

Intervention # \_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_

# STUDENT INTERVENTION PLAN

*Two planned, implemented, and evaluated interventions are required by State and Federal regulations prior to a Child Study Team referral for academic and/or behavior concerns. This form must be used to document each of the interventions. If the building has approved a waiver of interventions prior to evaluation the interventions must be completed during evaluation process and documented on this form.*

Student: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

Student concerns discussed with Principal Date: \_\_\_\_\_

Student concerns discussed with Parent Date: \_\_\_\_\_

The intervention was planned in consultation with:

CONCERN:

SPECIFIC INTERVENTION PLAN:

SPECIFIC CRITERIA FOR SUCCESS:

METHOD OF DATA COLLECTION:

This plan will be in effect from \_\_\_\_\_ to \_\_\_\_\_  
Start date Review date

.....  
**STUDENT INTERVENTION PLAN REVIEW**  
.....

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

SPECIFIC RESULTS: (attach supporting data):

(check one)  successful  Unsuccessful  Mixed results

RECOMMENDATIONS:	<input type="checkbox"/>	Continue with current intervention strategy
	<input type="checkbox"/>	Initiate another intervention
	<input type="checkbox"/>	Initiate referral to Child Study Team