

**SCHOOL-BASED RTI TEAM - INTERVENTIONS**

**STUDENT INTERVENTION PLAN**

<b>STUDENT NAME:</b>	<b>ELP:</b>	<b>GRADE/TRACK:</b>
<b>STUDENT NUMBER:</b>	<b>BIRTHDATE:</b>	<b>SCHOOL:</b>
<b>TEACHER:</b>	<b>STUDENT AGE:</b>	<b>CASE MANAGER:</b>

**Target Concern:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**BASELINE/TARGET CONCERN(S):** (identify academic or behavioral concerns and describe the degree of discrepancy between the demands of the educational setting and the pupil's performance - specific, observable, measurable.)

Current Performance/Baseline: _____ _____ _____
Typical Grade Level Expectation. <i>Typical peers are expected to</i> _____ _____ _____

**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. Goals must be specific, observable and measurable.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DIAGNOSTIC TEST(S):**

Measure:	Date:	Results:
Measure:	Date:	Results:

**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, research-based interventions designed to improve the student's level of performance and increase rate of learning. Reading interventions should address, as applicable, phonemic awareness, phonics, fluency, comprehension, and vocabulary.)

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

Number of instructional sessions per week:	Number of minutes per each instructional session:	Person Responsible: (Title)

**OTHER FACTORS:** (Identify relevant learner characteristics, necessary resources, setting, intervention steps, etc.)

\_\_\_\_\_  
 \_\_\_\_\_

**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.)

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 \_\_\_\_\_

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

\_\_\_ TC resolved (Plan terminated) \_\_\_ TC being resolved (Plan continued) \_\_\_ TC unresolved (explain)

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