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| **RCSD Tier III (Intensive Intervention) Documentation****School:**  | TST Referral Date: |
| *Instructions:* TST members, classroom teachers, and interventionists should work together to complete this form for each student that did not respond to Tier II interventions or for 4th grade students requiring Intensive Intervention after a Good Cause Exemption promotion or for Intensive Reading Interventions for Special Education students (K-4) and English Language Learners (ELLs). |

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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: |
| Intervention start date: | Duration of intervention (in weeks):16 | Frequency of intervention:***30-60 minutes***  | Frequency of progress monitoring  ***Weekly***(MDE recommendation: weekly) |
| Name(s) and role(s) of individual(s) responsible for delivering intervention(s):***Interventionist:*** | Based on progress monitoring data (see Section 2B), student progress will be cumulatively reviewed on:(MDE policy: no later than 16 weeks after start date) |

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| **Parental Notification:**Student’s parent(s) notified of Tier III intervention (circle one): **Yes / No** Date of Notification: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **1st Documented Review** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sufficient Progress Made? (circle one): **Yes / No**(to be completed no later than 8 weeks after starting intervention) (if no, an additional intervention form should be completed) |

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| **Cumulative Documented Review** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sufficient Progress Made? (circle one): **Yes / No**(to be completed no later than 16 weeks after starting intervention) (check one of the boxes below for final decision) |
| 3D box Adequate progress was made; intervention was successful in meeting student’s needs. This student will be returned to the following tier: 3D box Tier I 3D box Tier IIand will be re-evaluated on (date): | 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 to child study on (date): | 3D box Student currently has an IEP. Complete the information in the box below. |
| Date Referred for Comprehensive Assessment: Date of Assessment: Student currently receiving SPED services (circle one): **Yes / No**Assessment Results (circle one): **Eligible/ Not Eligible** Eligibility Category:  |

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Interventionist Signature Date School Administrator Signature Date