
EARLY INTERVENTION READING INITIATIVE

Superintendent's Certification for School Year 2004-2005

This form needs to be returned to the Department of Education no later than June 30, 2004.

Attention: Barbara F. Jones
Office of Elementary Instructional Services
Virginia Department of Education
P. O. Box 2120
Richmond, Virginia 23218-2120
Fax 804/786-1703

This division plans to participate in the Early Intervention Reading Initiative in school year 2004-2005 and will ensure that the following conditions are met during the implementation of the Initiative:

1. The required local match of funds based on the composite index has been met to qualify for state funding in kindergarten through third grade for 2004-2005.
2. An approved diagnostic screening tool will be administered:
(1) In fall 2004 to all children in kindergarten, and any first, second, and third-grade children that are new to the school or received intervention services during the summer.
(2) For divisions not participating this past school year, in fall of 2004 to children in kindergarten, grade one, grade two, and grade three.
3. All children identified by the screening tools will be served and that each student who received an intervention will be assessed again at the end of the school year.
4. The children served will be provided instruction on individual skills that are below the benchmarks as indicated by the diagnostic tool. This instruction should take place during time that is **additional to the regular classroom reading time**. (This may be during the school day, or outside of the school day.) Funding is based on the cost of providing two and one-half hours of additional instruction each week and a student-to-teacher ratio of five-to-one.
5. All screening results will be reported to the PALS office at UVA.
6. Each school in the division will develop an intervention plan for students in kindergarten through third grade who do not meet the benchmark on PALS or its equivalent. The plan will specify the number of hours of intervention, the skills to be targeted, and who provides the services.

Check one:

Yes, my division plans to participate in this program for the 2004-2005 school year and will be using PALS.

Yes, my division plans to participate in this program for the 2004-2005 school year and will request to use a local diagnostic test to be approved by the Department of Education. The request approved by the local school board is attached.

No, my division does not want to participate in this program for the 2004-2005 school year.

I hereby certify that the above information is true and accurate to the best of my knowledge.

Division Superintendent/ or Designee

Date

School Division