



# Taylor County School District

## MTSS Intervention Plan

Design Date: \_\_\_\_\_ Intervention Implementation Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ GR: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Target Skill:	
Baseline data of target skill:	
Short-term goal (4-6 weeks)	
Long-term goal:	

**Intervention Design: Describe specific activity/intervention implemented**

<b>WHO: Who is responsible for implementing this intervention plan?</b>	
<b>WHAT: What strategies will you use to increase the desired skill:</b>	
<b>WHERE: In what setting will the intervention be implemented?</b>	
<b>WHEN: At what time and how often will the intervention be implemented?</b>	

<b>Progress Monitoring: Describe the type of monitoring tool to be used</b>	
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<b>Progress Review Date:</b>	<b>Results of Intervention:</b>
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