

**Reading Action Plan
(RAP)**



Name of School, District

City, State

Reading Goals and Priorities

1. What: _____

Who: _____

When: _____

2. What: _____

Who: _____

When: _____

3. What: _____

Who: _____

When: _____

Committee Members

_____	_____	_____
_____	_____	_____
_____	_____	_____

Adopted by School Staff on: _____
Date