Student name:       School:       Grade:       Date:

Problem Solving Team Members:

Area of Concern: Behavior [ ]  Reading [ ]  Math [ ]  Writing [ ]  Other:

 *Specify issue within area of concern:*

***Step 1: Problem Identification (What is the problem?)***

|  |
| --- |
| **Student present level of performance (MAP/CBM):**  |
| **Expected student level of performance (Peer Performance):**  |
| **Magnitude of discrepancy:**  |
| **Problem Definition:**  |
| **Replacement behavior or target skill:**  |

***Step 2: Problem Analysis (Why is it happening?)***

|  |  |
| --- | --- |
| Domain | Relevant Known Information |
| **I**nstruction *(e.g. pacing, corrective feedback, explicitness, opportunities to practice, engagement, etc)* |        |
| **C**urriculum *(e.g. skills taught, instructional materials, scope & sequence, expected outcomes, previous interventions, etc)*  |       |
| **E**nvironment *(e.g. room setup, peer influence, expectations and rules, behavior management system, etc)* |       |
| **L**earner*(e.g. academic skills, behavioral concerns, etc)* |       |

Based on the above information (instruction, curriculum, environment, & learner) why do you think the current problem is occurring and what is the predicted result of an appropriately matched intervention?

|  |  |
| --- | --- |
| **Hypothesis** (The problem is occurring because):  |  |
| **Prediction (**The problem will be reduced if): |  |
| **Data used to validate hypothesis:**  |  |

**Do you have enough information to complete the problem analysis and develop an intervention? If no, what else is needed and who will be responsible for collecting it?**

|  |
| --- |
|  |

***Step 3: Intervention Plan (What are we going to do?)***

Target skill:

Goal (based on CBM data): This intervention will be successful if

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What will be done?**(actions taken, target skills taught, curriculum/materials used)  | **How will it be done?**(instructional strategies, etc) | **Who is responsible?** | **Where will it occur?** | **How often?** (days per week & min. per day) | **Group size?** |
|       |       |       |       |       |       |
| **Progress monitoring plan****(Student work portfolio)** | **What materials will be used?** | **Who is responsible?** | **How often?**  | **Decision Rule?** |
|       |       |       |       |       |
| **Fidelity plan** | **What data will be collected?** | **Who is responsible?** | **How often will it be collected?** | **Minimum standard for fidelity?** |
|       |       |       |       |       |

Intervention Start Date:       Review Date:       Time:       Place:

**[ ]** [**Nevada Dept. of Educ. Policy Statement provided to & signed by parent.**](https://www.washoeschools.net/cms/lib/NV01912265/Centricity/Domain/202/MTSS%20staff%20resources/Implementation/NV%20Dept.%20of%20Ed%20Policy%20Statement.pdf) **Date:**

**[ ]  Infinite Campus has been updated to reflect student’s supports within MTSS tab.**

**[ ]  Intervention approved by Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)**

**[ ]  Intervention approved by Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)**

***Step 4: Plan Implementation & Evaluation (Did it work?)***

\*Attach graphed data

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Attendance:**  | # of intervention days attended: |  | Total # of intervention days: |  | % of intervention sessions attended |  |
| **Intervention fidelity data:** **Minimum standard met?** **[ ]** Yes [ ] No |
| **Student rate of progress:**  |  | **Peer/Expected rate of progress:** |  |
| **[ ]  Less progress than expectation/peers** **[ ]  More progress** **[ ]  Same progress** |
| **Student level of performance:** |  | **Expected student level of performance:** |  |
| **Magnitude of gap:** |  |
| **[ ]  Less discrepant than expectation/peers** **[ ]  More discrepant** **[ ]  Same level of discrepancy** |
| **If less discrepant/good progress:** Continue current intervention? [ ] Yes [ ] No  Fade intervention support? [ ] Yes [ ] No |
| **If more discrepant/poor progress:** Was the intervention implemented as planned? [ ] Yes [ ] No Do we need to Intensify supports? [ ] Yes [ ] No Refer for special education evaluation? [ ] Yes [ ] No |
| **If discrepancy the same/average progress:** Was the intervention implemented as planned? [ ] Yes [ ] No Do we need to Intensify supports? [ ] Yes [ ] No Refer for special education evaluation? [ ] Yes [ ] No |
| **Comments/Actions/Next Steps:** |