

## 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:	
--------------------------------	--

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

<b>Parent/Guardian Signature:</b>	
-----------------------------------	--

<b>School Authority Signature:</b>	
------------------------------------	--