

Response to Intervention Tier II - Problem Solving Team Meeting

(Academic Positive Behavioral Support)

Student:	Date:
DOB:	Grade:
	Teacher:

Team Members Present:

Name	Title	Signature

(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> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Assessment</th> <th style="width: 20%;">Date/Scores</th> <th style="width: 20%;">Date/Scores</th> <th style="width: 30%;">Date/Scores</th> </tr> </thead> <tbody> <tr> <td>CSAP</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>MAP</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>DIBELS</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <ul style="list-style-type: none"> • XXXX • XXXX 	Assessment	Date/Scores	Date/Scores	Date/Scores	CSAP				MAP				DIBELS											
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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:

-
-
-

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
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D
Y**

Today's Date: _____

Data Analysis: What Happened?

Strengths (plus):

- xxxx

Weaknesses (delta):

- xxxx

Chart data (graphs):

- xxxx

**A
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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. _____

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

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	