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:**