Gilmer Independent School District TIER III Student Intervention Plan

Date of meeting		Time of meeting		Place	of meeting		
Student		G	rade Referrin	g Team			
Student Strengths							
How long has the student been struggling?							
Area(s) of Concern: Please check the line that best represents the specific definition of the student's concern. After you indicate the specific concern, you will need to TRANSFER that specific concern to the boxes listed as TARGET AREA of concern.							
Reading	Decoding/Pho	onics/Phonemic Av	vareness Fluency	Text Com	prehension [Vocabulary	
	Understanding Calculations Memorization of grade-appropriate facts						
	Problem-Solving/Reasoning Inability to read word problems						
☐ Writing	Sentence Cor	struction	Spelling	Paragraph	n Development	Elaboration	
☐ Communication	☐ Communication ☐ Listening Comprehension ☐ Oral Expression ☐ Articulation						
☐ Behavior	Interpersonal	Relationships	Depression/Anxiety	☐ Gr	oup Behavior		
	Rules/Expecta	ations	Inappropriate Behav	ior Under Norm	al Circumstance	es Motivation	
Other	Specify						
TIER II Time Frame: Ongoing							
Specify recommended instructional strategies and accommodations for top three areas of concern. After transferring the specific concern from the "Area of Concern" section you will list accommodations, items from the 101+ menu, and suggestions from the CST as well as tutoring as applicable here. This area is for listing accommodations (or basic good teaching strategies) that do not alter the TEKS. These listed accommodations should be based on what the referring teacher indicated was effective and additionally list accommodations you want the referring teacher to try.							
1st Target Area Subject			Specific Con	cern			
	Instructional Strategies/ Accommodations Implemented Strategy Correlates with learning style? Y/N Effectiveness Implementation Date Begin End (Daily, Weekly)				Frequency (Daily, Weekly)		

2nd Target Area Subject		Speci	fic Conce	rn			
Instructional Strategies/ Accommodations Implemented	Strategy Correlates with learning style? Y/N	with learning style?		Implementation Date Begin End		Frequency (Daily, Weekly)	
3rd Target Area Subject		Speci	fic Conce	rn			
Instructional Strategies/ Accommodations Implemented	Strategy Correlates with learning style? Y/N			Implementation Date Begin End		Frequency (Daily, Weekly)	
Intervention Programs s Intervention program							
Intervention Program	Effe	Effectiveness Implen Begin				requency illy, Weekly)	
Bilingual/ESL Program							
Tutorials with highly qualified te	acher						
Specialized General Education Intervention Programs (i.e. Dysle	xia)						
☐ Individualized Discipline Technic	1						
Home Practice activities provided parents (games, flashcards, etc.)	d to						
Other: specify							
Other: specify							

TIER III Time Frame: 9-12 weeks

TIER III is repeated 9-12 weeks and intensity of participation increases if growth rate is not sufficient. Minimum 30 minutes 2-3 times per week. If growth rate is not sufficient, increase participation to 4 times per week for 30 minutes.

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. <u>Tutoring is not applicable here.</u>

Base line prior to starting supplemental intervention program:						
Interventions	Effectiveness	Implementation Date Begin End		Frequency (Daily, Weekly)		
Computerized Academic Intervention Progress Monitoring: attach						
growth rate data (charts/graphs) Other: specify						
Post Test Results						
Base line prior to starting supplemental intervention program:						
Interventions	Effectiveness	Implementation Date Begin End		Frequency (Daily, Weekly)		
Computerized Academic Intervention						
Progress Monitoring: attach growth rate data (charts/graphs)						
Other: specify						
Post Test Results						
Formative Assessment: Student Performance Class Average						
Benchmark Tests: Student Performance Class Average						
Date for Follow-Up Meeting						
I have been included in the Campus Support Team meeting/RtI 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