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

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

**Student Service Results (Indicate One**

1 Successfully exited intervention

2 Exited to another intervention

3 Continue in Intervention

4 Moved from school

5 Graduated-Did not meet goals

6 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tier Status (Indicate One)**

Tier 1 (leave blank)

Tier 2  Tier 3

**Intervention Type (Indicate One**

1 Course  2 ESS

3 RTA  4 MAF

5 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intervention Content Areas (Circle)**

1 Reading  2 Writing

3 Reading/Writing (combined)

4 Math

5 Science

6 Social Studies  7 Behavior

8 Other (Explain below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intervention Materials 1 (Indicate One)**

1 Teacher Developed Intervention Lesson

2 KDE Transitional

3 Post-Secondary Transitional Code:\_\_\_\_\_\_\_\_\_

4 SREB Transitional

5 Vendor Program Code:\_\_\_\_\_\_\_\_\_

6 Vendor Provided Service Code:\_\_\_\_\_\_\_\_\_

7 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intervention Materials 2 (Indicate One)**

1 Teacher Developed Intervention Lesson

2 KDE Transitional

3 Post-Secondary Transitional Code:\_\_\_\_\_\_\_\_\_

4 SREB Transitional

5 Vendor Program Code:\_\_\_\_\_\_\_\_\_

6 Vendor Provided Service Code:\_\_\_\_\_\_\_\_\_

7 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Total Hours Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intervention Staff (Indicate One)**

1 Certified  4 Peer Tutor

2 Classified  5 Computer Based

3 Volunteer

Other: (Explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Delivery Method (Indicate One)**

1 In Person  3 Blended

2 Online

4 Other Delivery Method (Explain below): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Frequency (Indicate One)**

1) Daily  4) Weekly

2) 2 days/week  5) Twice Monthly

3) 3-4 days/week

6) Other Frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duration (Indicate One)**

1) < 30 minutes  4) 60 minutes

2) 30 minutes  5) > 60 minutes

3) 45 minutes

**Funding Source (Indicate One)**

1) General Fund  4) IDEA

2) 21st CCLC  5) Other

3) Title I

**Select all skill areas that apply**

* Literacy Readiness Reading Fluency
* Reading Vocabulary Reading Phonics
* Reading Comprehension
* Writing Mechanics Hand Writing
* Writing Content Math Reasoning
* Math Computation Measurement
* Math Number Sense Algebraic Thinking
* Math Numeracy Readiness
* Geometry Behavior
* Probability/Statistics Cognitive
* Social/Emotional Adaptive Skills
* Language Credit Recovery
* Acceleration Content Other

**Parental Involvement**

Parent Notified of Intervention Plan

Included in Planning

Provided Parent with Resources

Parent Attended Intervention Meeting

Parent Provided w/ Student’s Data

**Referred**

Eye Exam  Medical Exam

Dental Exam  FRYSC

Other (Explain below):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:**