|  |
| --- |
| **Confirmation of Fidelity** |

|  |  |
| --- | --- |
| **Student Information** | |
| **Student:** | **Grade:** |

|  |
| --- |
| **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| |  |  | | --- | --- | | **Tier One** | | |  | **Evidence-based general education curriculum and methodologies:** The student has received instruction by a highly qualified teacher using an evidence-based curriculum. | |  | **Fidelity of Instruction:** The core curriculum was followed with fidelity. | |  | **Differentiation of Instruction:** Specific instructional adjustments were consistently implemented as identified in the intervention plan. | |  | **Short-Cycle Assessment Data:** Short-cycle assessment data on the student’s performance in academic content areas are collected at least 3 times per school year. | |  | | | **Tier Two** | | |  | **Evidence-based Interventions:** The student has received evidence-based instruction individually or in a small group for at least 4 weeks. | |  | **Fidelity of Intervention:** The interventions were implemented with fidelity for this student (including curriculum, strategies, and methodologies. | |  | **Progress Monitoring Data:** This student’s progress was monitored on at least a bi-weekly basis using curriculum-based measures for at least 4 weeks. Data is compared to grade-level peers at the district, state and national level. | |  | **Data-Based Decision Making:** The student’s progress in the individual or small-group interventions was reviewed and the intervention(s) reviewed or revised based on this student’s progress. | | **I verify that the plan being reviewed at this meeting was conducted as described.   Administrator or Designee Signature:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |  | | |