

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: _____ Grade: _____

Area(s) of concern: <input type="checkbox"/> academics <input type="checkbox"/> behavior <input type="checkbox"/> classwork <input type="checkbox"/> homework <input type="checkbox"/> non-participation
<input type="checkbox"/> tardies <input type="checkbox"/> absences <input type="checkbox"/> sign and returns <input type="checkbox"/> other _____
Number of office referrals this year: _____

Student Information						
On file:	<input type="checkbox"/> AIP	<input type="checkbox"/> IEP	<input type="checkbox"/> 504 plan			
Special Services:	<input type="checkbox"/> ESP	<input type="checkbox"/> SLD	<input type="checkbox"/> LSP	<input type="checkbox"/> S/H	<input type="checkbox"/> Gifted	<input type="checkbox"/> Other

Procedural Steps Taken (Include dates.)	
<input type="checkbox"/>	Discussion with the student (_____)
<input type="checkbox"/>	Notified parent of concern using the following method(s)
<input type="checkbox"/>	Conference with parent/guardian (_____) <input type="checkbox"/> Conference form reflects "area(s) of concern" (_____)
<input type="checkbox"/>	Modification of curriculum (_____) <input type="checkbox"/> Behavior Contract (_____)
<input type="checkbox"/>	Assigned mentor/tutor (_____)
<input type="checkbox"/>	Reviewed by Student Services Team (_____) <input type="checkbox"/> Contacted educational diagnostician (_____)
<input type="checkbox"/>	Contacted school psychologist (_____) <input type="checkbox"/> Contacted teacher of: <input type="checkbox"/> SLD (_____) <input type="checkbox"/> LSP (_____)
<input type="checkbox"/>	<input type="checkbox"/> speech (_____) <input type="checkbox"/> gifted (_____) <input type="checkbox"/> physical education (_____) <input type="checkbox"/> library (_____) <input type="checkbox"/> music (_____)
<input type="checkbox"/>	<input type="checkbox"/> art (_____) <input type="checkbox"/> dance (_____) <input type="checkbox"/> theatre (_____) <input type="checkbox"/> Spanish (_____) <input type="checkbox"/> journalism (_____)
<input type="checkbox"/>	Contacted student's previous year's teacher (_____) <input type="checkbox"/> Referral to guidance counselor (_____)
<input type="checkbox"/>	Referred student to social worker (_____) <input type="checkbox"/> Referral to principal for parent conference (_____)
<input type="checkbox"/>	Other: _____

Committee Recommendations	
<input type="checkbox"/>	Probation Period (_____)
<input type="checkbox"/>	Probation period extended (_____)
<input type="checkbox"/>	New interventions (_____)
<input type="checkbox"/>	Return to zoned school (_____)