

**Tier 2  
Intervention Planning  
Initial Meeting**

Student's Name: _____	Student ID Number: _____
Date of Birth: _____	
Age: _____	Grade: _____
Teacher: _____	

Student Support Team Meeting Date: \_\_\_\_\_

**Attendance**

Representative

General Education Teacher	_____
Instructional Specialist (content area)	_____
Special Education Teacher	_____
Parent	_____
Administrator	_____
Related Services Specialist	_____
Counselor	_____
School Psychologist/LSSP	_____
Nurse	_____
Behavior Specialist	_____

<b>Data Review</b>
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**Prior to this meeting, the general education teacher has consulted with colleagues to identify interventions for the student. Check all that apply**

- |                                                       |                                              |                                             |
|-------------------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Regular Education Teacher(s) | <input type="checkbox"/> School Nurse        | <input type="checkbox"/> OT/PT              |
| <input type="checkbox"/> Special Education Teacher(s) | <input type="checkbox"/> Administrator       | <input type="checkbox"/> Speech Pathologist |
| <input type="checkbox"/> Counselor                    | <input type="checkbox"/> Behavior Specialist |                                             |
| <input type="checkbox"/> LSSP/School Psychologist     | <input type="checkbox"/> Other (specify)     |                                             |

Results of each consultation are attached, (including description of intervention, frequency, format: group or individual, amount of time per session) dates of implementation, and progress chart are attached to this form

Additional data reviewed by the team (**copies** of all data reviewed are attached):

- Teacher Report of Concern
- Parent Contact Forms
- Hearing and Vision report
- Progress Charts
- Benchmarks
- Universal Screening Results
- Other

Barringer, 2006 This is a SAMPLE form. Forms for each district or campus should accurately document the RTI process as implemented. Each district /campus is responsible for the content of any forms utilized and for training staff in appropriate, ethical use of the form and implementation of any RTI processes documented by the form. This sample form is meant to provide a template to be modified as appropriate for the district/campus.

**The team has determined that existing data is adequate to define the academic skill or behavior of concern:**

- Yes** The meeting will proceed to Problem Definition.
- No** Additional data is needed. The committee will adjourn to collect data:

<b>Data</b>	<b>Team Member Responsible</b>	<b>Timeline</b>

**The team will reconvene at the following date and time:** \_\_\_\_\_

**Problem Definition**

Identify the behavior or academic skill to be targeted for intervention as a function of the difference between the expected level of performance and the student's current level of performance.

<b>Skill</b>	<b>Expected Level of Performance</b>	<b>Present Level of Performance</b>
#1		
#2		
#3		

<b>Goal(s)</b>		
<b>Skill</b>	<b>Present Level of Performance</b>	<b>Goal Level of Performance</b>
#1		
#2		
#3		

**The team has determined that it has adequate data to develop an intervention plan to address each goal behavior.**

- Yes** The team will proceed to Intervention Planning
- No** The team will collect additional data and reconvene on: \_\_\_\_\_

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## **Complete one Intervention Plan for each Goal Identified**

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