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| **RCSD Tier III (Supplemental Instruction) Documentation**  School: | Student Name: |

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| \_\_\_\_ Continue current intervention plan. \_\_\_\_ Revise plan. (See plan below.) |

**Details of Intervention:** Visit [www.mde.k12.ms.us/intervention](http://www.mde.k12.ms.us/intervention) for suggestions of strategies.

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| Student Name & Grade: | Describe intensive intervention strategies utilized – should be backed by scientifically-based research (SBR): | Provide specific evaluation criteria, in *measurable* terms, utilized to determine effectiveness and monitor progress: |
| Describe target deficit area of intervention(s) – identify if academic and/or behavioral and explain: |

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| **\_\_\_\_Documented Review** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sufficient Progress Made? (circle one): **Yes / No**  (if no, an additional intervention form should be completed) |

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| **\_\_\_\_Documented Review** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sufficient Progress Made? (circle one): **Yes / No**  (if no, an additional intervention form should be completed) |

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| **\_\_\_\_Documented Review** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sufficient Progress Made? (circle one): **Yes / No**  (if no, an additional intervention form should be completed) |

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| **\_\_\_\_Documented Review** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sufficient Progress Made? (circle one): **Yes / No**  (if no, an additional intervention form should be completed) | | | |
| 3D box Adequate progress was made; intervention was successful in meeting student’s needs. This student will be returned to Tier 1 or Tier 11 and we will re-evaluate. | 3D box Adequate progress was not made; intervention was somewhat successful in meeting student’s needs. Student will continue at Tier III and additional intervention will be attempted. | 3D box Adequate progress was not made; intervention was not successful in meeting student’s needs. Referral for child study. | 3D box Student currently has an IEP. |

Comments: