**TIER 3 Supports: Data Based Decision Making
\*For students who currently receive individualized supports\***

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| **Date and time**  |  |
| Data-Based Decision Making Points |
| 1. Was the intervention successful – did behavior meet criterion levels? If yes, jump to question 5 below.
 | **YES NO** |
| 1. NO, intervention not successful: Was the plan implemented as intended? What were the fidelity scores? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If NO, jump to question 4 below.
 | **YES NO** |
| 1. NO, intervention not successful; YES, plan was implemented as intended. Determine next step:
 |
| 1. **Give the plan more time**

Date of next follow-up meeting (no more than 3 weeks) \_\_\_\_\_\_\_\_\_\_\_\_1. **Modify the plan**

Date of meeting to develop modified plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date to train the teacher in the modified plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of next follow-up meeting (no more than 3 weeks) \_\_\_\_\_\_\_\_\_\_\_\_\_1. **Conduct a more comprehensive FBA**

Team/facilitator conducting FBA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date contact made with district support person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date by when FBA will be completed: \_\_\_\_\_\_\_\_\_\_\_\_\_Date of meeting to develop hypothesis and plan (no more than 3 weeks)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. **Seek support from district contact person to access additional expertise for planning and implementing non-school based interventions (e.g. extensive mental health):**

Who will make contact and when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of problem solving meeting (no more than 3 weeks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resources offered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. NO, intervention not successful: NO, plan was NOT implemented as intended.
 |
| 1. Retrain the teacher (date of retraining: \_\_\_\_\_\_\_\_\_\_\_)
2. Modify the plan to make more feasible

Date of meeting to develop modified plan \_\_\_\_\_\_\_\_\_\_\_\_Date of next follow-up meeting (no more than 3 weeks) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Select new interventions that are more acceptable and match the hypothesis

Date of meeting to develop new plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of next follow-up meeting (no more than 3 weeks) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. YES, intervention effective and YES, plan implemented as intended.
 |
| 1. Extend the plan by implementing in another problematic routine or with other people
2. Establish new goal/increase criteria
3. Teach a new skill
4. Fade out parts of the plan (consider developing self-monitoring plan or Tier II intervention)
5. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Date and time 2nd follow-up meeting**  |  |
| 1. Was the intervention successful – did behavior meet criterion levels? If yes, jump to question 5 below
 | **YES NO** |
| 1. NO, intervention not successful: Was the plan implemented as intended? What were the fidelity scores? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If NO, jump to question 4 below.
 | **YES NO** |
| 1. NO, intervention not successful; YES, plan was implemented as intended. Determine next step:
 |
| 1. **Give the plan more time**

Date of next follow-up meeting (no more than 3 weeks) \_\_\_\_\_\_\_\_\_\_\_\_1. **Modify the plan**

Date of meeting to develop modified plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date to train the teacher in the modified plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of next follow-up meeting (no more than 3 weeks) \_\_\_\_\_\_\_\_\_\_\_\_\_1. **Conduct a more comprehensive FBA**

Team/facilitator conducting FBA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date contact made with district support person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date by when FBA will be completed: \_\_\_\_\_\_\_\_\_\_\_\_\_Date of meeting to develop hypothesis and plan (no more than 3 weeks)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. **Seek support from district contact person to access additional expertise for planning and implementing non-school based interventions (e.g. extensive mental health):**

Who will make contact and when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of problem solving meeting (no more than 3 weeks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Resources offered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. NO, intervention not successful: NO, plan was NOT implemented as intended. Determine next step.
 |
| 1. Retrain the teacher (date of retraining: \_\_\_\_\_\_\_\_\_\_\_)
2. Modify the plan to make more feasible

Date of meeting to develop modified plan \_\_\_\_\_\_\_\_\_\_\_\_Date of next follow-up meeting (no more than 3 weeks) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Select new interventions that are more acceptable and match the hypothesis

Date of meeting to develop new plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of next follow-up meeting (no more than 3 weeks) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. YES, intervention effective and YES, plan implemented as intended. Determine next step.

  |
| 1. Extend the plan by implementing in another problematic routine or with other people
2. Establish new goal/increase criteria
3. Teach a new skill
4. Fade out parts of the plan (consider developing self-monitoring plan or Tier II intervention)
5. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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*Adapted from Prevent-Teach-Reinforce Materials*