RSP Template

The following progress report shows the progress of the student across skill areas as they move toward reading proficiency.

| Student Name: | Grade: |
| --- | --- |
| Teacher Name: | School Year: |

| [ ]  IEP | [ ]  IAP [ ]  Other |
| --- | --- |

| Other identified plans |  |
| --- | --- |
| History of Achievement (include strengths and areas of need from previous years based on assessments and parent input): |  |

**State-Approved Assessment Results**

|  |  |  |
| --- | --- | --- |
| Beginning-of- Year  | Lexile Score:PA:Phonics:Fluency:Vocabulary/Semantics:Comprehension: | Comments: |
| Mid-Year Screening  | Score: | Comments: |
| End-of-Year | Lexile Score:PA:Phonics:Fluency:Vocabulary/Semantics:Comprehension: | Comments: |

**Specific Literacy Need**

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

|  |  |
| --- | --- |
| [ ]  **Phonological Awareness (PA)**[ ]  **Phonics**[ ]  **Fluency**[ ]  **Vocabulary/Semantics** | [ ]  **Morphology**[ ]  **Syntax**[ ]  **Comprehension**[ ]  **Orthography** |

**Reading Success Plan Goal(s)**

\*List the goals in order of priority and align objectives for progress monitoring to the outlined goals.

| Goal #1: | Select specific literacy need: |
| --- | --- |
| Goal #2: | Select specific literacy need: |
| Goal #3: | Select specific literacy need: |

**Progress Monitor (PM)**

Goals and objectives developed for the student should align with identified specific skill deficit(s). Reference Missouri Learning Standards and Item Specifications when creating goals. When a significant reading deficiency is identified, progress monitoring is recommended every \_\_\_\_\_ days. Updates must be communicated to student’s families four times throughout the course of the year, along with reading strategies to be used at home.

| **Goal 1 Specific Literacy Need:** |
| --- |
| **Date objective started:** | **Score:** | **Determine progress being made:** |
| PM1 Date: |  |  |
| PM2 Date: |  |  |
| PM3 Date: |  |  |
| Data Driven Decision Date (6 weeks): |  |  |

|  |
| --- |
| **Goal 2 Specific Literacy Need:** |
| **Date objective started:** | **Score:** | **Determine progress being made:** |
| PM1 Date: |  |  |
| PM2 Date: |  |  |
| PM3 Date: |  |  |
| Data Driven Decision Date (6 weeks): |  |  |

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| --- |
| **Goal 3 Specific Literacy Need:** |
| **Date objective started:** | **Score:** | **Determine progress being made:** |
| PM1 Date: |  |  |
| PM2 Date: |  |  |
| PM3 Date: |  |  |
| Data Driven Decision Date (6 weeks): |  |  |

**Family Component: (Link to strategies)**

\*Strategies should be given to use at home that will supplement school services.

|  |  |  |
| --- | --- | --- |
| PM1 Date: | At-home guidance: | Strategy: |
| PM2 Date: | At-home guidance: | Strategy: |
| PM3 Date: | At-home guidance: | Strategy: |
| PM4 Date: | At-home guidance: | Strategy: |

 **Parent Communication:**

| **Date:** | **Communication:** | **Comments:** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  **Date** | **Communication:** | **Comments:** |
| PM1 Date: |  |  |
| PM2 Date: |  |  |
| PM3 Date: |  |  |
| PM4 Date |  |  |

|  |
| --- |
| **Classroom Teacher:** |
| **Signature:**  | **Date:** |
| **Administrator:** |
| **Signature:**  | **Date:** |
| **Parent:** |
| **Signature:**  | **Date:** |

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