

# Student Literacy Intervention Plan

## (SLIP)

2025-2026



Student:		District:	
Grade Level:	K 1 2 3	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 <sup>th</sup> Edition |
| <input type="checkbox"/> Early Learning Quick Assessment (ELQA) * | <input type="checkbox"/> Istation           | <input type="checkbox"/> STAR Early Learning Suite             |
- K only

\* Approved for universal screening only; not approved for dyslexia screening.

**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				

### Screening Assessment for Characteristics of Dyslexia Approved by the Oklahoma State Board of Education

The student took the following screening assessment for characteristics of dyslexia:

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Acadience  | <input type="checkbox"/> FastBridge         | <input type="checkbox"/> MAP Reading Fluency                   |
| <input type="checkbox"/> Amira      | <input type="checkbox"/> Istation           | <input type="checkbox"/> mClass DIBELS 8 <sup>th</sup> Edition |
| <input type="checkbox"/> Exact Path | <input type="checkbox"/> i-Ready Diagnostic | <input type="checkbox"/> STAR CBM                              |

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## Results of Screening for Characteristics of Dyslexia

- ☐ Data indicates student is **at-risk** for characteristics of dyslexia at this time.
- ☐ Data indicates student is **not at-risk** for characteristics of dyslexia at this time.

This is a reminder that this screening is **not** a diagnosis of dyslexia. This data indicates the student needs instruction in word recognition skills (e.g., phonemic awareness and/or phonics/spelling) through the intervention process. This does not mean the student is automatically eligible for or needs an Individualized Education Program (IEP) or Section 504 plan under the Individuals with Disabilities Education Act (IDEA).

- ☐ Screening for characteristics of dyslexia has not yet been completed. Screening will be completed within 30 days of the close of the universal screening window and the results will be communicated within 15 days after the close of the dyslexia screening window. An addendum will be attached to this document with the results and any changes that need to be made to the intervention plan.

## 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:

- ☐ Phonemic awareness
- ☐ Phonics
- ☐ Reading Fluency
- ☐ Vocabulary
- ☐ Comprehension

## 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

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## Description of Supplemental or Remedial Reading Services and Supports

The SLIP shall align with the Oklahoma Academic Standards. In addition to a minimum of 90 minutes of daily reading instruction to address on-grade-level standards using research-based curriculum resources, 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: _____ |

- ☐ **The family has indicated that the student is receiving tutoring outside of school services to address characteristics of dyslexia.**

Indicating this is for communication purposes only, and should not take the place of instructional supports or services provided by the school. Under federal law, all students are entitled to a free and appropriate public education. [34 CFR § 300.101](#)

## 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:

## Plan for monitoring student progress:

Name of  
assessment:

Frequency of  
monitoring:

- ☐ Weekly  
☐ Every other week  
☐ Monthly  
☐ Other: \_\_\_\_\_

How will the results of progress monitoring be communicated to the family? \_\_\_\_\_

## Family Support Strategies:

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## As the Parent/Guardian, I have been notified of the following:

- ☐ The student has been identified as having a substantial deficiency in reading.
- ☐ A description of the research-based reading interventions that the student will receive.
- ☐ A description of the proposed supplemental instructional services and supports that will be provided to the student that are designed to remediate the identified area(s) of deficiency.
- ☐ Strategies and online resources to support the student's literacy at home.
- ☐ The grade-level performance scores of the student.
- ☐ Resources and information regarding dyslexia (if applicable).

70 O.S. § 1210.508C

70 O.S. § 1210.520

## 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:

Next Grade Teacher:

Reading Specialist:  
(if available)

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