

### Record of Academic Intervention

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student #: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Primary Home Language: \_\_\_\_\_  
 Rtl Meeting #: \_\_\_\_\_ Parent/Guardian Invited: \_\_\_\_\_ Parent/Guardian Attended: \_\_\_\_\_

Diagnostic Data Attached: (check all that apply)  CELF -4/5 Language Screener  Fox in a Box  
 FAIR  Wkly/Unit/Big Idea Math Tests  Wkly/Unit/Benchmark Reading Test  Writing Probes:  
 DAR  Classroom Observation  Other (specify) \_\_\_\_\_

Focus (pick one)

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> <b>Vocabulary *</b>        | <input type="checkbox"/> <b>Phonemic Awareness *</b>              | <input type="checkbox"/> <b>Letter Identification *</b> | <input type="checkbox"/> Fluency                   |
| <input type="checkbox"/> <b>Phonics/Decoding *</b>  | <input type="checkbox"/> <b>Listening/Reading Comprehension *</b> | <input type="checkbox"/> Number Sense                   | <input type="checkbox"/> Math Calculation          |
| <input type="checkbox"/> <b>Math Word Problem *</b> | <input type="checkbox"/> <b>Numerical Concepts *</b>              | <input type="checkbox"/> Letter/Word Writing            | <input type="checkbox"/> <b>Sentence Writing *</b> |
| <input type="checkbox"/> <b>Paragraph Writing *</b> | <input type="checkbox"/> Other _____                              |   |  |

Name of Monitoring Test:

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Reading Wkly/Unit Test | <input type="checkbox"/> Reading Fluency probe  | <input type="checkbox"/> Math Chapter/Unit Test | <input type="checkbox"/> Writing Probe |
| <input type="checkbox"/> Letter Naming Probe    | <input type="checkbox"/> Letter Sounds/Phonemes | <input type="checkbox"/> Other: _____           |  |

Monitoring Score

|  |                               |                                       |   |                                       |
|--|-------------------------------|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Percent Correct | <input type="checkbox"/> CWPM | <input type="checkbox"/> Rubric Score | <input type="checkbox"/> Number Correct | <input type="checkbox"/> Other: _____ |
|--|-------------------------------|---------------------------------------|---|---------------------------------------|

Student Will Be Tested:  Every Week  Every Two Weeks  Other: \_\_\_\_\_

Peers Will Be Tested: At baseline and at least two follow-ups

| Intervention Strategy |           |             |               |                   |             |              |
|-----------------------|-----------|-------------|---------------|-------------------|-------------|--------------|
| Source                | Days/Week | Minutes/Day | # of Students | Start & End Dates | Implementer | Minutes/Week |
|                       |           |             |               |                   |             |              |
|                       |           |             |               |                   |             |              |
|                       |           |             |               |                   |             |              |
|                       |           |             |               |                   |             |              |

\* BOLD interventions reflect areas related to language skill development

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|-------------------------------|-----------|-------------|---------------|-------------------|-------------|--------------|
|                               |           |             |               |                   |             |              |
|                               |           |             |               |                   |             |              |
|                               |           |             |               |                   |             |              |
|                               |           |             |               |                   |             |              |

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Follow Up Date: \_\_\_\_\_  
 Notes: \_\_\_\_\_

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