

Green Lake School District Student Intervention Team
Initial Documentation- Academic/Behavioral

Student _____ DOB _____ Gender _____ Date _____

Teacher _____ Grade _____ Medication Yes ___ No _____

Parents _____ Home Phone _____ Cell _____

Previous Interventions tried:
 -Note taking from board
 -Note taking from other notes
 -Incentives
 -Restating and clarifying directions
 -“Re-do” work after explicit instruction (1, 2, and 3rd attempts to evaluate effort)

Current Functioning/Performance

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Attendance				
Tardies				
Disciplinary referrals				

Current Grades:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Reading				
Language Arts				
Math				
Science				
Social Studies				

Current Assessment Data:

	Fall	Winter	Spring
WKCE			
MAP			

SRI			
DRA			
Formative Assessments			
Progress Monitoring			

Areas of concern:

- | | | |
|--|--|---|
| <input type="checkbox"/> Academic Skills | <input type="checkbox"/> Health Concerns | <input type="checkbox"/> Physical/Verbal Aggression |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Impulsiveness | |
| <input type="checkbox"/> Effort/Motivation | <input type="checkbox"/> Memory/Recall | |
| <input type="checkbox"/> Emotional Functioning | <input type="checkbox"/> Organization/Planning | |
| <input type="checkbox"/> Fidgety/ Restless | <input type="checkbox"/> Social Skills (WITH ADULTS & UNFAMILIAR STUDENTS) | |
| <input type="checkbox"/> Follows Classroom Rules | <input type="checkbox"/> Sustaining Attention/Concentration | |
| <input type="checkbox"/> Getting Started | <input type="checkbox"/> Task Completion | |
| <input type="checkbox"/> Other _____ | | |

Describe the **two** areas of greatest concern at this time. Areas of concern must be observable and measurable. Give the amount and frequency of the areas of concern.

For example: Johnny demonstrates restlessness 2 x per hour, Johnny asks to use the bathroom 5 x daily etc.....

