

# Student Intervention Profile

Tier I, II and III

## Student Information

Name \_\_\_\_\_ Student ID: \_\_\_\_\_ DOB: \_\_\_\_\_  
English Language Proficiency: \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher (Reg.Ed.): \_\_\_\_\_ Teacher (SpEd.): Chris Kupfer

## Historical Information

Attach copies of the following documents (if available):

- |  |   |
|--|---|
| <input type="checkbox"/> Attendance records for prior two years        | <input type="checkbox"/> Pertinent medical information        |
| <input type="checkbox"/> Schools attended & days attended per year     | <input type="checkbox"/> Vision and Hearing Screening Results |
| <input type="checkbox"/> Retention records if the student was retained | <input type="checkbox"/> Parent notified                      |

## Problem Analysis in specific area of concern

Attach copies of the following documents (if available): \_\_\_\_\_

Assessment (including benchmark or summative data)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> IOWA                               | <input type="checkbox"/> CRT  | <input type="checkbox"/> DIBELS (if available) | <input type="checkbox"/> Attendance Absences _____ |
| <input type="checkbox"/> Administrative involvement reports | <input type="checkbox"/> Other  |  |  |
| <input type="checkbox"/> SEP/SEOP Records                   | <input type="checkbox"/> Kindergarten entrance and exit tests (for kindergarten and 1st grade students) |  |  |
| <input type="checkbox"/> Behavioral Concerns (list)         |   |  |  |

## Problem Identification

Determine the specific area(s) of deficit:

- | <u>Reading</u>                              | <u>Mathematics</u>                   | <u>Written Expression</u>             | <u>Behavior</u>                        | <u>Communication</u>                      |
|---|--------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Phonemic Awareness | <input type="checkbox"/> Numbers     | <input type="checkbox"/> Conventions  | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Articulation     |
| <input type="checkbox"/> Phonics            | <input type="checkbox"/> Operations  | <input type="checkbox"/> Organization | <input type="checkbox"/> Emotional     | <input type="checkbox"/> Fluency          |
| <input type="checkbox"/> Fluency            | <input type="checkbox"/> Geometry    | <input type="checkbox"/> Fluency      | <input type="checkbox"/> Aggression    | <input type="checkbox"/> Voice            |
| <input type="checkbox"/> Vocabulary         | <input type="checkbox"/> Measurement | <input type="checkbox"/> Grammar      | <input type="checkbox"/> Non compliant | <input type="checkbox"/> Expr. Language   |
| <input type="checkbox"/> Comprehension      | <input type="checkbox"/> Algebra     |                                       | <input type="checkbox"/> Withdrawn     | <input type="checkbox"/> Recept. Language |

**Intervention #1:** *Interventions in Tier I, II or III should be directed primarily by the regular education teacher.*

Date Plan Developed: \_\_\_\_\_

Team Members Involved: \_\_\_\_\_

Parent notified Date \_\_\_\_\_

Setting:  Classroom  Other: \_\_\_\_\_

Current Instructional Level: \_\_\_\_\_ Baseline: \_\_\_\_\_

Goal: \_\_\_\_\_

Group Size:  2 to 3  4 to 5  6 to 7  Other: \_\_\_\_\_

Frequency:  Daily  Four/Week

Duration:  15 min  20 min  30 min  45 min  60 min

Other: \_\_\_\_\_

Time of day intervention will be provided: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date\*: \_\_\_\_\_ \* (4-6 weeks of progress monitoring data are required and attached)

Attendance: (# of days present/ # of sessions): \_\_\_\_\_

**Results of First Intervention**

**Date of Team Meeting:** \_\_\_\_\_

- Action:  Adequate progress to achieve long term goal (maintain intervention - revise goal/target)  
 Interventions unsuccessful - revise, add or move to Tier II intervention

- Unable to determine due to attendance issues. Continue intervention  
 Parent notified

**Signatures of Team members present at the meeting:**

_____ Signature	_____ Position	_____ Signature	_____ Position
_____ Signature	_____ Position	_____ Signature	_____ Position
_____ Signature	_____ Position	_____ Signature	_____ Position

**Intervention #2 :** *Interventions in Tier II should be directed primarily by the regular education teacher.*

Date Plan Developed: \_\_\_\_\_  
 Team Members Involved: \_\_\_\_\_

- Parent notified      Date \_\_\_\_\_

Setting:  Classroom     Other: \_\_\_\_\_

Current Instructional Level: \_\_\_\_\_ Baseline: \_\_\_\_\_

Goal: \_\_\_\_\_

Group Size:      2 to 3       4 to 5       6 to 7       Other: \_\_\_\_\_

Frequency:       Daily       Four/Week

Duration:       15 min       20 min       30 min       45 min       60 min  
 Other: \_\_\_\_\_

Time of day intervention will be provided: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ (4-6 weeks of progress monitoring data are required and attached)

Attendance: (# of days present/ # of sessions): \_\_\_\_\_

**Results of Second Intervention**

**Date of Team Meeting:** \_\_\_\_\_

- Action:  Adequate progress to achieve long term goal (maintain intervention - revise goal/target)  
 Interventions unsuccessful - revise, add or move to Tier III intervention. Comment/Summarize data:  
 \_\_\_\_\_  
 \_\_\_\_\_

- Unable to determine due to attendance issues. Continue intervention  
 Parent notified

**Signatures of Team members present at the meeting:**

_____ Signature	_____ Position	_____ Signature	_____ Position
_____ Signature	_____ Position	_____ Signature	_____ Position
_____ Signature	_____ Position	_____ Signature	_____ Position