

# MTSS Student Intervention Plan

Meeting	Date
<input type="checkbox"/> Initial Intervention Plan	
<input type="checkbox"/> Follow-Up/Revised Intervention Plan	

Student: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

<b>Problem Area:</b> _____	<b>Description of the Problem:</b> _____
-------------------------------	---

<input type="checkbox"/> Tier 2
<input type="checkbox"/> Tier 3

Intervention Start Date:		Intervention End Date:		Total # of Intervention Weeks:	
--------------------------	--	------------------------	--	--------------------------------	--

<b>Intervention Plan</b>					
<u>Evidence Based Intervention</u>	<u>Skill Area</u>	<u>Person Responsible</u>	<u>Frequency (e.g. 3x/Week)</u>	<u>Time/Days (e.g. M/W/F 30/min/day)</u>	<u>Resources Needed</u>

<b>Progress Monitoring Plan</b>		<b>Probe (e.g. ORF/Gr. 3):</b>			
<b>Baseline (Median):</b>		<b>Goal:</b>		<b>ROI Needed:</b>	
<b>Data Collection Frequency:</b>		<b>Person Responsible:</b>			

<b>Progress Monitoring Data</b>						
<u>Date:</u>	<u>Date:</u>	<u>Date:</u>	<u>Date:</u>	<u>Date:</u>	<u>Date:</u>	<u>Date:</u>
<u>Score:</u>	<u>Score:</u>	<u>Score:</u>	<u>Score:</u>	<u>Score:</u>	<u>Score:</u>	<u>Score:</u>
<u>Date:</u>	<u>Date:</u>	<u>Date:</u>	<u>Date:</u>	<u>Date:</u>	<u>Date:</u>	<u>Date:</u>
<u>Score:</u>	<u>Score:</u>	<u>Score:</u>	<u>Score:</u>	<u>Score:</u>	<u>Score:</u>	<u>Score:</u>

**PLEASE ATTACH GRAPH**

<u>Next Steps</u>	
<u>Continue Intervention</u>	
<u>Modify Intervention</u>	
<u>Goal Achieved</u>	

<u>MTSS Decision Making Team Signatures</u>	