Student Literacy Intervention Plan
(SLIP)
2026-2027

Student:		District:	
Grade Level:	☐ K ☐ 1 ☐ 2 ☐ 3	School:	

The goal of this plan is to explain the reading support your child will receive at school and to keep you updated on how they are progressing toward grade-level reading skills.

Identification of Reading Deficiency

A reading deficiency has been identified based on results from the following state board approved screening assessment:
List approved screener used here: _____

Timeframe	Student's Grade Level Score	Percentile Rank	Tier of Support Needed
Beginning of Year	_____	_____	☐ Tier 1 ☐ Tier 2 ☐ Tier 3
Middle of Year	_____	_____	☐ Tier 1 ☐ Tier 2 ☐ Tier 3
End of Year	_____	_____	☐ Tier 1 ☐ Tier 2 ☐ Tier 3

Results of Screening for Characteristics of Dyslexia

☐ Data indicates student is **at-risk** for characteristics of dyslexia at this time.

☐ Data indicates student is **not at-risk** for characteristics of dyslexia at this time.

This is a reminder that this screening is **not** a diagnosis of dyslexia.

☐ Screening for characteristics of dyslexia has not yet been completed. It will be done within 30 days of the universal screening and the results will be shared within 15 days of the dyslexia screening. An addendum will be attached with the results and any needed changes to the plan

Additional assessment(s) used for informal diagnostic purposes:

_____

A Student Literacy Intervention Plan (SLIP) has been created for this student with the goal of improving his/her reading skills in the area(s) of:_____

Specific Skill deficits: _____

The student will receive collaborative services through: (check all that apply)

☐ Special Education (IDEA) ☐ Title I ☐ English Language Learner/Title III

Student Literacy Intervention Plan
(SLIP)
2026-2027

Description of Supplemental or Remedial Reading Services and Supports

In addition to a minimum of 90 minutes of daily reading instruction to address on-grade-level standards, the student will receive the following instructional supports:

Instructional Support	Frequency	Duration
☐ Additional in-school instructional time	_____ x/week	Minutes: _____
☐ Before / After school tutoring	_____ x/week	Minutes: _____

☐ **The family has indicated that the student is receiving tutoring outside of school services to address characteristics of dyslexia.**
Indicating this is for communication purposes only, and should not take the place of instructional supports or services provided by the school. Under federal law, all students are entitled to a free and appropriate public education. 34 CFR § 300.101

Plan for monitoring student progress: Family will receive written update of progress every 30 days.

Name of assessment: _____ Frequency of monitoring: ☐ Weekly ☐ Monthly ☐ Other

Family Support Strategies:

As the Parent/Guardian, I have been notified of the following:

- ☐ My student has been identified as having a reading deficiency.
- ☐ The grade-level performance scores of my student and a description of their specific skill deficits.
- ☐ A description of the reading intervention services and supports that will be provided to my student.
- ☐ Strategies and online resources to support my student's literacy at home.
- ☐ Starting in school year 27-28, if a student's reading deficiency is not remediated by the end of 3rd grade, my child shall not be promoted to 4th grade unless a good-cause exemption is met.
- ☐ Resources and information regarding dyslexia (if applicable).

70 O.S. § 1210.508C 70 O.S. § 1210.520

Signatures below indicate that this intervention plan has been reviewed and agreed upon.

	Initial Conference	Follow-up Conference (optional)
Conference Date:		
Parent/Guardian:		
Current Teacher:		
Next Grade Teacher:		
Reading Specialist, Interventionist, or Teacher with microcredential:		
Administrator:		