

Third Grade Guarantee Plan

Grade 3

Jefferson / Rock Creek Elementary

Student's Name: _____ School Year: _____

Date of Birth: _____

Grade: 3 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

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

OST: _____

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