

Third Grade Guarantee Plan Kindergarten

Jefferson/ Rock Creek Elementary

Student's Name: _____ School Year: _____

Date of Birth: _____

Grade: K 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

- Letter names
- Letter sounds
- Write simple words phonetically
- Rhyming words
- Identify syllables
- Blend sounds into words
- Listening comprehension

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:

- Foundations Tier 1/Double Dose
- Small group instruction
- Progress Monitoring
- Leveled guided reading including
fluency and comprehension
instruction
- Multi-sensory learning and drill
- 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: LNF- _____

LSF- _____

Winter: LNF- _____

LSF- _____

PSF- _____

NWF- _____

Spring: LNF- _____

LSF- _____

PSF- _____

NWF- _____

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

Subtest being used: _____

Weekly:

Week 1 _____

Week 2 _____

Week 3 _____

Week 4 _____

Week 5 _____

Week 6 _____

Week 7 _____

Week 8 _____

Week 9 _____

Week 10 _____

Week 11 _____

Week 12 _____

Week 13 _____

Week 14 _____

Week 15 _____

Week 16 _____

Week 17 _____

Week 18 _____

Week 19 _____

Week 20 _____

Monthly:

October: _____

January: _____

April: _____

November: _____

February: _____

May: _____

December: _____

March: _____

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