***Tier 1 Data Analysis and Planning Form- Pre-K***

**Team and Individual Class Planning**

Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members Present:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Notes:***

* **Teams address domain areas that the team feels impact all PK classes or require intervention by the whole grade level (e.g., behavior, attendance, etc).**
* **Individual Classroom Teachers can create a plan to address needs specific to their classrooms.**

**Universal Screening Data Analysis Summary**

**Screening Period:**  ⁭ Fall ⁭ Winter ⁭ Spring

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Domain  | Measure | Benchmark Criteria | Percent of students meeting benchmark | Goal - % at benchmark for next screening period | Did you meet a previously established goal? |
|  |  |  |  |  | ⁭ YES ⁭NO |
|  |  |  |  |  | ⁭ YES ⁭NO |
|  |  |  |  |  | ⁭ YES ⁭NO |
|  |  |  |  |  | ⁭ YES ⁭NO |
|  |  |  |  |  | ⁭ YES ⁭NO |
|  |  |  |  |  | ⁭ YES ⁭NO |

**Tier 1 Team or Class-wide Strategies to Meet Unmet Goals Prior to Next Screening Period**

**Note: Strategies should be evidence-based**

| Domain | Strategy | Person(s) Responsible |
| --- | --- | --- |
|  |  |  |
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|  |  |  |
|  |  |  |

**Logistics for Strategy Implementation**

|  |  |  |
| --- | --- | --- |
| Domain  | To Do:  | Person(s) Responsible |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Date for Next Tier 1 Data Analysis Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit copies of this completed form to your building administrators and/or the RTI committee chair.