

**INTERVENTION FORM I**

**345.4 Exhibit 1**

Student \_\_\_\_\_ School \_\_\_\_\_

D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_ Date Concerns First Noted \_\_\_\_\_

Services Currently Being Received \_\_\_\_\_

\_\_\_\_\_

Checklist: (Review Results of)

1. Vision Screening: (Date and Results) \_\_\_\_\_

2. Hearing Screening: (Date and Results) \_\_\_\_\_

3. Previous Student With Disability Referral: (Date and Results) \_\_\_\_\_

\_\_\_\_\_

4. Review of Cumulative File: \_\_\_\_\_

First Intervention:

1. Describe the intervention used:

2. Date the intervention was initiated and duration:

3. Describe the results of the intervention

4. Additional Comments:

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERVENTION FORM**

Student \_\_\_\_\_

**Second Intervention:**

1. Describe the intervention used:
  
  
  
  
  
  
  
  
  
  
2. Date the intervention was initiated and duration:
  
  
  
  
  
  
  
  
  
  
3. Describe the results of the intervention
  
  
  
  
  
  
  
  
  
  
4. Additional Comments:

**Third Intervention:**

1. Describe the intervention used:
  
  
  
  
  
  
  
  
  
  
2. Date the intervention was initiated and duration:
  
  
  
  
  
  
  
  
  
  
3. Describe the results of the intervention
  
  
  
  
  
  
  
  
  
  
4. Additional Comments:

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_