RTI Problem Solving Guide and Intervention Plan for Tier: **2   3**

Student's Legal Name:	Grade:	DOB:	Homeroom:	Initial Meeting Date:

What are the student's strengths:

What is the concern: ☐Reading ☐Math ☐Behavior ☐Speech ☐Writing   Other:_____

Examples of Data: grades, test scores, discipline records, attendance, retention, # of years on RTI, 504 plans, previous eligibility for Sped, psychological or medical info, or other pertinent information **(collect prior to meeting and attach to this form)**

Define the problem using data analyzed:

Measurable Goal(s): A measurable goal must be written for each intervention area.

Goal Stem and Examples: ([Learner] will [behavior] to [criterion]**) when** [conditions] occur i**n** [time frame] weeks.

- Reading example: Given a paragraph from a non-fiction passage, Cindy will state the main idea and at least 2 details related to the main idea with 90% accuracy on 3-5 assignments within 9 weeks.
- Math Example: Dan will increase number of correctly answered basic addition problems from 4/20 to 20/20 on 2 minute timed test in 6 weeks.
- Behavior example: Joe will remain in assigned area during instruction with no more than 2 verbal prompts with 80% accuracy in 7 weeks.
- Speech example: Adam will correctly say the k and g sounds in words when correctly modeled by the teacher during conversation, in 8 of 10 opportunities daily, within 6 weeks.

Academic Goal:

Behavior Goal:

Speech Goal:

Academic Intervention:		Intervention Schedule:
Date Started:		PM Schedule:
PM Tool:	Baseline Score:	Interventionist:
Differentiation/scaffolding:		

Behavior Intervention:		Intervention Schedule:
Date Started:		PM Schedule:
PM Tool:	Baseline Score:	Interventionist:
Differentiation/scaffolding:		

Speech Intervention:		Intervention Schedule:
Date Started:		PM Schedule:
PM Tool:	Baseline Score:	Interventionist:
Differentiation/scaffolding:		

Plan Review Date:	Plan Review Date:	Plan Review Date :
☐ Continue intervention plan ☐Modify intervention plan*(see below) ☐Move to Tier_____ ☐Initiate referral to SPED	☐ Continue intervention plan ☐Modify intervention plan*(see below) ☐Move to Tier_____ ☐Initiate referral to SPED	☐ Continue intervention plan ☐Modify intervention plan*(see below) ☐Move to Tier_____ ☐Initiate referral to SPED
PM or data points at review: **(#Correct/%Accuracy if reading)**	**PM or data points at review:** **(#Correct/%Accuracy if reading)**	**PM or data points at review:** **(#Correct/%Accuracy if reading)**
***How was plan modified?**	***How was plan modified?**	***How was plan modified?**
Parental Input:		
Notes:		