

# Student Intervention Profile

## Student Information

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ DOB: \_\_\_\_\_  
 English Language Proficiency: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Teacher (Reg. Ed): \_\_\_\_\_ Teacher (Sp. Ed): \_\_\_\_\_

## Historical Information

Attach copies of the following documents (if available):

- |  |  |
|--|--|
| <input type="checkbox"/> Attendance records for prior two years        | <input type="checkbox"/> Pertinent medical information           |
| <input type="checkbox"/> Schools attended and days attended per year   | <input type="checkbox"/> Vision and Hearing Screening Results    |
| <input type="checkbox"/> Retention records if the student was retained | <input type="checkbox"/> Parent contacted (required) Date: _____ |

## Problem Analysis in specific area of concern

Attach copies of the following documents (if available): \_\_\_\_\_

- Assessment (including benchmark or summative data)  English Fluency (*LEP Students Only*) \_\_\_\_\_
- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> IOWA                               | <input type="checkbox"/> CRT  | <input type="checkbox"/> DIBELS (if available) | <input type="checkbox"/> Attendance / Absences _____ |
| <input type="checkbox"/> Administrative involvement reports | <input type="checkbox"/> Other  |  |  |
| <input type="checkbox"/> SEP / SEOP records                 | <input type="checkbox"/> Kindergarten entrance and exit tests (for kindergarten and 1 <sup>st</sup> grade students) |  |  |
| <input type="checkbox"/> Behavior concerns (list): _____    |   |  |  |

## Problem Identification

Determine the specific area(s) of deficit:

- | <u>Reading</u>                              | <u>Mathematics</u>                   | <u>Written Expression</u>                 | <u>Social/Emotional</u>                       | <u>Speech/Motor/Cognitive</u>                |
|---|--------------------------------------|---|---|--|
| <input type="checkbox"/> Phonemic Awareness | <input type="checkbox"/> Numbers     | <input type="checkbox"/> Ideas/Content    | <input type="checkbox"/> Attention            | <input type="checkbox"/> Speech/Articulation |
| <input type="checkbox"/> Phonics            | <input type="checkbox"/> Operations  | <input type="checkbox"/> Word Choice      | <input type="checkbox"/> Task Completion      | <input type="checkbox"/> Expressive Language |
| <input type="checkbox"/> Fluency            | <input type="checkbox"/> Calculation | <input type="checkbox"/> Organization     | <input type="checkbox"/> Following Directions | <input type="checkbox"/> Receptive Language  |
| <input type="checkbox"/> Vocabulary         | <input type="checkbox"/> Fluency     | <input type="checkbox"/> Voice            | <input type="checkbox"/> Withdrawn            | <input type="checkbox"/> Fine Motor          |
| <input type="checkbox"/> Comprehension      | <input type="checkbox"/> Concepts    | <input type="checkbox"/> Sentence Fluency | <input type="checkbox"/> Acting Out           | <input type="checkbox"/> Gross Motor         |
| <input type="checkbox"/> Print Awareness    | <input type="checkbox"/> Reasoning   | <input type="checkbox"/> Conventions      | <input type="checkbox"/> Peer Relationships   | <input type="checkbox"/> Cognitive/Self Help |

**Intervention #1:** *Interventions in Tier I should be directed primarily by the regular education teacher.*

Date Plan Developed: \_\_\_\_\_

Team Members Involved: \_\_\_\_\_

Parent Notified Date: \_\_\_\_\_

Setting:  Classroom  Other: \_\_\_\_\_

Current Instructional Level: \_\_\_\_\_ Baseline: \_\_\_\_\_

Goal: \_\_\_\_\_

Group Size:  2 to 3  4 to 5  6 to 7  Other: \_\_\_\_\_

Frequency:  Daily  Four/week

Duration:  15 min  20 min  30 min  45 min  60 min  Other: \_\_\_\_\_

Time of day intervention will be provided: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date\*: \_\_\_\_\_ \*4-6 weeks of progress monitoring data are required and attached

Attendance: # of days present: \_\_\_\_\_ # of sessions: \_\_\_\_\_

