|  |
| --- |
| **Circle: PEP / Tier 2 / Tier 3**  **School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Elementary Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **Identify the Strength and Weaknesses (Must use data and be specific about skill area – For example: phonics, oral reading fluency, vocabulary, comprehension, etc.)**: |
| **Initial Meeting:** |
| **Follow-Up Meeting:** |

|  |  |
| --- | --- |
| **Develop and Test Hypotheses (*Why is the problem occurring?)*** | |
| **Environment:** | **Learner*:*** |
| **Environment Needs Assessment Plan/Results (RIOT) :** | **Learner Needs Assessment Plan/Results (RIOT):** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Precise Problem Statement** | | | | | | |
|  | | | | | | |
| **Develop and Implement Action Plan:** | | | | | | |
| ***Who?*** | | ***What?(Specific Evidences/Researched Based Intervention)*** | | ***Where?*** | | ***How Often?*** |
| **Classroom Teacher** | | **Initial Intervention: Small Group/Individual Instruction utilizing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Revised Intervention: Small Group/Individual Instruction utilizing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Classroom** | | **Daily 20-30 minutes** |
| **Supplemental Accommodations are for Classroom Instructional Use ONLY (NOT ASSESSMENTS)**  **Supplemental Environmental Accommodations Supplemental Learner Accommodations** Date Date Date Date Date Date  \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  **□ □ □** seating near teacher **□ □ □** extra time  **□ □ □** alternate seating  **□ □ □** oral vs. written assignments and/or directions  **□ □ □** minimize auditory distractions **□ □ □** individual contracts  **□ □ □** minimize visual distractions **□ □ □** other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **□ □ □** more physical space  **□ □ □** other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Set SMART Goal:** | | | | | | |
| **Baseline Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Short Term Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(six weeks)** | | **Long Term Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Progress Monitoring Action Plan:** | | | | | | |
| **Measurement Strategy: Who? Classroom Teacher** | | | **With What? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **How Often: Weekly/Bi-weekly** | |
| **Action Plan Review:** | | | | | | |
| **Date: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**  **1st Review \_\_\_\_\_Goal Met 2nd Review \_\_\_\_\_Goal Met 3rd Review \_\_\_\_\_Goal Met**  **\_\_\_\_\_Goal Not Met \_\_\_\_\_ Goal Not Met \_\_\_\_\_Goal Not Met** | | | | | | |
| **Revise instructional focus plan (Check all that apply):** | | | | | | |
| \_\_\_\_\_\_\_\_\_ | **Increase time of instructional focus to** | | | | | |
| \_\_\_\_\_\_\_\_\_ | **Change methodology to** | | | | | |
| \_\_\_\_\_\_\_\_\_ | **Change the resources/strategy utilized to** | | | | | |
| \_\_\_\_\_\_\_\_\_ | **Other:** | | | | | |
| **Participants (Initial after each review)** | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_** | | | | | | |

Notes:

Yes, I do agree with this plan. **1st Review 2nd Review 3rd Review**

**Date: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

Parent’s Signature/Date Initial Initial Initial

No, I do not agree with this plan. Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Parent Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_