

# Habersham County SST Form

(Tier 3 Action Plan-draft completed by RTI Team prior to SST meeting)

**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	INFORMAL EVIDENCE
Week				
Week				
Week				



	<b>ACTION</b>	<b>RESPONSIBLE PERSON(S)</b>	<b>MEASURE FORMAL DATA</b>	<b>INFORMAL EVIDENCE</b>
Week				
Week				
Week				
Week				
Week				
Week				
Week				
Week				
Week				

**A. Intervention Status upon SST Meeting (at the end of 12 weeks)**

- **Concern Resolved**
  - **Return to Tier II (close SST)**
  - **Continue Tier III Action Plan and Progress Monitoring / Review in 12 weeks (or sooner if needed)**
- **Concern not resolved:**
  - **Redesign / Modify Tier III Action Plan**

- Consider the need for testing referral

**Intervention Team Members:**

**Date:**

**Next Meeting Time and Date (if applicable)**