SCHOOL INTERVENTION TEAM / STUDENT INTERVENTION PROGRAM INTERVENTION PLAN

*Rev. 9/12/MACK ES*

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| --- | --- |
|  **STUDENT NAME:**  | **DATE:**  |
| **STUDENT NUMBER:**  | **BIRTHDATE:**  |
| **TEACHER/ROOM:**  | **STUDENT AGE:**  |
| **CASE MANAGER:**  | **SCHOOL:**  |
| **ELP:**  | **GRADE/TRACK:**  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Intervention Plan** **# (circle one)**  | **1**  | **2**  | **3**  | **4**  | **5**  |
| **To-From Dates** |  |  |  |  |  |

**BASELINE/TARGET CONCERN(S):** (For the concerns, describe the degree of discrepancy between the demands of the educational setting and the pupil’s performance. Must be specific/observable/measurable.)

When you type in this area, please make sure it is underlined.

 **INTERVENTION GOAL(S):** (Identify curricular and/or behavioral tasks to be accomplished. Include data regarding

where the student should be performing for his/her grade level, adequate/acceptable progress and rate of learning for this student. Must be specific/observable/measurable.)

When you type in this area, please make sure it is underlined.

 **INTERVENTION PLAN SUMMARY:** (Based upon examination of the student’s characteristics as a learner, the instruction provided and the curricular tasks to be accomplished identify targeted scientific, research-based interventions designed to improve the student’s level of performance and increase rate of learning. Reading interventions should address phonemic awareness; phonics; fluency; comprehension and vocabulary as applicable. Specify responsible persons.)

When you type in this area, please make sure it is underlined.

|  |  |
| --- | --- |
| Number of instructional sessions per week: | Number of minutes per each instructional session: |
|  |  |

 **INTERVENTION TIME REQUIRED TO MEET GOAL(S):**

**OTHER FACTORS:** (Identify relevant learner characteristics, necessary resources, materials, setting, sequencing of intervention steps, and parent participation as applicable. Specify responsible persons.)

When you type in this area, please make sure it is underlined.

 **HOW WILL PROGRESS BE MEASURED?** (Include frequency of data collection, the strategies to be used to summarize data, the criteria to be used to evaluate the effectiveness of the intervention, and the schedule for evaluating the effectiveness of the intervention. Attach specific assessment if possible.)

When you type in this area, please make sure it is underlined.

 **OUTCOME: TC=Target Concern: Date of Decision:**

**\_\_\_**TC resolved (RTI terminated) **\_\_\_**TC being resolved (RTI continued) **\_\_\_**TC unresolved (explain)

When you type in this area, please make sure it is underlined.