessment: Choose an item. Score: Click here to enter text. Comments: Click here to enter text.

**Diagnostic Results**

Assessment:Choose an item.Score:Click here to enter text.Comments:Click here to enter text.

Assessment:Choose an item.Score:Click here to enter text.Comments:Click here to enter text.

**Specific Early Literacy Skill Need**

**Data indicates specific skill deficit(s) in the following areas:**

Phonemic Awareness:  Phonics:  Fluency:  Vocabulary:  Oral Language:  Comprehension:

**READ Plan Goal(s)**

List the goals in order of priority and align objectives for progress monitoring to the outlined goals.

GOAL #1: Click here to enter text.

**Select Area of Focus:** Choose an item.

GOAL #2: Click here to enter text.

**Select Area of Focus:** Choose an item.

GOAL #3 (as needed): Click here to enter text.

**Select Area of Focus:** Choose an item.

**Progress Monitor\*\***

**\*\***G*oals and objectives developed for the student should align with identified specific skill deficit(s). Consider referencing the CDE minimum competencies standards and Colorado Academic Standards when creating goals. When a significant reading deficiency is identified, progress monitoring is recommended every 7-10 days.*

**GOAL #1** Click or tap here to enter text.

**Select Area of Focus:** Choose an item.

**Date Initiated:** Click or tap to enter a date.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Objective (s)** | **PM1 DATE** | **Score** | **Determine progress being made** | **PM2 DATE** | **Score** | **Identify progress being made** | **PM3 DATE (6 weeks)** | **Score** | **Determine progress being made** | **6-week Data Driven Decision** |
| **#1 Create an objective aligned to Goal 1**  Click here to enter text.  Date objective started: Click or tap to enter a date. | Click here to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Choose an item.  Notes: Click or tap here to enter text. |
| **Objective(s)** | **PM1 DATE** | **Score** | **Determine progress being made** | **PM2 DATE** | **Score** | **Identify progress being made** | **PM3 DATE (6 weeks)** | **Score** | **Determine progress being made** | **6-week Data Driven Decision** |
| **#2 Create an objective aligned to Goal 1**  Click here to enter text.  Date objective started: Click or tap to enter a date. | Click here to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Choose an item.  Notes: Click or tap here to enter text. |

**GOAL #2:** Click here to enter text.

**Select Area of Focus:** Choose an item.

**Date Initiated:** Click or tap to enter a date.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Objective (s)** | **PM1 DATE** | **Score** | **Determine progress being made** | **PM2 DATE** | **Score** | **Identify progress being made** | **PM3 DATE (6 weeks)** | **Score** | **Determine progress being made** | **6-week Data Driven Decision** |
| **#1 Create an objective aligned to Goal 2**  Click here to enter text.  Date objective started: Click or tap to enter a date. | Click here to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Choose an item.  Notes: Click or tap here to enter text. |
| **Objective(s)** | **PM1 DATE** | **Score** | **Determine progress being made** | **PM2 DATE** | **Score** | **Identify progress being made** | **PM3 DATE (6 weeks)** | **Score** | **Determine progress being made** | **6-week Data Driven Decision** |
| **#2 Create an objective aligned to Goal 2**  Click here to enter text.  Date objective started: Click or tap to enter a date. | Click here to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Choose an item.  Notes: Click or tap here to enter text. |

**GOAL #3 (if needed):** Click here to enter text.

**Select Area of Focus:** Choose an item.

**Date Initiated:** Click or tap to enter a date.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Objective (s)** | **PM1 DATE** | **Score** | **Determine progress being made** | **PM2 DATE** | **Score** | **Identify progress being made** | **PM3 DATE (6 weeks)** | **Score** | **Determine progress being made** | **6-week Data Driven Decision** |
| **#1** **Create an objective aligned to Goal 3**  Click here to enter text.  Date objective started: Click or tap to enter a date. | Click here to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Choose an item.  Notes: Click or tap here to enter text. |
| **Objective(s)** | **PM1 DATE** | **Score** | **Determine progress being made** | **PM2 DATE** | **Score** | **Identify progress being made** | **PM3 DATE (6 weeks)** | **Score** | **Determine progress being made** | **6-week Data Driven Decision** |
| **#2** **Create an objective aligned to Goal 3**  Click here to enter text.  Date objective started: Click or tap to enter a date. | Click here to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Choose an item.  Notes: Click or tap here to enter text. |

**Additional Reading Services / Reading Interventions: Tier I, Tier II and Tier III**

The information listed below is designed to help develop reading proficiency.

**Tier 1 Instruction:** Select the **Core** program the student is receiving for reading instruction.

Universal Program: Choose an item. If “other” please describe: Click here to enter text.

Title of person responsible: Choose an item. If “Other” was selected please describe: Click here to enter text.

**Tier 2 Intervention:** Select the **Intervention** program the student is receiving for reading instruction.

Intervention: Choose an item. If “Other” please describe: Click here to enter text.

Title of person responsible: Choose an item. If “Other” was selected please describe: Click here to enter text.

**Tier 3 Intervention:** Select the **Intervention** program the student is receiving for reading instruction.

Intervention: Choose an item. If “Other” was selected please describe: Click here to enter text.

Title of person responsible: Choose an item. If “Other” was selected please describe: Click here to enter text.

**Supplemental Services**

Identify any additional services the teacher deems available and appropriate to accelerate the student's reading skill development.

Type of service: Choose an item. Frequency of service: Click here to enter text.

Explain how the service will accelerate reading skill development: Click here to enter text.

**Family Component (**[**link to talking points**](https://www.cde.state.co.us/sites/default/files/documents/coloradoliteracy/readact/download/final%20parent%20communication%20talking%20points.pdf)**)**

Strategies must be given to implement at home that will supplement the services received at school.

**PARENT COMMUNICATION:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | Initial Communication | Comments | DATE | Communication | Comments | Date | Communication | Comments |
| Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter a date. | Choose an item. | Click here to enter text. |
|  |  |  |  |  |  |  |  |  |
| PM1 DATE | Communication | Comments | PM2  DATE | Communication | Comments | PM3  Date | Communication | Comments |
| Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter a date. | Choose an item. | Click here to enter text. |

**Classroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_ Parent Signature: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**READ ACT PER PUPIL FUNDING**

How the per-pupil funding was used for this student, indicate as many as apply to the student.

Summer School:  Approved Intervention:  Tutoring (beyond school hours):