

**OHIO COUNTY SCHOOLS
STUDENT SUPPORT TEAM
RESPONSE TO INTERVENTION PLAN
(complete for each applicable area)**

Student: _____ Date: _____

Tier Level: 1 2 3
(Tier 1 marked only if reducing level of intervention)

Target Area:

Baseline Data (Level at which student is currently performing):
Goal: (Must be measurable)
Intervention:
Implementer(s):
Intervention Start Date: _____ Frequency: _____ x per week for _____ minutes per day
Progress Monitoring: (how data will be collected) Probes begun: _____ Data to be collected: _____ Frequency of data: _____ Person responsible: _____

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Summary of Team Meeting: _____

Follow-up Session: _____ Time: _____
(Session should be conducted when at least half of the data points are collected)

Team Signatures:
Administration (Required): _____
Referring Teacher (Required): _____
Teacher: _____
Curriculum Specialist: _____
School Psychologist: _____
Parent (Invited at Tier 3): _____
Other: _____

Parent information letter for Tier 2 3

Mailed on: _____
Date