

Hamblen County Schools

RTI² Team Notes

Intervention Plan Evaluation

Student Name: _____ Teacher: _____ Review Date: _____

Current Tier (circle one) II or III Intervention used: _____ Skill Area Addressed: _____

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|--|----------------------------------|
| Is progress: <ul style="list-style-type: none">• Good• Questionable• Poor | G Q P |
| Is plan being implemented with fidelity?* <ul style="list-style-type: none">• Fully• Partially• Not Implemented | F P N |
| Is documentation sufficient to make data based decision? <ul style="list-style-type: none">• Yes• No | Y N |
| Evaluation Decision <ul style="list-style-type: none">• Continue• Modify**• Discontinue | C M D |

* Refer to Intervention Log/fidelity checklists

** If decision is made to modify intervention, a new Student Intervention Plan must be completed

Describe basis for Evaluation Decision: _____

Team members involved in approving this plan with name and relationship to the student

