Date:

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| Student:       | School:       | Teacher:       |

**MILESTONE REPORT**

**[Attach all paperwork as needed]**

Milestone date:

 Results/comments:

Disposition:

[ ]  Request to schedule a *follow-up* meeting with committee – Requested Date:

[ ]  Continue intervention plan for       more weeks

[ ]  Revise intervention with colleagues and staff supports – new RTI plan

[ ]  Plan successfully implemented; therefore teacher will continue to monitor

|  |  |  |
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| Student Name:       | Teacher:       | Date:       |

**Torrington Public Schools**

Principal Approval

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RTI PLAN**

|  |  |  |
| --- | --- | --- |
| **Date:**  | **Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Subsequent:**  |

**IDENTIFIED SKILL(S)/COMPETENCIES TARGETED**

**SMART GOAL FOR STUDENT:**

|  |
| --- |
| **PLANNED INTERVENTIONS/ACCOMODATIONS/alternative STRATEGIES & methods utilized to teach the skill or concept:**      |

**HOW WILL THE GOAL BE MEASURED FOR SUCCESS?**

**PERSON(S) RESPONSIBLE**

**THE SPECIFICS TO ACHIEVE THE GOAL:**

Beginning date:       Ending date:

Frequency:       daily or       weekly Grouping size:

Duration:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  10 Mins | [ ]  20 Mins | [ ]  30 Mins | [ ]  45 Mins | Or Other:       |

**MILESTONES:**

**Disposition:**

[ ]  Plan successfully implemented; therefore teacher will continue to monitor

[ ]  Revise intervention with colleagues and staff supports – new RTI Plan

[ ]  Request to schedule a follow-up RTI meeting with committee

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| Student Name:  | Teacher:  | Date:  |

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|  | **Data/Tracking Sheet (Written Version)** |  |
| **Data Collected as Planned****Yes No** | **Data Collected In Response To RTI Plan Dated \_\_\_\_\_\_\_\_\_\_**(Attach supporting paperwork to the Milestone Report) | **Successful****Yes No** |
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| Student Name:       | Teacher:       | Date:       |

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|  | **Data/Tracking Sheet (Electronic Version)** |  |
| **Data Collected as Planned****Yes No** | **Data Collected In Response To RTI Plan Dated \_\_\_\_\_\_\_\_\_\_**(Attach supporting paperwork to the Milestone Report) | **Successful****Yes No** |
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