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| **Confirmation of Fidelity** |

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

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| **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **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. |
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| **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:**

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| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   | **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   | **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_** |

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