

**Miami-Dade County Public Schools**  
**Division of Special Education**  
**M-DCPS Response to Intervention (RtI)**  
**Fidelity Checklist**

Student: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Tier III**

- Student was provided research-based individualized intensive intervention (iii), with required frequency, in area(s) of need, in a small group setting (2-3 students), as identified by assessment data.

Yes     No

- At least one round of Tier III was provided and at least 4 data points using skills-specific measures were collected and review date was specified in writing.

Yes     No

- The goal(s) for the student was described in measurable terms on the SST/PST Intervention Plan/Behavior Intervention Plan.

Yes     No

- The parent of this student has been informed and given the opportunity to be involved in the intervention process.

Yes     No

- Intervention(s) were implemented with fidelity. Frequency, duration and content were documented and are available for review by the SST & eligibility committee.

Yes     No

- The student regularly attended the intervention activity.

Yes     No

- The student was actively engaged in the intervention activities.

Yes     No

- All parties followed the SST/PST/FAB intervention plan.

Yes     No

If no, describe what corrective action(s) will be taken.

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- A referral for special education is being initiated simultaneously with the implementation of Tier III intervention.

Yes     No

Administrator Completing Form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_