

## Educational Intervention Support Team Information Form

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Native Language \_\_\_\_\_

Person Referring/Teacher \_\_\_\_\_ Date of Request \_\_\_\_\_ Parent(s)

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work/Cell Mother \_\_\_\_\_ Work/Cell Father \_\_\_\_\_

**CUMULATIVE RECORD REVIEW** – Each Area Must Be Addressed – OR – Indicate as Not Applicable

<p><b><u>ATTENDANCE</u></b></p> <p>1. <u>Absent</u> Last Year _____ This Year _____</p> <p><u>Tardies</u> Last Year _____ This Year _____</p> <p>2. List all schools attended:  _____  _____  _____  _____</p> <p>3. Retentions: Gr(s) _____</p> <p>4. Previous enrollment in:  <u>Dates</u> Special Education _____ Section 504 _____ Title I _____ Speech I _____</p>	<p><b><u>DISCIPLINE RECORD</u></b></p> <p>Number of Discipline Reports _____</p> <p>Number of Suspensions _____ In-School _____ Out-of-School _____ Total # of Days _____</p> <p><b><u>SCREENING</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: center;"><u>Date</u></th> <th style="width: 40%; text-align: center;"><u>Results</u></th> </tr> </thead> <tbody> <tr> <td>1. Hearing</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. Vision</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p><b><u>SPECIAL CONSIDERATIONS</u></b></p> <p>Medical History (include medications)  _____  _____  _____</p>		<u>Date</u>	<u>Results</u>	1. Hearing	_____	_____	2. Vision	_____	_____	<p><b><u>PARENT CONTACT/S MADE</u></b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;"><u>Date</u></th> <th style="width: 70%; text-align: center;"><u>Notes</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td>_____</td> </tr> </tbody> </table> <p>*Attach Documentation*</p> <p><b><u>RECENT ACADEMIC GRADES</u></b></p> <p style="text-align: center;"><b>Letter Grade</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. Reading ____</td> <td style="width: 50%;">5. Soc. Studies ____</td> </tr> <tr> <td>2. Math ____</td> <td>6. Health/PE ____</td> </tr> <tr> <td>3. Spelling ____</td> <td>7. English ____</td> </tr> <tr> <td>4. Science ____</td> <td>8. Other ____</td> </tr> </table> <p><b><u>TESTING DATA</u></b></p> <p>State Assessment Date _____</p> <p>Reading _____</p> <p>Math _____</p> <p>Writing _____</p> <p>Other _____</p>	<u>Date</u>	<u>Notes</u>	_____	_____	_____	_____	_____	_____	1. Reading ____	5. Soc. Studies ____	2. Math ____	6. Health/PE ____	3. Spelling ____	7. English ____	4. Science ____	8. Other ____
	<u>Date</u>	<u>Results</u>																									
1. Hearing	_____	_____																									
2. Vision	_____	_____																									
<u>Date</u>	<u>Notes</u>																										
_____	_____																										
_____	_____																										
_____	_____																										
1. Reading ____	5. Soc. Studies ____																										
2. Math ____	6. Health/PE ____																										
3. Spelling ____	7. English ____																										
4. Science ____	8. Other ____																										

**ATTACH OTHER ASSESSMENTS**  
(e.g. NWEA, district assessments)

## SECONDARY TEACHER CONCERN CHECKLIST

**Review the areas below. Please place a  in the box if the area is a concern for the student within your classroom. Put an (X) in the box if the area is considered a strength.**

<b>Reading</b>	<input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension <input type="checkbox"/> Literal <input type="checkbox"/> Inferential	<input type="checkbox"/> Strategy Usage <input type="checkbox"/> Oral Reading Fluency <input type="checkbox"/> Other:p
<b>Mathematics</b>	<input type="checkbox"/> Basic Math Facts/Computation <input type="checkbox"/> Addition <input type="checkbox"/> Subtraction <input type="checkbox"/> Multiplication <input type="checkbox"/> Division	<input type="checkbox"/> Time <input type="checkbox"/> Money <input type="checkbox"/> Fractions <input type="checkbox"/> Decimals <input type="checkbox"/> Estimation <input type="checkbox"/> Word Problems <input type="checkbox"/> Measurement <input type="checkbox"/> Algebra <input type="checkbox"/> Other:
<b>Written Expression</b>	<input type="checkbox"/> Conventions <input type="checkbox"/> Ideas <input type="checkbox"/> Organization <input type="checkbox"/> Written Product Length <input type="checkbox"/> Legibility (Handwriting)	<input type="checkbox"/> Voice Narrative <input type="checkbox"/> Sentence <input type="checkbox"/> Exposition <input type="checkbox"/> Fluency <input type="checkbox"/> Other:
<b>Executive Functioning</b>	<input type="checkbox"/> Writing Down Assignments <input type="checkbox"/> Flexibility <input type="checkbox"/> Activity Level <input type="checkbox"/> Work Completion <input type="checkbox"/> Following Directions <input type="checkbox"/> Test-Taking Skills <input type="checkbox"/> Organizational Skills	<input type="checkbox"/> Working Memory <input type="checkbox"/> Punctual <input type="checkbox"/> Self-Help Skills <input type="checkbox"/> Attention Span <input type="checkbox"/> Independent Work Skills <input type="checkbox"/> Study Skills <input type="checkbox"/> Other:
<b>Communication</b>	<input type="checkbox"/> Articulation <input type="checkbox"/> Fluency <input type="checkbox"/> Language Comprehension <input type="checkbox"/> Social Communication	<input type="checkbox"/> Verbal Expression <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Voice <input type="checkbox"/> Other:
<b>Motor Skills</b>	<input type="checkbox"/> Fine Motor <input type="checkbox"/> Gross Motor	<input type="checkbox"/> Visual Motor Coordination <input type="checkbox"/> Other:
<b>Behavior</b>	<input type="checkbox"/> Excessive Questions During Class <input type="checkbox"/> Talking with Peers During Class <input type="checkbox"/> Calling Out During Class <input type="checkbox"/> Noncompliance with Requests (Negotiation) <input type="checkbox"/> Noncompliance with Requests (Passive) <input type="checkbox"/> Noncompliance with Requests (Direct Defiance) <input type="checkbox"/> Invading Other's Physical Space <input type="checkbox"/> Teasing Peers/Bullying Behavior <input type="checkbox"/> Stealing <input type="checkbox"/> Disrespectful/Inappropriate Language <input type="checkbox"/> Lying <input type="checkbox"/> Temper Tantrums <input type="checkbox"/> Threatening Others <input type="checkbox"/> Destruction of Property <input type="checkbox"/> Physical Aggression Toward Peers <input type="checkbox"/> Physical Aggression Toward Adults <input type="checkbox"/> Playing with Objects During Instruction	<input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Work Independence <input type="checkbox"/> Constant Complaining/Whining <input type="checkbox"/> Crying <input type="checkbox"/> Arguing <input type="checkbox"/> Excessive Requests to use the Restroom <input type="checkbox"/> Peer Relationships Adult <input type="checkbox"/> Relationships Frequent <input type="checkbox"/> Activity Changes Negative <input type="checkbox"/> Self-Statements <input type="checkbox"/> Withdrawn/Depressed Mood <input type="checkbox"/> Excessive Sleepiness <input type="checkbox"/> Moodiness/Irritability <input type="checkbox"/> Chewing/Eating Objects <input type="checkbox"/> Out of Seat <input type="checkbox"/> Impulsive <input type="checkbox"/> Making Noises During Class <input type="checkbox"/> Other (Explain):

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

Date of Request: \_\_\_\_\_

<b>Social Skills</b>	<input type="checkbox"/> Learns from past mistakes <input type="checkbox"/> Able to express anger appropriately <input type="checkbox"/> Can handle anger appropriately <input type="checkbox"/> Refrains from being self-abusive <input type="checkbox"/> Exhibits adequate hygiene	<input type="checkbox"/> Accepts constructive criticism <input type="checkbox"/> Refrains from interrupting others <input type="checkbox"/> Seeks help when needed):
<b>Adult/Peer relationship</b>	<input type="checkbox"/> Knows how to join group activity without the need to dominate <input type="checkbox"/> Develops and maintains friendships, not isolated by peers	<input type="checkbox"/> Demonstrates age appropriate social behavior with a variety of adults and peers

**Review the boxes you checked and choose one area to target. When prioritizing, try to give preference to skills/concerns that if improved, would improve the other skills/concerns.**

**Target Area:** \_\_\_\_\_

(Be Specific. If Reading is the targeted area, state Phonemic Awareness, Phonics, Fluency, Vocabulary, or Comprehension.)

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

Date of Request: \_\_\_\_\_

### INTERVENTION PLAN •

Intervention # \_\_\_\_\_ Intervention Utilized: \_\_\_\_\_

Date Started: \_\_\_\_\_ Time: # Days Per Week: \_\_\_\_\_ # Minutes Per Time: \_\_\_\_\_

Person(s) Responsible: Teacher Parent Student Other: \_\_\_\_\_

Location:  In Classroom  Outside Classroom (where?): \_\_\_\_\_ Delivery:  Small Group  Individual

Special Materials:

Brief Description:

Accommodations/Modifications/Additional Outside Supports:

- 
- 
- 

**How will we measure progress?**

What will be assessed?  Who will assess?  How often?	What is the student doing now? (At least 2 baseline points)	What should the student be doing? (Benchmarks, etc.)	What is the student's goal?  By _____, the student will:
--	---	--	--

**Signatures of persons developing and implementing the above Action Plan:**

Parent:	Teacher:	Other:	Other:
Other:	Other:	Other:	Other:

### INTERVENTION EVALUATION ☒

**Results:**

**Date:**

Was the intervention plan implemented as planned?  Yes  No If not, indicate why:

The student attended \_\_\_ intervention sessions out of the possible \_\_\_ sessions. Reasons for missed sessions:

**Review the graphed data and make problem-solving decisions:**

- Goal met or exceeded (3 consecutive data points above aimline or 2 consecutive data points at the goal):
  - Continue for longer time period
  - Move to another concern area
- Goal not met, but performance improved:
  - Continue for longer time period
  - Other:
- Goal not met and performance did not improve or got worse (3 consecutive points below aimline):
  - Fade intervention
  - Discontinue intervention
  - Raise goal
  - Modify intervention (attach new page of this page)
  - Lower goal
  - Other:
- Referral for special education services. Need evidence that specialized, intensive resources were required to produce positive progress, and the discrepancy between student performance and grade-level benchmarks is significant.
- Other:

See Attached Graph

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

Date of Request: \_\_\_\_\_

# DATA MAINTENANCE SHEET

School:	Grade:	Teacher/Team:
Target Area:		
Measurement Strategy:	Start Date:	Goal:

## DATA RECORDING SHEET

DATE	PERFORMANCE	NOTE	DATE	PERFORMANCE	NOTE
1.		<b>Baseline</b>	11.		
2.		<b>Baseline</b>	12.		
3.		<b>Baseline</b>	13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

## DATA MAINTENANCE GRAPH

