

Date student identified as Tier 2 \_\_\_\_\_

**Barrow County Schools**  
**Response to Intervention**

Student Name:	Date of Birth:
School:	Grade:
Teacher responsible for packet:	

Primary issues student is experiencing:

Evidence (achievement testing, classroom performance, other data)

<b>Interventions</b>	<b>Timeframe</b>	<b>Outcome goals and progress monitoring</b>
<b>“What will we do”</b>	<b>“When will we do it”</b>	<b>“How will we know if it works”</b>

Tier 2 Meeting Notes:

Next Step:

\_\_\_\_ Continue Tier 2 Interventions

\_\_\_\_ Move to Tier 1

\_\_\_\_ Refer to Tier 3/SST