

**EARLY INTERVENTION READING INITIATIVE**

**Superintendent's Certification for School Year 2007-2008**

**This form must be returned to the Department of Education no later than Friday, June 1, 2007.**

**Attention: Ginna Glover  
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 and will ensure that the following conditions are met during the implementation of the Initiative:

1. An approved diagnostic screening tool will be administered:
  - (a) In the fall 2007 to all children in kindergarten, and any children in grades one through three who received intervention services during the summer or are new to Virginia public schools.
  - (b) In the spring 2008 to children in kindergarten, grade one, and grade two who have not met the "high benchmark" score. Screening students in third grade is optional because of third grade Standards of Learning testing.
2. All children identified by the screening tools will be served.
3. The children served will be provided instruction on individual skills that are below the benchmarks as indicated by the diagnostic tool. This instruction will 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 to provide two and one-half hours of additional instruction each week at a student-to-teacher ratio of five-to-one.
4. All screening results will be reported to the PALS office at the University of Virginia.
5. 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 will provide the services.

\_\_\_\_ Yes, my division plans to implement this initiative for the 2007-2008 school year and will use PALS.

\_\_\_\_ Yes, my division plans to implement this initiative for the 2007-2008 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 implement this initiative for the 2007-2008 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