

Intervention # 1
Date 10/31/18

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 the evaluation process and documented on this form.

Student: James Fallon Grade 7 School MGMS Teacher Team Ayers Rock

Student concerns discussed with Principal Date: _____

Student concerns discussed with Parent Date: _____

The intervention was planned in consultation with: School Counselor

CONCERN: student does not record assignments or communicate with parent regarding homework

Behavior to teach: Record assignments in planner independently on a daily basis across classes.

SPECIFIC INTERVENTION PLAN: Train/teach student skill; cue daily in each class to practice the skill; reinforced practice
Materials: Planner, pen/pencil, assignments from classroom teachers in advance, checklist; tangible reinforcement/rewards for student

Setting: All classes except Flex

Responsibilities: Teacher and student check in daily to see if assignments are recorded; Flex teacher collects checklists weekly and reviews with student, summarizes data

Reinforcement schedule: First week student earns daily reward for approximating or reaching goal (3 or more of 6 classroom assignments recorded); second week student earns daily reward for reaching goal (5 of 6); third week student earns daily ticket for end of week reward if goal is reached; fourth through sixth weeks student earns weekly reward for reaching or exceeding goal

SPECIFIC CRITERIA FOR SUCCESS: 5 of 6 classes daily for six consecutive weeks.

METHOD OF DATA COLLECTION: Weekly charting by each teacher Example:

Class	Date:	Date:	Date:	Date:	Date:
ELA	√		√	√	√
Math		√		√	√
Social Studies	√	√	√	√	√
Science		√	√	√	√
Elective 1					√
Elective 2		√	√	√	√

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

