Hamblen County Schools
RTI² Team Notes
Student Intervention Plan

Student: __________________________ Teacher: __________________________ Grade: ______
School: __________________________ Meeting Date: __________________

□ Initial Meeting/Intervention Plan  □ Follow-Up Meeting/Revised Intervention Plan

Specific Area of Concern
□ Phonological Awareness  □ Math Reasoning
□ Reading Comprehension  □ Math Calculation
□ Phonics  □ Written Expression
□ Vocabulary
□ Reading Fluency

Data-Based Decision
□ Tier II with required Progress Monitoring in ________________
□ Tier III with required Progress Monitoring in ________________
□ Referral to next level of support with parent/guardian present ________________
□ Continue SPED intervention with Progress Monitoring in ________________

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<tr>
<th>Research Based Intervention to be Used</th>
<th>Skill Area*</th>
<th>Who Does It</th>
<th>How Often</th>
<th>Time/Days</th>
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*Intervention must be linked to skill deficit area

Notes:
____________________________________________________________________________________
____________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Team members involved in approving this plan.
Chairperson: __________________________
Principal/Designee: __________________
Classroom Teacher: __________________ Interventionist Teacher: ______________________
Classroom Teacher: __________________ SPED Teacher: __________________________
Classroom Teacher: __________________ Parent: ________________________________