**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: |  |

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| **Check-in Date:** | **Check-in Date:** |
| **Assessment Results:** | **Assessment Results:** |
| **Progress Monitor Notes:** ⭘ Maintain the current plan at this time | **Progress Monitor Notes:** ⭘ Maintain the current plan at this time |

**RTI Data Team Meetings:**

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| **Date:** | **Date:** |
| **Assessment Results:** | **Assessment Results:** |
| **Progress Monitor Notes:** | **Progress Monitor Notes:** |

**RESULTS:**

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| 1. As a result of this intervention implementation:   ⭘ Goal was met ⭘ Discrepancy stayed the same  ⭘ Discrepancy decreased ⭘ Discrepancy increased   1. In the team’s opinion, was the plan responsible for any change   ⭘Yes ⭘No ⭘Unable to determine   1. The next step(s) for the team will be to:   ⭘ Discontinue intervention – goal met  ⭘ Maintain or generalize current intervention plan (See Plan Modification box)  ⭘ Reduce frequency/intensity of current 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 (Copy to Special Education Team) | 1. As a result of this intervention implementation:   ⭘ Goal was met ⭘ Discrepancy stayed the same  ⭘ Discrepancy decreased ⭘ Discrepancy increased   1. In the team’s opinion, was the plan responsible for any change   ⭘Yes ⭘No ⭘Unable to determine   1. The next step(s) for the team will be to:   ⭘ Discontinue intervention – goal met  ⭘ Maintain or generalize current intervention plan (See Plan Modification box)  ⭘ Reduce frequency/intensity of current 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 (Copy to Special Education Team) |
| **Date of next meeting:** | **Date of next meeting:** |

**Plan Modification Box: (Use this box for minor changes or suggestions to continue growth for students who are being dismissed**

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