**Complete the rest of the form at the TAT Meeting(s).**

Note: *Pre-referral Intervention Requirements: Academic interventions should be conducted 4-5 days a week for at least 20 minutes per session in a 1:1 to 1:3 setting for at least 30 school days. Two interventions must be completed. For behavioral interventions, a behavioral skill or strategy should be taught, and the interventionist should have daily contact with the student. Documentation of parental notification must be provided.* **Note: Set up a Progress Monitoring Schedule on Fast Bridge and document the intervention there, if possible. If not using Fast Bridge as a progress monitoring system, use an alternative documentation system that will demonstrate student progress. The Interventionist must have a fidelity self-check on file for these interventions.**

**Intervention I.**

Choose and describe an intervention that addresses area/behavior of concern. Dates:       to: \_\_\_

|  |
| --- |
| Baseline **Data** of the skill/problem behavior (including relevant assessment scores):      Which intervention are you using?      Intervention Plan (frequency, setting, progress monitoring procedures/tool):      Person Responsible:       |

**Intervention 2.**

Choose and describe an intervention that addresses area/behavior of concern. Dates:       to: \_\_\_\_\_\_

|  |
| --- |
| Baseline **Data** of the skill/problem behavior (including relevant assessment scores):      Which intervention are you using?      Intervention Plan (frequency, setting, progress monitoring procedures/tool):      Person Responsible:       |

**Parental Notification of Intervention – Complete after intervention(s) is/are planned.**

|  |
| --- |
| Date Parent Contacted:       |
| Type of Contact: ☐ **Phone Call** ☐ **Letter/Note/Email** ☐ **Home Visit** ☐ **Conference/Face-to-Face Visit** |
| Person Making Contact:       Information/Comments from Parent:       |

**Intervention Results - include measurable outcome data (assessments, etc.); attach AIMSweb progress monitoring graphs or other record-keeping data):**

|  |
| --- |
| Measurable Outcome **Data** for Intervention #1**:**      Measurable Outcome **Data** for Intervention #2**:**      Narrative of Results (both interventions):       |

**Group Decisions/Action** Date:

☐Intervention was effective. No referral needed. Place all documentation in cumulative file.

☐Intervention appears effective. Continue and review progress on      \_\_\_\_\_\_date).

☐Modify current intervention. Indicate modifications above and on FAST or in interventionist’s record-keeping system. Review on \_\_\_\_\_\_\_\_\_       (date).

☐Try a different intervention. Complete a new TAT Intervention Plan and attach to this document. Review on      \_\_\_\_\_\_\_(date).

☐Refer student to CST. Place a copy of this intervention information in the student’s cumulative folder. Keep these originals and attach to the CST procedural paperwork.