

**OHIO COUNTY SCHOOLS
STUDENT SUPPORT TEAM
FOLLOW-UP MEETING
(complete page 1 for each target area)**

Student: _____

Date: _____

Follow-up Intervention Plan for Tier: 1 2 3

Goal:

<p>Summary of Intervention Progress: (Documentation provided per procedures/guidelines)</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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I certify that the planned intervention was conducted as described.

Implementer Signature

Date

Intervention unable to be provided as planned or with fidelity due to: _____

Intervention Status:

- Intervention not provided as planned; Continue Tier: 1 2 3 plan Dated: _____
- Problem solved and student achieves grade level performance; Discontinue intervention
- Adequate Progress; Continue current Tier: 1 2 3 plan Dated: _____
- Adequate Progress; Team chooses to modify or change Tier: 1 2 3 plan
- Limited/No progress; Team chooses to change Tier: 2 3 intervention
- Limited Progress; Develop Tier: 2 3 plan
- Little/no progress and growth level remains below that of age peers; Refer for special education evaluation.
- New area of concern; Develop new intervention plan.

Complete new intervention plan form if needed.

