

Tier III Intervention Documentation Sheet: (Intensive intervention for prescribed student)

Cycle _____ (Indicate which attempt at intervention this is, and how many times this has been reviewed by TST team: for example 1st intervention, 2nd intervention, etc.)

Student Name: _____ **Grade:** _____ **School Year** _____

Teacher: _____ **Subject:** _____ (only one subject per page)

Referring Problem: _____

What data supports the existence of the problem? (Describe baseline data i.e., universal screener, DIBELS, number and type of discipline referrals.)

***Intervention(s) will be monitored by administrator/instructional facilitator/designee with strong instructional skills. Signature of administrator/designee monitoring interventions:** _____

Interventions	Progress Monitoring															
<p>Objective/skill focus:</p> <p>Scientifically research based intervention to be utilized:</p> <p>Description:</p> <p>Additional strategies used:</p> <p>Intervention conducted by:</p> <p>Position:</p> <p>Frequency of Intervention:</p> <p>Duration:</p> <p>Tier 3 Referral Date: _____ Start Date: _____</p>	<p>Measurable goal:</p> <p>Progress Monitoring to be utilized:</p> <p>Results:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 10%;">Week</th> <th style="width: 15%;">Date</th> <th style="width: 75%;">Assessment Results</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> </tbody> </table> <p>*Weekly progress monitoring results, work samples, and Data Chart must be attached to the Tier III documentation form. The assessments, as well as the number of items on the assessments, must remain the same throughout progress monitoring.</p>	Week	Date	Assessment Results	1			2			3			4		
Week	Date	Assessment Results														
1																
2																
3																
4																

Was the intervention successful? Y N **Parent notified?** Y N **Date of review:** _____

*Note: TST 11 must be completed at the same time this form is completed.

<p>Signatures:</p> <p>_____ TST Chair (Principal or designee)</p> <p>_____ Student' teacher</p> <p>_____ Parent</p> <p>_____ Counselor</p> <p>_____ Interventionist</p> <p>_____ Additional Members</p> <p>_____ Additional Members</p> <p>_____ Other</p> <p>_____ Other</p> <p>_____ Other</p> <p>Date: _____</p> <p>If a member was unable to attend list and explain why?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Principal's Signature</p>	<p><input type="checkbox"/> Parental Contact</p> <p><input type="checkbox"/> Academic Instructional Intervention in the area(s): __ Reading __ Math __ Language __ Other</p> <p><input type="checkbox"/> Behavior Management Program/Plan</p> <p><input type="checkbox"/> Behavior Observation</p> <p><input type="checkbox"/> Student Conference</p> <p><input type="checkbox"/> Medical Follow-up</p> <p><input type="checkbox"/> Referral to School Counselor</p> <p><input type="checkbox"/> Referral to Community Agency</p> <p><input type="checkbox"/> Remain in Regular Education</p> <p><input type="checkbox"/> Continue Instructional Intervention(s) in Regular Education Classroom</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Referral to Alternative Placement</p>
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Required Summary Notes

Date: _____

Discussion:

Review Date: _____

Discussion:

*Note: TST 10 must be completed at the same time this form is completed.