

Tier I Intervention Plan (PMP)

A. Student Need:

Strength(s):	Evidenced By (Data or Observation):
Area(s) of Need:	Evidenced By (Data or Observation):

B. Intervention Plan for Targeted Area of Need:

1. What area of need does this plan address?			
2. Current Performance - baseline data in area of Targeted Need (Ex. FSA, SAT 10, STARMath, STARReadin, Student Adherence to Classroom Behavior Plan):			
3. The student will (describe observable, measurable behavior):			
4. Aligned Intervention (Describe the differentiation; how often the intervention will occur):			
5. How will you determine if the student is making progress?	Baseline Data:	Goal by Check Up	Data at Check Point
6. Parent Support:			
Parent Signature: _____ Date: _____			
Teacher will follow-up on _____ with <input type="checkbox"/> Conference <input type="checkbox"/> Phone Conference			
7. Second Parent Contact Date:		Type:	
8. Item(s) Discussed during Second Contact:			
<input type="checkbox"/> Student's status in regards to required assessments was discussed.			

C. Evaluate Progress (At the time of second Parent Contact):

Student is making adequate progress with Tier I intervention. **Yes** **No**

Tier I intervention will be modified. **Yes** (adjust Tier I Intervention Plan) **No**

Student will be referred to Intervention Support Team (IST). **Yes** (see below for next steps) **No**

IF STUDENT IS BEING REFERRED TO IST: (CHECK BOXES AS YOU COMPLETE)

- HAVE STUDENT VISION AND HEARING CHECKED OR PULL REPORT IF DONE IN THE LAST 12 MONTHS;**
- COMPLETE STUDENT DATA FORM;**
- COMPLETE/UPDATE STUDENT PROGRESS PROFILE**
- HAVE PARENT SIGN PARENT NOTIFICATION OF INTERVENTION ACTIVITIES/SCREENING FORM;**

Teacher: _____

School: _____