



Catawba County Schools
Tier II

SCHOOL: _____

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

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: _____

