Individual Student Problem Solving – Follow-up Team Meeting

Student's Name: _____	**Date:** _____
Referring Teacher: _____	**Grade:** _____

Plan Evaluation

Is the student making progress toward the goal? Y / N
Is the student decreasing the discrepancy between himself/herself and peers? Y / N
Is the plan able to be maintained in the general education setting? Y / N
Is the team in agreement that the intervention plan was implemented with integrity? Y / N

*** **Attach graphs/forms to support your answers to these questions** ***

Decision-Making Conclusions:

☐ **Goal Maintained**: Continuous success is established. Problem resolved.
　　☐ Discontinue plan (If appropriate, select new problem.)

☐ **Goal Achieved:** Success is evident, not yet maintained.
　　☐ Begin to phase out plan and continue to monitor progress
　　☐ Maintain current plan

☐ **Goal Not Achieved,** but student is **showing some response to intervention plan**:
　　☐ Maintain current plan
　　☐ Modify some elements of the plan (check one or more of the following)
　　　　☐ modify goal
　　　　☐ modify data collection plan
　　　　☐ modify current intervention (increase intensity)
　　　　☐ add second intervention
　　☐ Discontinue current plan and adopt a new plan

☐ **Little progress or the problem is getting worse:**
　　☐ Modify some elements of the plan (check one or more of the following)
　　　　☐ modify goal
　　　　☐ modify data collection plan
　　　　☐ modify current intervention (increase intensity)
　　　　☐ add second intervention
　　☐ Discontinue current plan and adopt a new plan
　　☐ Obtain more information about the problem _____
　　☐ Select a new hypothesis for the same problem

　　Does the team perceive the need to consider referral for special education?
　　　　☐ Yes, based on the lack of responsiveness
　　　　☐ Yes, based on the intensity of services required
　　　　☐ No, not at this time (May reconsider at the next follow-up meeting)
　　　　☐ No

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If changes to intervention plan need to be made, complete the following sections:

1. **<u>Problem Identification</u>**

   <u>Academic Concern:</u>

   _____'s current level of performance on _____
         (Student's name)   (CBM, e.g. 5th grade M-CBM)

   is _____, **while the expected level of performance is** _____.
     (e.g., 36 words read correctly)   (e.g., 90 words read correctly)

   <u>Behavior Concern:</u>

   _____'s current _____ **occurs at**
         (Student's name)   (e.g., off-task behavior, talking out, etc.)

   a frequency/duration of _____, **while the expected**
       (circle one)   (e.g., two times per day, 30 minutes, etc.)

   level of performance is _____.
                              (e.g., one time per week, none, etc.)

2. **<u>Problem Analysis (statement of why the problem is occurring):</u>**

   Based on data collected, the area of concern is believed to be a:
   - □ Skill Deficit (i.e., cannot do it)
   - □ Fragile Skill (i.e., can do, but is inconsistent and not fluent)
   - □ Performance Deficit (i.e., will not do it) due to:
       - □ Seeking teacher attention   □ Seeking peer attention
       - □ Avoiding/escaping attention   □ Desire to obtain tangible item/activity
       - □ Avoiding/escaping undesirable tasks   □ Sensory (self-stimulation) needs
   - □ Not Sure

   Evidence for this hypothesis/conclusion:
   - □ Review _____
   - □ Interview _____
   - □ Observe _____
   - □ Test _____

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3. Plan Development (interventions and progress monitoring):

Example Goal Statement:

At the end of _____ days/weeks/months, when given a _____,
     (Circle one)   (Condition: e.g., 2nd R-CBM)

_____ will _____ with an expected
        (Student name)   (Behavior: e.g. read)

                                                                         *Example Academic Target Goal:

performance level of _____.   *Current CBM Score +*
        (*Target goal: e.g. 110 words read correctly)   *(Grade growth rate **x** # of weeks)]*

Intervention 1 Details	
Brief Description:	
Needed Materials:	**Intervention Implementer:**
Start date:	**Where:**
Frequency (min. per week):	**Method of Integrity Check:**

Progress Monitoring Data Collection	
What will be recorded:	**Data collector:**
Frequency of data collection:	**Who will enter/graph data:**

- **The Team considers this to be a Tier _____intervention.**
                                               (Tier 2 or 3)

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Intervention 2 Details	
Brief Description:	
Needed Materials:	**Intervention Implementer:**
Start date:	**Where:**
Frequency (min. per week):	**Method of Integrity Check:**

Progress Monitoring Data Collection	
What will be recorded:	**Data collector:**
Frequency of data collection:	**Who will enter/graph data:**

When will the follow-up meeting be? _____

Members in Attendance:

_____   _____

_____   _____

_____   _____

_____   _____

September 2008