

Student Literacy Intervention Plan

Ongoing Intervention for 4th Grade and Above

2025-2026



Student:		District:	
Grade Level:		School:	
Date:		Teacher:	
Parent/Guardian:		Principal:	

The purpose of a Student Literacy Intervention Plan (SLIP) is to outline the instructional supports that will enable the student to acquire the appropriate grade level reading skills and communicate this information and the student's progress to the student's family.

Universal Screening Assessment Approved by the Oklahoma State Board of Education

The student took the following universal screening assessment:

- | | | |
|--|---|--|
| <input type="checkbox"/> Acadience | <input type="checkbox"/> Exact Path | <input type="checkbox"/> MAP Growth * |
| <input type="checkbox"/> aimswebPlus * | <input type="checkbox"/> FastBridge | <input type="checkbox"/> MAP Reading Fluency |
| <input type="checkbox"/> Amira | <input type="checkbox"/> i-Ready Diagnostic | <input type="checkbox"/> mClass DIBELS 8 th Edition |
| | <input type="checkbox"/> Istation | <input type="checkbox"/> STAR Early Learning Suite |

A reading deficiency has been identified based on results from a screening assessment.

Student screening assessment scores for this year are below:

Timeframe	Date	Grade-Level Target (established by publisher)	Student Score	Percentile
Beginning of Year				
Middle of Year				
End of Year				

Additional assessment(s) used for informal diagnostic purposes:

A Student Literacy Intervention Plan (SLIP) has been created for this student with the goal of improving his/her reading skills in the area(s) of:

- | | |
|---|--|
| <input type="checkbox"/> Phonemic awareness | <input type="checkbox"/> Vocabulary |
| <input type="checkbox"/> Phonics | <input type="checkbox"/> Comprehension |
| <input type="checkbox"/> Reading Fluency | |

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Based on the data, the student will receive supports at the following level of intensity:

- ☐ Tier 1 + Differentiation: (targeted instruction based on the needs of the student)
- ☐ Tier 2: Supplemental Instruction (required time in addition to core instruction as fits the needs of the student) The student will receive intensified instruction focusing on specific skills for which they need extra support.
- ☐ Tier 3: Intensive Intervention (required time in addition to core instruction as fits the needs of the student) Interventions focus on individual learning needs and usually involve frequent one-on-one or small group instruction.

The student will receive collaborative services through: (check all that apply)

- ☐ Special Education (IDEA)
- ☐ Title I
- ☐ English Language Learner/Title III

Description of Supplemental or Remedial Reading Services and Supports

The SLIP shall align with the Oklahoma Academic Standards. The student will receive the following instructional supports:

Instructional Support	Frequency	Duration
<input type="checkbox"/> Additional in-school instructional time	_____ x/week	Minutes: _____
<input type="checkbox"/> After school tutoring	_____ x/week	Minutes: _____
<input type="checkbox"/> Before school tutoring	_____ x/week	Minutes: _____
<input type="checkbox"/> Saturday school	_____ x/week	Minutes: _____
<input type="checkbox"/> Summer school	_____ x/week	Minutes: _____

High-quality instructional materials and evidence-based program(s) that will be used to remediate the identified area of reading deficiency:

Any additional supplemental services not already mentioned on this plan:

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Plan for monitoring student progress:

Name of
assessment:

Frequency of
monitoring:

- ☐ Weekly
☐ Every other week
☐ Monthly
☐ Other: _____

Family Support Strategies:

Student demonstrated on-grade-level reading ability through a state-approved screening instrument and no longer requires intervention under the Strong Readers Act.

Screening Assessment	Grade-Level Target (40th percentile at the time of year assessment was given)	Student Score	Date Target Met

Signatures below indicate that this intervention plan has been reviewed and agreed upon.

Initial Conference

Follow-up Conference (optional)

Conference Date:

Parent/Guardian:

Current Teacher:

Other (position/title)
(optional)

If the conference was held virtually, the teacher's signature below attests that all required parties had input and received information about this plan.

Teacher Name/Signature

Date

A parent/guardian was unable to attend a parent-teacher conference. A written reading progress update was mailed to the parent/guardian and attempts to schedule a conference have been documented.

Attempt 1: (date)

Attempt 2: (date)

Teacher Name/Signature

Date