

# Third Grade Guarantee Plan

## Grade 2

Jefferson / Rock Creek Elementary

Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: 2 Teacher: \_\_\_\_\_

Initial Plan Date: \_\_\_\_\_

Follow Up: \_\_\_\_\_

Follow Up: \_\_\_\_\_

Team Members:

_____	_____
_____	_____
_____	_____

Were parents notified:  Yes  No

Phone Call  Parent Letter \_\_\_\_\_  
Date (Attach Letter)

### SIGNATURES and DATE of ATTENDANCE

Initial	Follow Up	Follow Up
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**Identification of Student's Specific Reading Deficiency**

**Reading Deficiency: Check all that apply**

**Reading Deficiency**

----Vocabulary: including word meaning,  
contractions, possessives, root words,  
compound words, prefixes and suffixes

----Context clues

----Comprehension of fictional text including  
answering questions, retelling, main ideas,  
sequence and theme

----Comprehension of non fictional text including  
locating information

----Fluency

**Description of the Proposed Supplemental Instructional Services to Target Student's  
Identified Reading Deficiencies**

Supplemental services will be provided by \_\_\_\_\_  
Name and Title

Supplemental Services: Check all that apply:

**Interventions**

---Foundations/Just Words Tier 1  
and Double Dose Tier 2

---Leveled Guided Reading: including  
fluency and comprehension instruction

---Small group instruction

---Test prep strategies

---Progress Monitoring

---Flexible Grouping

**Opportunities for Parent/Guardian's Involvement in Instructional Services**

**Identifying Data**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Address (if different than student): \_\_\_\_\_ Address (if different than student): \_\_\_\_\_  
\_\_\_\_\_  
Phone (if different than student): \_\_\_\_\_ Home Phone (if different than student): \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Whom does the child live with? \_\_\_\_\_

**Educational History**

Years at Present School: \_\_\_\_\_ Previous School District(s): \_\_\_\_\_  
Attendance: \_\_\_Regular \_\_\_Irregular \_\_\_# Days Missed  
Is student age-appropriate for grade level: \_\_\_ Yes \_\_\_ No  
Check any that apply: \_\_\_ Retained \_\_\_ Grade \_\_\_ Started School Late \_\_\_ Home Schooled  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of the student taking any medication(s): \_\_\_Yes \_\_\_No

If so, what: \_\_\_\_\_

***Parents have been given an opportunity to sign the Title I School Parent Compact . The Title I compact describes how parents can support their child's reading development at home and become involved at school. Teachers in the regular classroom and teachers of supplemental services have provided parents with suggestions of how to become involved in both home and school.***

**Reading Curriculum during Regular School Hours that Assists Students to Read at Grade Level**

All teachers implement a research based literacy Program in grades K-3. These programs consist of *Reading Street, Foundations, Just Words, and Wilson Reading*. Ohio's Common Core Standards in English Language Arts are implemented as well. These programs provide for reliable assessments, and provide ongoing analysis of each student's reading progress.

**Process to monitor the implementation of the student's instructional services:**

Aimsweb Benchmark:

**Fall:** R-CBM\_\_\_\_\_ R-MAZE\_\_\_\_\_

**Winter:** R-CBM\_\_\_\_\_ R-MAZE\_\_\_\_\_

**Spring:** R-CBM\_\_\_\_\_ R-MAZE\_\_\_\_\_

Aimsweb Progress/Strategic Monitoring: Once a week/month (circle frequency)

Subtest being used: \_\_\_\_\_

**Weekly:**

- |  |  |
|--|--|
| <input type="checkbox"/> Week 1 _____  | <input type="checkbox"/> Week 11 _____ |
| <input type="checkbox"/> Week 2 _____  | <input type="checkbox"/> Week 12 _____ |
| <input type="checkbox"/> Week 3 _____  | <input type="checkbox"/> Week 13 _____ |
| <input type="checkbox"/> Week 4 _____  | <input type="checkbox"/> Week 14 _____ |
| <input type="checkbox"/> Week 5 _____  | <input type="checkbox"/> Week 15 _____ |
| <input type="checkbox"/> Week 6 _____  | <input type="checkbox"/> Week 16 _____ |
| <input type="checkbox"/> Week 7 _____  | <input type="checkbox"/> Week 17 _____ |
| <input type="checkbox"/> Week 8 _____  | <input type="checkbox"/> Week 18 _____ |
| <input type="checkbox"/> Week 9 _____  | <input type="checkbox"/> Week 19 _____ |
| <input type="checkbox"/> Week 10 _____ | <input type="checkbox"/> Week 20 _____ |

**Monthly:**

**October:** \_\_\_\_\_  
**November:** \_\_\_\_\_  
**December:** \_\_\_\_\_

**January:** \_\_\_\_\_  
**February:** \_\_\_\_\_  
**March:** \_\_\_\_\_

**April:** \_\_\_\_\_  
**May:** \_\_\_\_\_

Please attach or discuss any other data/information that you may have:

Please document any standardized tests the student may have taken:

KRA: \_\_\_\_\_  
Ohio Screening Measure: Attach Score Sheet

**Notice 1) In accordance with Ohio's law entitled The Third Grade Reading Guarantee (ORC 3313.608), if a third-grade student does not pass the Grade 3 American Institutes for Research Assessment (AIR) or the alternate Terra Nova reading test he/she will be *retained* in third grade.**

**MEETING OUTCOMES**

Initial Meeting Date \_\_\_\_\_

Outcome of the Meeting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow Up Meeting Date \_\_\_\_\_

Outcome of the Meeting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Follow Up Meeting Date \_\_\_\_\_

Outcome of the Meeting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signatures on front page**