

At-Risk Intervention Documentation

Student _____ DOB _____ School _____

Teacher _____ Grade _____

Parents notified of concerns on: _____ By: _____

Primary language of student _____ Primary language in home _____

If primary language is other than English, attach completed English language proficiency documentation.

Area(s) of Concern (check all that apply):

Academic

- Language Arts
- Math
- Reading
- Pre-academics
- Study Skills
- Other _____

Communication

- Articulation
- Language
- Fluency/Stuttering
- Voice
- Listening Skills
- Other _____

Social / Emotional

- Attention
- Task Completion
- Following Directions
- Withdrawn
- Acting Out
- Peer Relationships
- Other _____

Sensory / Motor

- Hearing
- Vision
- Fine Motor
- Gross Motor
- Self Help / Adaptive
- Other _____

Comments _____

Other Information

Name of Test _____ Date _____

Results _____

Has this student ever received special education? Yes No If yes, when _____

Has this student ever been retained? Yes No If yes, when _____

Date of vision screening _____ Pass Fail Action _____

Date of hearing screening _____ Pass Fail Action _____

Attendance: Problem No Problem Comments: _____

Health: Problem No Problem Comments: _____

Interventions

Documentation must be attached for at least two interventions

| Attempted | Date Started | Date Ended | Effective | |
|---|--------------|------------|--------------------------|---------------------------------|
| Utilized Adaptive Equipment | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Changed Curriculum Content | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Changed Instructor | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Changed Instructional Materials, Methods, Pace | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Changed Schedule | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Utilized Supplemental Materials | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Implemented Contracts | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Individualized homework Assignments | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Utilized Supplemental Materials | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Implemented Contracts | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Individualized Homework Assignments | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Utilized Systematic Consequences, Reinforcement | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Used Computer-Assisted Instruction | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Provided Direct Teaching of a Skill / Concept | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Modeled Desired Behavior | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Conferenced with Parent | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Provided Modified Drill and Practice | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Counseled with Student | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Provided Peer Tutoring | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Modified Classwide Discipline Plan | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Other _____ | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| Other _____ | _____ | _____ | <input type="checkbox"/> | Yes <input type="checkbox"/> No |

Please specify other programs in which student has participated _____

| | |
|--|---------------------------------|
| To be completed by Local Education Agent (LEA) or designee | |
| Refer for: | |
| <input type="checkbox"/> | No further action |
| <input type="checkbox"/> | 504 evaluation |
| <input type="checkbox"/> | Alternative language program |
| <input type="checkbox"/> | Local Interagency Council |
| <input type="checkbox"/> | Special education consideration |
| <input type="checkbox"/> | Further interventions to: _____ |
| Other _____ | |
| _____ | _____ |
| Signature of LEA or Designee | Date |