**Intervention Plan**

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| **Student Information:** | |  | **Reason for RtI Intervention Plan:** | |
| Name: |  | * Reading Tier \_\_\_ * Mathematics Tier \_\_\_ | * Behavior Tier \_\_\_ | |
| Development Date: |  | **Intervention #:** | | |

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| **GOAL** |
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| Goal Criteria: Define timeline, Clear measurements, Define behavior, Clear criteria for success | |

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| **INTERVENTION** | |
| Brief description: |  |
| Description of needed materials: |  |
| Intervention implementer: | ○General Education Teacher ○Guided Reading Teacher ○Reading Specialist  ○ Math Teacher ○Social Worker ○Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How Often: | ○ Daily ○ \_\_\_\_\_\_\_\_\_\_\_\_ Times Per Week ○ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Where: | * General Education Setting ○Guided Reading Setting ○Math Small Group Setting * ○Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **MEASUREMENT SYSTEM** | |
| Data collection system: What will be recorded? |  |
| Data collector: | ○General Education Teacher ○Guided Reading ○Teacher Reading Specialist  ○Social Worker ○ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Frequency of data collection: | ○At least once per benchmark period ○Every \_\_\_\_\_ weeks ○\_\_\_\_\_\_\_\_\_\_ a month  ○At teacher discretion ○ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PROGRESS MONITORING NOTES** | |
| Date: |  |

**Plan Evaluation**

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| **Student Information:** | |  | **Intervention #:** |
| Name:  Date: |  | * Graph, chart, or assessment form showing student progress data is attached. | |

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| **RESULT of INTERVENTION** |
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| **EVALUATION** | | |
| 1. As a result of this intervention implementation:   * + Goal was met   + Discrepancy decreased   + Discrepancy stayed the same   + Discrepancy increased | 2. In the team’s opinion, was the plan responsible for any change?   * + Yes   + No   + Unable to determine | |
| 3. The next step(s) for the team will be to:   * + Discontinue intervention – goal met   + Maintain or generalize current intervention plan (See Plan Modification box below)   + Reduce frequency/intensity of current intervention plan (See Plan Modification box below)   + Develop and implement a new intervention plan (Fill out a new plan form)   + Consider a referral for special education (Provide copy to Special Education Team) | |

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| **CURRENT PLAN or GOAL MODIFICATIONS**  (Student may have met current expectations, but needs changes in current plan for further growth before being dismissed or may include other minor changes to current goal.) |
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| **PROGRESS MONITORING NOTES** | |
| Date:  Date: |  |