

## Washington County School District Intervention Documentation Form

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_ Date Parent Contacted \_\_\_\_\_

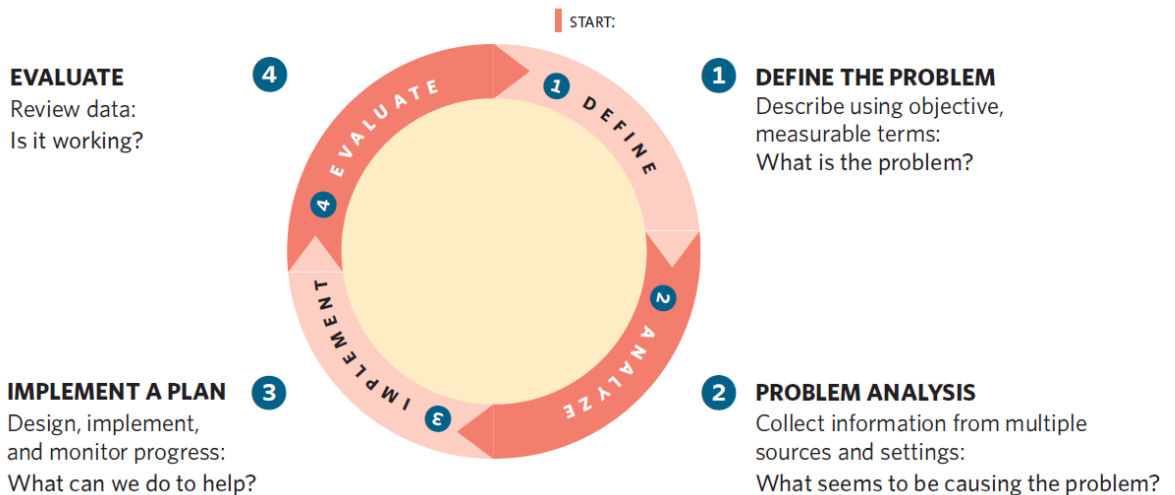
Primary Home Language \_\_\_\_\_ Parent Email \_\_\_\_\_

WIDA Scores – Current \_\_\_\_\_ Previous Years \_\_\_\_\_

**Problem Identification – Mark all that apply**

Reading	Mathematics	Writing	Behaviors	Communication	Motor / Adaptive
<input type="checkbox"/> Phon. Awareness	<input type="checkbox"/> Number Sense	<input type="checkbox"/> Conventions	<input type="checkbox"/> Social Skills	<input type="checkbox"/> Receptive Lang.	<input type="checkbox"/> Gross Motor
<input type="checkbox"/> Phonics	<input type="checkbox"/> Operations	<input type="checkbox"/> Organization	<input type="checkbox"/> Anxiety/Depressed	<input type="checkbox"/> Expressive Lang.	<input type="checkbox"/> Fine Motor
<input type="checkbox"/> Fluency	<input type="checkbox"/> Geometry	<input type="checkbox"/> Fluency	<input type="checkbox"/> Aggression	<input type="checkbox"/> Voice	<input type="checkbox"/> Self-Care
<input type="checkbox"/> Vocabulary	<input type="checkbox"/> Measurement	<input type="checkbox"/> Grammar	<input type="checkbox"/> Non-compliance	<input type="checkbox"/> Fluency	<input type="checkbox"/> Sensory
<input type="checkbox"/> Comprehension	<input type="checkbox"/> Algebra	<input type="checkbox"/> Revising/Editing	<input type="checkbox"/> Inattention	<input type="checkbox"/> Articulation	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

### THE PROBLEM SOLVING PROCESS



**Signatures of Participating Team Members**

**Today's Date** \_\_\_\_\_

Signature	Position
Signature	Position
Signature	Position

Signature	Position
Signature	Position
Signature	Position

**Complete at least 2 interventions in every academic area of concern where a learning disability is suspected. Specific concern to be addressed** (e.g. reading comprehension, fluency, writing, subtraction, place value, etc.)

**Initial Assessment** – Name or describe the initial assessment(s) \_\_\_\_\_

Date Given \_\_\_\_\_ Results (graph as baseline) \_\_\_\_\_

What score is expected of students at this point in the year? \_\_\_\_\_

**Intervention Goal** – By \_\_\_\_\_, it can be realistically expected that the student will increase his/her achievement score to \_\_\_\_\_  
Date

Describe the **1<sup>st</sup> intervention** (teaching or re-teaching a specific skill or concept systematically) that you will use

Duration  45 min  30 min  20 min  15 min  other \_\_\_\_\_

Frequency  daily  4x/week  3x/week  2x/week  other \_\_\_\_\_

Group size  1 to 1  2 to 3  4 to 5  6 to 7  other \_\_\_\_\_

Intervention Start Date \_\_\_\_\_ Intervention End Date \_\_\_\_\_ % of Student Attendance \_\_\_\_\_

Describe the **2<sup>nd</sup> intervention** (teaching or re-teaching a specific skill or concept systematically) that you will use

Duration  45 min  30 min  20 min  15 min  other \_\_\_\_\_

Frequency  daily  4x/week  3x/week  2x/week  other \_\_\_\_\_

Group size  1 to 1  2 to 3  4 to 5  6 to 7  other \_\_\_\_\_

Intervention Start Date \_\_\_\_\_ Intervention End Date \_\_\_\_\_ % of Student Attendance \_\_\_\_\_

### Weekly Progress Monitoring

Score									

Baseline / / / / / / / /

Fill in **Dates** of Progress Monitoring Assessments

Was the goal accomplished?  Yes  No **YES** – continue the intervention, discuss specific needs with PLC team  
**NO** – discuss specific needs with PLC team, consult with Intervention team  
**Specific concern to be addressed** (e.g. reading comprehension, fluency, writing, subtraction, place value, etc.)

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