



Individual Reading Improvement Plan for Students with Significant Cognitive Disabilities

School Year _____

Plan Start Date _____

Student Name _____

Grade _____

Data Collection

DIBELS 8 th Edition Screener / Literacy Alternate Assessment Rubric (LAAR)	
Measure	Score
BOY	
MOY	
EOY	

IEP Goal(s)

List the student's IEP goal(s) that currently address literacy and/or language needs.

Educational Need Area	Measurable Academic/Functional Goal

Current Intervention/Support Action Plan

Include any actions that are currently in place to address the student's literacy needs. This can include small group time, pull-out interventions, after-school tutoring, summer learning opportunities, or additional classroom instruction. Specify what skills are being targeted, how often the action is occurring, and any adjustments that are made after progress monitoring data is reviewed.

Provider/Service	Program/Skills	Frequency	Adjustments (based on progress monitoring)

Additional Support Needs

Discuss additional accommodations/supports/strategies that could be implemented to address the student’s literacy needs.

Accommodations			
<input type="checkbox"/> Text-to-Speech	<input type="checkbox"/> Modified tests	<input type="checkbox"/> Tactile graphics	<input type="checkbox"/> Color reading filters
<input type="checkbox"/> Human Reader	<input type="checkbox"/> Modify assignments as needed	<input type="checkbox"/> Utilize graphic/pictorial mode materials (e.g. tactile graphics)	<input type="checkbox"/> Color code material
<input type="checkbox"/> Kurzweil	<input type="checkbox"/> Shorten assignments	<input type="checkbox"/> Large print	<input type="checkbox"/> Use text/workbooks/worksheets at modified reading level
<input type="checkbox"/> Recorded voice file	<input type="checkbox"/> Alter format of materials on page	<input type="checkbox"/> Change background font and colors	<input type="checkbox"/> Utilize audio/recorded texts
<input type="checkbox"/> Utilize digital formats	<input type="checkbox"/> Digital recorders	<input type="checkbox"/> E-reader	<input type="checkbox"/> Visuals
<input type="checkbox"/> Reading pen	<input type="checkbox"/> Extra time-written work	<input type="checkbox"/> Individual testing	<input type="checkbox"/> Small group testing
<input type="checkbox"/> Provide individualized instruction	<input type="checkbox"/> Provide small group instruction	<input type="checkbox"/> Separate or alternate location	<input type="checkbox"/> Other:
Reading Strategies			
<i>Phonemic awareness:</i> <input type="checkbox"/> Blending <input type="checkbox"/> Discriminating between sounds <input type="checkbox"/> Identifying sounds <input type="checkbox"/> Segmenting syllables / words <input type="checkbox"/> Discriminating between sounds	<i>Phonological awareness:</i> <input type="checkbox"/> Blending <input type="checkbox"/> Clapping out syllables <input type="checkbox"/> Identifying rhyming words <input type="checkbox"/> Onset-rime <input type="checkbox"/> Segmenting <input type="checkbox"/> Sound manipulation <input type="checkbox"/> Syllable awareness <input type="checkbox"/> Segmenting CVC words/syllables	<i>Phonics:</i> <input type="checkbox"/> Decoding CVC words/ diphthongs/ multisyllabic words <input type="checkbox"/> Identification of rhyming words	<input type="checkbox"/> Other:

Family Involvement

List any communication with the parent/guardian that shares information about the student's results, intervention plans, and progress monitoring. At-home reinforcement can be discussed and encouraged. Additional information can be shared by completing and sending home the Student Literacy Screener Results template.

Conference Date	Notes