

## Classroom Intervention Plan: Tier IB

Student Name \_\_\_\_\_ ID Number \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

*Enter or attach and specify information requested below. All cells must be completed or referenced to appropriate attachment. Intervention #1 should be implemented for a continuous duration of 4-8 weeks before implementation of Intervention #2. Intervention #2 is needed only if intervention #1 does not provide sufficient positive response.*

Classroom program/curriculum	Specific targeted skills identified	Program minutes per day	_____ days per week for _____ weeks	Student groupings for instruction	Person(s) responsible for implementation of plan
<p><b>Intervention #1</b> Describe teacher instructional strategy to address identified skill deficit</p>	<p>Describe/list specific student activity to address identified skills development with specific instructional outcome measures <i>(include starting and ending dates of implementation, and dates of assessment)</i></p>	<p>Summary of effectiveness <i>(qualitative and quantitative data)</i></p>		<p>Teacher/SAT recommendation for continuation/discharge of intervention</p> <p> <input type="checkbox"/> Maintain intervention  <input type="checkbox"/> Modify intervention  <input type="checkbox"/> Replace intervention  <input type="checkbox"/> Discharge  <input type="checkbox"/> Other                 </p>	
<p><b>Intervention #2</b> Describe teacher instructional strategy to address identified skill deficit</p>	<p>Describe/list specific student activity to address identified skills development with specific instructional outcome measures <i>(include starting and ending dates of implementation, and dates of assessment)</i></p>	<p>Summary of effectiveness <i>(qualitative and quantitative data)</i></p>		<p>Teacher/SAT recommendation for continuation/discharge of intervention</p> <p> <input type="checkbox"/> Maintain intervention  <input type="checkbox"/> Modify intervention  <input type="checkbox"/> Replace intervention  <input type="checkbox"/> Discharge  <input type="checkbox"/> Other                 </p>	

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