



RTI INTERVENTION PLAN

Student: _____ ID#: _____ Gr.: _____ D.O.B.: _____
Campus: _____ Teacher: _____ Bilingual/ESL: [] Yes [] No
Date: _____

Form with checkboxes for TIER II -- INTERVENTION PLAN, TIER III -- INTERVENTION PLAN, REVISION OF AN EXISTING PLAN FROM A PREVIOUS DISTRICT, and OTHER:
Starting Date: _____ Ending Date: _____
Minimum 8 weeks for each intervention plan

Main intervention plan table with columns for Skill Deficiency (READING, MATH), Focus Skill (READING, MATH), Frequency, Progress Monitoring, and three Intervention #1, #2, #3 sections.

RTI Core Team Members' Signatures:

Signature of Principal/Designee: _____ Date: _____
Signature of RTI Contact : _____ Date: _____
Signature of Teacher: _____ Date: _____
Signature of LPAC Representative: _____ Date: _____
Signature of Other: _____ Date: _____

RTI Committee Recommendations: (Based on assessment data, accomplished progress, and student performance.)

- [] Some progress made on Tier II/III, so RTI Committee recommends continuation of Tier II/III Intervention Plan.
[] No significant progress, RTI Committee recommends to start the [] Tier III Intervention Plan or [] referral to Special Education for evaluation.
[] Student made significant progress, RTI Committee recommends Tier I with differentiated instruction and small group support.