

Intervention Planning Template

MTSS Meeting Toolkit | Middle (6-8)

6-8

STUDENT INFORMATION

Student Name: _____ ID #: _____ Grade: _____ Date: _____

Referring Staff: _____ Role: _____ Meeting Date: _____

AREAS OF CONCERN (CHECK ALL THAT APPLY)

- | | | |
|---|---|---|
| <input type="checkbox"/> Course Failure (1+ F) | <input type="checkbox"/> Chronic Absenteeism | <input type="checkbox"/> Technology Misuse |
| <input type="checkbox"/> Reading Below Grade Level | <input type="checkbox"/> Behavioral Referrals | <input type="checkbox"/> Transition Adjustment (5th to 6th) |
| <input type="checkbox"/> Math Below Grade Level | <input type="checkbox"/> Social-Emotional Needs | <input type="checkbox"/> Motivation / Disengagement |
| <input type="checkbox"/> Written Expression | <input type="checkbox"/> Peer Conflict / Bullying | <input type="checkbox"/> Family / Home Instability |
| <input type="checkbox"/> Organizational / Executive Function Skills | <input type="checkbox"/> Substance Use Concerns | |

Other / Notes: _____

DATA REVIEWED TO INFORM THIS PLAN

- | | |
|---|---|
| <input type="checkbox"/> MAP / iReady / STAR | <input type="checkbox"/> Early Warning System (EWS) Score |
| <input type="checkbox"/> State Assessment Scores | <input type="checkbox"/> Teacher Referrals / Notes |
| <input type="checkbox"/> Course Grades / GPA | <input type="checkbox"/> SEL Screener / Risk Survey |
| <input type="checkbox"/> Attendance Rate / Pattern Analysis | <input type="checkbox"/> Credit Accumulation Check |
| <input type="checkbox"/> Behavior Referral Data | <input type="checkbox"/> Family Input |

Key Data Summary (what does the data tell us?): _____

TIER ASSIGNMENT

☐ Tier 1 - Universal

☐ Tier 2 - Targeted

☐ Tier 3 - Intensive

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INTERVENTION DETAILS

Intervention Name	Tier	Provider / Responsible Staff
Read 180 / System 44	Tier 2-3	Reading Specialist
Math Lab / Double-Dose Math	Tier 2	Math Teacher
Homework Club / Academic Support	Tier 2	Teacher / Para
Check & Connect Mentoring	Tier 2-3	Assigned Mentor
Restorative Practice Circles	Tier 1-2	Trained Facilitator
Attendance Team Intervention	Tier 2-3	Attendance Team
Individual / Group Counseling	Tier 2-3	School Counselor
Behavior Contract + Daily Report Card	Tier 2-3	Admin / Counselor

Common interventions pre-populated above. Circle selected intervention or write in below.

Selected Intervention: _____

Frequency: _____ Duration per session: _____ Total weeks: _____

Start Date: _____ Review Date: _____ End Date: _____

SUCCESS CRITERIA & EXIT PLAN

What does success look like? (Be specific and measurable)

Decision rules: What happens if the student is / is not responding?

PARENT/GUARDIAN COMMUNICATION

Parent/Guardian Name: _____ Phone: _____ Email: _____

Date Contacted: _____ Method: _____ Outcome: _____

Notes from parent/guardian conversation: _____

TEAM SIGNATURES

Name: _____ Role: _____ Signature: _____ Date: _____

Name: _____ Role: _____ Signature: _____ Date: _____

Name: _____ Role: _____ Signature: _____ Date: _____