

Your District/School _____

SpEd 1 01.11

Your City _____

Regular Education Interventions/At Risk Documentation

Student _____ DOB _____ Date _____

Teacher _____ Grade _____

Parents notified of concerns on: _____ By: _____

Primary language in home _____ Student's language proficiency (IPT) _____

☐ If primary home language is other than English, attach completed language proficiency documentation, including IPT results.

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

Academic

☐ Written expression

Sentence structure

☐ Mathematics

Basic mathematics

Problem solving

☐ Reading

Fluency

Decoding

☐ Pre-academics

Letter/number/color identification

☐ Other _____

Communication

☐ Articulation and/or phonological awareness

☐ Language

☐ Voice

☐ Listening Skills

☐ Stuttering

☐ 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☐ Withdrawn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 _____

Other Information

Previous assessments (formal/informal) _____ Date(s) _____

Results _____

Has this student ever received special education? ☐ 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: _____

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Documentation must be attached for at least two interventions

INTERVENTIONS	Date Started	Date Ended	Effective
Utilized Adaptive Equipment	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed Instructor/schedule	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Differentiated Instruction: i.e. Products, Process, Pace, Time, Content, Environment	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilized Supplemental/Intervention Materials	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Progress monitoring data on targeted skill	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implemented Contracts (Academic/behavior)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Differentiated Assignments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilized Systematic Consequences, Reinforcement	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Used Computer-Assisted Supplementary 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
Shared data with Parent(s) i.e. CBM, assessments (formal & Informal)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided Practice i.e independent, guided	_____	_____	<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 evidence based interventions/supplementary instruction/programs			

To be completed by Local Education Agent (LEA) or designee:

Refer for:

- ☐ 504 Evaluation
- ☐ Alternative language program
- ☐ Special education evaluation
- ☐ Referred to school problem solving team for further intervention(s) and all data transferred to student's classroom teacher(s)

Signature of LEA or Designee

Date