**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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