COLORADO
Department of Education

READ Plan for

Date current plan initiated:

Student Demographics

Name: **Gender:**

DOB: **SASID:**

School: **Grade:**

Classroom Teacher:

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

   OTHER

English Language Proficiency Designation: NEP   LEP   FEP M1   FEP M2
Home Language:

READ Plan History

Is this a continuation of a plan from a previous school year?   Yes   No

If YES, Date first READ plan initiated: **Number of years on READ Plan:**

What language development supports were provided?

Unmet goals/objectives from prior year's READ plan:

Intervention program(s) used in prior school year:

Frequency/Duration/Intensity of the intervention:

Does the student continue to have a Significant Reading Deficiency and require additional, more rigorous strategies and intervention instruction to assist the student in attaining reading competency, as required by the READ Act (C.R.S. 22-7-1206(7)(a)(I))?   Yes   No
Comments:

Screening Results

Screening Assessment:

BOY Composite Score: **Achievement Status:**

BOY Subtest scores

Assessment: **Score:**   **Status:**

Assessment: **Score:**   **Status:**

Assessment: **Score:**   **Status:**

Comments:

MOY Composite Score: **Achievement Status:**

MOY Subtest scores

Assessment: **Score:**   **Status:**

Assessment: **Score:**   **Status:**

Assessment: **Score:**   **Status:**

Comments:

EOY Composite Score: **Achievement Status:**

EOY Subtest scores

Assessment: **Score:**   **Status:**

Assessment: **Score:**   **Status:**

Assessment: **Score:**   **Status:**

Comments:

Additional Screener:

Score:

Comments:

Diagnostic Results

Diagnostic Assessment:

Results of the Diagnostic Assessment:

Diagnostic Assessment:

Results of the Diagnostic Assessment:

State English Language Proficiency Assessment

For students who did not take ACCESS, use WIDA screener scores.

ACCESS Composite Score:

ACCESS Listening Score: **ACCESS Speaking Score:**

ACCESS Reading Score: **ACCESS Writing Score:**

Comments:

Additional Oral Language Results

Assessment:

BOY Score: **MOY Score:**   **EOY Score:**

Comments:

Additional Formative Data
Comments:

Specific Early Literacy Skill Need(s)

Student's Strengths:

Data indicates specific skill deficit(s) in the following area(s) (check all that apply):

Phonemic Awareness	Phonics	Fluency	Vocabulary
Oral Language	Comprehension		

Area(s) of Greatest Need/Targeted Instructional Focus:

Phonemic Awareness	Phonics	Fluency	Vocabulary
Oral Language	Comprehension		

Core Programming (Tier 1/Universal Instruction)

List the core program the student receives as well as any supplemental programs or services.

Core Reading Program: **Frequency:**

Duration: **Student/Teacher Ratio:**

Language Instruction Educational Program (LIEP) model:

Frequency: **Duration:**

Curricular Resources, if applicable: **Student/Teacher Ratio:**

Supplemental Programs or Services:

Frequency/Duration of program or service:

Intervention Programming (Tier II/III Instruction)

Select a program that addresses the student's specific literacy skill deficits.

Intervention Program:

Start Date:

        Instructor Name/Title:

        Frequency:

        Duration:

        Student/Teacher Ratio:

End Date:
Reason for ending intervention programming:

Comments:

Intervention Program:

Start Date:

        Instructor Name/Title:

        Frequency:

        Duration:

        Student/Teacher Ratio:

End Date:

Reason for ending intervention programming:

Was the program successful in remediating the student's specific skill deficit?   Yes   No

READ Plan Goal(s), Objectives, & Progress Monitoring

- Goals should clearly identify the skill being targeted, the time frame for achieving the goal, and the assessment used to measure it.
- Goals should be specific, ambitious yet attainable, realistic, and timely.
- Consider referencing the CDE minimum competencies standards and Colorado Academic Standards when creating goals.
- List the goals in order of priority and align objectives for progress monitoring to the outlined goals.
- Objectives are subcomponents of the overarching goal and should be aligned to the specific skills needed to accomplish that goal.
- Objectives are targeted, specific, and measurable and should break down the overarching goal into smaller units of time.
- Objectives help determine if the student is on track for achieving the aligned goal. Generally, the frequency of progress monitoring objectives is recommended every 7-10 days.

Language Development Supports

- Include "wait time" so that students can process information.
- Incorporate gestures and use visual supports.
- Use recasting to model and expand language.
- Develop oral language throughout all content areas.
- Incorporate language objectives to give students access to the content.
- Plan collaborative talk structures (e.g., Think-Pair-Share).
- Use graphic organizers.
- Provide differentiated sentence frames.
- Make direct cross-linguistic connections.
- Provide multiple opportunities for practice and accurate repetition.
- Adjust the rate of speech and complexity of language to meet the needs of the learners.
- Activate and build upon prior knowledge.
- Break down multi-step directions or tasks.
- Dedicate time for verbal reasoning/rehearsal.
- Incorporate translanguaging.

Goal #1:

Select Area of Focus:

Language Development GOAL #1 that supports Literacy GOAL #1:

List Language Development Supports for GOAL #1:

MOY GOAL STATUS: **EOY GOAL STATUS:**

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

Short-Cycle Data Driven Decision:

Does the language development goal or do the language supports need to be adjusted?   Yes   No

If "Yes," what adjustments will be made?

Comments:

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

Short-Cycle Data Driven Decision:

Does the language development goal or do the language supports need to be adjusted?   Yes   No

If "Yes," what adjustments will be made?

Comments:

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

Short-Cycle Data Driven Decision:

Does the language development goal or do the language supports need to be adjusted?   Yes   No

If "Yes," what adjustments will be made?

Comments:

Goal #2:

Select Area of Focus:

Language Development GOAL #2 that supports Literacy GOAL #2:

List Language Development Supports for GOAL #2:

MOY GOAL STATUS: **EOY GOAL STATUS:**

Aligned Objective	Assessment	Baseline Data Point	PM 1 Date	PM 2 Date	PM 3 Date	PM 4 Date	Status

Short-Cycle Data Driven Decision:

Does the language development goal or do the language supports need to be adjusted?   Yes   No

If "Yes," what adjustments will be made?

Comments:

Aligned Objective	Assessment	Baseline Data Point	PM 1 Date	PM 2 Date	PM 3 Date	PM 4 Date	Status

Short-Cycle Data Driven Decision:

Does the language development goal or do the language supports need to be adjusted?   Yes   No

If "Yes," what adjustments will be made?

Comments:

Aligned Objective	Assessment	Baseline Data Point	PM 1 Date	PM 2 Date	PM 3 Date	PM 4 Date	Status

Short-Cycle Data Driven Decision:

Does the language development goal or do the language supports need to be adjusted?   Yes   No

If "Yes," what adjustments will be made?

Comments:

Goal #3:

Select Area of Focus:

Language Development GOAL #3 that supports Literacy GOAL #3:

List Language Development Supports for GOAL #3:

MOY GOAL STATUS: **EOY GOAL STATUS:**

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

Short-Cycle Data Driven Decision:

Does the language development goal or do the language supports need to be adjusted?   Yes   No

If "Yes," what adjustments will be made?

Comments:

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

Short-Cycle Data Driven Decision:

Does the language development goal or do the language supports need to be adjusted?   Yes   No

If "Yes," what adjustments will be made?

Comments:

Aligned Objective	Assessment	Baseline Data Point	PM 1	PM 2	PM 3	PM 4	Status
			Date	Date	Date	Date	

Short-Cycle Data Driven Decision:

Does the language development goal or do the language supports need to be adjusted?   Yes   No

If "Yes," what adjustments will be made?

Comments:

Family Component

Home implementation strategies discussed with the parent(s) that will support services received at school:

Parent Communication

Date	Communication Summary	Comments

Signatures (optional)

Classroom Teacher: Date:

    Administrator: Date:

   Parent/Guardian: Date:

   Parent/Guardian: Date:

      Other(s):   Date:

End of Year READ Plan Summary for

Date of End of Year Review:

EOY Assessment Score(s):   **Achievement Status:**

READ Plan Status:

Does the student continue to have a Significant Reading Deficiency and require additional, more rigorous strategies and intervention instruction to assist the student in attaining reading competency, as required by the READ Act (C.R.S. 22-7-1206(7)(a)(I))?   Yes   No

If the student will continue on a READ plan for a second or subsequent consecutive school year, what unmet goals and/or objectives should be continued in the updated READ plan?

Does the language development goal or do the language supports need to be adjusted? If "Yes," what adjustments will be made?

Intervention Programming Summary:

Describe the interventions the student received, including frequency, duration and intensity of the intervention, as well as the student's response to the intervention. Include where the student left off in the intervention at the end of the year and whether it is recommended that the student continue with the intervention in the next school year.

Data Analysis Summary:

Narrative of student strengths, areas of need, and recommendations for support in the subsequent school year: