PINELLAS COUNTY SCHOOLS ELEMENTARY MAGNET SCHOOLS INTERVENTION FORM

Please bring this form with all parent conference forms, detentions, office referrals, notes to/from parents and any other documentation regarding this situation to the Intervention Committee (IC) meeting.

Teacher's Name:		Date referral completed:				
Student's Name:					Age: Gra	de:
Area(s) of concern:					non-participati	
Number of office referra	als this year:					
Student Information						
On file:	AIP	IEP	504 plan			
Special Services:	ESP	SLD	LSP _	S/H	Gifted Oth	ıer
		Procedural Ste	eps Taken (<u>Inclu</u> c	le dates.)		
Discussion with the student ()						
Notified parent of co	encern using the fo	ollowing method	(s)			
Conference with	parent/guardian (_) Conference	e form reflects "a	rea(s) of concern" (_)
Modification of curri	culum () Behavior	Contract ()
Assigned mentor/tut	or ()			
Reviewed by Student Services Team () Contacted educational diagnostician ()
Contacted school psychologist () Contacted teacher of: SLD () LSP ()						
speech () gifted () physical education () library () music ()						
art () dance () theatre () Spanish () journalism ()						
Contacted student's previous year's teacher () Referral to guidance counselor ()						
Referred student to	social worker () Referral to	principal for pare	nt conference ()
Other:						
		Committe	e Recommendat	ions		
Probation Period (_)	Probation	period extended	()
New interventions (_)	Return to	zoned school (_)

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