

# Individualized Reading Improvement Plan (IRIP)

(School/District)

Student:	Student UIC:	Parent/Guardian:
Teacher:	School Year:	Grade:

Meeting Date:	<b>Fall      Winter      Spring</b>
Notification Sent:	Home Plan Provided
Team Members Present	

Screener:	Date Administered:	Results (Attach reports)
Diagnostic:	Date Administered:	Results (Attach reports)

Additional Information:	
Strengths:	Area(s) of Deficiency: <input type="checkbox"/> Phonemic Awareness: <i>Ability to hear and distinguish sounds.</i> <input type="checkbox"/> Phonics: <i>Ability to understand relationship between letters &amp; sounds they represent.</i> <input type="checkbox"/> Fluency: <i>Ability to read with sufficient speed to support understanding.</i> <input type="checkbox"/> Vocabulary/Oral Language: <i>Knowledge of, and memory for, word meanings.</i> <input type="checkbox"/> Comprehension: <i>Ability to understand and draw meaning from text.</i> <input type="checkbox"/> Other _____

Intervention Goal(s):
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Evidenced Based Intervention and Progress Monitoring Plan: Who, What, How Often, Duration
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Results of Intervention:
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Credits: ELA Leadership Team