



School District

STUDENT INTERVENTION FORM

High School: _____

Date: _____

Student's Name: _____

Grade: _____

Student's I.D. #s: State _____ District ID: _____

Age: _____ Birthdate: _____ Counselor: _____

This student is behind in High School credits and is not on schedule to graduate.

Total Credits Earned to date: _____ # of credits lacking: _____

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

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

Recommended Plan of how student will make up credits: (Summer school, zero hour, extended day, Nova Net)

List support services / alternative plan available for the student:

Team Recommendation:

Student will graduate on time if he/she successfully follows recommendations

Student will not make up all credits. Graduation year is changed to: _____

Student will graduate at this time if he/she successfully follows recommendations

Teacher (s) _____

Date _____

Principal _____ Date _____

Counselor _____ Date _____

I understand the conditions of recommended plan, and that this plan must be followed in order to graduate at the date listed above.

Parent/Guardian comments:

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

Team Comments: