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| **Student:** | **ID #:**  | **DOB:**  | **Gr.:**  | **Campus:**  |

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| **Intervention Start Date:** | **Intervention End Date:** |

**directions**: **Curriculum Based Monitoring Results (scores) of Progress Monitoring Probes**: Teacher will provide dates and description of probes to monitor the student’s response to his/her intervention plan. Teacher will submit grades on targeted area. **Need 2-3 different interventions documented at each Tier (one plan per Tier).**

**Intervention implementation period: TIER 2 (30 min. 6-8 Small Group) / TIER 3 (30 Min 1-3 Smallest Group)**

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| **Intervention Area:** Choose an item. | **Target Skill:** Choose an item. |

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| **Start Date:**       | **End Date**:       | **Tier:** Choose an item. | **Frequency:** Choose an item. |
| **Resource:**         |
| Assessment:       | Assessment:       | Assessment:       |
| Grade/Score:       | Date:       | Grade/Score:       | Date:       | Grade/Score:       | Date:       |

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| **Intervention Area:** Choose an item. | **Target Skill:** Choose an item. |

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| **Start Date:**       | **End Date**:       | **Tier:** Choose an item. | **Frequency:** Choose an item. |
| **Resource:**         |
| Assessment:       | Assessment:       | Assessment:       |
| Grade/Score:       | Date:       | Grade/Score:       | Date:       | Grade/Score:       | Date:       |

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| **Intervention Area:** Choose an item. | **Target Skill:** Choose an item. |

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| **Start Date:**       | **End Date**:       | **Tier:** Choose an item. | **Frequency:** Choose an item. |
| **Resource:**         |
| Assessment:       | Assessment:       | Assessment:       |
| Grade/Score:       | Date:       | Grade/Score:       | Date:       | Grade/Score:       | Date:       |

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| **Success/Failure to Respond****[ ]  YES [ ]  NO***Note: If student does not demonstrate sufficient progress, additional/revised interventions should be initiated and/or more time for intervention should be considered. After Tier 2 consider §504/Dyslexia as option and after Tier 3 possible Special Education.* |

**Committee Decision:**

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| [ ]  | Student data indicates a need to continue academic and/or behavioral interventions through Tier 2 of the RtI process. |
| [ ]  | Student data indicates student demonstrates need for more intensive interventions through Tier 3 of the RtI process. Referral to Tier 3 or Section 504 (***only*** if there is a suspected disability or referral for dyslexia assessment) shall be initiated. **Specify**: [ ]  Tier 3 or [ ]  §504 (Dyslexia or specify disabling condition if known:      )  |

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| [ ]  | Student data indicates student demonstrates little or no response to intervention through Tier 2 and Tier 3 of the RtI process. RtI documentation will be submitted for review and consideration for an FIE. |
| [ ]  | Student data indicates that there is no need for academic or behavioral interventions. Student will be monitored on a regular basis for any changes in need. |

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| RTI Administrator: Dean:  | Teacher of Record**:** Counselor: |

**I certify that the scientifically-based intervention was conducted, monitored, and implemented as described in the student’s IIP.**