



## Pepin Area Schools Personal Reading Plan

### Section 1: Child Information

Name:	DOB:
School: Pepin Elementary School	Current Grade:
Language(s) : English ▾	
Student Interests, Strengths, & Additional Relevant Information from family history survey and parent communication:	
Additional Supports & Programs (including academic, behavioral, and mental health): <input type="checkbox"/> EL Plan If yes, what is the English Language Proficiency (ELP) Level? _____ <input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Gifted Education Plan <input type="checkbox"/> Other:	

### Section 2: Team Information

List the name of each team member under the role they fill for the child's literacy support team.

Parent(s)/Caregiver(s):		
Parent(s)/Caregiver(s) Preferred Language(s): English ▾		
Parent(s)/Caregiver(s) Preferred Mode(s) of Communication: Phone Call ▾ , Email ▾		
Classroom Teacher:	Reading Teacher/ Specialist:	Other Teachers: (e.g. Special Education, Multilingual Learner Educator, etc.)
Team Members Responsible for Plan Implementation:		

### Section 3: Universal Instruction

The child participates in culturally inclusive science-based early literacy instruction: Yes ▾
WI DPI defines “ <b>culturally responsive practices</b> ” as: an approach to teaching that recognizes the value of learners' cultural beliefs and practices and draws on them to inform instruction, enhance learner self-advocacy, and bridge learners' home and school experiences. Act 20 defines “ <b>science-based early literacy instruction</b> ” as: systematic and explicit instruction that consists of phonological awareness, phonemic awareness, phonics, building background knowledge, oral language development, vocabulary building, instruction in writing, instruction in comprehension, and reading fluency.
Differentiated supports available to the child within classroom literacy instruction: Select ▾ Select ▾

Section 4: Culturally Inclusive Early Literacy Assessment Data		
SCREENING RESULTS		
FALL	WINTER	SPRING
Date:  Overall Percentile: Performance Level:  Oral Reading Fluency Percentile: Performance Level:	Date:  Overall Percentile: Performance Level:  Oral Reading Fluency Percentile: Performance Level:	Date:  Overall Percentile: Performance Level:  Oral Reading Fluency Percentile: Performance Level:
DIAGNOSTIC RESULTS		
Window period:		
<div><u>AIMSWeb Listening Comprehension:</u></div> <div><u>AIMSWeb Spelling:</u></div> <div><u>AIMSWeb Phoneme Segmentation:</u></div> <div><u>AIMSWeb Word Reading Fluency:</u></div> <div><u>Rapid Automatic Naming Objects:</u></div> <div><u>CORE Phonics Survey:</u></div>		
Section 5: Overall Early Literacy Analysis		
Date:		
<div>Area(s) of Early Literacy Strength:</div> <div>Opportunities for Early Literacy Growth:</div>		

## Section 6: Child-Centered Goal(s) & Support Plan

Dates:

Goal:

Intervention Strategy:

Intervention Provider: **Select** ▾

Sessions per week: **1** ▾

Length of session: **30 minutes** ▾

Group size: **1** ▾

Progress Monitoring Strategy:

**Success Criteria:** Demonstrate adequate progress in:

- ☐ 5K: nonword/nonsense word fluency
- ☐ Grade 1-2: oral reading fluency
- ☐ Grade 3: oral reading fluency and summative reading assessment (Forward Exam)

Grade Level Benchmark(s):

## Section 7: Additional Recommendations for Culturally Relevant Early Literacy Learning

**Recommendations for School Professionals from Parent(s)/Caregiver(s):** (Check response boxes and add information)

- ☐ What are your child's strengths? What does your child like to do?
- ☐ What reading activities does your child participate in at home?
- ☐ Has anyone in the child's family been diagnosed with dyslexia or experienced difficulties with reading and spellings (either as a child or adult)?
- ☐ Has your child's hearing been tested outside of school?
- ☐ Has your child's vision been tested outside of school?
- ☐ What additional factors might impact your child's growth?

**Recommendations for Parent(s)/Caregiver(s) from School Professionals:**

**Other Recommendations:**

### Section 8: Signatures

Act 20 requires that personal reading plans be signed by parent(s)/caregivers involved and returned to the school district.

The student's personal reading plan has been reviewed by the teacher, administrator, parent(s)/caregiver(s), and other pertinent staff as indicated by each signature below.

Name:  Title:  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name:  Title:  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name:  Title:  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name:  Title:  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 9: Record of Attendance & Progress

ATTENDANCE:

\_\_\_\_/\_\_\_\_ possible intervention sessions = \_\_\_\_ % participation

### Section 10: 10-Week Progress Update for Parent(s)/Caregiver(s) & Next Steps

Summary of results from implementing the intervention as outlined in the personal reading plan after 10 weeks:

Next steps for continued support of the child's early literacy development:

After ten weeks of implementing the literacy intervention outlined in the student's personal reading plan, progress was reviewed by the teacher(s), administrator, parent(s)/caregiver(s), and other relevant staff, as evidenced by the signatures below.

Name:  Title:  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name:  Title:  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name:  Title:  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name:  Title:  Signature: \_\_\_\_\_ Date: \_\_\_\_\_