Student Literacy Intervention Plan

Ongoing Intervention for 4th Grade and Above

2026-2027

Student:		District:	
Grade Level:	☐ 4 ☐ 5	School:	
Date:		Teacher:	
Parent/Guardian:		Principal:	

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: _____

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

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

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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: _____

_____

Family Support Strategies:

_____

_____

Student demonstrated on-grade-level reading ability through a state-approved screening instrument and no longer requires intervention under the Strong Readers Act.

Screening Assessment	Grade-Level Target (40th percentile at the time of year assessment was given)	Student Score	Date Target Met

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:		