

2019-2020 Intensive Reading Intervention (IRI) for Literacy

District:	Student Name:
School:	Student ID:
Principal:	Parent/Guardian:
Teacher:	Grade Level:
Previous Teacher:	Tested Grade:
K-2 Assessment:	Percentile:

Areas Indicating Need for Intervention

Letter Identification
 Vocabulary/Comprehension Oral
 Phonics
 Phonemic Awareness
 Fluency

Current Reading Program Services

Scientifically-Based Core Reading Program	
<input type="checkbox"/> Basal	<input type="checkbox"/> Comprehensive Literacy
<input type="checkbox"/> Other	

When Service Will Take Place		
<input type="checkbox"/> Before School	<input type="checkbox"/> After School	<input type="checkbox"/> During School Hours
<input type="checkbox"/> Extended Year	<input type="checkbox"/> Saturday School	<input type="checkbox"/> Double Blocking

Intensive Reading Intervention Provided	
Name of Interventionist:	

Session Frequency		
<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other

Essential Elements Addressed	
<input type="checkbox"/> Phonemic Awareness	<input type="checkbox"/> Comprehension
<input type="checkbox"/> Vocabulary	<input type="checkbox"/> Fluency
<input type="checkbox"/> Phonics	<input type="checkbox"/> Other

Number of Minutes Per Session:	
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Type of Intervention	
<input type="checkbox"/> Published Program	<input type="checkbox"/> Computer Assisted
<input type="checkbox"/> Targeted Small Group	<input type="checkbox"/> Computer Assisted

Notes/Comments

Signing this document affirms you understand the roles and responsibilities regarding this plan

Parent/Guardian Signature:	
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School Authority Signature:	
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