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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:** |
|  |
| **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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