

(RTI) RESEARCH-BASED PRESCRIPTIVE INTERVENTION PLAN

Student Name: _____ School: _____ Current Grade Level: _____
Date: _____

Review of Previous Intervention:

Base Line Data Point: _____
Current Data Point: _____ (attach progress monitoring graph)
Fidelity Check indicates previous Intervention was carried out as planned: Yes, No, Why or Why Not

New Intervention: Start Date: _____ Instructional Grade Level: _____
Curriculum/Intervention: _____

Location of Intervention: _____
Group Size: Individual: _____ 2-5: _____ 6-10: _____ 10-15: _____ Class: _____
Frequency: One/Wk: _____ Two/Wk: _____ Three/Wk: _____ Four/Wk: _____ Daily: _____
Duration: 10min.: _____ 15 min.: _____ 20 min.: _____ 30 min.: _____ 45 min.: _____ 60 min.: _____
Intervention Provider: _____ Title: _____
Measurement Tool: _____
Frequency of Measurement: _____
Targeted Outcome/Data Point: _____
Person Responsible to Monitor: _____
End Date for Follow up: _____

PARENT COMMUNICATION

I have been notified about:

- The school district's Response to Intervention (RTI) Process;
- The State's policies regarding the amount and nature of my child's performance data collected and the general education services provided;
- Strategies for increasing my child's rate of learning;
- Results of repeated assessments of my child's progress.

I give permission for the following academic or behavioral assessments deemed necessary to help plan and provide targeted or intensive interventions to assist my child's learning experience:

Parent Signature

RTI INTERVENTION MEETING ATTENDANCE LOG

Additional Participants (Name and Title):

