

**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 _____

| Research Based Intervention to be Used | Skill Area* | Who Does It | How Often | Time/Days |
|--|-------------|-------------|-----------|-----------|
| A | | | | |
| B | | | | |
| C | | | | |

* Intervention must be linked to skill deficit area

Notes:

Team members involved in approving this plan.

Chairperson: _____
Principal/Designee: _____
Classroom Teacher: _____
Classroom Teacher: _____
Classroom Teacher: _____

Interventionist Teacher: _____
SPED Teacher: _____
Parent: _____