

Bruce School District – Intervention System Documentation Form (Academics)

Student Name: _____ DOB: _____ Grade: _____ School Year: _____

Identified by: ___Needs Assessment ___RtI Process ___Previous School

Targeted Area for Intervention: ___Reading ___Math ___Other: _____

Name of Intervention(s)	Focus of Intervention	Frequency /Amount of Service (min/x per wk)	Group Size	Length of Intervention	Begin and End Date of Intervention (ex: 10/1/16 to 2/1/17)	Number of Sessions Attended/Expected	Progress Monitoring Frequency	Progress Monitoring Probes/Tools

Results: Goal Line Trend: _____ vs. Total Trend: _____ (attach progress monitoring data)

Intervention was successful. Student returns to core curriculum.

___Reading ___Math ___Date: _____

Continue intervention because student is making progress but goals have not been met.

___Reading ___Math ___Date: _____

Intervention Plan was not successful. Student referred for next intervention.

___Reading ___Math ___Date: _____

Interventionist/Title I Teacher: _____

Bruce School District

715-868-2585 ext: _____

Email: _____