

Jefferson County Schools School Intervention Plan – Tier I

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

Initial meeting – Tier I interventions

Target Educational Concern: \_\_\_\_\_

\_\_\_ Literacy –Area(s) \_\_\_\_\_ Math \_\_\_ Behavior

Scientificallly researched based intervention planned to be utilized \_\_\_\_\_

Level of performance before intervention from Benchmark Assessment \_\_\_\_\_

Start Date of intervention \_\_\_\_\_

Intervention is planned for \_\_\_ x per week with a frequency of \_\_\_ x minutes per day (minimum of 24 sessions in 45 days, 30 minutes)

Progress monitoring to be \_\_\_ x per week (1 minimum) by \_\_\_\_\_ (person responsible)

Parent has been notified by \_\_\_ letter \_\_\_ attended RTI meeting on \_\_\_\_\_ date.

Review date of Tier I Intervention \_\_\_\_\_

School Intervention team members (signatures) \_\_\_\_\_

Parent notified of School Intervention Team decision if not in attendance on \_\_\_\_\_ date

Level of performance after intervention \_\_\_\_\_ (attach graph of progress monitoring data)

Intervention was used \_\_\_ sessions per week for \_\_\_ weeks (minimum 24 sessions within 45 days before proceeding to Tier II)

Intervention status – check one:

- Intervention unable to be provided with fidelity due to time or other factors– continue Tier I
- Growth rate is equal to or greater than targeted goal line or has reached benchmark performance level based on average score of last three probes = adequate progress; discontinue RTI
- Student still in lowest 10% of grade, growth rate slope is less than targeted rate of growth yet performance rate indicates gain toward benchmark– continue Tier I
- Team may choose to modify or change the Tier I intervention strategy or weekly probe to \_\_\_\_\_(targeted deficit area skill)
- Student growth rate slope is less than targeted rate of growth, declining or flat and student has not met performance level benchmark. Move to Tier II
- Other obvious disability is suspected other than Learning Disability or Language Impaired; convene IEP team

Review date of Tier I Intervention \_\_\_\_\_

School Intervention team members (signatures) \_\_\_\_\_

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**Tier I Intervention Documentation:**

Student Name: \_\_\_\_\_

Grade \_\_\_\_\_

Scientifically Research-based Intervention(s) utilized:

\_\_\_\_\_

Dates of intervention provided \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Progress monitoring data attached

Validity statement – I certify the following noted interventions were conducted as described:

\_\_\_\_\_  
signature of person providing intervention

\_\_\_\_\_  
signature of administrator or designee

\_\_\_\_\_  
date

\_\_\_\_\_  
date

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