



# SMALL GROUP (TIER 2) PROBLEM SOLVING MEETING NOTES



Teacher \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Members in Attendance:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Which students are not making progress toward the goal and are in need of a small group intervention?**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Intervention Details	
<b>Brief Description of Small-Group Intervention:</b>	
<b>Needed Materials:</b>	<b>Intervention Implementer:</b>
<b>When (How many days/week):</b>	<b>Where:</b>
<b>How often (How many minutes/day):</b>	<b>Who will be the "buddy" for this plan:</b>
<b>What data will be collected:</b>	<b>How often will data be collected:</b>
<b>Who will collect the progress monitoring data:</b>	<b>Who will graph the data and how will he/she get the data:</b>
<b>Next Meeting Date:</b>	