Student Reading Improvement Plan (SRIP)

Maryland
STATE DEPARTMENT OF EDUCATION

School Name

Local Education Agency

Address

City

Zip Code

Phone

Fax

Web Address

Student Profile

Student Name

Date of Birth

Gender

Grade Level

Classroom Teacher

Current School Year

Date Current Plan Initiated

Other Services Provided *(select all that apply)*

☐ 504   ☐ IEP   ☐ BIP   ☐ Speech   ☐ ELD   ☐ Advanced Academics

☐ Gifted and Talented

Language Spoken at Home

Does this student have language goals?

☐ Yes   ☐ No

Does this student have an IEP with reading goals?

☐ Yes   ☐ No

Student Reading Improvement Plan History

Is this a continuation of a SRIP from a previous school year?

☐ Yes   ☐ No

If yes, provide any pertinent information from previous SRIPs *(if applicable):*

Number of years with a SRIP: _____

What other supports were provided?

WIDA

English Language Proficiency Level: _____

Composite Score: _____

Subtest Scores

Listening Score: _____   Reading Score: _____   Speaking Score: _____

Writing Score: _____

Additional Oral Language Assessment

Assessment: _____

Results: _____

Screener Results

Screening Assessment: _____

BEGINNING OF THE YEAR

Composite Score: _____ Achievement Status: _____

Subtest Scores

Assessment: _____ Score: _____ Status: _____

Assessment: _____ Score: _____ Status: _____

Assessment: _____ Score: _____ Status: _____

Assessment: _____ Score: _____ Status: _____

Comments:

MIDDLE OF THE YEAR

Composite Score: _____ Achievement Status: _____

Subtest Scores

Assessment: _____ Score: _____ Status: _____

Assessment: _____ Score: _____ Status: _____

Assessment: _____ Score: _____ Status: _____

Assessment: _____ Score: _____ Status: _____

Comments:

END OF THE YEAR

Composite Score: _____   Achievement Status: _____

Subtest Scores

Assessment: _____   Score: _____   Status: _____

Assessment: _____   Score: _____   Status: _____

Assessment: _____   Score: _____   Status: _____

Assessment: _____   Score: _____   Status: _____

Comments:

Diagnostic Results

Diagnostic Assessment: _____   Date Delivered: _____

Results of Diagnostic Assessment:

Diagnostic Assessment: _____   Date Delivered: _____

Results of Diagnostic Assessment:

Diagnostic Assessment: _____   Date Delivered: _____

Results of Diagnostic Assessment:

ADDITIONAL FORMATIVE DATA

Please share any additional reading data that may support the team in understanding the students' specific reading needs.

ADDITIONAL COMMENTS

Core Programing (Tier I)

Tier I instruction provides on-grade level, standards-aligned general instruction that is differentiated as needed to ensure all students can access the grade-level content. It should occur within the core instructional block and be delivered through whole and small group settings.

List the specific core program(s) the district uses for Core/Tier I instruction for all students.

Core Reading Program(s):

Supplemental Program or Service

Select the tier of support the student will receive and identify the supplemental program(s) that will be used to address the student's specific literacy skill deficit(s):

☐ **TIER II SUPPLEMENTAL PROGRAMMING**

Tier II support involves small group interventions that align with evidence-based practices used in Tier I instruction. Tier II supports <u>are provided in addition to</u> ongoing Tier I instruction.

Instructional Need: _____

Reading Intervention: _____

Frequency (How often?): _____

Duration: (How much time?): _____

Student/Teacher Ratio: _____

☐ **TIER III SUPPLEMENTAL PROGRAMMING**

For students not demonstrating growth in Tier II, Tier III provides diagnostic-based, explicit interventions tailored to their needs. Tier III supports <u>are provided in addition to</u> ongoing Tier I instruction.

Instructional Need: _____

Reading Intervention: _____

Frequency (How often?): _____

Duration: (How much time?): _____

Student/Teacher Ratio: _____

Student Learning Goal(s) and Progress Monitoring

The number of targeted reading goals will be determined by the needs identified on the diagnostic assessment.

GOAL 1

Select area of focus: _____

Goal:

Baseline

Date: _____

Results: _____

PM 1

Date: _____

Results: _____

PM 2

Date: _____

Results: _____

PM3

Date: _____

Results: _____

Student Reading Improvement Plan

Middle of Year Goal Status: _____   Date: _____

End of Year Goal Status: _____   Date: _____

Language/IEP Goal Supported by Literacy Goal 1 *(if applicable)*:

List Language Development Supports for Goal 1 *(if applicable)*:

Comments:

GOAL 2

Select area of focus: _____

Goal:

Baseline

Date: _____

Results: _____

PM 1

Date: _____

Results: _____

PM 2

Date: _____

Results: _____

PM3

Date: _____

Results: _____

Middle of Year Goal Status: _____   Date: _____

End of Year Goal Status: _____   Date: _____

Language/IEP Goal Supported by Literacy Goal 2 *(if applicable)*:

List Language Development Supports for Goal 2 *(if applicable)*:

Comments:

GOAL 3

Select area of focus: _____

Goal:

Baseline

Date: _____

Results: _____

PM 1

Date: _____

Results: _____

PM 2

Date: _____

Results: _____

PM3

Date: _____

Results: _____

Middle of Year Goal Status: _____   Date: _____

End of Year Goal Status: _____   Date: _____

Language/IEP Goal Supported by Literacy Goal 3 *(if applicable)*:

List Language Development Supports for Goal 3 *(if applicable)*:

Comments:

Acknowledgement and Signatures

As the parent/guardian, I have been notified about the following:

☐ My child is **"not on-track"** for reading at grade level.

☐ My child's **reading assessment score(s)** and **grade-level expectations**.

☐ Resources and information about **dyslexia** (if applicable).

☐ A description of **current services** that were provided to my child during the _____ school year.

☐ A description of the school's **planned services and supports** for the _____ school year to meet my child's needs related to learning to read.

☐ Notice that the district will **continue to provide my child a SRIP** until my child achieves the required level of skill in reading for their current grade level.

☐ Notice that my child **will not be designated for promotion to the fourth grade** if they do not demonstrate adequate reading proficiency on the MSDE-adopted State English Language Arts Assessment, unless my child meets a good cause exemption.

_____ _____ _____
Signature   Role   Date

_____ _____ _____
Signature   Role   Date

Family Partnership

Home implementation strategies discussed with the parent(s) that will support services received at school:

Support Team Roles and Responsibilities

Identify the members of the student support team and their responsibilities below.

Name	Role	If role is "Other," please define

Responsibility

Name	Role	If role is "Other," please define

Responsibility

Name	Role	If role is "Other," please define

Responsibility

Name	Role	If role is "Other," please define

Responsibility

Student Reading Improvement Plan

_____ | _____ | _____
Name | Role | If role is "Other," please define

_____
Responsibility

_____ | _____ | _____
Name | Role | If role is "Other," please define

_____
Responsibility

_____ | _____ | _____
Name | Role | If role is "Other," please define

_____
Responsibility

_____ | _____ | _____
Name | Role | If role is "Other," please define

_____
Responsibility

_____ | _____ | _____
Name | Role | If role is "Other," please define

_____
Responsibility

The signatures below indicate that this intervention plan has been reviewed in **an initial meeting** and agreed upon by all members of the support team.

_____ | _____ | _____
Signature | Role | Date

_____ | _____ | _____
Signature | Role | Date

Signature   Role   Date

Signature   Role   Date

Signature   Role   Date

Signature   Role   Date

Signature   Role   Date

Signature   Role   Date

Signature   Role   Date

Signature   Role   Date

Communication and Meeting History

Date   Name   Communication Type

Comments:

Date   Name   Communication Type

Comments:

Date   Name   Communication Type

Comments:

Date   Name   Communication Type

Comments:

Date   Name   Communication Type

Comments:

_____   _____   _____
Date   Name   Communication Type

Comments:

_____   _____   _____
Date   Name   Communication Type

Comments:

_____   _____   _____
Date   Name   Communication Type

Comments:

_____   _____   _____
Date   Name   Communication Type

Comments

In the event the meeting was unable to be held in person and was held virtually instead, the teacher's signature below attests that all required parties had input and received information about this plan.

_____   _____   _____
Signature   Role   Date

End of Year Summary and Next Steps

End of Year Review Date: _____   SRIP Status: _____

EOY Assessment Score(s):

DATA ANALYSIS SUMMARY AND NEXT STEPS

Narrative of student strengths, areas of need, and recommendations for support in the subsequent school year:

Does the student continue to demonstrate difficulties with word recognition, language comprehension, or both; which affect their ability to achieve grade-level reading proficiency?

☐ Yes   ☐ No

Does the student continue to require supplemental instruction aligned to the science of reading to assist them in attaining reading competency, as required by the Pre-K-3 Comprehensive Literacy Policy?

☐ Yes   ☐ No

If the student will continue on a SRIP for a second or subsequent consecutive school year, what unmet goals and/or objectives should be continued in the updated plan?

Does the language development goal or do the language supports need to be adjusted?

☐ Yes ☐ No

If "Yes," what adjustments will be made?

INTERVENTION PROGRAMMING SUMMARY AND NEXT STEPS

Narrative on how student responded to the intervention, where the student ended the year, and whether it is recommended that the student continue with the same intervention in the subsequent school year.

FOR GRADE 3 STUDENTS ONLY

Grade 3 students must demonstrate adequate reading proficiency on the MSDE-adopted State English Language Arts Assessment to be designated for promotion to grade 4 (See MD Code, Education, § 7-202. Minimum levels of reading ability).

PROMOTION TO THE NEXT GRADE

1. Did the student score at or above the required performance level on MCAP?

   ☐ Yes   ☐ No

2. If the **answer to criterion 1 was 'no,'** did the student score at or above the required performance level on an **MSDE-approved reassessment?** *(If applicable)*

   ☐ Yes   ☐ No

3. If the **answer to criterion 2 was 'no,'** was a triangulation of data from multiple valid and reliable measures utilized to determine whether or not the student should be promoted?

   ☐ Yes   ☐ No

   If yes, what data was used in the decision-making process?

4. Did the student qualify for a good cause exemption?

   ☐ Yes   ☐ No

   If yes, what good cause exemption did they qualify for?

   ☐ Student is enrolled in Alternate Education Framework

   ☐ Student is a multilingual learner and has received less than two years of instruction aligned to WIDA standards

   ☐ Student has an IEP/504 that reflects that they have received two or more years of intensive reading intervention but still demonstrate a reading difficulty

   ☐ Student was retained in a previous grade

5. What was the school's decision?

   ☐ Promote to grade 4

   ☐ Retain in grade 3

6. Did the parent/guardian of the student provide consent for retention?

   ☐ Yes   ☐ No   ☐ No response from parent/guardian

7. What was the **final** decision regarding the student's promotion to grade 4?

   ☐ Promote to grade 4

   ☐ Retain in grade 3

Please see the LEA promotion policy for guidance on determining promotion designation and planning for how continued support will be provided to the student in the upcoming school year.