**Chetek-Weyerhaeuser Area Schools**

**Classroom Intervention Plan Form**

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| **Student:** | | **Grade:**  **Team Meeting Date:** | | **Group**  **Individual** | | **Supplemental**  **Intensive** | |
| **Area of Concern:**  **Expected Level of Performance:** | | | | | | | |
| **Data Indicating Need**  **Assessment data indicates:** | | | | | | | |
| **Formative Assessment Plan**  **What Data will be collected and who will collect data?**  **How often will data be collected?**  **Weekly**  **Bi-weekly**  **Other**  **What materials will be used to collect data?** | | | | | | | |
| **Plan to Use Data for Decision Making**  **Who will monitor implementation?**  Reading Specialist  RtI Coordinator  Principal  Other  **What method will be used to monitor implementation? (attach data collection tool used)**  Direct Observation  Team completed Checklist  Other  **When will implementation be monitored?** | | | | | | | |
| **Date** | **Instructional Procedures** | | **Group Size** | | **Amount/Frequency** | | **Person Responsible** |
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