

Cecilia Primary Tier I Teacher Documentation Log

Student's Name: _____ Grade: _____ Age: _____ Race _____
Teacher: _____ Date of Initial Concern _____

Vision Screening Results _____ Hearing Screening Results _____

Select and describe **specific concerns** from observations and assessments that prompted the need for intervention:

_____ **Academic**

- List the top 1- 2 difficulties that most interfere with the student's functioning in the classroom, and compare this student's performance to the average performance of other students in your classroom.

_____ **Behavior**

- List relevant information about frequency, duration and/or intensity of behavior (I.e. using data from teacher observations, selected tally systems, etc. _____)

_____ **Attendance**

of Tardies _____ # of Absences _____
 Comments _____

Parental Contact Log

Date	Reason for Contact	Parent/Guardian Contact was made with	Method of Contact

Universal Screening Scores

Assessment	F	W	S
DIBELS			
LNF			
FSF			
PSF			
NWF			
ORF			
RTF			
MATH			
MATH			

RtI

_____ 's

Tier I - Classroom Intervention Plan

_____ 504
_____ 1508 Speech Only

Focus Area: _____

Setting: _____ Small Group _____ Individual

Service Time: _____ minutes/ _____ days a week

Duration: _____

Research-based Intervention: (Give specific details - Should be written as an instructional objective for this student)

Pre-intervention performance: (Describe and give current classroom performance including data)

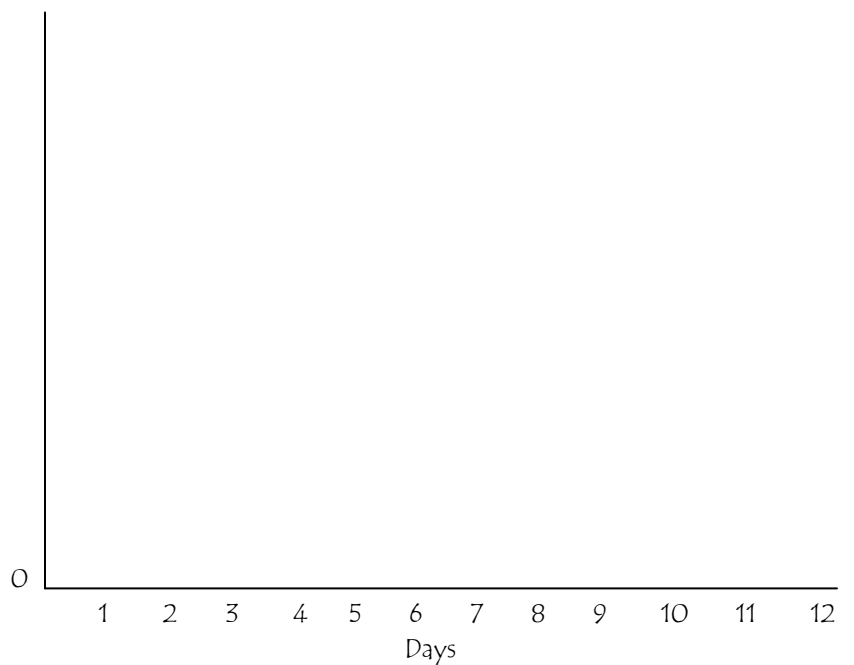
Intervention **Start** Date: _____ Pre-Intervention Performance Score _____

Performance Scores

	Focus Area: _____	

	Activity: _____	

	Date	Score
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		
Week 6		
Week 7		
Week 8		
Week 9		
Week 10		
Week 11		
Week 12		



Intervention **Stop** Date: _____ Post-Intervention Performance Score _____

Duration: _____ weeks

If the student does not show progress with this invention after 3 weeks, please see RTI Coach for new intervention.

Comments and Recommendation: _____

- _____ Continue w/current intervention
 - _____ Change intervention (attach new intervention plan)
 - _____ Move to Tier II