**RTI2** **Team Notes**

**Intervention Plan Evaluation (Every 4.5 weeks)**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date:

Current Tier (circle one) II or III Intervention used: Skill Area Addressed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Is progress:**   * Good * Questionable * Poor | **G**  **Q**  **P** |
| **Is plan being implemented with fidelity?\***   * Fully * Partially * Not Implemented | **F**  **P**  **N** |
| **Is documentation sufficient to make data based decision?**   * Yes * No | **Y**  **N** |
| **Evaluation Decision**   * Continue * Modify\*\* * Discontinue | **C**  **M**  **D** |

\* Refer to Intervention Log/fidelity checklists

\*\* If decision is made to modify intervention, a new Student Intervention Plan must be completed

Please describe basis for Evaluation Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Team members involved in approving this plan with name and relationship to the student**

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