

Response to Intervention - Problem Solving Team Meeting

(Academic Positive Behavioral Support)

Student:

Date:

DOB:

Grade:

Referring Teacher:

Team Members Present:

Name	Title

(Initial) S T U D Y	<p>Preparation: (baseline data/information from referring staff and any other critical information; to be collected prior to the PST meeting).</p> <ul style="list-style-type: none"> • xxxx
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P L A N	<p>Problem Identification:</p> <p>What are the key problems/issues?:</p> <ul style="list-style-type: none"> • xxxx <p>Which one has the highest priority?:</p> <ul style="list-style-type: none"> • xxxxx <p>What is our hypothesis statement?:</p> <ul style="list-style-type: none"> • xxxxx <p>Measuring Success</p> <ul style="list-style-type: none"> • What data will be collected? <ul style="list-style-type: none"> ▪ xxxx • Who will collect it? <ul style="list-style-type: none"> ▪ xxxx • How will data be collected? <ul style="list-style-type: none"> ▪ xxxx • When will it be collected? <ul style="list-style-type: none"> ▪ xxxx
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Possible Research-Based Interventions that would address the identified problem are:

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-

Research-based Intervention(s) chosen to be implemented are:

1. _____

Intensity (e.g., group size, etc.)	
Frequency (e.g., times per week)	
Duration (e.g., dates)	

2. _____

Intensity (e.g., group size, etc.)	
Frequency (e.g., times per week)	
Duration (e.g., dates)	

Next Steps:

Task	Person Responsible

S T U D Y	Today's Date: _____								
	Data Analysis: What Happened?								
	Strengths (plus): • xxxx								
	Weaknesses (delta): • xxxx								
Chart data (graphs): • xxxx									
A C T I O N	After analyzing the data, what changes are we going to make? (The 'Act' becomes the 'Do.')								
	• xxxxx								
	Research-based Intervention(s) chosen to be implemented are: (This form provides space for an initial intervention and several subsequent interventions or several concurrent interventions. Only 1 intervention per time period is necessary)								
	1. _____								
	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Intensity (e.g., group size, etc.)</td><td style="width: 50%;"></td></tr><tr><td>Frequency (e.g., times per week)</td><td></td></tr><tr><td>Duration (e.g., dates)</td><td></td></tr></table>	Intensity (e.g., group size, etc.)		Frequency (e.g., times per week)		Duration (e.g., dates)			
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Follow-up Meeting Date:									

**Accommodations / Modifications Addendum to
RTI Plan for _____**

Accommodation or Modification Needed	Specific Accommodation or Modification
Physical Arrangement of Room Modify? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Test Taking Modify? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Assignments / Worksheets Modify? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Lesson Presentation Modify? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization Modify? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Behavior or Support for: Modify? <input type="checkbox"/> Yes <input type="checkbox"/> No	See also specific behavior plan, if necessary.
Add'l Area of Concern: _____ Modify? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Add'l Area of Concern: _____ Modify? <input type="checkbox"/> Yes <input type="checkbox"/> No	