

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 the 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