Individualized Reading Improvement Plan (IRIP)

Student Name:

Student Demographics

DOB: Grade: School year:

Classroom teacher:

Other active plans (check all that apply): ( ) IEP without reading goals; ( ) 504; ( ) EL, years in program _____;
( ) BIP; ( ) Health Plan; ( ) Safety Plan; ( ) Other:

IRIP History

Review prior goals, intervention programs, and the frequency and duration of supports provided.

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

If yes, date and grade in which first IRIP initiated:

Total number of benchmark windows on an IRIP: ( ) Consecutive benchmarks

Comments:

Tier I Core Programming (Universal Instruction)

Core reading program name:

Frequency: _____ days/week Duration: _____ minutes/day

Teacher responsible for instruction:

Comments:

Core reading program name:

Frequency: _____ days/week Duration: _____ minutes/day

Teacher responsible for instruction:

Comments:

Parental Notification

( ) Parent/guardian notified of the student's need for an IRIP (must be within 15 working days of identification) (Neb. Rev. Stat. § 79-2606)

( ) Parent/guardian notified of the student's IRIP implementation and provided a copy of the plan (must be within 30 working days of identification) (Neb. Rev. Stat. § 79-2606)

DIBELS 8th Edition Screening Results

Beginning of Year (BOY)

Date administered: Teacher responsible for administration:

Composite score: Status: Select an option

Subtests and skills below benchmark (check all that apply):
( ) Letter Naming Fluency (Areas: Letter Naming or Rapid Automatized Naming) ( ) Phoneme Segmentation Fluency (Area: Phonological Awareness) ( ) Nonsense Word Fluency - Correct Letter Sounds (Area: Letter Sound Correspondence) ( ) Word Reading Fluency (Area: Word Reading) ( ) Oral Reading Fluency (Area: Fluency) ( ) MAZE (Area: Reading Comprehension) ( ) Vocabulary (Area: Vocabulary) ( ) Encoding (Area: Encoding (Spelling) ( ) Oral Language (Area: Language Comprehension)

Strengths:

Pattern of error based on individual student responses:

Comments:

Middle of Year (MOY)

Date administered: Teacher responsible for administration:

Composite score: Status: Select an option

Subtests and skills below benchmark (check all that apply):
( ) Letter Naming Fluency (Areas: Letter Naming or Rapid Automatized Naming) ( ) Phoneme Segmentation Fluency (Area: Phonological Awareness) ( ) Nonsense Word Fluency - Correct Letter Sounds (Area: Letter Sound Correspondence) ( ) Word Reading Fluency (Area: Word Reading) ( ) Oral Reading Fluency (Area: Fluency) ( ) MAZE (Area: Reading Comprehension) ( ) Vocabulary (Area: Vocabulary) ( ) Encoding (Area: Encoding (Spelling) ( ) Oral Language (Area: Language Comprehension)

Strengths:

Pattern of error based on individual student responses:

Comments:

End of Year (EOY)

Date administered: Teacher responsible for administration:

Composite score: Status: Select an option

Subtests and skills below benchmark (check all that apply):
( ) Letter Naming Fluency (Areas: Letter Naming or Rapid Automatized Naming) ( ) Phoneme Segmentation Fluency (Area: Phonological Awareness) ( ) Nonsense Word Fluency - Correct Letter Sounds (Area: Letter Sound Correspondence) ( ) Word Reading Fluency (Area: Word Reading) ( ) Oral Reading Fluency (Area: Fluency) ( ) MAZE (Area: Reading Comprehension) ( ) Vocabulary (Area: Vocabulary) ( ) Encoding (Area: Encoding (Spelling) ( ) Oral Language (Area: Language Comprehension)

Strengths:

Pattern of error based on individual student responses:

Comments:

Tier II and III Programming (Targeted & Strategic Intervention) - NeMTSS Program Comparison Tool

Students identified with a reading deficiency must be provided supplemental reading intervention in addition to core reading instruction during regular school hours, unless otherwise agreed to by a parent or guardian. (Neb. Rev. Stat. § 79-2605)

Intervention program name:

Frequency: _____ days

Duration: ____ minutes/day

Group Size:

Comments:

Teacher responsible for instruction:

Start date:

( ) Completed ( ) Adjusted

Intervention program name:

Frequency: _____ days

Duration: ____ minutes/day

Group Size:

Comments:

Teacher responsible for instruction:

Start date:

( ) Completed ( ) Adjusted

Intervention program name:

Frequency: _____ days

Duration: ____ minutes/day

Group Size:

Comments:

Teacher responsible for instruction:

Start date:

( ) Completed ( ) Adjusted

Diagnostic Results

DIBELS 8th Edition is a screening tool, not a diagnostic assessment. Additional diagnostic assessment should be used when needed to answer specific instructional questions, not as a routine next step for every student. For more information, please see Appendix B.

Characteristics of Dyslexia

If a student exhibits characteristics consistent with dyslexia, the student must be provided evidence-based structured literacy instruction implemented with fidelity using a multisensory approach. A medical diagnosis is not required. (Neb. Rev. Stat. § 79-11,156)

( ) Evidence-based structured literacy instruction is being provided.

( ) Evidence-based structured literacy instruction will be initiated.

( ) Not applicable - Student does not display characteristics of dyslexia.

Pertinent family information: ( ) Family history of dyslexia or reading difficulty (if known); ( ) Other: _____

End of Year IRIP Summary

EOY DIBELS 8th Edition composite score:

Achievement status: Select an option

Intervention Decision for Next Year

The recommendations below are preliminary and should be reviewed following fall screening to determine the student's current instructional needs.

Continue intervention ( ) Yes ( ) No

If yes, focus area(s):

Recommended intervention/support:

Summer Reading Requirement

As required by the Nebraska Reading Improvement Act, schools must make a summer reading program available to students entering grades 1-3 who continue to have reading difficulty (Neb. Rev. Stat. § 79-2605)

Program type: ( ) School-based; ( ) Community-based; ( ) Online; ( ) Other: _____

Program name/location:

Comments: