

Habersham County Pyramid of Intervention Tier 2 Action Plan

Student Name:
Grade:

Date of Birth:
Teacher:

School:
Date:

- A. **Baseline Data:** Define the specific concern you are having with this student in measurable terms and attach baseline data as evidence.

CONCERNS	DATA

B. Goal:

	ACTION	RESPONSIBLE PERSON(S)	MEASURE FORMAL DATA (AIMSweb Probe)	INFORMAL EVIDENCE
Week				
Week				

A. **Intervention Status upon Data Review (at the end of 9 weeks)**

- **Concern Resolved**
 - Return to Tier I
 - Continue Tier II Action Plan and Progress Monitoring / Review in 9 weeks
- **Concern Not Resolved / Intervention Team Recommends:**
 - Redesign / Modify a Tier II Action Plan
 - Initiate SST/Tier 3 Intervention

Intervention Team Signatures:

Date:

Next Meeting Time: