

Intervention Planning Template

MTSS Meeting Toolkit | Elementary (3-5)

3-5

STUDENT INFORMATION

Student Name: _____ ID #: _____ Grade: _____ Date: _____

Referring Staff: _____ Role: _____ Meeting Date: _____

AREAS OF CONCERN (CHECK ALL THAT APPLY)

- | | | |
|------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> Study Skills / Organization | <input type="checkbox"/> Motivation / Engagement |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Social-Emotional Learning | <input type="checkbox"/> English Language Development |
| <input type="checkbox"/> Written Expression | <input type="checkbox"/> Peer Relationships | <input type="checkbox"/> Gifted / Enrichment Needs |
| <input type="checkbox"/> Math Computation | <input type="checkbox"/> Behavioral Concerns | <input type="checkbox"/> Family Support Needs |
| <input type="checkbox"/> Math Problem Solving | <input type="checkbox"/> Attendance / Chronic Absence | |

Other / Notes: _____

DATA REVIEWED TO INFORM THIS PLAN

- | | |
|----------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> DIBELS / Acadience | <input type="checkbox"/> Behavior Referral Data |
| <input type="checkbox"/> MAP / iReady / STAR | <input type="checkbox"/> Report Card Grades |
| <input type="checkbox"/> State Assessment Scores | <input type="checkbox"/> Teacher Observation Notes |
| <input type="checkbox"/> Curriculum-Based Measures | <input type="checkbox"/> SEL Screener (DESSA, SAEBRS) |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> English Language Proficiency (WIDA/ELPA) |

Key Data Summary (what does the data tell us?): _____

TIER ASSIGNMENT

☐ Tier 1 - Universal

☐ Tier 2 - Targeted

☐ Tier 3 - Intensive

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INTERVENTION DETAILS

Intervention Name	Tier	Provider / Responsible Staff
Guided Reading Groups	Tier 2	Reading Specialist
Explicit Math Instruction (small group)	Tier 2	Math Interventionist
Written Expression Mini-Lessons	Tier 2	Literacy Coach
Zones of Regulation	Tier 1-2	Counselor / Teacher
Check-In Check-Out (CICO)	Tier 2	Counselor / Behavior Tech
Mentoring Program	Tier 2	Volunteer Coordinator
Attendance Incentive + Family Outreach	Tier 2	Admin / Family Liaison
Individual Counseling	Tier 3	School Counselor / Psychologist

Common interventions pre-populated above. Circle selected intervention or write in below.

Selected Intervention: _____

Frequency: _____ Duration per session: _____ Total weeks: _____

Start Date: _____ Review Date: _____ End Date: _____

SUCCESS CRITERIA & EXIT PLAN

What does success look like? (Be specific and measurable)

Decision rules: What happens if the student is / is not responding?

PARENT/GUARDIAN COMMUNICATION

Parent/Guardian Name: _____ Phone: _____ Email: _____

Date Contacted: _____ Method: _____ Outcome: _____

Notes from parent/guardian conversation: _____

TEAM SIGNATURES

Name: _____ Role: _____ Signature: _____ Date: _____

Name: _____ Role: _____ Signature: _____ Date: _____

Name: _____ Role: _____ Signature: _____ Date: _____