

READ TO SUCCEED PLAN FOR INTENSIVE READING INSTRUCTION AND INTERVENTION

A Plan for Intensive Reading Instruction and Intervention is in place for this student with the goal of improving his/her reading skills. This plan is individualized, based on data, and shall continue until the student is determined to be reading on grade level based on a state approved assessment. The student will not be promoted to the fourth grade if the reading deficiency is not "corrected" by the end of third grade unless the student qualifies for a good cause exemption.

DISTRICT	Charter Institute at	SCHOOL	Cyber Academy of SC
	Erskine		
STUDENT NAME		GRADE	3rd
		LEVEL	
PRINCIPAL NAME	Kristin Kerns	TEACHER	
		NAME	
PARENT/GUARDIAN		SCHOOL	
NAME		YEAR	

Based on the most current results from one of the following assessments, this student is not demonstrating grade-level proficiency in reading. A space for entering the date and the score for beginning (B), middle (M), and/or end of year (E) administration is provided. Assessments are not required to be administered three times a year, but this is strongly encouraged. The frequency of administration is a local district decision. Please circle the assessment given.

Assessment	Date (B)	Score/Level	Date (M)	Score/Level	Date (E)	Score/Level
Reading			` /			
Assessments						
Fountas and Pinnell						
Benchmark						
Assessment System,						
Dominie, DRA2+,						
Next Steps to						
Guided Reading						
Computerized						
Assessments						
DIBELS, MAP,						
STAR						
EasyCBM Passage						



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Please indicate the current interventions and/or supplemental services or supports provided to this student.

Intervention Services and Supports	1st Nine Weeks	2nd Nine Weeks	3rd Nine Weeks	4th Nine Weeks	SRC
Tier I Instruction through a daily literacy block using high quality, evidence-based instruction (Please describe)					
Tier II Instruction (Please describe)					
Tier III Instruction (Please describe)					
After school					
Before school					
Summer Reading Camp					
Tutoring					
Extended School Year					

Additional Supports		
The following instructional plans may	y be in place for this student. Please check t	those that apply.
Use the space below to provide any a	dditional comments.	
IEP	English Language Learner Instructional support	504 Plan
Comments:		

Parent/Family Support

The following are suggestions for parents to support their students at home toward reaching grade-level reading proficiency.

Make reading part of every day, even for just a few minutes.			
Read to your child each day. When the book contains a new or interesting word, pause and			
talk about the word with your child.			
Discuss the meaning of unknown words, both those he reads and those he hears.			
Set aside a time each day for your child to read independently.			
Choose books that are at an appropriate reading level for your child.			
Let your child see you reading.			
Ask your child questions about the story as you read together.			
Visit your local library.			



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Parent/Teacher	Conference	S				
Grading	Date	Comments				
Period						
1st Nine Weeks						
2nd Nine						
Weeks						
3rd Nine						
Weeks						
4th Nine						
Weeks						
		been notified of the following: entified as not demonstrating grade-level proficiency in reading.				
2. A descripti	on of the pro	pposed supplemental instructional services and supports provided thing grade level proficiency.				
3. My studen	3. My student will not be promoted to the fourth grade if he/she is reading significantly below grade level unless he/she qualifies for a "good cause" exemption.					
4. Suggestion have been pro		/guardians to help their student reach grade level proficiency				
		mance scores of the student have been made available.				
		grade state-wide reading assessment (SC READY) is not the "Good Cause" exemptions are considered and have been				
S	tudent Name					
Parent	/ Guardian N	Jame				
Parent/C	Guardian Sig	nature Date				
•		ele to attend parent-teacher conference; a written reading progress naking two attempts to contact parent or guardian to schedule				
Teacher Name/S	ignature	Date Mailed				

Read to Succeed Third Grade Retention Document Spring 2019 Page 3