



**Catawba County Schools  
Tier II**

**SCHOOL:** \_\_\_\_\_

<b>Student Name:</b>	<b>Grade:</b>	<b>DOB:</b>	<b>NCWISE #:</b>
<b>Teacher:</b>	<b>Attendance current year (present/enrolled):</b> ____/____		<b>Today's Date:</b>

**Define the problem (What's the problem?)**

**Problem Analysis (Why is the problem occurring?) Hypothesis**

**Plan Development and Implementation (Specify the instructional plan, including a measureable goal statement. Implementation specifics: What? Who? When? Where? How many minutes? Parent involvement in plan?)**

**\*\*\*\*\*USE APPLICABLE MEASURES\*\*\*\*\***

**Benchmark** (current level of performance): ISF \_\_\_\_\_ LNF \_\_\_\_\_ LSF \_\_\_\_\_ PSF \_\_\_\_\_ NWF \_\_\_\_\_ RCBM/ORF \_\_\_\_\_  
 MAZE \_\_\_\_\_ TRC \_\_\_\_\_ Dolch Words \_\_\_\_\_ IRI \_\_\_\_\_  
 Other \_\_\_\_\_

**Goal** (desired level of performance): ISF \_\_\_\_\_ LNF \_\_\_\_\_ LSF \_\_\_\_\_ PSF \_\_\_\_\_ NWF \_\_\_\_\_ RCBM/ORF \_\_\_\_\_  
 MAZE \_\_\_\_\_ TRC \_\_\_\_\_ Dolch Words \_\_\_\_\_ IRI \_\_\_\_\_  
 Other \_\_\_\_\_

**Beginning Implementation Date:** \_\_\_\_\_

_____ Teacher Signature	_____ Date	_____ Parent Signature/Documentation of contact or attempted contact	_____ Date
_____ Name / Title	_____ Date	_____ Name / Title	_____ Date

**Date for next review:** \_\_\_\_\_

