

**Third Grade Guarantee Plan - Kindergarten**  
**Austinburg Elementary/Cork Elementary**  
**Geneva Platt R. Spencer Elementary**

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

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

Grade: \_\_\_\_\_ 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**

- 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:

**Interventions**

- Foundations and STAR/Early STAR
- LindaMood Bell, DIBELS, ThinkLink
- 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: \_\_\_\_\_

**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 *Houghton Mifflin Reading, 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.

## Grades K-2 Plan

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

#### Early Star: Sub Domains

Alphabetic Principle  
Concept of Word

Visual Discrimination  
Vocabulary

Phonemic Awareness  
Sentence Comprehension

Phonics  
Paragraph Comprehension

Structural Analysis

Fall AP\_\_\_ CW\_\_\_ VD\_\_\_ PA\_\_\_ P\_\_\_ SA\_\_\_ Voc\_\_\_ SC\_\_\_ PC\_\_\_

Winter AP\_\_\_ CW\_\_\_ VD\_\_\_ PA\_\_\_ P\_\_\_ SA\_\_\_ Voc\_\_\_ SC\_\_\_ PC\_\_\_

Spring AP\_\_\_ CW\_\_\_ VD\_\_\_ PA\_\_\_ P\_\_\_ SA\_\_\_ Voc\_\_\_ SC\_\_\_ PC\_\_\_

ORF\_\_\_

Literacy Classification: Fall\_\_\_\_\_ Winter\_\_\_\_\_ Spring\_\_\_\_\_

Goal: \_\_\_\_\_

#### Progress Monitoring Weekly/Monthly

##### Weekly

WK 1\_\_\_\_\_

WK11\_\_\_\_\_

WK2\_\_\_\_\_

WK12\_\_\_\_\_

WK3\_\_\_\_\_

WK13\_\_\_\_\_

WK4\_\_\_\_\_

WK14\_\_\_\_\_

WK5\_\_\_\_\_

WK15\_\_\_\_\_

WK6\_\_\_\_\_

WK16\_\_\_\_\_

WK7\_\_\_\_\_

WK17\_\_\_\_\_

WK8\_\_\_\_\_

WK18\_\_\_\_\_

WK9\_\_\_\_\_

WK19\_\_\_\_\_

WK10\_\_\_\_\_

WK20\_\_\_\_\_

##### Monthly

OCT\_\_\_\_\_

JAN\_\_\_\_\_

APR\_\_\_\_\_

NOV\_\_\_\_\_

FEB\_\_\_\_\_

MAY\_\_\_\_\_

DEC\_\_\_\_\_

MAR\_\_\_\_\_

- Please add additional comments here/ attach Early Star Reports/add other data:

Please document any standardized tests the student may have taken:

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

**Notice 1) In accordance with Ohio's law entitled The Third Grade Reading Guarantee (ORC 3313.608), if your child does not pass the Grade 3 Ohio Achievement Assessment (OAA) at a score level to be determined by the Ohio Department of Education in the third grade, he/she may 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**