

SCARSDALE PUBLIC SCHOOLS
Tier 1 Student Intervention Plan

Student Name:	Grade:	Date Parent Notified:
Teacher Name:	Date:	

Targeted Area:

Intervention Strategy Used	Time Period	Student Performance Data
	Week 1	
	Week 2	
	Week 3	
	Week 4	
	Week 5	
	Week 6	
	Week 7	
	Week 8	

Assessment of Targeted Intervention (After 6-8 weeks)	Date of Assessment:	Type of Assessment: (formal or informal)	Results:
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<u>Teacher Recommendation:</u>	Intervention successful / discontinue _____ Continue Tier 1 _____ *Projected date of next Tier 1 Review _____ Refer to CST/PST _____ (complete RTI Tier 2 Referral Form)	*A child who received two cycles of Tier 1 service must be referred to CST/PST
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