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 ________________

Assessments used to make decisions
☐ aimswebPLUS
☐ Easy CBM
☐ PASS
☐ PWRS
☐ SPIRE
☐ Other ________________

Research Based Intervention to be Used
<table>
<thead>
<tr>
<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: ____________________

Assessments used to make decisions
□ aimswebPLUS
□ Easy CBM
□ PASS
□ PWRS
□ SPIRE
□ Other ____________________