

Western Hills Elementary

Student Name: _____ Date (Initial): _____

ITBS (NPR) Math Total: 3rd _____ 4th _____ 5th _____ 6th _____ IEP _____

ITBS (NPR) Reading Comp: 3rd _____ 4th _____ 5th _____ 6th _____ 504 _____

Grades: Reading _____, Math _____, Science _____, Social Studies _____,

Attendance: Absences _____, Tardies _____

HEART data _____ (# of character reminders)

Math Assessments _____

Reading Benchmark Level _____

District Assessments:

CAP _____

Letter Id _____

Dictation _____

DIBELS _____

Writing Vocabulary _____

High Frequency Words _____

Stanford Reading Comprehension Tests _____ level

Level 1-PLC or teacher			
Intervention	Date	Follow-up / Comments	Staff Member
<input type="checkbox"/> Preferential Seating			
<input type="checkbox"/> Check with Nurse about any medical history			
<input type="checkbox"/> Teacher follow-up after directions			
<input type="checkbox"/> Use e-mail to notify parents of later or missing work			
<input type="checkbox"/> Review/re-teach study skill in			

question			
<input type="checkbox"/> Try different teaching strategy			
<input type="checkbox"/> Assign a buddy			
<input type="checkbox"/> Provide supplies			
<input type="checkbox"/> Promote attendance			
<input type="checkbox"/> Teacher meets 1:1 with student			
<input type="checkbox"/> Teacher calls or emails home			
<input type="checkbox"/> Team meeting with Parents			
<input type="checkbox"/> Team conference with student			
<input type="checkbox"/> Review Cumulative Folder			

Level 2-PLC			
Intervention	Date	Follow-up / Comments	Staff Member
<input type="checkbox"/> Reading Resource			
<input type="checkbox"/> Modified Test			
___ Word Bank			
___ Chunking			
___ Reduce # of choices			
___ Test Read			
___ Extended Time			
<input type="checkbox"/> Modified assignments			
<input type="checkbox"/> Use of calculator or multiplication chart			
<input type="checkbox"/> List for desk—may be color coded			
<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"/> Have nurse check medications and vision			
<input type="checkbox"/> Medications taken at school			
<input type="checkbox"/> Strongly encourage staying Before School for Study Club			
<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			
<input type="checkbox"/> Time on Task completed			
<input type="checkbox"/> Reading Recovery			

Level 3-Child Study			
Intervention		Follow-up/Comments	
Date		Staff Member	
<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"/> Consistent Meeting time with Behavior Interventionist			
<input type="checkbox"/> Referral Child Study			
<input type="checkbox"/> Suspicion of Disability form			

<input type="checkbox"/> IEP				
<input type="checkbox"/> Add IEP Academic Goal				
<input type="checkbox"/> Add IEP Behavior Goal				
<input type="checkbox"/> Amend IEP				
<input type="checkbox"/> Stretching Minds (Retention)				