

Tier 2 Decision Tree

(To be completed by student's teacher or RTI² Team prior to movement into Tier II)

Student Name: _____ Grade: _____

Teacher: _____ Date of Review: _____

Core literacy instruction has been implemented with fidelity <input type="checkbox"/> 80% of student needs are met by core instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Differentiated instruction has been provided in a small group within core literacy instruction <input type="checkbox"/> Documentation is attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student has been present for the majority of instructional days	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student has passed vision and hearing screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Data indicates performance below the 25th% on universal screening of student achievement compared to national norms <input type="checkbox"/> Phonological Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Comprehension <input type="checkbox"/> Math Calculation <input type="checkbox"/> Math Reasoning <input type="checkbox"/> Written Expression	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Assessment data supports universal screening data Informal Phonics Inventory _____ Advanced Decoding Skills Survey _____ Phonological Awareness Test 2(PAT) _____ Developmental Reading Assessment (DRA) _____ Developmental Spelling Assessment (DSA) _____ Intervention Placement information _____ Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

** If the Intervention team answered "Yes" to all of the above questions, the student should be placed in Tier II intervention. If the Intervention team answered "No" to any of the questions, that area should be addressed prior to the movement into Tier II.

Team members involved in approving this plan with name and relationship to the student
