**Response to Intervention (RTI) Team Meeting Agenda and Individual Student Plan**

**Harlan County Public Schools**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_ Tier Level\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of meeting**:

Review/Discuss intervention data/student progress (work samples, data sheets, etc.)

Develop intervention plan/strategies

Discuss moving to a different level in the RTI process

Other (Briefly describe team activity)

**Summary of Action:**

**Recommendations for Action (more than one may apply):**

Implementation of Initial Planned Interventions  Continue current interventions and monitor progress

Trial of more intervention(s)  Refer to Family Resource Center/Student Services

Refer for evaluation  Functional Behavior Analysis

Section 504  Refer to School Counselor

Special Education  Refer to Mental Health Counseling

Suspected Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exit RTI Process

**Reason for exiting RTI services/monitoring:**

Plan/Intervention Successful

Student moved/transferred to another school/district

If so, where and when (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructional Plan: Subject\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Focus Skill(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Describe intervention work:

Signature of RTI Member Title/Relationship Date

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