

STUDENT INTERVENTION FORM

Middle School: _____ Date: _____
Student's Name: _____ Grade: _____
Student's I.D. #s: State _____ District ID: _____
Age: _____ Birthdate: _____ Counselor: _____

Quantitative Evaluation: (MAP scores, Writing Prompt Scores, Literacy Test Scores, attendance reports, etc.)

Qualitative Evaluation: (behavior, interests, other observations, etc.)

Intervention Plan:

Team Recommendation: Student is being: Promoted Retained

Pros and Cons of retaining this student:

Conditions of Promotion / Retention:

Teacher (s) _____ Date _____
Principal _____ Date _____
Counselor _____ Date _____

I **agree / disagree** with recommendation of **promotion / retention**.
Parent/Guardian comments:

Parent/Guardian Signature(s): _____ Date: _____

Team Comments: