

_____ **PUBLIC SCHOOLS**
Intervention Team Plan

_____ Reading _____ Math _____ Behavior

Date Intervention Plan developed ____/____/____

Student _____ Teacher _____ Case Manager/Mentor _____ Grade _____ School Year _____

Specific Concerns:	Current Level of Performance (baseline):	Goal:
<p>Date: _____ Tier _____ _____ Times per Week _____ Minutes per Session Intervention Plan:</p>		
<p>Date: _____ Tier _____ _____ Times per Week _____ Minutes per Session Intervention Plan :</p>		
<p>Date: _____ Tier _____ _____ Times per Week _____ Minutes per Session Intervention Plan:</p>		
<p>Review Date:</p>		
<p>Fidelity Checks: Date _____ By Whom: _____ Date _____ By Whom: _____</p>		

