

Response to Intervention

Student:_____ Date:_____ Teacher(s):_____

Description of Behavior: _____

Baseline

Frequency:_____ Duration:_____

Intensity: 1 2 3 4 5 6 7 8 9 10

Week 1

Frequency:_____ Duration:_____

Intensity: 1 2 3 4 5 6 7 8 9 10

Week 2

Frequency:_____ Duration:_____

Intensity: 1 2 3 4 5 6 7 8 9 10

Week 3

Frequency:_____ Duration:_____

Intensity: 1 2 3 4 5 6 7 8 9 10

Week 4

Frequency:_____ Duration:_____

Intensity: 1 2 3 4 5 6 7 8 9 10

Week 5

Frequency:_____ Duration:_____

Intensity: 1 2 3 4 5 6 7 8 9 10

Week 6

Frequency:_____ Duration:_____

Intensity: 1 2 3 4 5 6 7 8 9 10

Week 7

Frequency:_____ Duration:_____

Intensity: 1 2 3 4 5 6 7 8 9 10

Week 8

Frequency:_____ Duration:_____

Intensity: 1 2 3 4 5 6 7 8 9 10

Response to Intervention

Student:_____ Date:_____ Teacher(s):_____

| Date | Method | Topic | Response |
|------|---------------------------|-------|----------|
| | Phone Email In-Person | | |
| | Phone Email In-Person | | |
| | Phone Email In-Person | | |
| | Phone Email In-Person | | |

| Intervention | Start Date | Week 1 | Week 2 | Week 3 | Week 4 | Cont. Y or N |
|---|------------|--------|--------|--------|--------|--------------|
| Behavior Chart | | | | | | |
| Daily Note Home (w/ Parent signature) | | | | | | |
| Behavior Contract | | | | | | |
| Positive Reinforcement: Description & Frequency | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

Response to Intervention

Student:_____ Date:_____ Teacher(s):_____

| Intervention | Start Date | Week 1 | Week 2 | Week 3 | Week 4 | Cont. Y or N |
|---------------------------------------|------------|--------|--------|--------|--------|--------------|
| Visual Signals | | | | | | |
| Timer | | | | | | |
| Fidget | | | | | | |
| Textured/Ball Seat | | | | | | |
| Carpet Square / Define Sitting Area | | | | | | |
| Designated Spot in Line | | | | | | |
| Positive Peer Modeling | | | | | | |
| Mentoring / Working with Lower Grades | | | | | | |
| Safety Patrol | | | | | | |
| Adult / Community Mentor | | | | | | |
| Special Class Job | | | | | | |
| Team Building | | | | | | |
| Daily Brain Breaks | | | | | | |
| Physical Brain Breaks | | | | | | |
| Nonphysical Brain Breaks | | | | | | |

Response to Intervention

Student:_____ Date:_____ Teacher(s):_____

| Intervention | Start Date | Week 1 | Week 2 | Week 3 | Week 4 | Cont. Y or N |
|--|------------|--------|--------|--------|--------|--------------|
| Visual Schedule | | | | | | |
| Preferential Seating (location) | | | | | | |
| | | | | | | |
| Academic Support | | | | | | |
| Chunk Assignments | | | | | | |
| Individualized Instruction | | | | | | |
| Redo Assignment / Retake Tests | | | | | | |
| Reduced Assignments | | | | | | |
| Extended Time | | | | | | |
| Daily Planner Checks | | | | | | |
| Copy of Planner Entry (student staples to planner) | | | | | | |
| Study Guide | | | | | | |
| Unit Outline (support for note taking) | | | | | | |
| Color Coded / Labeled Organization System | | | | | | |
| Weekly Desk / Backpack Organization Support | | | | | | |

Response to Intervention

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[illegible]