



ELA Assessment Reporting Toolkit

Printable forms, data trackers, and family communication templates for MTSS assessment cycles, Grades 6–8

About this Toolkit

The **ELA Assessment Reporting Toolkit** is the printable companion to the Newsela *Threads & Themes* Assessment Playbook. It provides ready-to-use forms, monitoring tools, and family-communication templates that teachers and teams can use to organize, analyze, and share assessment data within the program's Multi-Tiered System of Supports (MTSS) framework.

Purpose

The toolkit operationalizes Part 3 of the Assessment Playbook (Assessment for MTSS Decision-Making) by giving teachers ready-to-use forms for the workflows the playbook describes: universal screening administration and risk-level tracking; diagnostic and progress monitoring data collection; Tier 2 / Tier 3 intervention planning, attendance tracking, and outcome documentation; student goal-setting, self-monitoring, and self-reflection; and family notification consistent with California Education Code §56329.

How to Use This Toolkit

Each template is designed for a specific point in the MTSS data cycle:

- **Universal screening windows:** Universal Screening Summary Log
- **Tier 2 / Tier 3 intervention:** Student Progress Monitoring Graph, MTSS Tier 2 and 3 Intervention Data Tracker, Intervention Attendance Log, Skills Checklist
- **Diagnostic decision-making:** Dyslexia Characteristics Inventory, Oral Reading Fluency Checklists (Prosody, Accuracy and Rate)
- **Student engagement:** Student Goal-Setting Conference Form, Reading Log Self-Reflection
- **Family communication (per California Education Code §56329):** Family Notification – Screening Results, Family Notification – Intervention Placement

Templates are designed to be reproduced as needed and adapted to district-specific contexts.

TEMPLATE 6: FAMILY NOTIFICATION - SCREENING RESULTS

Assess to inform communication per California Education Code Section 56329. Adapt as appropriate for your district.

Student Name: _____
District: _____
Parent Name: _____
Phone / Email: _____

Date: _____
To: _____
From: _____

We are writing to inform you about your child's screening results. These results are for informational purposes only and do not indicate a diagnosis. We are offering to support your child's learning.

Your child participated in a screening assessment to determine if they need additional support. The screening results show that:

Screening Results Summary

Skills Assessed

Oral Reading Fluency (ORF)

Reading Comprehension

Based on these results, your child's screening results show that:

- _____
- _____

What this means for your child:

- Your child will receive targeted instruction and support.
- Your child's progress will be monitored.

How you can support your child:

- Read together daily, even for 5 minutes.
- Practice the specific skills listed.
- Collaborate with your child's teacher.

Next steps:

We would like to meet with you to discuss your child's screening results and regular instruction in your classroom.

TEMPLATE 3: SKILLS CHECKLIST

Check if (✓) when a student demonstrates consistent, accurate performance on the skill(s) across multiple occasions across a period of 10 days. Mark (X) when a student demonstrates inconsistent performance across program-specific activities.

Student Name: _____ Grade: _____ MTSS Tier: _____
Skill Domain Focus: _____ Date Started: _____

PHONOLOGICAL AWARENESS

Subskill	Date Mastered	Notes
Identifies and produces rhyming words		
Segments spoken words into syllables		
Identifies initial, medial, and final phonemes		
Blends phonemes into spoken words		
Segments spoken words into phonemes		
Manipulates phonemes (deletion, substitution, addition)		

DECODING & WORD RECOGNITION

Subskill	Date Mastered	Notes
Short vowel patterns (CVC)		
Long vowel patterns (CVCe, vowel team)		
Consonant digraphs		
Consonant blends and digraphs		
Variable vowels / diphthongs		
Open and closed syllables		
2 syllable words		
Multisyllable words (3+ syllables)		
High frequency / irregular words		

Toolkit Templates

- **Template 1:** Student Progress Monitoring Graph
- **Template 2:** Student Goal-Setting Conference Form
- **Template 3:** Skills Checklist
- **Template 4:** Reading Log Self-Reflection
- **Template 5:** Intervention Attendance Log
- **Template 6:** Family Notification – Screening Results
- **Template 7:** Family Notification – Intervention Placement
- **Template 8:** Universal Screening Summary Log – Landscape
- **Template 9:** Universal Screening Summary Log – Portrait
- **Template 10:** MTSS Tier 2 and 3 Intervention Data Tracker – Landscape
- **Template 11:** MTSS Tier 2 and 3 Intervention Data Tracker – Portrait
- **Template 12a:** Oral Reading Fluency – Prosody Checklist
- **Template 12b:** Oral Reading Fluency – Accuracy Checklist
- **Template 12c:** Oral Reading Fluency – Rate Checklist
- **Template 13:** Dyslexia Characteristics Inventory

↗ **See also:** *Assessment Playbook, Part 2, for step-by-step guidance on digital reporting features (e.g., Tracker Reports, Standards Progress Over Time / SPOT Report, Performance Task Report, and ELD proficiency tracker).*

TEMPLATE 1: STUDENT PROGRESS MONITORING GRAPH

Complete after each progress monitoring session. Students plot their own data points to visualize growth toward the goal line (aimline).

Student name: _____ Grade: _____ Tier: _____

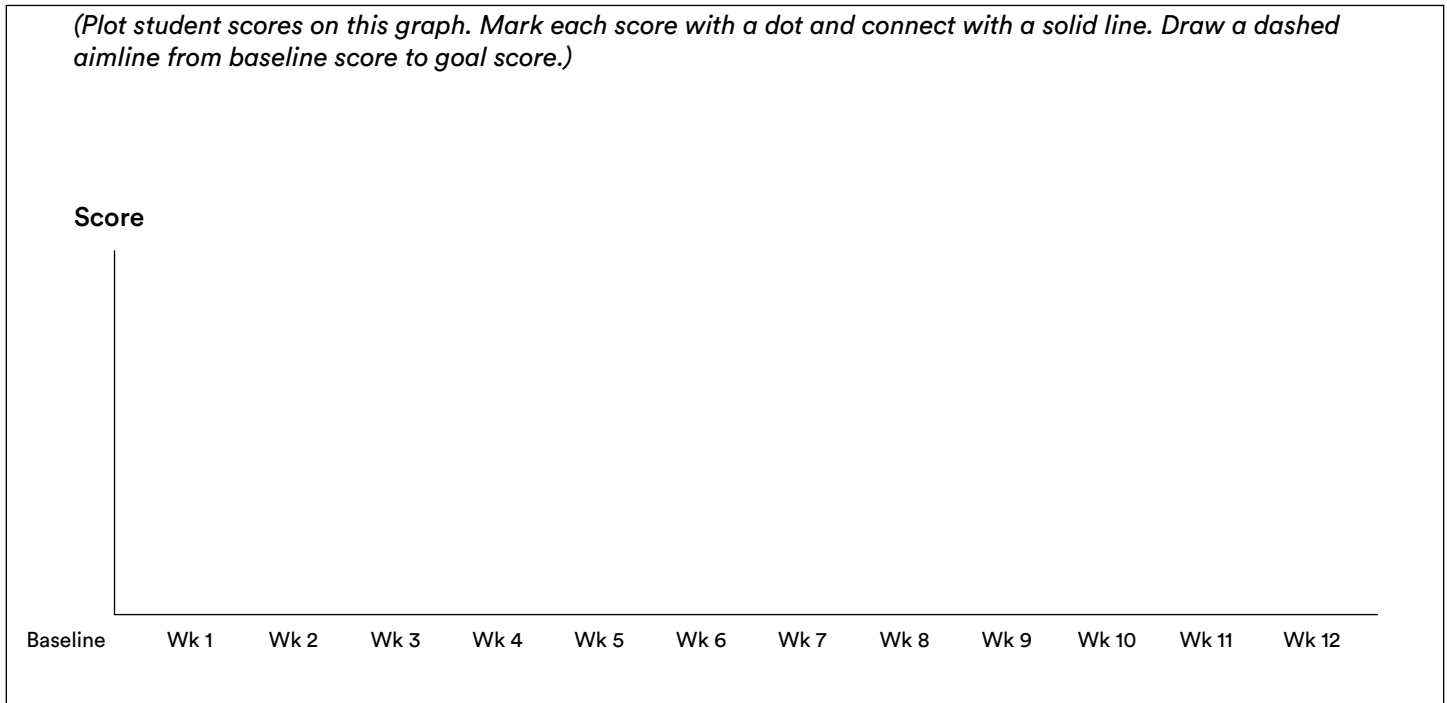
Interventionist: _____ Skill Being Monitored: _____

Measure / Assessment: _____ Cycle Dates: _____

Baseline Score: _____ Goal Score: _____ Goal Date: _____ PM Frequency: _____

GRAPH AREA

(Plot student scores on this graph. Mark each score with a dot and connect with a solid line. Draw a dashed aimline from baseline score to goal score.)



Legend ● Student Score --- Goal Line (Aimline) ○ Benchmark

TEMPLATE 2: STUDENT GOAL-SETTING CONFERENCE FORM

Complete at the beginning of each MTSS intervention cycle during a teacher–student (and ideally family) conference.

Student name: _____ Grade: _____ Date of Conference: _____

Teacher / Interventionist: _____ MTSS Tier: _____

Family Member Present: _____

MY READING GOAL (SMART)

Use the SMART framework: Specific · Measurable · Achievable · Relevant · Time-bound

- S** — Specific (What skill am I working on?)
- M** — Measurable (How will I track progress?)
- A** — Achievable (Is this realistic given my current level?)
- R** — Relevant (Why does this matter for my reading?)
- T** — Time-bound (By when will I reach this goal?)

My Goal Statement

My current score in _____ is _____. My goal is to reach _____ by _____

I will practice _____ days per week and track my progress every _____

SKILLS I AM WORKING ON

Skill Area	What I am Practicing	How I Know I'm Improving

OUR ROLES AND RESPONSIBILITIES

Student — What I will do to help reach my goal:

Teacher / Interventionist — What I will do to support the goal:

Family — What I will do to support the goal at home:

CHECK-IN SCHEDULE

Check-in #	Date	Score	On Track? (Y/N)	Adjustment Needed
1				
2				
3				
Final				

Student Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Family Signature: _____ Date: _____

TEMPLATE 3: SKILLS CHECKLIST

Check (✓) when a student demonstrates consistent, accurate performance on the subskill across multiple contexts. Leave unchecked if still developing. Add notes in the Notes column. Blank rows allow teachers to add program-specific subskills.

Student name: _____ Grade: _____ MTSS Tier: _____

Skill Domain Focus: _____ Date Started: _____

PHONOLOGICAL AWARENESS

✓	Subskill	Date Mastered	Notes
	Identifies and produces rhyming words		
	Segments spoken words into syllables		
	Isolates initial, medial, and final phonemes		
	Blends phonemes into spoken words		
	Segments spoken words into phonemes		
	Manipulates phonemes (deletion, substitution, addition)		

DECODING & WORD RECOGNITION

✓	Subskill	Date Mastered	Notes
	Short vowel patterns (CVC)		
	Long vowel patterns (CVCe, vowel teams)		
	R-controlled vowels		
	Consonant blends and digraphs		
	Variable vowels / diphthongs		
	Open and closed syllables		
	2-syllable words		
	Multisyllabic words (3+ syllables)		
	High-frequency / irregular words		

MORPHOLOGY & STRUCTURAL ANALYSIS

✓	Subskill	Date Mastered	Notes
	Common prefixes (un-, re-, mis-, pre-, dis-)		
	Derivational suffixes (-tion, -ness, -ment, -able)		
	Inflectional suffixes (-s, -ed, -ing, -er, -est)		
	Greek and Latin roots (-port-, -scrib-, -dict-)		
	Compound words		
	Multisyllabic decoding by morpheme (structural analysis)		

READING FLUENCY

✓	Subskill	Date Mastered	Notes
	Reads at or above grade-level WCPM benchmark		
	Reads in meaningful phrases (not word-by-word)		
	Pauses appropriately at punctuation and phrase boundaries		
	Varies pitch to reflect sentence type		
	Emphasizes important words or ideas		
	Reads smoothly at a conversational rate		

READING COMPREHENSION & VOCABULARY

✓	Subskill	Date Mastered	Notes
	Identifies main idea and supporting details		
	Makes inferences from text evidence		
	Summarizes or retells a passage accurately		
	Uses context clues to determine word meaning		
	Uses morphological analysis to determine word meaning		
	Monitors comprehension and self-corrects		

TEMPLATE 4: READING LOG SELF-REFLECTION

Complete weekly, integrated into independent reading time. Promotes metacognitive awareness and ownership of reading growth.

Student name: _____ Grade: _____ Week of: _____

Date: _____ Title / Text Read: _____

Pages / Level: _____ Minutes Read: _____

Rate yourself (circle one):

What I Rate	1 - Needs Work	2 - Getting There	3 - Pretty Good	4 - Strong
My fluency (reading smoothly, not stumbling)	1	2	3	4
My comprehension (I understood what I read)	1	2	3	4
My effort and focus during reading	1	2	3	4
My use of strategies when I got stuck	1	2	3	4

What went well in my reading today?

What was challenging? What word or part did I get stuck on?

What strategy did I use when I got stuck? Did it help?

One thing I want to get better at next time:

Teacher note: Review weekly logs to spot patterns in comprehension breakdowns, decoding challenges, or strategy use. Persistent difficulty in fluency ratings (1–2) combined with low comprehension ratings may signal a need for a Tier 2 or 3 referral or intensification review.

Week 3 Dates: _____

Student Name	Mon	Tues	Wed	Thur	Fri	Present	Session	% Attend	Notes / Barrier

ATTENDANCE ALERT LOG

Flag students missing more than 20% of sessions (≥1 session/week on average) for MTSS team review.

Student	% Attendance	Consecutive Absences	Action Taken	Family Contact Date	Follow-Up

TEMPLATE 6: FAMILY NOTIFICATION — SCREENING RESULTS

Required parent communication per California Education Code Section 56329. Adapt school/district information as needed.

[School Name]

[District Name]

[Address]

[Phone / Email]

Date: _____

To the Family of: _____

Dear _____

We are writing to inform you about your child’s performance on recent reading assessments administered at [School Name]. These assessments help us understand your child’s reading skills and determine the best way to support their learning.

Your child participated in a universal reading screening assessment on _____. The results of this assessment indicate that your child would benefit from targeted reading support to develop grade-level reading skills.

Screening Results Summary:

Skills Assessed	Score	Grade-Level Benchmark	Risk Level
Oral Reading Fluency (WCPM)			
Reading Comprehension			

Based on these results, your child has been placed in _____ intervention effective _____.

The screening results show that your child needs additional support in the following reading skill(s):

-
-

What this means for your child:

- Your child will receive targeted intervention _____ times per week for approximately _____ minutes per session.
- The intervention will focus on _____.
- Your child’s progress will be monitored every _____ to ensure the intervention is effective.

How you can support your child at home:

- Read together daily, even for just 10–15 minutes.
- Ask your child questions about what they’ve read.
- Practice the specific skills being targeted in intervention (e.g., decoding practice, fluency practice).
- Celebrate your child’s progress and effort.

Next steps:

We would like to meet with you to discuss your child’s reading goals and progress. Please let us know your availability for a conference during the weeks of _____. We will also provide you with progress monitoring data at regular intervals so you can see your child’s progress firsthand.

If you have any questions or concerns, please don't hesitate to contact me.

Sincerely,

Teacher Name: _____

Title: _____

Email / Phone: _____

Signature: _____ Date: _____

Please detach and return this section

Student Name: _____ Family Name: _____

Email / Phone: _____

I have received and reviewed this notification.

I would like to schedule a conference.

I have questions — please contact me.

Family Signature: _____ Date: _____

TEMPLATE 7: FAMILY NOTIFICATION — INTERVENTION PLACEMENT

Required parent communication per California Education Code Section 56329. Use when a student is formally placed into a Tier 2 or Tier 3 intervention program. Adapt school/district information as needed.

[School Name]

[District Name]

[Address]

[Phone / Email]

Date: _____

To the Family of: _____

Dear _____

We are writing to inform you about your child's reading performance and reading intervention placement at [School Name]. We administer reading assessments to all students to understand their strengths and needs and to provide appropriate instruction and support.

Your child was screened on _____ using the _____. Based on these screening results, your child has been placed in _____ intervention to provide targeted support in the following reading skills.

Intervention Details:

Item	Details
Intervention Program	
Skills Targeted	_____ times per week for _____ minutes per session.
Frequency	
Start Date	
Group Size	
Progress Monitoring Schedule	Every _____ (weekly for Tier 3 / every 2 weeks for Tier 2)
Intervention Teacher / Specialist	

Why is intervention necessary?

The screening assessment results indicate that your child is performing below the benchmark for _____ grade and would benefit from additional, targeted instruction to develop grade-level reading skills. Early, systematic intervention is most effective, and we are committed to providing your child with the support needed to become a successful reader.

How you can support your child at home:

- Encourage your child to read every day, even for 10–15 minutes.
- Ask your child what they are learning in their intervention sessions.
- Practice skills at home using the strategies and materials the intervention teacher provides.
- Celebrate your child's effort and progress, not just the end result.

We will share progress monitoring data with you at regular intervals — approximately every _____ weeks — so you can see your child's growth firsthand. If your child's progress data indicates that a change in intervention intensity or tier is needed, we will contact you promptly.

We look forward to partnering with you to support your child's reading development. Please feel free to contact me with any questions.

Sincerely,

Teacher / MTSS Coordinator Name: _____

Title: _____

Email / Phone: _____

Signature: _____ Date: _____

Please detach and return this section

Student Name: _____ Family Name: _____

Email / Phone: _____

- I have received and reviewed this notification and consent to the intervention placement described above.
- I have questions or concerns and would like to schedule a meeting before intervention begins.

Family Signature: _____ Date: _____

Oral Reading Fluency - Prosody Checklist

- | | |
|--------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> | Reads in meaningful phrases, not word-by-word |
| <input type="checkbox"/> | Pauses appropriately based on punctuation and phrase boundaries |
| <input type="checkbox"/> | Varies pitch to reflect sentence type (statement, question, exclamation) |
| <input type="checkbox"/> | Emphasizes important words or ideas |
| <input type="checkbox"/> | Reads smoothly at a conversational rate |

Oral Reading Fluency - Accuracy Checklist

- | | |
|--------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> | Reads most words correctly on the first attempt |
| <input type="checkbox"/> | Applies decoding strategies to read unfamiliar words |
| <input type="checkbox"/> | Self-corrects errors that affect meaning |
| <input type="checkbox"/> | Reads high-frequency and previously taught words on sight |
| <input type="checkbox"/> | Pronounces multisyllabic words accurately |

Oral Reading Fluency - Rate Checklist

- | | |
|--------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> | Reads at a pace appropriate for the text and purpose |
| <input type="checkbox"/> | Maintains a steady, even pace throughout the reading |
| <input type="checkbox"/> | Recognizes most grade-level words automatically, without hesitation |
| <input type="checkbox"/> | Adjusts reading rate based on text complexity and content |
| <input type="checkbox"/> | Avoids reading too quickly or too slowly |

Dyslexia Characteristics Inventory

<input type="checkbox"/>	Difficulty with word reading accuracy
<input type="checkbox"/>	Difficulty with word reading fluency
<input type="checkbox"/>	Difficulty with connected text reading accuracy
<input type="checkbox"/>	Difficulty with connected text reading fluency
<input type="checkbox"/>	Difficulty with spelling grade-level words
<input type="checkbox"/>	Difficulty with phonological awareness
<input type="checkbox"/>	Slow rapid automatic naming
<input type="checkbox"/>	Family history (if known)
<input type="checkbox"/>	Persistent struggles with reading despite adequate instruction/intervention
<input type="checkbox"/>	Official dyslexia diagnosis: Date: _____