

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

<b>Date and time</b>	
Data-Based Decision Making Points	
1. Was the intervention successful – did behavior meet criterion levels? If yes, jump to question 5 below.	YES NO
2. NO, intervention not successful: Was the plan implemented as intended? What were the fidelity scores? _____ If NO, jump to question 4 below.	YES NO
3. NO, intervention not successful; YES, plan was implemented as intended. Determine next step:	
<p><b>(a) Give the plan more time</b> Date of next follow-up meeting (no more than 3 weeks) _____</p> <p><b>(b) Modify the plan</b> 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) _____</p> <p><b>(c) Conduct a more comprehensive FBA</b> 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) _____</p> <p><b>(d) Refer the student for additional assessment(s) such as a psychoeducational evaluation to determine if the student has a disability and would benefit from special education services.</b> Who will arrange for an evaluation and when: _____ Date of evaluation results meeting: _____ Determination: _____</p> <p><b>(e) Seek support from district contact person to access additional expertise for planning and implementing non-school based interventions (e.g. extensive mental health):</b> Who will make contact and when: _____ District Contact Person: _____ Date of problem solving meeting (no more than 3 weeks): _____ Resources offered: _____</p>	
4. NO, intervention not successful: NO, plan was NOT implemented as intended.	
<p>(a) Retrain the teacher (date of retraining: _____)</p> <p>(b) 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) _____</p> <p>(c) 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) _____</p>	

5. YES, intervention effective and YES, plan implemented as intended.

- (a) Extend the plan by implementing in another problematic routine or with other people
- (b) Establish new goal/increase criteria
- (c) Teach a new skill
- (d) Fade out parts of the plan (consider developing self-monitoring plan or Tier II intervention)
- (e) Other (specify) \_\_\_\_\_

**Date and time 2<sup>nd</sup> follow-up meeting**

1. Was the intervention successful – did behavior meet criterion levels? If yes, jump to question 5 below

YES NO

2. NO, intervention not successful: Was the plan implemented as intended? What were the fidelity scores? If NO, jump to question 4 below.

YES NO

3. NO, intervention not successful; YES, plan was implemented as intended. Determine next step:

**(f) Give the plan more time**

Date of next follow-up meeting (no more than 3 weeks) \_\_\_\_\_

**(g) 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) \_\_\_\_\_

**(h) 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) \_\_\_\_\_

**(i) Refer the student for additional assessment(s) such as a psychoeducational evaluation to determine if the student has a disability and would benefit from special education services.**

Who will arrange for an evaluation and when: \_\_\_\_\_

Date of evaluation results meeting: \_\_\_\_\_

Determination:

**(j) 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: \_\_\_\_\_

4. NO, intervention not successful: NO, plan was NOT implemented as intended. Determine next step.

(a) Retrain the teacher (date of retraining: \_\_\_\_\_)

(a) 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) \_\_\_\_\_

(b) 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) \_\_\_\_\_

5. YES, intervention effective and YES, plan implemented as intended. Determine next step.

- (a) Extend the plan by implementing in another problematic routine or with other people
- (b) Establish new goal/increase criteria
- (c) Teach a new skill
- (d) Fade out parts of the plan (consider developing self-monitoring plan or Tier II intervention)
- (e) Other (specify) \_\_\_\_\_

*Adapted from Prevent-Teach-Reinforce Materials*