

Catawba County Schools
 Tier 1 PEP

School: _____

Student Name: _____		Gender: _____	NCWISE #: _____		Today's Date: _____	
Teacher: _____		DOB: _____		Grade: _____	Retention(s) - Specify Grade Level(s): _____	
Attendance: previous years and this year to date: Present/Enrolled	Grade Level ____ ____/____	Grade Level ____ ____/____	Grade Level ____ ____/____	Grade Level ____ ____/____	Grade Level ____ ____/____	
Area(s) of Concern						
Language Arts ___ Phonemic Awareness ___ Word Identification ___ Sight Word Vocabulary ___ Reading Comprehension ___ Reading Fluency ___ Written Expression ___ Writing Mechanics ___ Writing Conventions ___ Early Literacy Issues <input type="checkbox"/> LNF <input type="checkbox"/> LSF <input type="checkbox"/> PSF <input type="checkbox"/> NWF ___ Other		Math ___ Basic Math Facts ___ Computation ___ Problem-Solving ___ Word Problems ___ Geometry ___ Measurement ___ Probability/Data ___ Analysis ___ Other		Behavioral Concerns ___ Noncompliance ___ Motivation ___ Attention span ___ Peer relationships ___ Withdrawn/moody ___ Overactive ___ Verbally aggressive ___ Physically aggressive ___ Other		Other Concerns ___ Medical (area: _____) ___ Motor Skills ___ Speech/Language ___ Social Skills ___ Anxiety ___ Vision ___ Hearing ___ Other
Current Levels	Reading: <input type="checkbox"/> Well below grade level <input type="checkbox"/> Below grade level <input type="checkbox"/> At grade level <input type="checkbox"/> Above grade level			Date of Vision Screening: Results: Far: _____ Near: _____		
	Math: <input type="checkbox"/> Well below grade level <input type="checkbox"/> Below grade level <input type="checkbox"/> At grade level <input type="checkbox"/> Above grade level					
	Writing: <input type="checkbox"/> Well below grade level <input type="checkbox"/> Below grade level <input type="checkbox"/> At grade level <input type="checkbox"/> Above grade level					
EOG Scores	Grade ____ Reading/Math Scale ____/____ Level ____/____	Grade ____ Reading/Math Scale ____/____ Level ____/____	Grade ____ Reading/Math Scale ____/____ Level ____/____	Date of Hearing Screening: Results:		
Name and Address of Parent/Guardian: _____			Phone #: _____			
Services Received: ____ Small Group Instruction ____ Individual Instruction ____ Counseling ____ Title I ____ 504 Accommodations ____ Community Services ____ ESL/LEP/ELL ____ Occupational Therapy ____ Speech/Language Therapy ____ Physical Therapy ____ Tutoring ____ Other (Specify: _____)						
Additional Comments/Information/Teacher Observations: 						

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Tier 1**



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Describe Parental Concerns:

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 measurable 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:



PLAN REVIEW

Student Name:	School:
Date of review:	Decision: <input type="checkbox"/> Continue Instructional Plan <input type="checkbox"/> Modify Plan* <input type="checkbox"/> Discontinue Plan <input type="checkbox"/> Move to Tier 2
Rationale for Decision (Attach progress monitoring data):	
*Specify modifications to plan:	
_____ Teacher Signature	_____ Date
_____ Name / Title	_____ Date
_____ Parent Signature/Documentation of contact or attempted contact	_____ Date
_____ Name / Title	_____ Date
Date for next review:	

Date of review:	Decision: <input type="checkbox"/> Continue Instructional Plan <input type="checkbox"/> Modify Plan* <input type="checkbox"/> Discontinue Plan <input type="checkbox"/> Move to Tier 2
Rationale for Decision (Attach progress monitoring data):	
*Specify modifications to plan:	
_____ Teacher Signature	_____ Date
_____ Name / Title	_____ Date
_____ Parent Signature/Documentation of contact or attempted contact	_____ Date
_____ Name / Title	_____ Date
Date for next review:	