

At-Risk Intervention Documentation

Student _____ DOB _____ Date _____

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- Withdrawn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

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

Please specify other programs in which student has participated: _____

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

- No further action
- 504 evaluation
- Alternative language program
- Local Interagency Council
- Special education consideration
- Further interventions to: _____
- Other _____

Signature of LEA or Designee

Date