

Secondary Level: Classroom Performance Rating Form

Student: _____ Teacher: _____ Date: _____

Course/Subject: _____ Number of Absences This Year: _____

Period(s) or Day(s) of Week/Time(s) When Course Meets: _____

Global Skills Rating. Rate the student's standing relative to other students in his or her class on the skills listed below. (If you are unsure of the student's abilities on a particular skill, leave it blank.)

Reading Skills	1	2	3	4
Mathematics Skills	1	2	3	4
Written Expression Skills	1	2	3	4
Study & Organizational Skills	1	2	3	4
Classroom Conduct	1	2	3	4

Significantly/Severely Below Grade Level
Somewhat Below Grade Level
At Grade Level
Above Grade Level

Test/Quiz Grades. Chart the most recent test and/or quiz grades for this student.

Test	Quiz	Test	Quiz	Test	Quiz	Test	Quiz	Test	Quiz	Test	Quiz
100	100	100	100	100	100	100	100	100	100	100	100
80	80	80	80	80	80	80	80	80	80	80	80
60	60	60	60	60	60	60	60	60	60	60	60
40	40	40	40	40	40	40	40	40	40	40	40
20	20	20	20	20	20	20	20	20	20	20	20
0	0	0	0	0	0	0	0	0	0	0	0
Date: ___/___/___		Date: ___/___/___		Date: ___/___/___		Date: ___/___/___		Date: ___/___/___		Date: ___/___/___	
Grade: _____		Grade: _____		Grade: _____		Grade: _____		Grade: _____		Grade: _____	
1		2		3		4		5		6	

Concerns. List up to 3 primary concerns that you have with this student in your classroom:

1. _____
2. _____
3. _____

Strategies. List specific strategies that you have tried in the classroom to support this student in area(s) of concern.

1. _____
2. _____
3. _____
4. _____
5. _____

RTI Team Teacher Referral Form

Please answer the questions below so that we will be better prepared at the initial RTI meeting to talk with you about the needs of this student.

General Information-----

Person Making Referral: _____ Date: _____

Student Name: _____ Date of Birth: _____

Dominant Language: _____ Grade: _____

Address: _____ Phone: _____

Date Parent Was Contacted About RTI Referral: _____ By Whom?: _____

Please note any medical or health concerns for this student: _____

How is the student's attendance this year? _____

Current School or Agency Support Services or Program(s) in Place for This Student (e.g., counseling, tutoring, etc.):

What are several strengths, talents, or specific interests for this student?

1. _____

2. _____

3. _____

Instructional Information-----

What makes this student *difficult to teach*? List any academic, social, emotional, or medical factors that seem to negatively affect the student's progress. (If the problem is primarily *behavioral*, how often does the problem occur, how intense is it, and for how long does the problem last? If the problem is primarily *academic*, what specific deficits does the student have in particular academic skills or competencies?)

How do this student's academic skills compare to those of 'average' children in your classroom? (e.g., How does the student compare to peers in reading, math, writing, organizational skills?.):

What is this child's estimated current reading level? _____

List any other general information about the student's academic levels or abilities (e.g., test results) that may shed light on your referral concern:

Problem-Identification Information-----

Interventions Attempted: Please describe specific attempts that you or others have made this year to meet this student's academic, social, and/or emotional needs:

Intervention	Dates Began-Ended (Approximate)	Person(s) Responsible	Outcome

If the referral concern is in academics, how much time during the period/day does the student receive instruction in the area(s) of difficulty?

When have you observed the problem occurring the most? _____

Are there settings or situations in which the problem is *less* severe or *minimized*? If so, when?

Please list members of your instructional team/building staff whom you would like:

To receive an invitation to the initial RTI meeting:

To receive a copy of the RTI Intervention Plan(s) after the initial meeting:

What would be the best day(s)/time(s) for a member of the RTI team to observe the student having the difficulties that you describe above? (Please attach a copy of the student's daily schedule, if available):

Adapted from the School-Based Intervention Team Project Complete Forms & Related Resources, available at: <http://www.interventioncentral.org/htmldocs/interventions/sbit.php>. Used with permission.

RTI Team: Initial Meeting Minutes Form: Secondary

Step 1: Assess Teacher Concerns Allotted Time: 5 Minutes

Review concerns listed on the RTI Teacher Referral Form with the referring teacher and team. List primary concerns.

Step 2: Inventory Student Strengths & Talents Allotted Time: 5 Minutes

List student strengths, talents, and/or any preferred activities or incentives that motivate the student:

- ---
- ---
- ---

Step 3: Review Background/Baseline Data Allotted Time: 5 Minutes

Review any background or baseline information collected on the student (e.g., attendance and office disciplinary referral records, student grades, Curriculum-Based Measurement data, Daily Behavior Report Card ratings, direct-observation data, etc.)

Adapted from the School-Based Intervention Team Project Complete Forms & Related Resources, available at: <http://www.interventioncentral.org/htmldocs/interventions/sbit.php>. Used with permission.

Step 4: Select Target Teacher Concerns Allotted Time: 5-10 Minutes

Define the top 1-2 concerns in **specific, observable terms** (top 1-2 difficulties that most interfere with the student's functioning in the classroom).

<p>1. _____ _____ _____ _____ _____ _____ _____ _____</p>	<p><i>Likely Reason(s) for Student Concerns: Select up to 3 choices</i></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Behavioral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lacks necessary skills <input type="checkbox"/> Has the necessary behavioral skills but is not motivated by the instructional task/setting to comply/behave appropriately <input type="checkbox"/> Seeks att'n from adults <input type="checkbox"/> Seeks att'n from peers <input type="checkbox"/> Reacts to teasing/bullying <input type="checkbox"/> Tries to escape from instructional demands or setting <input type="checkbox"/> Attempts to hide academic deficits through noncompliance or other misbehavior <input type="checkbox"/> _____ </td> <td style="vertical-align: top;"> <p>Academic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is placed in work that is too difficult <input type="checkbox"/> Lacks one or more crucial basic skills in the problem subject area(s) <input type="checkbox"/> Needs drill & practice to strengthen and become more fluent in basic academic skills <input type="checkbox"/> Has the necessary academic skills, fails to use them in the appropriate settings/situations <input type="checkbox"/> Needs explicit guidance to connect current skills to new instructional demands <input type="checkbox"/> Has the necessary academic skills but is not motivated by the instructional task/setting to actually do the work <input type="checkbox"/> _____ </td> </tr> </table>	<p>Behavioral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lacks necessary skills <input type="checkbox"/> Has the necessary behavioral skills but is not motivated by the instructional task/setting to comply/behave appropriately <input type="checkbox"/> Seeks att'n from adults <input type="checkbox"/> Seeks att'n from peers <input type="checkbox"/> Reacts to teasing/bullying <input type="checkbox"/> Tries to escape from instructional demands or setting <input type="checkbox"/> Attempts to hide academic deficits through noncompliance or other misbehavior <input type="checkbox"/> _____ 	<p>Academic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is placed in work that is too difficult <input type="checkbox"/> Lacks one or more crucial basic skills in the problem subject area(s) <input type="checkbox"/> Needs drill & practice to strengthen and become more fluent in basic academic skills <input type="checkbox"/> Has the necessary academic skills, fails to use them in the appropriate settings/situations <input type="checkbox"/> Needs explicit guidance to connect current skills to new instructional demands <input type="checkbox"/> Has the necessary academic skills but is not motivated by the instructional task/setting to actually do the work <input type="checkbox"/> _____
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<p>2. _____ _____ _____ _____ _____ _____ _____</p>	<p><i>Likely Reason(s) for Student Concerns: Select up to 3 choices</i></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Behavioral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lacks necessary skills <input type="checkbox"/> Has the necessary behavioral skills but is not motivated by the instructional task/setting to comply/behave appropriately <input type="checkbox"/> Seeks att'n from adults <input type="checkbox"/> Seeks att'n from peers <input type="checkbox"/> Reacts to teasing/bullying <input type="checkbox"/> Tries to escape from instructional demands or setting <input type="checkbox"/> Attempts to hide academic deficits through noncompliance or other misbehavior <input type="checkbox"/> _____ </td> <td style="vertical-align: top;"> <p>Academic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is placed in work that is too difficult <input type="checkbox"/> Lacks one or more crucial basic skills in the problem subject area(s) <input type="checkbox"/> Needs drill & practice to strengthen and become more fluent in basic academic skills <input type="checkbox"/> Has the necessary academic skills, fails to use them in the appropriate settings/situations <input type="checkbox"/> Needs explicit guidance to connect current skills to new instructional demands <input type="checkbox"/> Has the necessary academic skills but is not motivated by the instructional task/setting to actually do the work <input type="checkbox"/> _____ </td> </tr> </table>	<p>Behavioral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lacks necessary skills <input type="checkbox"/> Has the necessary behavioral skills but is not motivated by the instructional task/setting to comply/behave appropriately <input type="checkbox"/> Seeks att'n from adults <input type="checkbox"/> Seeks att'n from peers <input type="checkbox"/> Reacts to teasing/bullying <input type="checkbox"/> Tries to escape from instructional demands or setting <input type="checkbox"/> Attempts to hide academic deficits through noncompliance or other misbehavior <input type="checkbox"/> _____ 	<p>Academic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is placed in work that is too difficult <input type="checkbox"/> Lacks one or more crucial basic skills in the problem subject area(s) <input type="checkbox"/> Needs drill & practice to strengthen and become more fluent in basic academic skills <input type="checkbox"/> Has the necessary academic skills, fails to use them in the appropriate settings/situations <input type="checkbox"/> Needs explicit guidance to connect current skills to new instructional demands <input type="checkbox"/> Has the necessary academic skills but is not motivated by the instructional task/setting to actually do the work <input type="checkbox"/> _____
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Step 5: Set Academic and/or Behavioral Outcome Goals and Methods for Progress-Monitoring
 Allotted Time: 5 Minutes

Fill out the details below for methods to monitor student progress for each target teacher concern.. Try to select at least TWO monitoring methods for each concern. NOTE: To view common methods of school data collection, refer to the guide *Common Methods for Monitoring Student Progress Toward Behavioral and Academic Goals* at the end of this form.

Target Teacher Concern 1 (From *Step 4* of this Minutes Form): _____

Progress-Monitoring Start Date: ____/____/____ End Date: ____/____/____

Total Number of Instructional Weeks for Progress-Monitoring: _____

Academic or Behavioral Measure	Expected Goal Reached at End of Monitoring	Person(s) Responsible for Data Collection
_____	_____	_____
_____	_____	_____
_____	_____	_____

Target Teacher Concern 1 (From *Step 4* of this Minutes Form): _____

Progress-Monitoring Start Date: ____/____/____ End Date: ____/____/____

Total Number of Instructional Weeks for Progress-Monitoring: _____

Academic or Behavioral Measure	Expected Goal Reached at End of Monitoring	Person(s) Responsible for Data Collection
_____	_____	_____
_____	_____	_____
_____	_____	_____

Step 6: Design an Intervention Plan	Allotted Time: 15-20 Minutes
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Intervention Script Builder

Date the intervention will begin: _____

Check the box that indicates the PRIMARY focus of intervention elements listed on this page:

 Academic Support

 Behavioral Support

 Social/Emotional Support

Intervention Check	Intervention Steps: Describe the elements of the intervention. Include enough detail so that the procedures are clear to all who must implement them. <ul style="list-style-type: none"> • If the intervention has multiple steps, describe each step separately. • If the intervention plan is made up of discrete, 'stand-alone' strategies, list each strategy separately. 	Person(s) Responsible
This element was implemented Y__ N__	1. _____ _____	
This element was implemented Y__ N__	2. _____ _____	
This element was implemented Y__ N__	3. _____ _____	
This element was implemented Y__ N__	4. _____ _____	
This element was implemented Y__ N__	5. _____ _____	
This element was implemented Y__ N__	6. _____ _____	
This element was implemented Y__ N__	7. _____ _____	
This element was implemented Y__ N__	8. _____ _____	

Step 7: Plan to Contact Parents Allotted Time: 5 Minutes
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Who will share a copy of the minutes from this meeting with the student's parent(s) and when?

Step 8: Review the Intervention & Monitoring Plans Allotted Time: 5 Minutes

At the close of the meeting:

- ❑ The recorder reviews the main points of the intervention & monitoring plans with the team.
- ❑ The team selects a date and time for the follow-up RTI Team meeting on this student.
(NOTE: Generally, follow-up meetings are scheduled 6-8 instructional weeks from the start date of the intervention (Step 6).

Next meeting date & time: _____

- ❑ The case manager reviews the agreed-upon time within the next school week to meet with the referring teacher(s):

Date and time for case manager to meet with the referring teacher(s): _____

- ❑ The team completes the RTI Team Debriefing Form.

RTI Team Meeting Debriefing Form

Directions: As a Team, rate your group’s performance at today’s initial SBIT meeting on the items below. If your group rates any of the items as “No” or “Partly”, take a moment to discuss what factors led to this rating.

	YES	PARTLY	NO
1. Does the Team feel that overall it closely followed the steps of the initial meeting format?	1	2	3
2. Is the meeting minutes form filled out completely?	1	2	3
3. Were all the team members given an opportunity to participate?	1	2	3
4. Was the referring teacher supportive about the intervention plan?	1	2	3
5. Did the team use the meeting time efficiently?	1	2	3
6. Was Baseline Data on the student:			
• reviewed at the meeting?	1	2	3
• used to make decisions?	1	2	3
7. Were the target behavioral and/or academic concern(s) clearly defined in observable terms?	1	2	3
8. Were the intervention plans clearly and specifically defined?	1	2	3
9. Did the team determine how the intervention integrity would be monitored?	1	2	3

(Optional) What are some additional ideas that the group has for helping this particular teacher to successfully carry out the intervention plan?

Common Methods for Monitoring Student Progress Toward Behavioral and Academic Goals

Directions: The selected measures listed below can be used to monitor student academic and behavioral goals. Select those measures that your RTI Team will use to monitor a particular student. Write the monitoring procedures you have chosen into Step 5 ('Goal-Setting') on the *RTI Team Meeting Minutes Form*.

ACADEMIC TARGETS

CBM: Curriculum-Based Measurement		
	Description of Measure	Suggested Behavior Goals
<input type="checkbox"/>	Oral Reading Fluency	Increase __ Correct Read Words Per Minute to ____
<input type="checkbox"/>	Maze Passages (Reading Comprehension)	Increase __ Correct Maze Responses in 3 Minutes to ____
<input type="checkbox"/>	Math Computation: Specify Computation Problem Type(s)	Increase __ Correct Digits Per 2 Minutes to ____
<input type="checkbox"/>	Writing: Total Words	Increase __ Total Words in 3 Minutes to ____
<input type="checkbox"/>	Writing: Correctly Spelled Words	Increase __ Words Spelled Correctly in 3 Minutes to ____
<input type="checkbox"/>	Writing: Correct Writing Sequences	Increase __ Correct Writing Sequences in 3 Minutes to ____

Permanent Work Products (Classroom Assignments)		
	Description of Measure	Suggested Behavior Goals
<input type="checkbox"/>	Amount of Work Completed	Increase the Average Percentage of Class Assignments Completed to __%
<input type="checkbox"/>	Accuracy of Work Completed	Increase the Average Percentage of Work Done Correctly on Class Assignments to __%
<input type="checkbox"/>	Quality of Work Completed	<ul style="list-style-type: none"> • Increase the Average Grade in [Subject Area] to ____ • Increase Average Teacher Ratings on Class Assignments Using a [Subject Area] Rubric to ____

Homework Assignments		
	Description of Measure	Suggested Behavior Goals
<input type="checkbox"/>	Work Turned In	Increase the Average Number of Times per Week When Homework is Turned in to ____
<input type="checkbox"/>	Amount of Work Completed	Increase the Average Amount of Homework Completed Correctly to ____
<input type="checkbox"/>	Accuracy of Work Completed	Increase the Average Percentage of Homework Completely Correctly to ____
<input type="checkbox"/>	Quality of Work Completed	Increase the Average Student Grade on Homework to ____ Increase Teacher Ratings of the Quality of Student Work Using an Evaluation Rubric to ____

Tests/Quizzes		
	Description of Measure	Suggested Behavior Goals
<input type="checkbox"/>	Global Measure of Student Performance	<ul style="list-style-type: none"> • Increase the Average Test/Quiz Grade in [Subject Area] to ____

BEHAVIORAL TARGETS

Daily Behavior Report Card (DBRCs). NOTE: Free DBRCs can be created conveniently online at: http://www.jimwrightonline.com/php/tbrc/tbrc.php		
	Description of Measure	Suggested Behavior Goal
<input type="checkbox"/>	[Each DBRC behavior-rating item is customized to match the student's presenting concern(s)]	<ul style="list-style-type: none"> • Increase the Average Teacher Ratings of 'Satisfactory' or Better on the DBRC Item <i>[Insert Item]</i> to ____ • Increase the Frequency of Teacher Ratings of 'Satisfactory' or Better on the DBRC Item <i>[Insert Item]</i> to ____ Times Per Week.

Verbal & Written Reports		
	Description of Measure	Suggested Behavior Goal
<input type="checkbox"/>	Teacher Written Reports	<ul style="list-style-type: none"> • [Depending on whether the goal is to INCREASE or to DECREASE specific student academic or general behaviors] • As reflected in teacher written reports, the student will INCREASE the behavior <i>[insert behavior]</i> to a level of ____ Times Per Hour/Class Period/Day/Week • As reflected in teacher written reports, the student will DECREASE the behavior <i>[insert behavior]</i> to a level of ____ Times Per Hour/Class Period/Day/Week
<input type="checkbox"/>	Teacher Verbal Reports	<ul style="list-style-type: none"> • [Depending on whether the goal is to INCREASE or to DECREASE specific student academic or general behaviors] • As reflected in teacher verbal reports, the student will INCREASE the behavior <i>[insert behavior]</i> to a level of ____ Times Per Hour/Class Period/Day/Week • As reflected in teacher verbal reports, the student will DECREASE the behavior <i>[insert behavior]</i> to a level of ____ Times Per Hour/Class Period/Day/Week
<input type="checkbox"/>	Student/Parent Journal	<ul style="list-style-type: none"> • [Depending on whether the goal is to INCREASE or to DECREASE specific student academic or general behaviors] • As reflected in student/parent journal entries, the student will INCREASE the behavior <i>[insert behavior]</i> to a level of ____ Times Per Hour/Class Period/Day/Week • As reflected in student/parent journal entries, the student will DECREASE the behavior <i>[insert behavior]</i> to a level of ____ Times Per Hour/Class Period/Day/Week
<input type="checkbox"/>	Student/Parent Verbal Reports	<ul style="list-style-type: none"> • [Depending on whether the goal is to INCREASE or to DECREASE specific student academic or general behaviors] • As reflected in regular verbal reports that the student/parent will make to ____, the student will INCREASE the behavior <i>[insert behavior]</i> to a level of ____ Times Per Hour/Class Period/Day/Week • As reflected in regular verbal reports that the student/parent will make to ____, the student will DECREASE the behavior <i>[insert behavior]</i> to a level of ____ Times Per Hour/Class Period/Day/Week

	___ Times Per Hour/Class Period/Day/Week
--	--

Compliance With the School Behavioral Code of Conduct	
Description of Measure	Suggested Behavior Goal
<input type="checkbox"/> Office Disciplinary Referrals	<ul style="list-style-type: none"> Reduce the Frequency of Office Disciplinary Referrals for <i>[insert behavioral concern]</i> to ___ Per Day/Week/Month

Attendance/Tardiness	
Description of Measure	Suggested Behavior Goal
<input type="checkbox"/> Student Attendance	<ul style="list-style-type: none"> Reduce the Percentage of Days Absent During the Next <i>[Insert Weeks]</i> Weeks to ___% Reduce the Number of Days Absent During the Next <i>[Insert Weeks]</i> Weeks to No More Than ___
<input type="checkbox"/> Student Tardiness	<ul style="list-style-type: none"> Reduce the Percentage of Days Tardy During the Next <i>[Insert Weeks]</i> Weeks to ___% Reduce the Number of Days Tardy During the Next <i>[Insert Weeks]</i> Weeks to No More Than ___

Classroom Attention Observation Form

Student Name: _____	Date: _____
Observer: _____	Location: _____
Start Time: _____	End Time: _____
Description of Activities: _____	

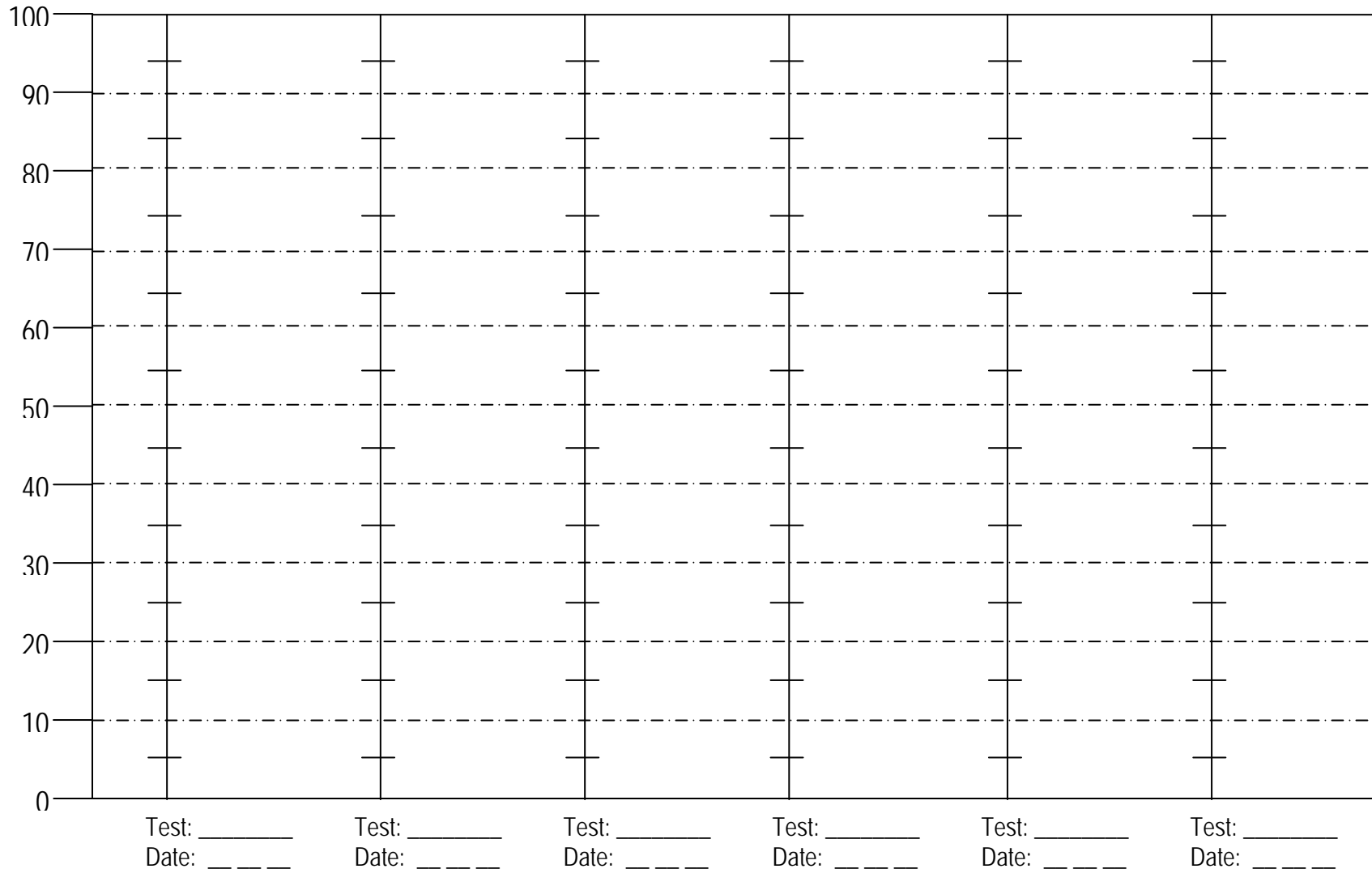
Directions: Observe the student at a time when the student is engaged in independent seatwork or attending to large-group instruction. *On-Task Behavior* is the only behavior being recorded. It is coded using a momentary time-sampling procedure. At the start of **each** 15-second interval, glance at the target child for approximately two seconds and determine if the child is on-task or off-task during the brief observation. If the child is found to be on-task (attending to large-group instruction or doing his or her assigned seatwork), mark the interval with an "X." If the child is off-task, leave the article unmarked. Then keep running notes of any student behaviors or classroom events until the onset of the next time interval. When the observation is finished, use Table 1 below to calculate the student's *time on task* (engaged academic time).

	1	2	3	4	5															
	0:00	0:15	0:30	0:45	1:00	1:15	1:30	1:45	2:00	2:15	2:30	2:45	3:00	3:15	3:30	3:45	4:00	4:15	4:30	4:45
ON-TASK																				
	6	7	8	9	10															
	5:00	5:15	5:30	5:45	6:00	6:15	6:30	6:45	7:00	7:15	7:30	7:45	8:00	8:15	8:30	8:45	9:00	9:15	9:30	9:45
ON-TASK																				
	11	12	13	14	15															
	10:00	10:15	10:30	10:45	11:00	11:15	11:30	11:45	12:00	12:15	12:30	12:45	13:00	13:15	13:30	13:45	14:00	14:15	14:30	14:45
ON-TASK																				

Table 1: Calculate the Rate of On-Task Behavior During the Observation Period							
Type of Behavior	Number of intervals in which the On-Task behavior was observed.		The TOTAL number of intervals in the observation period(s)		Rate (in decimal form) that the On-Task behavior occurred during the observation.		Rate (in percentage form) that the On-Task behavior occurred during the observation.
ON-TASK		<i>Divided by</i>		<i>Equals</i>		<i>Times 100 =</i>	%

Describe any notable student behaviors or other classroom events observed during the session:

Test/Quiz Graph: Student: _____



Jim Wright www.interventioncentral.org

School Success Intervention Plan for: _____ Date: _____

The student agrees to carry out the strategies listed below to promote school success:	[Optional] If adults in school or at home will assist the student with a strategy, the ADULT responsibilities are listed below on the appropriate line(s):	Name of adult(s) assisting student with strategy
1. _____ _____	1. _____ _____	_____ _____
2. _____ _____	2. _____ _____	_____ _____
3. _____ _____	3. _____ _____	_____ _____
4. _____ _____	4. _____ _____	_____ _____

Signature of Student

Signature of Adult School Contact

Signature of Parent
[if parent is part of the intervention plan]