# Demographics

**Date Initiated**: Click here to enter a date. **Name:** Click here to enter text. **DOB:** Click or tap to enter a date. **Gender:** Choose an item.

**SASID**: Click here to enter text.  **Home Language:** Click here to enter text. **School:** Click here to enter text. **Classroom Teacher** Click here to enter text.

**Other identified plans (check all that apply):**  **READ**  **IEP**   **GT** **504**  **LEP**  **NEP**

**Preschool summary report:  Received  Requested  N/A**

**History of achievement (strengths and areas of need from preschool using previous assessments, transition plans, teacher, and parent input):**

Click here to enter text.

# Assessment Summary

## **Kindergarten School Readiness Results**

KSR Assessment Tool: Choose an item.Last Assessment Period: Choose an item.Progress Monitor Assessment: Choose an item.

Physical Well-Being and Motor:Click here to enter text. Social and Emotional: Click here to enter text. Cognition: Click here to enter text.

Language and Comprehension: Click here to enter text. Math: Click here to enter text. Literacy: Click here to enter text.

## **READ Screening Results**

Screening Assessment: Choose an item. Score: Click here to enter text. Comments: Click here to enter text.

Progress Monitor Assessment: Choose an item. Score: Click here to enter text. Comments: Click here to enter text.

# **Other Screening or Assessment Results** (i.e., Dyslexia indicators, math or social emotional, as required)

Dyslexia Indicator(s) Screening: Click here to enter text. Score: Click here to enter text. Comments: Click here to enter text.

Screening/Assessment: Click here to enter text. Score: Click here to enter text. Comments: Click here to enter text.

# School Readiness Learning and Development

**Data indicate a targeted focus on learning and development in the following areas** (may be targeted instruction for strengths or skill gaps)**:**

Physical well-being and motor  Social and emotional

Cognition  Language and comprehension

Math  Literacy

## **School Readiness Goal(s)**

List the goals and align objectives for progress monitoring to the outlined goals.*Consider referencing the Colorado Academic Standards and the CDE minimum competencies standards when creating goals.*

**Select Area of Focus:** Choose an item.Goal #1: Click here to enter text.

**Select Area of Focus:** Choose an item. Goal #2: Click here to enter text.

# Supplemental Services

**Identify any additional services the teacher deems available and appropriate to accelerate the student's learning & development.**

Type of service: Choose an item. Frequency of service: Click here to enter text.

Explain how the service will accelerate learning & development: Click here to enter text.

# READ Diagnostic Results (as required)

Assessment:Choose an item.Score:Click here to enter text.Comments:Click here to enter text.

Assessment:Choose an item.Score:Click here to enter text.Comments:Click here to enter text.

# Specific Early Literacy Skill Need

**Data indicate specific skill deficit(s) in the following areas:**

Phonemic Awareness  Phonics  Fluency

Vocabulary  Oral Language  Comprehension

**READ Plan Goal(s)** (as required)

List the goals in order of priority and align objectives for progress monitoring to the outlined goals. *Consider referencing the Colorado Academic Standards and the CDE minimum competencies standards when creating goals.*

**Select Area of Focus:** Choose an item.READ Goal #1: Click here to enter text.

**Select Area of Focus:** Choose an item. READ Goal #2: Click here to enter text.

# Literacy Instruction (as required)

Select the **Core** program the student is receiving for reading instruction. Enter supplemental and intervention programming as required.

**Universal Program**: Choose an item. If “other” please describe: Click here to enter text.

**Supplemental Program:** Click here to enter text. **Intervention:** Click here to enter text.

# School Readiness Goal 1

**Goal #1** Click or tap here to enter text. **Date Initiated:** Click or tap to enter a date.

**Select Area of Focus:** Choose an item. **Select Tier of Support:** Choose an item. **Person Responsible**: Click here to enter text.

**Intervention or layered support (s):** Click or tap here to enter text.

Create a target(s) aligned to goal 1 and determine length of time to monitor progress toward this target.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Objective/Target** | **PM1 DATE** | **Score** | **Determine progress being made** | **PM2 DATE** | **Score** | **Determine progress being made** | **PM3 DATE (6 weeks)** | **Score** | **Determine progress being made** | **Fidelity Check** | **6-week Data Driven Decision** |
| **#1 Create an objective aligned to Goal 1**  Click here to enter text.  Date objective started: Click or tap to enter a date. | Click here to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Yes  No | Choose an item.  Notes: Click or tap here to enter text. |
| **Objective/Target** | **PM1 DATE** | **Score** | **Determine progress being made** | **PM2 DATE** | **Score** | **Determine progress being made** | **PM3 DATE (6 weeks)** | **Score** | **Determine progress being made** | **Fidelity Check** | **6-week Data Driven Decision** |
| **#2 Create an objective aligned to Goal 1**  Click here to enter text.  Date objective started: Click or tap to enter a date. | Click here to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Yes  No | Choose an item.  Notes: Click or tap here to enter text. |

# School Readiness Goal 2

**Goal #2** Click or tap here to enter text. **Date Initiated:** Click or tap to enter a date.

**Select Area of Focus:** Choose an item. **Select Tier of Support:** Choose an item. **Person Responsible**: Click here to enter text.

**Intervention or layered support (s):** Click or tap here to enter text.

Create a target(s) aligned to goal 1 and determine length of time to monitor progress toward this target.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Objective/Target** | **PM1 DATE** | **Score** | **Determine progress being made** | **PM2 DATE** | **Score** | **Determine progress being made** | **PM3 DATE (6 weeks)** | **Score** | **Determine progress being made** | **Fidelity Check** | **6-week Data Driven Decision** |
| **#1 Create an objective aligned to Goal 1**  Click here to enter text.  Date objective started: Click or tap to enter a date. | Click here to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Yes  No | Choose an item.  Notes: Click or tap here to enter text. |
| **Objective/Target** | **PM1 DATE** | **Score** | **Determine progress being made** | **PM2 DATE** | **Score** | **Determine progress being made** | **PM3 DATE (6 weeks)** | **Score** | **Determine progress being made** | **Fidelity Check** | **6-week Data Driven Decision** |
| **#2 Create an objective aligned to Goal 1**  Click here to enter text.  Date objective started: Click or tap to enter a date. | Click here to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Yes  No | Choose an item.  Notes: Click or tap here to enter text. |

# READ Plan Goal

**READ Plan GOAL:** Click here to enter text. **Date Initiated:** Click or tap to enter a date.

**Select Area of Focus:** Choose an item. **Select Tier of Support:** Choose an item. **Person Responsible**: Click here to enter text.

**Literacy** **Intervention**: Choose an item. If “Other” was selected please describe: Click here to enter text.

Create a target(s) aligned to goal 1 and determine length of time to monitor progress toward this target. When a significant reading deficiency is identified, progress monitoring is recommended every 7-10 days.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Objective/Target** | **PM1 DATE** | **Score** | **Determine progress being made** | **PM2 DATE** | **Score** | **Determine progress being made** | **PM3 DATE (6 weeks)** | **Score** | **Determine progress being made** | **Fidelity Check** | **6-week Data Driven Decision** |
| **#1** **Create an objective aligned to Goal 3**  Click here to enter text.  Date objective started: Click or tap to enter a date. | Click here to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Yes  No | Choose an item.  Notes: Click or tap here to enter text. |
| **Objective/Target** | **PM1 DATE** | **Score** | **Determine progress being made** | **PM2 DATE** | **Score** | **Determine progress being made** | **PM3 DATE (6 weeks)** | **Score** | **Determine progress being made** | **Fidelity Check** | **6-week Data Driven Decision** |
| **#2** **Create an objective aligned to Goal 3**  Click here to enter text.  Date objective started: Click or tap to enter a date. | Click here to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Click or tap to enter a date. | Click here to enter text. | Choose an item.  Click or tap here to enter text. | Yes  No | Choose an item.  Notes: Click or tap here to enter text. |

# Family Component([link to READ talking points](https://www.cde.state.co.us/sites/default/files/documents/coloradoliteracy/readact/download/final%20parent%20communication%20talking%20points.pdf))

Document dates, communication topics, strategies given to implement at home, and family feedback. Families should be engaged in the content of their child’s plan using methods that make the content accessible to the family.

**Parent Communication Record:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | Initial Communication | Comments | DATE | Communication | Parent Feedback/  Comments | Date | Communication | Parent Feedback/  Comments |
| Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter a date. | Choose an item. | Click here to enter text. |
|  |  |  |  |  |  |  |  |  |
| PM1 DATE | Communication | Parent Feedback/  Comments | PM2  DATE | Communication | Parent Feedback/  Comments | PM3  Date | Communication | Parent Feedback/  Comments |
| Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter a date. | Choose an item. | Click here to enter text. |

## **Signatures** (if applicable)

Signatures are not required but can be collected to confirm communication between teachers and families.

Classroom Teacher**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date**: \_\_\_\_\_\_\_\_\_\_** Administrator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date**: \_\_\_\_\_\_\_\_\_**

Parent Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_** Parent Signature**: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **READ Act per Pupil Funding** (if applicable)

How the per-pupil funding was used for this student, indicate as many as apply to the student:

Summer School

Approved Intervention

Tutoring (beyond school hours)