

Intervention Planning Template

MTSS Meeting Toolkit | Primary (K-2)

K-2

STUDENT INFORMATION

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

Referring Staff: _____ Role: _____ Meeting Date: _____

AREAS OF CONCERN (CHECK ALL THAT APPLY)

- | | | |
|---|---|---|
| <input type="checkbox"/> Letter/Sound Recognition | <input type="checkbox"/> Following Directions | <input type="checkbox"/> Classroom Behavior |
| <input type="checkbox"/> Phonemic Awareness | <input type="checkbox"/> Social Skills / Peer Interaction | <input type="checkbox"/> Speech / Language |
| <input type="checkbox"/> Early Reading Fluency | <input type="checkbox"/> Emotional Regulation | <input type="checkbox"/> Basic Self-Care |
| <input type="checkbox"/> Number Sense | <input type="checkbox"/> Attendance / Tardiness | <input type="checkbox"/> Parent Engagement |
| <input type="checkbox"/> Fine Motor Skills | <input type="checkbox"/> Separation Anxiety | |

Other / Notes: _____

DATA REVIEWED TO INFORM THIS PLAN

- | | |
|--|--|
| <input type="checkbox"/> DIBELS / Acadience | <input type="checkbox"/> Behavior Logs |
| <input type="checkbox"/> Running Records / DRA | <input type="checkbox"/> Parent/Guardian Input |
| <input type="checkbox"/> Math Screener (e.g., easyCBM) | <input type="checkbox"/> Speech/Language Screening |
| <input type="checkbox"/> Teacher Observation Notes | <input type="checkbox"/> Developmental Checklist |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> DESSA / SEL Screener |

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
Reading Recovery / Leveled Literacy	Tier 2-3	Reading Specialist
Number Worlds / Math Intervention	Tier 2	Math Interventionist
Second Step SEL Curriculum	Tier 1-2	Classroom Teacher
Check-In Check-Out (CICO)	Tier 2	Counselor / Behavior Tech
Morning Greeting / Relationship Protocol	Tier 1-2	Classroom Teacher
Home Visit / Family Engagement	Tier 2-3	Family Liaison
Speech-Language Therapy	Tier 3	SLP
Small Group Social Skills	Tier 2	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: _____