**­­ Prior Intervention Plan**

Student Name: Current Grade: Date of Meeting:

**STEP 1: Meeting Participants**

Education Rights Holder(s) (“ERH”) □ Present? Name:

**Mandatory Participant**

Student □ Present? Name:

Caregiver(s), if different than ERH □ Present? Name:

Social Worker/Probation Officer □ Present? Name:

Foster Youth Counselor/Liaison □ Present? Name:

Academic Counselor □ Present? Name:

School Administrator □ Present? Name:

Other □ Present? Name:

Other □ Present? Name:

Other □ Present? Name:

**STEP 2: Identify Issue(s) to be Addressed**

Credit Deficiency: Student has completed \_\_ credits and needs \_\_ credits to graduate  
Poor Attendance: Student has missed: \_\_\_\_  school days/ periods this:  semester/ school year  
Behavioral Challenges: Student is demonstrating the following behavioral challenges: \_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
Other (specify):\_\_ \_\_   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP 3: Identify Past Interventions Attempted by School or Others**

Past Interventions Attempted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start/End Dates, Frequency, and Duration of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Position of Responsible Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Example Past Intervention:** Summer school from 7/1/15-8/15/15; 60 minutes/day, 4x/week for 6 weeks; Mr. Smith (teacher); passed course with a D

**STEP 4: Identify Interventions to Implement and Monitor**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EXAMPLE** |  | **AREA OF CONCERN 1** |  | **AREA OF CONCERN 2** |  | **AREA OF CONCERN 3** |
| Concern to be Addressed,  Including Frequency |  | Concern to be Addressed,  Including Frequency |  | Concern to be Addressed,  Including Frequency |  | Concern to be Addressed,  Including Frequency |
| **Student is in danger of failing three classes** |  |  |  |  |  |  |
| Interventions |  | Interventions |  | Interventions |  | Interventions |
| **Counselor will enroll student in after-school peer tutoring** |  |  |  |  |  |  |
| Start Date, Frequency of Service, and Duration |  | Start Date, Frequency of Service, and Duration |  | Start Date, Frequency of Service, and Duration |  | Start Date, Frequency of Service, and Duration |
| **2/15/16, 2 times per week for 30 minutes each session for 2 months** |  |  |  |  |  |  |
| Name/Position of  Responsible Person |  | Name/Position of  Responsible Person |  | Name/Position of  Responsible Person |  | Name/Position of  Responsible Person |
| **Mrs. Sanchez, School Counselor** |  |  |  |  |  |  |
| Outcome |  | Outcome |  | Outcome |  | Outcome |
| **Peer tutor met with student 14 times over 8 weeks. Student was responsive to intervention. Student improved grades in two classes from F to C. It is recommended that this service continue until student is receiving passing grades in all courses.** |  |  |  |  |  |  |

ERH Consent (please initial the appropriate option):

\_\_\_\_\_\_\_\_\_\_\_\_ I agree with the proposed plan.

\_\_\_\_\_\_\_\_\_\_\_\_ I agree with the proposed plan with the exception of:  
   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ I disagree with the proposed plan.

ERH Signature:

Student Signature:   
Comprehensive School Administrator: