

Student _____ Teacher _____ Date ____/____/____

Warren County Schools
School Assistance Team
INTERVENTION PLAN

The SAT 8 is not required for the following Exceptional Children placement decisions: Autism Spectrum Disorder; Deaf-Blindness; Deafness; Developmental Delay; Hearing Impairment; Multiple Disabilities; Orthopedic Impairment; and Visual Impairment. The SAT 8 may not be required for Exceptional Children placement decisions for Traumatic Brain Injury or Intellectual Impairment if there is a previous diagnosis. Consult the Exceptional Children Director for guidance if you have questions.

MAJOR CONCERNS: Define the 1-2 major difficulties that most interfere with the student's functioning in the classroom in **measurable/observable terms**. **Academic problems** should have data regarding student *fluency* and *accuracy* in the area of concern, as well as information about *work completion*. **Behavior problems** should include relevant information about *frequency*, *duration*, and/or *intensity* of behavior (e.g., using data from Teacher Behavior Report Cards, direct observations).

1. _____
 2. _____
 3. _____
-
-
-

APPARENT REASON(S), FUNCTION(S), GOAL(S), OR PURPOSE(S) OF THE CONCERNS/ PROBLEMS, check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> to communicate | <input type="checkbox"/> to seek attention from ____peers/____adults |
| <input type="checkbox"/> to avoid or escape a situation | <input type="checkbox"/> to establish a sense of self or belonging to a group |
| <input type="checkbox"/> to seek status with peers | <input type="checkbox"/> expression of inattention beyond child's control |
| <input type="checkbox"/> to vent frustration or anger | <input type="checkbox"/> expression of excess motor activity beyond child's control |
| <input type="checkbox"/> to seek power or control | <input type="checkbox"/> to seek revenge |
| <input type="checkbox"/> expression of a learned behavior | <input type="checkbox"/> expression of situational stress, such as grief |
| <input type="checkbox"/> learning problem/lacks skills | <input type="checkbox"/> possible emotional issue |
| <input type="checkbox"/> reacting to teasing/bullying | <input type="checkbox"/> limited motivation |
| <input type="checkbox"/> OTHER _____ | |
| <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> NONE |

Student _____ Teacher _____ Date ____/____/____

INTERVENTIONS FOR CONCERN # _____

Research-based Interventions (Please describe the intervention in detail)	Baseline Data (State student's current functioning in measureable/observable terms)	Desired Outcome	Person Responsible for Carrying-out the Plan	Beginning Date

Student _____ Teacher _____ Date ____/____/____

DATE OF INTERVENTION REVIEW: ____/____/____

ADDITIONAL INFORMATION:

Signatures of Meeting Participants	Position

Student _____ Teacher _____ Date ____/____/____

**Warren County Schools
School Assistance Team
INTERVENTION PLAN REVIEW**

INTERVENTIONS FOR CONCERN # _____

Research-based Interventions	Dates Beginning/Ending	Describe the activity, setting, etc. in which the intervention was implemented	Results/Outcome Describe the successfulness of the intervention
	<input type="checkbox"/> Ongoing		
	<input type="checkbox"/> Ongoing		
	<input type="checkbox"/> Ongoing		
	<input type="checkbox"/> Ongoing		
	<input type="checkbox"/> Ongoing		
	<input type="checkbox"/> Ongoing		
	<input type="checkbox"/> Ongoing		

Student _____ Teacher _____ Date ____/____/____

RECOMMENDATIONS: After review of the results of the interventions, the School Assistance Team recommends

- Continue with current intervention strategies
- Continue with current intervention strategies, with modifications
- Initiate additional intervention strategies for _____ weeks
- Initiate referral to _____.

ADDITIONAL INFORMATION:

Signatures of Meeting Participants	Position