**Tier II Problem Solving Questionnaire**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_ Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intervention Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intervention Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Intervention \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Past Interventions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Meeting Date \_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Question** | **Answer** | **Notes** |
| 1. Is the most recent GOM score below the upcoming seasonal target but the GOM slope is at or above the criterion?
 | **YES**  Continue supplemental support/Intervention. |  |
| **NO** Examine skill measure data. |
| 1. Are the skills being acquired using current strategy?
 | **YES**  Continue with current strategy. Add generalization strategy. |  |
| **NO** Adjust intervention within level of support to match skill need.  |
| 1. Is the student individually practicing the skill many times within the session?
 | **YES**  |  |
| **NO** Increase individual responses. |
| 1. Is the mean instructional fidelity during intervention with the student below 90%?
 | **YES** Improve instructional fidelity |  |
| **NO** |
| 1. Is student showing motivation difficulties?
 | **YES** Provide incentives |  |
| **NO** |
| 1. Is the student attendance below 95% during last instructional period (1 month)
 | **YES** Address attendance with building administration |  |
| **NO** |
| 1. Are behavioral difficulties leading to student missing intervention more than 3 times during the last instructional period? (1 month)
 | **YES** Address behavior difficulties with building administration. **NO** |  |
| 1. Has the student received intervention with good fidelity for less than 9 weeks?
 | **YES**  Implement intervention for up to 9 weeks.**NO** |  |
| 1. Has the student received intervention four times per week for the past instructional period ***for less than*** 15 minutes for kindergarten or ***less than*** 20 minutes for grades 1-3?
 | **YES** Increase time and sessions. |  |
| **NO** |
| 1. ***If NO to Questions 4-8*** above and **YES** to Question 3, consider moving to Brief Experimental Analysis (BEA)/Tier III
 |  |  |

**Next steps:** Action Plan: Intervention modifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date to start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date to review (4 weeks) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Was there satisfactory improvement **YES:**  Continue **NO:**  Go to Tier III (conduct BEA)