

### At-Risk Intervention Documentation

Student No. \_\_\_\_\_ Name (L) \_\_\_\_\_ (F) \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ DOB: \_\_\_\_\_ 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- Withdrawn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: \_\_\_\_\_

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**INTERVENTIONS: Documentation must be attached for at least two interventions for each area of concern.**

Attempted:	Date Started	Dated Ended	Effective?	
Utilized Adaptive Equipment			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Curriculum Content			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Instructor			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Instructional Materials, Methods, Pace			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Schedule			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changed Seating			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilized Supplemental Materials			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Implemented Contracts			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individualized Homework Assignments			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Utilized Systematic Consequences, Reinforcement			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Used Computer - Assisted 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
Conferenced with Parent(s)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provided Modified Drill and Practice			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Counseled with Student			<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 _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____			<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Counsel
- Special education consideration
- Further interventions to: \_\_\_\_\_
- Other: \_\_\_\_\_

\_\_\_\_\_  
 Signature of LEA or Designee
 \_\_\_\_\_  
 Date: