

2nd Target Area Subject		Specific Concern				
Instructional Strategies/ Accommodations Implemented	Strategy Correlates with learning style? Y/N	Effectiveness	Implementation Date		Frequency (Daily, Weekly)	
			Begin	End		

3rd Target Area Subject		Specific Concern				
Instructional Strategies/ Accommodations Implemented	Strategy Correlates with learning style? Y/N	Effectiveness	Implementation Date		Frequency (Daily, Weekly)	
			Begin	End		

Intervention Programs student has participated in previously (specify type and duration).

Intervention program examples: Earobics, Dyslexia Program, Bilingual/ESL Program, etc.

Intervention Program	Effectiveness	Implementation Date		Frequency (Daily, Weekly)	
		Begin	End		
<input type="checkbox"/> Bilingual/ESL Program					
<input type="checkbox"/> Tutorials with highly qualified teacher					
<input type="checkbox"/> Specialized General Education Intervention Programs (i.e. Dyslexia)					
<input type="checkbox"/> Individualized Discipline Techniques					
<input type="checkbox"/> Home Practice activities provided to parents (games, flashcards, etc.)					
<input type="checkbox"/> Other: specify					
<input type="checkbox"/> Other: specify					

RESPONSE to INTERVENTION

This area is designed for Scientific Research-Based programs that (1) pre-test and determine a skills performance level, (2) write a prescriptive plan for the student, and (3) ongoing assessment occurs to see if the student is "responding to the interventions". Write in the titles of the computer-based programs that have the 3 components listed above that the student will participate in. List the start date and list the schedule of participation (Duration/Frequency). ATTACH REPORTS of beginning skills and post-assessment reports to document responsiveness/progress. *Tutoring is not applicable here.*

Base line prior to starting supplemental intervention program:

Interventions	Effectiveness	Implementation Date		Frequency (Daily, Weekly)	
		Begin	End		
<input type="checkbox"/> Computerized Academic Intervention	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Progress Monitoring: attach growth rate data (charts/graphs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other: specify <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Post Test Results

Base line prior to starting supplemental intervention program:

Interventions	Effectiveness	Implementation Date		Frequency (Daily, Weekly)	
		Begin	End		
<input type="checkbox"/> Computerized Academic Intervention	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Progress Monitoring: attach growth rate data (charts/graphs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other: specify <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Post Test Results

Formative Assessment: Student Performance Class Average

Benchmark Tests: Student Performance Class Average

- Committee recommends moving student back to Tier 1
- Committee recommends continuation with Tier II.
- Committee recommends moving student to Tier III.

Date for Follow-Up Meeting

I have been included in the Campus Support Team meeting/Rtl process and agree with the intervention plan that has been developed for my child.

Parent Signature

Parent was invited but did not attend the CST meeting. A copy of the intervention plan will be sent home.

Chairperson agrees to copy and disperse the intervention plan to all applicable teachers.

Signatures of Attendees:

Print Name/Signature

Print Name/Signature

Print Name/Signature

Print Name/Signature

Print Name/Signature

Print Name/Signature