

Your District/School _____

SpEd 1 01.11

Your City _____

Regular Education Interventions/At Risk Documentation

Student _____ DOB _____ Date _____

Teacher _____ Grade _____

Parents notified of concerns on: _____ By: _____

Primary language in home _____ Student's language proficiency (IPT) _____

If primary home language is other than English, attach completed language proficiency documentation, including IPT results.

Areas(s) of Concern (check all that apply):

Academic

- Written expression
 - Sentence structure
- Mathematics
 - Basic mathematics
 - Problem solving
- Reading
 - Fluency
 - Decoding
- Pre-academics
 - Letter/number/color identification
- Other _____

Communication

- Articulation and/or phonological awareness
- Language
- Voice
- Listening Skills
- Stuttering
- Other _____

Social / Emotional

- Attention
- Task Completion
- Following Directions
- Withdrawn
- Acting Out
- Peer Relationships
- Other _____

Sensory / Motor

- Hearing
- Vision
- Fine Motor
- Gross Motor
- Self Help / Adaptive
- Other _____

Other Information

Previous assessments (formal/informal) _____ Date(s) _____

Results _____

Has this student ever received special education? Yes No If yes, when _____

Date of vision screening _____ Pass Fail Action _____

Date of hearing screening _____ Pass Fail Action _____

Attendance: Problem No Problem Comments: _____

Health: Problem No Problem Comments: _____

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Documentation must be attached for at least two interventions

INTERVENTIONS	Date Started	Date Ended	Effective	
Utilized Adaptive Equipment	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Instructor/schedule	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Differentiated Instruction: i.e. Products, Process, Pace, Time, Content, Environment	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilized Supplemental/Intervention Materials	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Progress monitoring data on targeted skill	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Implemented Contracts (Academic/behavior)	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Differentiated Assignments	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilized Systematic Consequences, Reinforcement	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Used Computer-Assisted Supplementary Instruction	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Direct Teaching of a Skill / Concept	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modeled Desired Behavior	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shared data with Parent(s) i.e. CBM, assessments (formal & Informal)	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Practice i.e independent, guided	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Peer Tutoring	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Modified Classwide Discipline Plan	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other evidence based interventions/supplementary instruction/programs				

To be completed by Local Education Agent (LEA) or designee:

Refer for:

- 504 Evaluation
- Alternative language program
- Special education evaluation
- Referred to school problem solving team for further intervention(s) and all data transferred to student's classroom teacher(s)

Signature of LEA or Designee

Date