

# Student At-Risk Intervention Documentation

(Directed by General Education Teacher)

Student Name: \_\_\_\_\_ Intervention #: \_\_\_\_\_

Concern/Skill: \_\_\_\_\_

Discussed Student Concerns with PLC Team?     Yes     No    Date: \_\_\_\_\_

Discussed Student Concerns with LEA?         Yes     No    Date: \_\_\_\_\_

Pre-Intervention Parent Notification         Yes     No    Date: \_\_\_\_\_

### Section 1: Intervention and Goal

Date Intervention Begins: \_\_\_\_\_ Date Intervention Ends: \_\_\_\_\_

Goal: \_\_\_\_\_

Provided by: \_\_\_\_\_

One-on-One     Small Group     Other: \_\_\_\_\_

Minutes: \_\_\_\_\_ Times a Week: \_\_\_\_\_

### Section 2: Data Collection

Assessment used: \_\_\_\_\_

Baseline: \_\_\_\_\_

Week:	Week 1	Week 2	Week 3	Week 4	Week 5 <small>(optional)</small>	Week 6 <small>(optional)</small>
Date:						
Score:						

### Section 3: Conclusion (To be Completed Post Intervention)

Days of Instruction: \_\_\_\_\_ Days Present: \_\_\_\_\_

Considering the data collected, does the intervention provide adequate support for the student progress toward the benchmark at a *reasonable rate of speed*?

YES, the intervention will be continued

NO, another intervention will be tried or level of support will be increased

Discussed student progress with PLC team?     Yes     No    Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Parent Notified:     Yes     No    Date: \_\_\_\_\_

Parent Input: \_\_\_\_\_

# Student At-Risk Profile and Referral Form

## Section 1: Student Information

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

General Education Teacher: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Notified of Referral: \_\_\_\_\_ By: \_\_\_\_\_

Person Making the Referral: \_\_\_\_\_ Position/Role: \_\_\_\_\_

Primary Home Language: \_\_\_\_\_ Student Language Proficiency: \_\_\_\_\_

Check if primary language is other than English, attach completed English Language Proficiency Documentation including IPT results

Date of Vision Screening: \_\_\_\_\_  Pass  Fail Action: \_\_\_\_\_

Date of Hearing Screening: \_\_\_\_\_  Pass  Fail Action: \_\_\_\_\_

Medical/health concerns that impact referral: \_\_\_\_\_

Has the student ever received Special Education?  Yes  No If yes, when?: \_\_\_\_\_

## Section 2: Major Area(s) of Concern—(note all that apply and degree of concern)

Area of Concern:	Specific Area of Concern:	Present Level of Performance/Data Score	Grade Level Expectation:
Reading			
Writing			
Mathematics			
Communication / Language			
Sensory / Motor			
Behavior			

## Section 3: Interventions—(Documentation must be attached for at least two interventions)

Intervention	Intervention #	Effectiveness	Intervention	Intervention #	Effectiveness
Utilized adaptive equipment		<input type="checkbox"/> YES <input type="checkbox"/> NO	Utilized Systematic Consequences and Reinforcement		<input type="checkbox"/> YES <input type="checkbox"/> NO
Change instructor/schedule		<input type="checkbox"/> YES <input type="checkbox"/> NO	Used Computer-Assisted Supplementary Instruction		<input type="checkbox"/> YES <input type="checkbox"/> NO
Differentiate Instruction (i.e. products, page, process, time content, environment)		<input type="checkbox"/> YES <input type="checkbox"/> NO	Provided Direct Teaching of a Skill/Concept		<input type="checkbox"/> YES <input type="checkbox"/> NO
Utilized supplemental/intervention materials		<input type="checkbox"/> YES <input type="checkbox"/> NO	Model Desired Behavior		<input type="checkbox"/> YES <input type="checkbox"/> NO
Progress monitoring data on targeted skill		<input type="checkbox"/> YES <input type="checkbox"/> NO	Provided Practice (i.e. independent, guided)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Implemented Contracts (academic/behavior)		<input type="checkbox"/> YES <input type="checkbox"/> NO	Provided Classwide Discipline Plan		<input type="checkbox"/> YES <input type="checkbox"/> NO
Differentiated assignments		<input type="checkbox"/> YES <input type="checkbox"/> NO	Other evidence based intervention		<input type="checkbox"/> YES <input type="checkbox"/> NO

**Section 4: To Be Completed by LEA Representative or Designee**

Action taken:

- No further action (note reason)
- 504 evaluation
- Alternative Language Services
- Referred to school team for further interventions and data to classroom teacher
- Referred to Special Education
- Other

\_\_\_\_\_  
Signature of LEA or Designee

\_\_\_\_\_  
Date

Comments:

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