

Calloway County Schools KSI Academic Intervention Plan

Student Name: _____ SSID Number: _____

Birthdate: _____ Grade Level: _____

<input type="checkbox"/> Tier 2 Intervention <input type="checkbox"/> Tier 3 Intervention	Check <u>one</u>: <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Writing <input type="checkbox"/> _____	Define area of concern:
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Goal:	
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Intervention 1					
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Group Size		Frequency of intervention		Intervention Implementer	
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Baseline Performance		Data Tool for PM		Start Date	
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Intervention 2					
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Group Size		Frequency of intervention		Intervention Implementer	
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Baseline Performance		Data Tool for PM		Start Date	
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Intervention 3					
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Group Size		Frequency of intervention		Intervention Implementer	
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Baseline Performance		Data Tool for PM		Start Date	
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Parent Communication						
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Date						
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Form of communication						
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Contact Person						
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Date						
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Purpose	<input type="checkbox"/> Referral <input type="checkbox"/> Develop Plan <input type="checkbox"/> Review Progress					
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Explanation of student's progress:						
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| | <input type="checkbox"/> Continue current intervention plan
<input type="checkbox"/> Begin new intervention
<input type="checkbox"/> Dismiss from KSI
<input type="checkbox"/> Refer to Special Education/504
<input type="checkbox"/> Move to different tier |
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