



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)
TIER 3 ACADEMIC INTERVENTION PLAN**

Student Information:

Name: _____ ID# _____ Date of Meeting: _____

School: _____ Grade: _____ ESOL Level & Semesters: _____

Parent Notification Date: _____

Parent Attended Meeting: YES NO

Intervention Start Date: _____

Specific Area of Focus: Reading Writing Math Communication

Targeted Skill(s):

- _____
- _____
- _____

Description of the Intervention	Setting/Location	Time of Intervention	Person Responsible

Goal Statement – Expected Level of Progress:

_____ will improve his/her _____ at a rate of _____ per _____
(Student's Name) (Targeted Skill) (#) (Week/Month)

Parent/Guardian Assistance:

Your assistance can increase our success with your child. Listed here are some suggestions for activities that you can do at home that will benefit your child.

- 1. _____
- 2. _____
- 3. _____

These activities will help best if they take place at least _____ times a week, for about _____ minutes each time. These activities should not become a source of conflict between you and your child; they should be fun and provide enjoyment for your family.

Contact Person	Title	Telephone
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Signatures of Those Present at the Meeting:

Teacher: _____	Reading Leader: _____
Teacher: _____	Math Leader: _____
Parent/Guardian: _____	Behavioral Specialist: _____
Parent/Guardian: _____	School Psychologist: _____
ELL Teacher: _____	Social Worker: _____
Administrator/SST Coordinator: _____	Other: _____

Follow-Up Meeting Date: _____

To Be Completed at Follow-Up Meeting:

Tier 3 Response:

Documents:

- Tier 3 intervention determined valid and reliable
- Tier 3 data (graph) is attached and reviewed

Existing Tier 3 data indicates the following course of action should be taken (select one):

- Option A:** Student is making **positive** progress (increased rate of improvement and reduced level of risk). Team will consider removing all supplemental services, removing some supplemental service, or maintain the current level of supplemental service.
- Option B:** Student progress is **questionable** (minimal rate of improvement and no reduction of risk). Team will consider adjusting supplemental intervention(s) and/or secure consent to evaluate (FM# 4961). A **questionable** rate of progress also includes information suggesting an acceptable rate of improvement, but the effort to maintain the Tier 3 intervention is substantial and unsustainable in the general education setting.
- Option C:** Student progress is **poor** (decreased rate of improvement and increased level of risk). Team will consider adjusting supplemental intervention(s) and secure consent to evaluate (FM# 4961).

Date of subsequent SST Follow-Up (*if needed*): _____

Notes (to further explain the SST's course of action – *if needed*):

Signature:

Administrator – SST Coordinator