

Student Intervention Profile
Academic Tier I and II

Student Information

Name _____ Student ID# _____ DOB: _____
 English Language Proficiency: _____ School _____ Grade: _____
 Teacher (Reg.Ed.): _____ Teacher (SpEd.): _____

Historical Information

Attach copies of the following documents (if available):

- | | |
|--|---|
| <input type="checkbox"/> Attendance records for prior two years | <input type="checkbox"/> Pertinent medical information |
| <input type="checkbox"/> Schools attended & days attended per year | <input type="checkbox"/> Vision and Hearing Screening Results |
| <input type="checkbox"/> Retention records if the student was retained | <input type="checkbox"/> Parent notified |

Problem Analysis in specific area of concern

Attach copies of the following documents (if available): _____

Assessment (including benchmark or summative data)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> IOWA | <input type="checkbox"/> CRT | <input type="checkbox"/> DIBELS (if available) | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Administrative involvement reports | <input type="checkbox"/> Other | | <input type="checkbox"/> Absences _____ |
| <input type="checkbox"/> SEP/SEOP Records | <input type="checkbox"/> Kindergarten entrance and exit tests (for kindergarten and 1st grade students) | | |
| | <input type="checkbox"/> Behavioral Concerns (list) _____ | | |

Problem Identification

Determine the specific area(s) of deficit:

- | <u>Reading</u> | <u>Mathematics</u> | <u>Written Expression</u> | <u>Behavior</u> | <u>Communication</u> |
|---|--------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Phonemic Awareness | <input type="checkbox"/> Numbers | <input type="checkbox"/> Conventions | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Articulation |
| <input type="checkbox"/> Phonics | <input type="checkbox"/> Operations | <input type="checkbox"/> Organization | <input type="checkbox"/> Emotional | <input type="checkbox"/> Fluency |
| <input type="checkbox"/> Fluency | <input type="checkbox"/> Geometry | <input type="checkbox"/> Fluency | <input type="checkbox"/> Aggression | <input type="checkbox"/> Voice |
| <input type="checkbox"/> Vocabulary | <input type="checkbox"/> Measurement | <input type="checkbox"/> Grammar | <input type="checkbox"/> Non compliant | <input type="checkbox"/> Expr. Language |
| <input type="checkbox"/> Comprehension | <input type="checkbox"/> Algebra | | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Recept. Language |

Intervention #1: *Interventions in Tier I should be directed primarily by the regular education teacher.*

Date Plan Developed: _____

Team Members Involved: _____

Parent notified Date _____

Setting: Classroom Other: _____

Current Instructional Level: _____ Baseline: _____

Goal: _____

Group Size: 2 to 3 4 to 5 6 to 7 Other: _____

Frequency: Daily Four/Week

Duration: 15 min 20 min 30 min 45 min 60 min

Other: _____

Time of day intervention will be provided: _____

Start Date: _____ End Date*: _____ * (4-6 weeks of progress monitoring data are required and attached)

Attendance: (# of days present/ # of sessions): _____

Results of First Intervention

Date of Team Meeting: _____

- Action: Adequate progress to achieve long term goal (maintain intervention - revise goal/target)
- Interventions unsuccessful - revise, add or move to Tier II intervention

- Unable to determine due to attendance issues. Continue intervention
- Parent notified

Signatures of Team members present at the meeting:

Signature	Position
Signature	Position
Signature	Position

Signature	Position
Signature	Position
Signature	Position

Intervention #2 : Interventions in Tier II should be directed primarily by the regular education teacher.

Date Plan Developed: _____
Team Members Involved: _____

Parent notified Date _____

Setting: Classroom Other: _____

Current Instructional Level: _____ Baseline: _____

Goal: _____

Group Size: 2 to 3 4 to 5 6 to 7 Other: _____

Frequency: Daily Four/Week

Duration: 15 min 20 min 30 min 45 min 60 min

Other: _____

Time of day intervention will be provided: _____

Start Date: _____ End Date: _____ (4-6 weeks of progress monitoring data are required and attached)

Attendance: (# of days present/ # of sessions): _____

Results of Second Intervention

Date of Team Meeting: _____

- Action: Adequate progress to achieve long term goal (maintain intervention - revise goal/target)
- Interventions unsuccessful - revise, add or move to Tier III intervention

- Unable to determine due to attendance issues. Continue intervention
- Parent notified

Signatures of Team members present at the meeting:

Signature	Position
Signature	Position
Signature	Position

Signature	Position
Signature	Position
Signature	Position