

READ Plan Template

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.	
☐ IEP	☐ 504	☐ G/T	☐ NEP
☐ LEP	☐ FEP		

Screening and Probe Results

Screening Assessment: Choose an item.	SCORE: Click here to enter text.	Comments: Click here to enter text.
Progress Monitory Probe 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 Reading Skill Deficiency

Indicate by area of priority 1-6

Phonemic Awareness: Choose an item. Phonics: Choose an item. Fluency: Choose an item. Vocabulary:Choose an item. Oral Language: Choose an item. Comprehension: Choose an item.

READ Plan Goal(s)

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

GOAL: Click here to enter text.

GOAL: Click here to enter text.

Progress Monitor**

1st Grade
Phonemic Awareness

Objective (s)	DATE	Level	Comments	DATE	Level	Comments	DATE	Level	Comments
• Orally produce single-syllable words by blending sounds, including blends	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
• Segment spoken single-syllable words into their complete sequence of individual sounds;	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
• Distinguish long from short vowel sounds in spoken single-syllable words.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.

Phonics

Objective (s)	DATE	Level	Comments	DATE	Level	Comments	DATE	Level	Comments
• Know the spelling-sound correspondences for common consonant digraphs;	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
• Use knowledge that every syllable must have a vowel sound to determine the number of syllables in a printed word;	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
• Decode two-syllable words following basic patterns by breaking words into syllables;	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.
• Know final -e and common vowel team conventions for representing long vowel sounds;	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Click here to enter text.	Click here to enter text.

**(This section would match your specific skill deficiency and would correlate to the goals developed for the student. We would recommend using the minimum reading skill competencies from the READ act rules section 5.0)

Additional Reading Services / Reading Interventions

The information listed below is designed to help develop reading proficiency and are above and beyond CORE instruction.

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

Universal Program

Select the Core program the student is receiving for reading instruction.

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

Family Component (link to talking points)

To include family members in the development of the READ plan strategies must be given to implement at home that will supplement the services received at school.

PARENT COMMUNICATION:

DATE	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.
DATE	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.

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. HOW THE SERVICE WILL ACCELERATE READING SKILL DEVELOPMENT: Click here to enter text.

PER PUPIL FUNDING

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

Summer School: ☐ Full day kindergarten: ☐ Approved Intervention: ☐ Tutoring (beyond school hours): ☐