

Grade 2: CSI Summary: Focus Groups

School: _____ Initial Plan Date: _____

Oct OK Revised	Nov OK Revised	Dec OK Revised	Jan OK Revised	Feb OK Revised	Mar OK Revised	Apr OK Revised	May OK Revised
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Instructional Focus 1

Number of Students in this Focus Group:

Description: Students who significantly exceed grade level Benchmarks based on DIBELS and pass all sections of the Unit/Theme Skills Assessments.

Instructional Focus: Reading material at student’s instructional level, mastery of critical skills at student’s instructional level, strategies from student’s instructional level, advanced vocabulary when appropriate.

Assessment Plan:

	Assessment:	Frequency (How often will you administer this assessment?)	Criteria (List passing criteria for the specific assessment, ie, 80% mastery on in-program assessments.)
In-Program Assessments	Theme Skills List Other:	At the end of each Theme List Other:	80%
DIBELS progress monitoring	NWF with Recoding	Once a Month	DIBELS Monthly Goals (refer to Table)
Other (i.e., Language for Learning)			

Instructional Plan:

Whole Group Instruction:

Start Time: _____ End Time: _____ Total # of Minutes: _____
 Start Time: _____ End Time: _____ Total # of Minutes: _____
 # Days/Week: _____
 Who will instruct the Whole Group?: _____

What materials will be used during Whole Group instruction (make a list of specific components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Independent Practice: Total # of Minutes/Student:

What materials will be used for independent practice (make a list of specific program components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Instructional Focus 1 (page 2)

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

When will the Grade Level Team revisit this Instructional Plan?

Monthly GLT Meetings

Oct
OK
Revised

Nov
OK
Revised

Dec
OK
Revised

Jan
OK
Revised

Feb
OK
Revised

Mar
OK
Revised

Apr
OK
Revised

May
OK
Revised

Instructional Focus 2

Number of Students in this Focus Group:

Description: Students who have been classified with a Benchmark Instructional Recommendation based on DIBELS and pass all sections of the Unit/Theme Skills Assessments.

Instructional Focus: Mastery of grade-level core program.

Assessment Plan:

	Assessment:	Frequency (How often will you administer this assessment?)	Criteria (List passing criteria for the specific assessment, ie, 80% mastery on in-program assessments.)
In-Program Assessments	Theme Skills List Other:	At the end of each Theme List Other:	80%
DIBELS progress monitoring	NWF with Recoding	Once a Month	DIBELS Monthly Goals (refer to Table)
Other (i.e., Language for Learning)			

Instructional Plan:

Whole Group Instruction:

Start Time:

End Time:

Total # of Minutes:

Start Time:

End Time:

Total # of Minutes:

Days/Week:

Who will instruct the Whole Group?

What materials will be used during Whole Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Independent Practice: Total # of Minutes/Student:

What materials will be used for independent practice (list program components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Instructional Focus 2 (page 2)

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

When will the Grade Level Team revisit this Instructional Plan?

Monthly GLT Meetings

Oct
OK
Revised

Nov
OK
Revised

Dec
OK
Revised

Jan
OK
Revised

Feb
OK
Revised

Mar
OK
Revised

Apr
OK
Revised

May
OK
Revised

Instructional Focus 3

Number of Students in this Focus Group:

Description: Students who have been classified with a Benchmark Instructional Recommendation based on DIBELS and fail one or more sections of the Unit/Theme Skills Assessments or fail one or more sections of the Mastery Checkouts at the end of each Unit/Theme.

Instructional Focus: Additional explicitness and practice (pre-teaching and re-teaching) to achieve mastery of grade level Core program.

Assessment Plan:

	Assessment:	Frequency (How often will you administer this assessment?)	Criteria (List passing criteria for the specific assessment, ie, 80% mastery on in-program assessments.)
In-Program Assessments	Theme Skills List Other:	At the end of each Theme List Other:	80%
DIBELS progress monitoring	NWF with Recoding	Once a Month	DIBELS Monthly Goals (refer to Table)
Other (i.e., Language for Learning)			

Instructional Plan:

Whole Group Instruction:

Start Time: End Time: Total # of Minutes:
 Start Time: End Time: Total # of Minutes:
 # Days/Week:
 Who will instruct the Whole Group?

What materials will be used during Whole Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Independent Practice: Total # of Minutes/Student:

What materials will be used for independent practice (list program components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Instructional Focus 3 (page 2)

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials
n/a		
n/a		
n/a		
List any Other Activities:		

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials
n/a		
n/a		
n/a		
List any Other Activities:		

When will the Grade Level Team revisit this Instructional Plan?

Monthly GLT Meetings

Oct
OK
Revised

Nov
OK
Revised

Dec
OK
Revised

Jan
OK
Revised

Feb
OK
Revised

Mar
OK
Revised

Apr
OK
Revised

May
OK
Revised

Instructional Focus 4

Number of Students in this Focus Group:

Description: Students who have been classified with a Strategic Instructional Recommendation based on DIBELS and pass all sections of the Phonics/Decoding Screening Assessment.

Instructional Focus: Mastery of grade level Core program with explicit small group fluency, vocabulary and comprehension instruction and practice opportunities.

Assessment Plan:

	Assessment:	Frequency (How often will you administer this assessment?)	Criteria (List passing criteria for the specific assessment, ie, 80% mastery on in-program assessments.)
In-Program Assessments	Theme Skills List Other:	At the end of each Theme List Other:	80%
Phonics Screener	Generic Phonics Screener	3x/year	80%
DIBELS progress monitoring	NWF with Recoding	1x/month	DIBELS Monthly Goals (refer to Table)
Other (i.e., Language for Learning)			

Instructional Plan:

Whole Group Instruction:

Start Time: _____ End Time: _____
 Start Time: _____ End Time: _____
 # Days/Week: _____
 Who will instruct the Whole Group?

Total # of Minutes:

Total # of Minutes:

What materials will be used during Whole Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Independent Practice: Total # of Minutes/Student:

What materials will be used for independent practice (list program components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Instructional Focus 4 (page 2)

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials
n/a		
n/a		
n/a		
List any Other Activities:		

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials
n/a		
n/a		
n/a		
List any Other Activities:		

When will the Grade Level Team revisit this Instructional Plan?

Monthly GLT Meetings

Grade 2: CSI Summary: Focus Groups

School: _____ Initial Plan Date: _____

Oct OK Revised	Nov OK Revised	Dec OK Revised	Jan OK Revised	Feb OK Revised	Mar OK Revised	Apr OK Revised	May OK Revised
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Instructional Focus 5a

Number of Students in this Focus Group:

Description: Students who have been classified with a Strategic Instructional Recommendation based on DIBELS and fail only multisyllabic section of the Phonics/Decoding Screening Assessment.

Instructional Focus: Additional explicit instruction and multiple opportunities to practice reading multisyllabic words. Additional explicit teaching and small group instruction to pre-teach and re-teach to achieve mastery of grade level Core program skills. Include extra practice to become fluent with the skills once they have been mastered.

Assessment Plan:

	Assessment:	Frequency (How often will you administer this assessment?)	Criteria (List passing criteria for the specific assessment, ie, 80% mastery on in-program assessments.)
In-Program Assessments	Theme Skills List Other:	At the end of each Theme List Other:	80%
Phonics Screener	Generic Phonics Screener	Once a Month to check for mastery of taught skills	80%
DIBELS progress monitoring	NWF with Recoding	1x/month	DIBELS Monthly Goals (refer to Table)
Other (i.e., Language for Learning)			

Instructional Plan:

Whole Group Instruction: Start Time: _____ End Time: _____ Total # of Minutes: _____
 Start Time: _____ End Time: _____ Total # of Minutes: _____
 # Days/Week: _____
 Who will instruct the Whole Group? _____

What materials will be used during Whole Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Independent Practice: Total # of Minutes/Student: _____

What materials will be used for independent practice (list program components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Instructional Focus 5a (page 2)

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials
n/a		
n/a		
n/a		
List any Other Activities:		

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials
n/a		
n/a		
n/a		
List any Other Activities:		

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials
n/a		
n/a		
n/a		
List any Other Activities:		

When will the Grade Level Team revisit this Instructional Plan?

Monthly GLT Meetings

Grade 2: CSI Summary: Focus Groups

School: _____

Initial Plan Date: _____

Oct
OK
Revised

Nov
OK
Revised

Dec
OK
Revised

Jan
OK
Revised

Feb
OK
Revised

Mar
OK
Revised

Apr
OK
Revised

May
OK
Revised

Instructional Focus 5b

Number of Students in this Focus Group:

Description: Students who have been classified with a Strategic Instructional Recommendation based on DIBELS and fail one or more sections of the Phonics/Decoding Screening Assessment.

Instructional Focus: Additional explicitness and practice (pre-teaching and re-teaching) to achieve mastery of grade level Core program and explicit small group instruction to re-teach critical deficient decoding skills. Include extra practice to become fluent with the skills once they have been mastered.

Assessment Plan:

	Assessment:	Frequency (How often will you administer this assessment?)	Criteria (List passing criteria for the specific assessment, ie, 80% mastery on in-program assessments.)
In-Program Assessments	Theme Skills List Other:	At the end of each Theme List Other:	80%
Phonics Screener	Generic Phonics Screener	Once a Month to check for mastery of taught skills	80%
DIBELS progress monitoring	NWF with Recoding	1x/month	DIBELS Monthly Goals (refer to Table)
Other (i.e., Language for Learning)			

Instructional Plan:

Whole Group Instruction:

Start Time: _____ End Time: _____ Total # of Minutes: _____
 Start Time: _____ End Time: _____ Total # of Minutes: _____
 # Days/Week: _____
 Who will instruct the Whole Group? _____

What materials will be used during Whole Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Independent Practice: Total # of Minutes/Student:

What materials will be used for independent practice (list program components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Instructional Focus 5b (page 2)

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials
n/a		
n/a		
n/a		
List any Other Activities:		

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials
n/a		
n/a		
n/a		
List any Other Activities:		

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials
n/a		
n/a		
n/a		
List any Other Activities:		

When will the Grade Level Team revisit this Instructional Plan?

Monthly GLT Meetings

Grade 2: CSI Summary: Focus Groups School: _____ Initial Plan Date: _____

<u>Oct</u> OK Revised	<u>Nov</u> OK Revised	<u>Dec</u> OK Revised	<u>Jan</u> OK Revised	<u>Feb</u> OK Revised	<u>Mar</u> OK Revised	<u>Apr</u> OK Revised	<u>May</u> OK Revised
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Instructional Focus 6

Number of Students in this Focus Group:

Description: Students who have been classified with an Intensive Instructional Recommendation based on DIBELS.

Instructional Focus: Explicit small group instruction to master basic phonemic blending and segmenting, letter/sound associations, basic blending and decoding skills. They will also need vocabulary and comprehension instruction. Include extra practice to become fluent with the skills once they have been mastered.

Assessment Plan:

	Assessment:	Frequency (How often will you administer this assessment?)	Criteria (List passing criteria for the specific assessment, ie, 80% mastery on in-program assessments.)
In-Program Assessments	Theme Skills List Other:	At the end of each Theme List Other:	80%
DIBELS progress monitoring	NWF with Recoding	2x/month	DIBELS Monthly Goals (refer to Table)
Other (i.e., Language for Learning)			

Instructional Plan:

Whole Group Instruction: Start Time: _____ End Time: _____ Total # of Minutes: _____
 Start Time: _____ End Time: _____ Total # of Minutes: _____
 # Days/Week: _____
 Who will instruct the Whole Group? _____

What materials will be used during Whole Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Independent Practice: Total # of Minutes/Student: _____

What materials will be used for independent practice (list program components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

**Grade 2: CSI Summary: Focus Groups
Instructional Focus 6 (page 2)**

School: _____ Initial Plan Date: _____

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

Small Group-Dose #n/a:

What is the small group plan?

Instructor's Name:	Group Size:	List Student Names:	Within 90 min?	Outside 90 min?	Start Time	End Time	Total # of Minutes	#Days/Week
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

What materials will be used during this Small Group instruction (list components/activities)?

Core Program Materials	Supplemental Program Materials	Intervention Program Materials

When will the Grade Level Team revisit this Instructional Plan?

Monthly GLT Meetings