

# Tier 2 Data Summary Form

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Is there a problem?</b>	<b>Describe...</b>	<b>Ideas for Solution/Intervention</b>
<b>How Often</b> are the ODRs? <ul style="list-style-type: none"><li>• Trends?</li><li>• Compared to last year?</li></ul>		
<b>What</b> are the problem behaviors? <ul style="list-style-type: none"><li>• One, few, many behaviors?</li><li>• Clusters of behaviors?</li></ul>		
<b>Where</b> are the behaviors occurring? <ul style="list-style-type: none"><li>• One, few, many locations?</li><li>• Clusters of locations?</li></ul>		
<b>When</b> are the behaviors occurring? <ul style="list-style-type: none"><li>• Compared to the schedule?</li><li>• Compared to the locations?</li></ul>		
<b>Possible Motivation</b>		
<b>Precision Statement:</b>		