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| **Student:** |  | **Initial Date of Plan:** |  |

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| **Target Area of Concern:** |
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| **Baseline Data/Universal Screener (Screening Data from initial application; DRA, MAP, NRT, State Assessment, etc.):** |
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| **Measurable Outcome Goal including method of measuring progress:** | | |
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| **Intervention (Scientific/Research-based Strategy):** | | |
| *Name/Describe Intervention* | | |
| **Frequency/Intensity (i.e. 30 min. a day, 3x a wk. in a small group of 3 assessed at least**  **wkly):** | | |
|  | | |
| **Additional Instructional Strategies or Supports (Accommodations) Needed:** | | |
|  | | |
| **Person Responsible (Name of person responsible for implementation and data collection):** | | |
|  | | |
| **Comments:** | | |
|  | | |
| **Target Review Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Review Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Target Review Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Actual Review Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Intervention Team Signatures** | | |
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