PASCO COUNTY SCHOOLS
Teacher-Based Problem-Solving for GROUPS (TBIT)

Teacher/Team Name(s):	**Initial Meeting Date:**
School Name:	**Grade:**

INITIAL TEACHER-BASED PROBLEM-SOLVING MEETING

☐ **Team reviewed Tier I data and recommends Tier II interventions.**

What baseline data tool is being used to group students? (EG: CBM, Formative/Summative/Standardized Assessment, etc.)

Problem Identification/Target Skill Instruction: <u>Mark</u> the area **and** <mark>highlight</mark> the specific supplemental instruction focus:

☐Reading (Phonemic Awareness, Phonics, Fluency, Vocabulary, Comprehension)   ☐Writing (Expression, Structure, Conventions, Content)

☐Mathematics (Calculation, Application, Fluency)   ☐Behavior (Social Skills, Attendance, Emotion Regulation)

INTERVENTION GROUP DATA *(Confidential Information)*

STUDENT NAME	PMP	ESE	504	ESOL	RETAINED	PERTINENT ADDITIONAL INFORMATION
1.	R W M S	Y/N	Y/N	Y/N	Y/N	
2.	R W M S	Y/N	Y/N	Y/N	Y/N	
3.	R W M S	Y/N	Y/N	Y/N	Y/N	
4.	R W M S	Y/N	Y/N	Y/N	Y/N	
5.	R W M S	Y/N	Y/N	Y/N	Y/N	
6.	R W M S	Y/N	Y/N	Y/N	Y/N	

ACTION PLAN TIER II *(Refer to School Resource Map)*

Intervention & Material(s) Used	Frequency & Duration	Dates	Intervention Provider	Support for Provider	Progress Monitoring
	# of Minutes: # of Days/Week:	**Start:** **Review:**			Tool: Frequency: Person:
	# of Minutes: # of Days/Week:	**Start:** **Review:**			Tool: Frequency: Person:
	# of Minutes: # of Days/Week:	**Start:** **Review:**			Tool: Frequency: Person:

PROGRESS MONITORING TARGET/GOAL FOR GROUP:

LIST TEAM MEMBERS PRESENT:

DATE OF FOLLOW-UP PROBLEM-SOLVING MEETING:

Implement intervention and graph results prior to the Follow-Up meeting(s). Document follow-up meeting on page 2.

Teacher-Based Problem-Solving for GROUPS (TBIT)

This page is to be used for each additional follow-up meeting as needed.

FOLLOW-UP TEACHER-BASED PROBLEM-SOLVING MEETING	DATE:

Attach graphed group intervention results for Action Plan (use the INTERVENTION GROUP #s on page 1 to identify students on graph)

FIDELITY

Did the intervention(s) occur at the frequency and duration planned for at least 4 weeks? ☐Yes ☐No Explain: _____

Did the intervention not occur for any of the students in the group as planned?

1. ☐Absent ☐Tardy ☐Behavior ☐Schedule conflict ☐_____   4. ☐Absent ☐Tardy ☐Behavior ☐Schedule conflict ☐_____
2. ☐Absent ☐Tardy ☐Behavior ☐Schedule conflict ☐_____   5. ☐Absent ☐Tardy ☐Behavior ☐Schedule conflict ☐_____
3. ☐Absent ☐Tardy ☐Behavior ☐Schedule conflict ☐_____   6. ☐Absent ☐Tardy ☐Behavior ☐Schedule conflict ☐_____

RESPONSE TO INTERVENTION

Data Source being used to make decisions: _____

Does progress-monitoring data show that ≥ 75% of the group are making progress (refer to Decision-Making guidelines)?

☐ If GROUP RESPONSE is **GOOD** (e.g.: the gap is closing for ≥75% of group):

🙂 **List names of any outlying students not progressing:** _____

☐Continue intervention without modification

☐Modify intervention's frequency, duration, or intensity

☐Fade out intervention

☐ If GROUP RESPONSE is **QUESTIONABLE** or **POOR** (EG: Less than 75% of group is improving, or is improving but at slow rate)

🙁 **List names of any outlying students not progressing:** _____

☐Consider increasing the duration of intervention   ☐Consider increasing intensity of intervention

☐Modify frequency of intervention   ☐Continue intervention without modification

☐Fade out intervention   ☐Consider diagnostic assessment: _____

☐Consider re-defining the problem at Teacher-Based Problem-Solving (TBIT)

☐Consider referral to support staff (identify staff member/role): _____

☐Consider referral to School-Based Problem-Solving Team

☐Other: _____

REVISED ACTION PLAN TIER II *(Refer to School Resource Map)*

INTERVENTION/ACTION STEPS	FREQUENCY & DURATION	DATES	INTERVENTION PROVIDER	SUPPORT FOR PROVIDER	PROGRESS MONITORING
	# of Minutes: # of Days/Week:	Start Review:			Tool: Frequency: Person:
	# of Minutes: # of Days/Week:	Start Review:			Tool: Frequency: Person:
	# of Minutes: # of Days/Week:	Start Review:			Tool: Frequency: Person:

PROGRESS MONITORING GOAL FOR GROUP:

LIST TEAM MEMBERS PRESENT:

DATE OF FOLLOW-UP PROBLEM-SOLVING MEETING:

Attachments Needed

☐Graph depicting the intervention results of the group, including dates and benchmarks

☐Parent contacts documenting that parent was informed of the student's current performance, the expected level of performance, and the targeted interventions intended to close the gap.

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