**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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