

**Washoe County School District**  
**TIER 2 INTERVENTION PLAN FORM**  
**For Groups of Students**

This form may be used in replacement of the Individual Problem Solving (MTSS-1) when the Intervention Assistance Team has reviewed school wide data and found converging evidence (student grades and 3 sources of testing data) to suggest a need for a standard treatment protocol based intervention to be delivered to a group of students. Individual goals and graphs must be kept for each participating student. (complete 1 form for group, make copies, and write individual student names on one form for each participating student) Participation rates (attendance) of each student in the group intervention must be documented. Decisions regarding the success of the intervention are to be made on an individual student basis. Information from this form can be inputted within the MTSS tab in Infinite Campus.

Team Meeting Date:

Area of Concern: ☐ Reading ☐ Math ☐ Writing ☐ Behavior ☐ Attendance

Student Name:

**PROBLEM IDENTIFICATION**

Sources of data used to identify deficiency

- ◇ Curriculum-Based Measurement (e.g., aimswebPlus®)
- ◇ Other
- ◇ Other

List the criteria determined for inclusion in the group intervention

**BRIEF PROBLEM ANALYSIS**

Describe the common instructional need identified among this group of students

**PLAN DEVELOPMENT**

**GOAL SETTING**

- ☐ On each individual student progress monitoring graph, list student baseline score and goal. (e.g., aimswebPlus® or behavior chart)

**INTERVENTION**

Brief Description:		When:	
Description of Needed Materials:		Where:	
Intervention Implementer:		How Often:	

- ☐ Instructional Planning Form is attached which describes the intervention activities in detail

**MEASUREMENT SYSTEM**

Data Collection System:		Frequency of Data Collection:	
Data Collector:		When will Data be Collected?	
What Will Be Recorded?			

**DECISION MAKING RULE**

- ☐ Slope/Trend Analysis ☐ Level of Performance ☐ Consecutive Data Point Rule ☐ Other:

Intervention Start Date:

Review Date:

Time:

Place:

- ☐ [Nevada Dept. of Educ. Policy Statement provided to & signed by parent.](#) Date: \_\_\_\_\_
- ☐ Infinite Campus has been updated to reflect student's supports within MTSS tab.
- ☐ Intervention approved by Legal Guardian: \_\_\_\_\_
- ☐ Intervention approved by Administrator: \_\_\_\_\_

(Signature) \_\_\_\_\_ (Date)

(Signature) \_\_\_\_\_ (Date)