**Intervention Plan Progress Report and Follow-Up Form**

Student      Grade     Date

School     Teacher

Parent/Guardian

Date of Initial Meeting      Date Interventions First Implemented

The purpose of this follow-up is to review the progress of the following Tier 2 Interventions developed by the SAT:

Tier 2 Academic Interventions Behavioral Intervention Plan

Academic Improvement Plan

Fidelity Statement:

I verify that the plan being reviewed at this meeting

Was conducted as described in the written plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Administrator or Designee

Performance/Proficiency or Behavior Goal from Prior Plan

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**Summary of Progress** (attach any documentation to support that plan was implemented and/or progress monitoring data/graphs/charts to support statements)

Level of Performance Prior to Intervention Plan

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Current Level of Performance

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Degree of Improvement or Worsening/Growth Rate

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Based on discussion and evaluation of actions taken previously, the recommendation is (check all that apply)

Continue present interventions/services with no changes. **Review by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Change the present interventions/services with new ones as shown below. **Review again by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Phase out the present interventions/services **by** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Growth rate is flat or declining in comparison to peers. Rate is such that resources needed to improve it may exceed what is available in Tier 2, and specially-designed instruction may be necessary. Refer student for an evaluation.

Scope of problem is such that a disability is strongly suspected. Refer student for further evaluation.

Performance/Growth rate exceeds peers and giftedness is suspected. Refer student for further evaluation.

Data shows that problem is resolved. Exit the intervention plan.

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| New Intervention | Who is Responsible? |
|  | Frequency/Duration of the Intervention |
| How often will progress monitoring data be collected and graphed or charted? By whom? |
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|  | Frequency/Duration of the Intervention |
| How often will progress monitoring data be collected and graphed or charted? By whom? |

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| --- |
| Teacher support needed for this new plan:  Who is responsible?  Family support or community resources needed for this new plan:  Who is responsible? |

In Attendance at the Intervention Plan Follow-Up Meeting

SAT Chairperson Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAT Core Team Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAT Core Team Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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