

INDIAN HILLS JUNIOR HIGH SCHOOL

PYRAMID OF INTERVENTIONS

Student Name: _____ Date (Initial): 4-21-10 _____ 8th Grade Team: _____
 7th Grade Team: Alpha _____
 ITBS (NPR) Math Total: 6th 77 7th 85 8th IEP _____
 ITBS (NPR) Reading Comp: 6th 82 7th 88 8th 504 _____
 Grade Problem Areas: English _____, Math _____, Science _____, Social Studies _____,
 Electives (Please specify) _____

LEVEL 1			Staff Member
Intervention	Date	Follow-up / Comments	
<input type="checkbox"/> Preferential Seating	9-14-09		Alpha
<input type="checkbox"/> Check with Nurse about any medical history			
<input type="checkbox"/> Promote After the Bell	9-14-09		Alpha
<input type="checkbox"/> Encourage after school help with teacher			
<input type="checkbox"/> Planner Check	9-14-09		Alpha
<input type="checkbox"/> Teacher follow-up after directions	9-14-09		
<input type="checkbox"/> Use IC to notify parents of later or missing work	9-14-09		Alpha
<input type="checkbox"/> Any/Any Pass to see teacher	9-14-09		Millerg
<input type="checkbox"/> Review/re-teach study skill in question			
<input type="checkbox"/> Try different teaching strategy			
<input type="checkbox"/> Assign a homework buddy			
<input type="checkbox"/> Add parents to email list or	8-22-09		Alpha

refer to website with homework			
<input type="checkbox"/> Provide supplies			
<input type="checkbox"/> Schedule in a small study hall with Team teacher, if possible			
<input type="checkbox"/> Promote attendance at review sessions			
<input type="checkbox"/> Teacher meets 1:1 with student			
<input type="checkbox"/> Teacher calls or emails home	10-27-09		Millerg
<input type="checkbox"/> Team meeting with Parents	Conferences		Alpha
<input type="checkbox"/> Team conference with student			
<input type="checkbox"/> Review Cumulative Folder and At-Risk Notes from Counselor			
<input type="checkbox"/> IHAT Referral			

LEVEL 2			
Intervention	Date	Follow-up / Comments	Staff Member
<input type="checkbox"/> Math Resource			
<input type="checkbox"/> Reading Resource			
<input type="checkbox"/> Learning Lab	8-24-09 11-23-10	Helped Wil organize his materials in one binder. Planner checks and grade missing assignment updates done weekly. Write homework plan in planner each day. Numerous e-mail communications with parents. Taught various study techniques to help him with tests. Request project work done before actual due date. Provide calm environment to help with stress.	Geis
<input type="checkbox"/> Foundations of Social Studies-7 th only			

<input type="checkbox"/> Modified Test <input type="checkbox"/> Word Bank <input type="checkbox"/> Chunking <input type="checkbox"/> Reduce # of choices <input type="checkbox"/> Test Read <input type="checkbox"/> Extended Time			
<input type="checkbox"/> Guided Notes with fill in the blank			
<input type="checkbox"/> Modified assignments			
<input type="checkbox"/> Use of calculator or multiplication chart			
<input type="checkbox"/> List for locker—may be color coded			
<input type="checkbox"/> 2 nd Set of books for home			
<input type="checkbox"/> Schedule change to collaborative section			
<input type="checkbox"/> Provide copy of study guides or notes after student has tried to complete on his/her own			
<input type="checkbox"/> Planner signed by teacher			
<input type="checkbox"/> 2 nd Meeting with parents			
<input type="checkbox"/> IHAT update to AEA			
<input type="checkbox"/> Have nurse check medications and vision			
<input type="checkbox"/> Medications taken at school			
<input type="checkbox"/> Strongly encourage staying after with a teacher and/or going to After the Bell			
<input type="checkbox"/> Contact coach / activity sponsor for support			
<input type="checkbox"/> Complete FBA (Functional Behavioral Assessment) Form			
<input type="checkbox"/> Refer to Behavior Interventionist			
<input type="checkbox"/> Eligibility Meeting for 504			

Plan		
<input type="checkbox"/> Write 504 Plan		
<input type="checkbox"/> Revise 504 Plan		

LEVEL 3		
Intervention	Date	Follow-up / Comments
<input type="checkbox"/> Parent Permission to complete a <input type="checkbox"/> Probe		Staff Member
<input type="checkbox"/> Reading Resource Teacher Probe		
<input type="checkbox"/> Math Resource Teacher Probe		
<input type="checkbox"/> AEA Probe / Observation		
<input type="checkbox"/> AEA update to IHAT on Probe/Observation		
<input type="checkbox"/> Begin an academic intervention and collect data		
<input type="checkbox"/> Create a behavior plan and collect data (Refer to FBA Form)		
<input type="checkbox"/> Second set of books provided		
<input type="checkbox"/> After the Bell required		
<input type="checkbox"/> Meeting with a teacher after school required		
<input type="checkbox"/> Consistent Meeting time with Behavior Interventionist		
<input type="checkbox"/> Referral Student Assistance Program		
<input type="checkbox"/> Team meeting to sign for evaluation		

LEVEL 4			
Intervention	Date	Follow-up / Comments	Staff Member
<input type="checkbox"/> IEP			
<input type="checkbox"/> Add IEP Behavior Plan			
<input type="checkbox"/> Add IEP Behavior Goal			
<input type="checkbox"/> Amend IEP Behavior Plan			
<input type="checkbox"/> IEP Manifestation Determination Meeting			
<input type="checkbox"/> Stretching Minds (Retention)			
<input type="checkbox"/> YJI			
<input type="checkbox"/> Connect with JCO / Tracker			
<input type="checkbox"/> Referral to Woodward Academy			
<input type="checkbox"/> Referral to Orchard Place			
<input type="checkbox"/> Referral to Four Oaks			
<input type="checkbox"/> Retention			
<input type="checkbox"/> Referral to Strengthening Families			
<input type="checkbox"/>			