

EARLY INTERVENTION READING INITIATIVE

Superintendent's Certification for School Year 2008-2009

This form must be returned to the Department of Education no later than Friday, May 30, 2008.

**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 2008 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 2009 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 2008-2009 school year and will use PALS.

____ Yes, my division plans to implement this initiative for the 2008-2009 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 2008-2009 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