**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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

*Adapted from Prevent-Teach-Reinforce Materials*