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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.**