

NC Department of Public Instruction
Tier II Problem-Solving

Student Name:	Grade:	DOB:	NCWISE/SIMS#:
Teacher:		Meeting Date:	
Problem Identification/Definition (What is the problem?)			
Problem Analysis/Hypothesis (Why is the problem occurring?)			
Baseline/Benchmark Data: (Student's current performance/Expected Performance)			
Plan Development and Implementation (Specify the instructional strategy, including a measureable goal statement. Implementation specifics: Who? When? Where?)			Responsible Parties:
Meeting Notes:			Review Date:
Decision date:			

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Name:	DOB:	NCWISE/SIMS#
Results of Plan Implementation (attach Progress Monitoring data):		
Plan Evaluation (Did it work?)		
Decision		Date of Next Meeting (or N/A): _____
<input type="checkbox"/> Continue Intervention	<input type="checkbox"/> Modify Intervention*	<input type="checkbox"/> Discontinue Intervention
		<input type="checkbox"/> Move to PSM Tier III
* Specify Modification to Instructional/Intervention Plan:		
Meeting Notes:		
Meeting Attendees:		
Decision		Date of Next Meeting (or N/A): _____
<input type="checkbox"/> Continue Intervention	<input type="checkbox"/> Modify Intervention*	<input type="checkbox"/> Discontinue Intervention
		<input type="checkbox"/> Move to PSM Tier III
* Specify Modification to Instructional/Intervention Plan:		
Meeting Notes:		
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