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

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| **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:**  |

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

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_