



Response to Intervention Student Intervention Plan

Student's Name:		P5:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School:		IEP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grade:		504:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Teacher:		Attendance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Area of Concern:	<input type="checkbox"/> Reading <input type="checkbox"/> Writing (Expression) <input type="checkbox"/> Behavior <input type="checkbox"/> Math <input type="checkbox"/> Handwriting			

Please provide additional information in relation to checked items below. (Check all that apply)

P5 IEP 504 Attendance Other

Student work sample or behavior documentation attached (REQUIRED)	<input type="checkbox"/> Yes
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MAP Universal Screening Data (Include all that apply)									
Subject Area:	<input type="checkbox"/> Reading	RIT Goal:		RIT Score:		Percentile:	%	Time of Year:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
Subject Area:	<input type="checkbox"/> Math	RIT Goal:		RIT Score:		Percentile:	%	Time of Year:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
Subject Area:	<input type="checkbox"/> Language	RIT Goal:		RIT Score:		Percentile:	%	Time of Year:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring

Muhlenberg County Schools Response to Intervention Student Intervention Plan

Create a plan for each targeted skill

Diagnostic Assessment Information			
Date Given:		Assessment Tool:	
Test Administrator:			
Student Score:		Percentile: (If applicable)	
Targeted Skill: (Refer to Skills List)			

List evidence-based program/strategy: (Evidence-Based Resources List in Rtl Manual if needed)
Program/Strategy should specifically address targeted skill identified above and meet fidelity requirements.

Intervention Schedule	
Intervention Frequency:	Progress Monitoring Day:
M T W Th F	M T W Th F
*Total days per week must align with fidelity guidelines for program/strategy chosen with a <u>minimum</u> of 3 days per week	*Must be the same day each week
Duration/Time:	Group Size:
_____ : _____ - _____ : _____	3-10 2 1
*Minimum 30 minutes per session.	

Muhlenberg County Schools TIER 2 Progress Monitoring Log

GENERAL INFORMATION

Student's Name:		Date:	
School:		Grade:	
Teacher:		Interventionist:	

Targeted Skill Baseline Data		Desired Intervention Outcome	
Date:	/ / 20__	By:	/ / 20__
Assessment Tool:	Baseline Score:	Goal Score:	

Week	Day	Week of	Attended Intervention?			Strategy/Activity	Progress Monitoring Score
1	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
2	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
3	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
4	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		

Data Review:

<p>Finding:</p> <p><input type="checkbox"/> Desired outcome met</p> <p><input type="checkbox"/> Making progress toward desired outcome</p> <p><input type="checkbox"/> Making little or no progress toward desired outcome</p>	<p>Decision:</p> <p><input type="checkbox"/> Discontinue interventions</p> <p><input type="checkbox"/> New targeted skill identified</p> <p><input type="checkbox"/> Continue with same plan</p> <p><input type="checkbox"/> Continue with revised plan:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Increase intervention frequency</p> <p style="margin-left: 20px;"><input type="checkbox"/> Increase intervention duration/time</p> <p style="margin-left: 20px;"><input type="checkbox"/> Decrease group size</p> <p style="margin-left: 20px;"><input type="checkbox"/> Change program/strategy/interventionist</p>
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Optional (Complete necessary portions of this section ONLY if revisions to plan have been made.)

NEW intervention frequency:	
NEW intervention duration/time:	
NEW group size:	
NEW program/strategy/interventionist:	
NEW Targeted Skill for Intervention:	

NEW Targeted Skill Baseline Data		NEW Desired Intervention Outcome	
Date:	/ / 20__	By:	/ / 20__
Assessment Tool:	Baseline Score:	Goal Score:	

Week	Day	Week of	Attended Intervention?			Strategy/Activity	Progress Monitoring Score
5	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
6	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
7	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
8	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		

Data Review:

Finding:

- Desired outcome met
- Making progress toward desired outcome
- Making little or no progress toward desired outcome

Decision:

- Discontinue interventions
- New targeted skill identified
- Continue with same plan
- Continue with revised plan:
 - Increase intervention frequency
 - Increase intervention duration/time
 - Decrease group size
 - Change program/strategy/interventionist
- Move to Tier 3

Optional (Complete necessary portions of this section ONLY if revisions to plan have been made.)

NEW intervention frequency:	
NEW intervention duration/time:	
NEW group size:	
NEW program/strategy/interventionist:	
NEW Targeted Skill for Intervention:	

NEW Targeted Skill Baseline Data		NEW Desired Intervention Outcome	
As of:	/ / 20__	By:	/ / 20__
Using Assessment Tool:	Initial Score was:	Student's Desired Score will be:	

Week	Day	Week of	Attended Intervention?			Strategy/Activity	Progress Monitoring Score
9	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
10	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
11	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
12	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		

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NEW intervention frequency:	
NEW intervention duration/time:	
NEW group size:	
NEW program/strategy/interventionist:	
NEW Targeted Skill for Intervention:	

NEW Targeted Skill Baseline Data		NEW Desired Intervention Outcome	
As of:	/ / 20__	By:	/ / 20__
Using Assessment Tool:	Initial Score was:	Student's Desired Score will be:	

Week	Day	Week of	Attended Intervention?			Strategy/Activity	Progress Monitoring Score
13	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
14	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
15	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
16	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		

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Muhlenberg County Schools TIER 3 Progress Monitoring Log

GENERAL INFORMATION

Student's Name:		Date:	
School:		Grade:	
Teacher:		Interventionist:	

Targeted Skill Baseline Data		Desired Intervention Outcome	
Date:	/ / 20__	By:	/ / 20__
Assessment Tool:	Baseline Score:	Goal Score:	

Week	Day	Week of	Attended Intervention?			Strategy/Activity	Progress Monitoring Score
1	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
2	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
3	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
4	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
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NEW intervention frequency:	
NEW intervention duration/time:	
NEW group size:	
NEW program/strategy/interventionist:	
NEW Targeted Skill for Intervention:	

NEW Targeted Skill Baseline Data		NEW Desired Intervention Outcome	
Date:	/ / 20__	By:	/ / 20__
Assessment Tool:	Baseline Score:	Goal Score:	

Week	Day	Week of	Attended Intervention?			Strategy/Activity	Progress Monitoring Score
5	M		Y	N	NA		
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	Th		Y	N	NA		
	F		Y	N	NA		
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	T		Y	N	NA		
	W		Y	N	NA		
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NEW intervention duration/time:	
NEW group size:	
NEW program/strategy/interventionist:	
NEW Targeted Skill for Intervention:	

NEW Targeted Skill Baseline Data		NEW Desired Intervention Outcome	
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	T		Y N NA		
	W		Y N NA		
	Th		Y N NA		
	F		Y N NA		
10	M		Y N NA		
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	Th		Y N NA		
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	T		Y N NA		
	W		Y N NA		
	Th		Y N NA		
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	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
15	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
	Th		Y	N	NA		
	F		Y	N	NA		
16	M		Y	N	NA		
	T		Y	N	NA		
	W		Y	N	NA		
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