

Date student identified as Tier 2: _____

**Barrow County Schools
Response to Intervention
MIDDLE SCHOOL**

Tier 2

Student Name: _____	Student DOB: _____
School: HMMS RMS WBMS WMS	Grade: ____ HB Teacher: _____

Describe the primary concern:

Evidence (*standardized test scores or other data*):

Tier 2 Intervention (*This should be managed by the classroom teacher and should be in addition to regular classroom instruction.*) Name of Intervening Teacher: _____

What will I try?	When will I do it? (include intervention start date)	How will I monitor progress?

Tier 2 Meeting Notes (*team, grade level, or PLC meeting*):
Did the intervention work?

Next step:

Date: _____

____ Continue Tier 2 Interventions

____ Move back to Tier 1

____ Refer to Tier 3/SST