



Referral and Intervention Data

Student Name	Teacher	DOB
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T1	Past Meeting	Parent/Guardian
T2	Dates	
T3		

Participants

<u>School Support</u> <i>(check one)</i>	<u>Community Support</u> <i>(check one)</i>	<u>Report Card Grades</u> <i>(check all applicable)</i>		<u>Type of Referral</u>
Previous Interventions Retention Behavior Plan FBA ELL Previous / Current IEP Previous / Current 504	Outside Counseling Court Involvement Probation Officer Other:	Reading English Spelling Math Science Social Studies	Reading Comprehension Writing Math Behavior Speech OT PT	Language arts Fluency Writing Process Attendance
			* Speech, OT or PT concerns - Complete teacher checklist	

Assessment Data	<u>State Assessments/Grade Level</u>	<u>COGAT/Grade Level</u>
Guided Reading Level	Reading Math Writing Science Social Studies	Reading Math Writing
	<u>Las/preLAS:</u>	<u>OELPA:</u>
Current Absences	Past Absences	<u>Spelling Inventory:</u> <u>KRA:</u>
<u>Aimsweb</u> <u>Fall</u> <u>Winter</u> <u>Spring</u>		
Reading		
Math		
Writing		
Previous Intervention Data: (attach graph/data of progress monitoring)		
* Please attach running record/anecdotal notes/work samples/behavior sheets and/or contract		

Student Strengths to build on/What can the student do? (List at least 3 things he/she can do with competency)

What would you like the student to do? (List one or more areas which the student needs to improve)

Current Modifications/Strategies/Accommodations/Interventions Utilized: * Attach additional data if needed.

Student _____

Date _____

Initial IAT

Follow-up

*Staff need to bring current assessment data (pg 1) as well as intervention results.

Specific Behavior/Academic Concern: (measurable/observable data)

Hypothesis: Team generate hypothesis about why the concern exists. The hypothesis will drive the intervention

Target Behavior: Behavior must be one that can be seen, heard, and measured; state behavior positively

Action plan / progress monitoring plan(Must be a teaching strategy and not a person or place)

Intervention description	Intervention many times a week	Progress monitored when?	Person Responsible	Target Goal for Intervention
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Review Date and Time: _____

Things the team may need to know: Notes, Observations, Background History, etc. (optional)