

Calloway County Schools KSI Behavior Intervention Plan

Student Name: _____ SSID Number: _____

Birthdate: _____ Grade Level: _____

<input type="checkbox"/> Tier 2 Intervention <input type="checkbox"/> Tier 3 Intervention	<input type="checkbox"/> Social & Emotional Status <input type="checkbox"/> Work Skills/Technical/ Vocational Functioning	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:

- Continue current intervention plan
- Begin new intervention
- Dismiss from KSI
- Refer to Special Education/504
- Move to different tier