

Intervention Summary & Documentation of Response to Intervention/Instruction

School	Grade	<input type="checkbox"/> Academic <input type="checkbox"/> Behavior	<input type="checkbox"/> Tier 2 – Targeted Instruction/Intervention <input type="checkbox"/> Tier 3 – Intensive Instruction/Intervention	Date of Identification:	Date of Response:
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Team Members Present:

- BRS/Phonological Awareness
 BRS/Phonics
 Reading Fluency (Rate & Accuracy)
 Vocabulary
 Listening Comprehension
 Reading Comprehension
 Math Calculation
 Math App/PS
 Behavior
 Oral Expression
 Written Expression
 Pragmatics

Intervention Summary

Expected Levels/Assessments 1) _____ 2) _____ 3) _____

Student Name	Homeroom Teacher	Level of Performance (Prior to Intervention)
_____	_____	1) _____ 2) _____ 3) _____
_____	_____	1) _____ 2) _____ 3) _____
_____	_____	1) _____ 2) _____ 3) _____
_____	_____	1) _____ 2) _____ 3) _____
_____	_____	1) _____ 2) _____ 3) _____
_____	_____	1) _____ 2) _____ 3) _____
_____	_____	1) _____ 2) _____ 3) _____
_____	_____	1) _____ 2) _____ 3) _____

Documentation of Response to Instruction/Intervention

Expected Levels/Assessments 1) _____ 2) _____ 3) _____

Minutes Received?	Consistent Delivery?	Level of Performance (After Intervention)	Student Response	Exit	Continue	Modify	New
_____	Y / N	1) _____ 2) _____ 3) _____	- ? +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Y / N	1) _____ 2) _____ 3) _____	- ? +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Y / N	1) _____ 2) _____ 3) _____	- ? +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Y / N	1) _____ 2) _____ 3) _____	- ? +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Y / N	1) _____ 2) _____ 3) _____	- ? +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Y / N	1) _____ 2) _____ 3) _____	- ? +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Y / N	1) _____ 2) _____ 3) _____	- ? +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Y / N	1) _____ 2) _____ 3) _____	- ? +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Team will meet to review progress and make instructional decisions at the end of 10-12 weeks. Support person may request a review earlier based on more frequent progress monitoring data.

What percentage of the students in the targeted skill group showed positive response? _____

70-80% = Option 1 = Change or modify intervention for unsuccessful students (MUST be 1st choice)
 Option 2 = Consider Tier 3 services for students with poor outcomes BUT positive fidelity.
 <70-80% = Go back to Problem Solving Worksheet to determine another Tier 2 group intervention.

Dates of Fidelity Walk Through: 1st _____ 2nd _____ 3rd _____

Intervention in addition to Core Curriculum

Identified Intervention: _____ **Interventionist:** _____

Implementation Schedule: Start Date: _____ Frequency(e.g. 5 days a week) _____ Duration(e.g. 30 min.) _____ Group Size: _____

Measurement Strategy:
 Progress Monitoring Tool: _____ Progress Monitoring Interval: 20 day intervals 15 day intervals 10 day intervals Weekly Daily
 Progress Monitoring Schedule: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

Fidelity monitor/support provided by: 1) _____ 2) _____

Schedule of support: _____ Method of support: _____