SCHOOL-BASED RTI TEAM - INTERVENTIONS

STUDENT INTERVENTION PLAN

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

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. *Typical peers are expected to* _____
_____
_____

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.)
_____
_____
_____
_____

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.)
_____
_____

OUTCOME: TC=Target Concern: Date of Decision:_____
___TC resolved (Plan terminated) ___TC being resolved (Plan continued) ___TC unresolved (explain)
_____
_____