

## 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: (Recorded on Back)
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Team Members Present:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<input type="checkbox"/> BRS /Phonemic Awareness	<input type="checkbox"/> BRS/Phonics	<input type="checkbox"/> Reading Fluency (Rate & Accuracy)	<input type="checkbox"/> Vocabulary	<input type="checkbox"/> Listening/Reading Comprehension
<input type="checkbox"/> Math Calculation	<input type="checkbox"/> Math App/PS	<input type="checkbox"/> Behavior	<input type="checkbox"/> Oral Expression	<input type="checkbox"/> Written Expression

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: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_  
 6<sup>th</sup> \_\_\_\_\_ 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_

Fidelity monitor/support provided by: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Schedule of support: \_\_\_\_\_ Method of support: \_\_\_\_\_

**Please list students receiving this intervention on Page 2.**

**Intervention Summary & Documentation of Response to Intervention/Instruction**

Intervention Summary			
Expected Levels/Assessments 1) _____ 2) _____ 3) _____			
Student Name	ID #	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) _____
_____	_____	1) _____	2) _____ 3) _____
_____	_____	1) _____	2) _____ 3) _____
_____	_____	1) _____	2) _____ 3) _____
_____	_____	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) _____												
Class Periods	Consistent		Level of Performance			Student Response		Exit	Continue	Modify	New	
	Absent?	Delivery?	(After Intervention)			-	?					+
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	1) _____	2) _____	3) _____	-	?	+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The Group PST will meet the week prior to the Core PST meeting to review progress monitoring data. 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 1<sup>st</sup> 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: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_