

RCSD Tier II (Supplemental Instruction) Documentation

School: _____

TST Referral Date: _____

Instructions: Teachers should complete this form for each student that did not respond to Tier I instruction. For students receiving more than one intervention in multiple academic or behavioral areas, teachers can duplicate this form.

Details of Intervention:Visit www.mde.k12.ms.us/intervention for suggestions of strategies.

Student Name & Grade:		Describe intensive intervention strategies utilized – should be backed by scientifically-based research (SBR):		Provide specific evaluation criteria, in <u>measurable</u> terms, utilized to determine effectiveness and monitor progress:
Describe target deficit area of intervention(s) – identify if academic and/or behavioral and explain:				
Intervention start date:	Duration of intervention (in weeks):	Frequency of intervention:	Frequency of progress monitoring (MDE recommendation: 2x per month)	
Name(s) and role(s) of individual(s) responsible for delivering intervention(s):			Based on progress monitoring data (see Section 2B), student progress will be cumulatively reviewed on: (MDE policy: no later than 8 weeks after start date)	

Parental Notification:Student's parent(s) notified of Tier II intervention (circle one): **Yes / No**

Date of Notification: _____

1st Documented Review

Date: _____

(to be completed no later than 4 weeks after starting intervention)

Sufficient Progress Made? (circle one): Y N
(if no, an additional intervention form should be completed)**Cumulative Documented Review**

Date: _____

(to be completed no later than 8 weeks after starting intervention)

Sufficient Progress Made? (circle one): Y N
(check one of the boxes below for final decision)

<input type="checkbox"/> Adequate progress <u>was</u> made; intervention was successful in meeting student's needs. This student will be returned to Tier 1 (core instruction).	<input type="checkbox"/> Adequate progress was <u>not</u> made; intervention was somewhat successful in meeting student's needs. Intervention will continued and re-evaluated on: [date]	<input type="checkbox"/> Adequate progress was <u>not</u> made; intervention was somewhat successful in meeting student's needs. Student will continue at Tier II and additional intervention will be attempted.	<input type="checkbox"/> Adequate progress was <u>not</u> made; intervention did not meet student's needs. Student will be referred to Teacher Support Team (TST) for consideration. Complete Teacher Support Team Meeting Referral, attach documentation and give to interventionist/counselor.
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Classroom Teacher Signature _____

Date _____

School Administrator Signature _____

Date _____

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Student Name:	School:

____ Continue current intervention plan. ____ Revise plan. (See plan below.)

Details of Intervention:

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____ Documented Review	Date: _____	Sufficient Progress Made? (circle one): ____Y ____N (if no, an additional intervention form should be completed)
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____ Documented Review	Date: _____	Sufficient Progress Made? (circle one): ____Y ____N (if no, an additional intervention form should be completed)
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____ Documented Review	Date: _____	Sufficient Progress Made? (circle one): ____Y ____N (if no, an additional intervention form should be completed)
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____ Documented Review	Date: _____	Sufficient Progress Made? (circle one): ____Y ____N (if no, an additional intervention form should be completed)
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<input type="checkbox"/> Adequate progress was made; intervention was successful in meeting student's needs. This student will be returned to Tier 1 (core instruction).	<input type="checkbox"/> Adequate progress was <u>not</u> made; intervention was somewhat successful in meeting student's needs. Intervention will continued and re-evaluated on: <div style="text-align: center;">[date]</div>	<input type="checkbox"/> Adequate progress was <u>not</u> made; intervention was somewhat successful in meeting student's needs. Student will continue at Tier II and additional intervention will be attempted.	<input type="checkbox"/> Adequate progress was <u>not</u> made; intervention did not meet student's needs. Student will be referred to Teacher Support Team (TST) for consideration. Complete Teacher Support Team Meeting Referral, attach documentation and give to interventionist/counselor.
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Comments: