

Student Intervention Profile

Student name: _____

Initial Data Information	
Initial grade level:	Date:
Baseline measure:	Expected (benchmark):

Intervention (check one): <input type="checkbox"/> Strategic <input type="checkbox"/> Intensive	Start date: ____/____/____
Intervention: <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension <input type="checkbox"/> Behavior <input type="checkbox"/> Math <input type="checkbox"/> Writing	
Curriculum/Program (see Protocol):	
Frequency (check one): <input type="checkbox"/> 1x/week <input type="checkbox"/> 2x/week <input type="checkbox"/> 3x/week <input type="checkbox"/> 4x/week <input type="checkbox"/> Daily	
Duration (check one): <input type="checkbox"/> 15 min <input type="checkbox"/> 20 min <input type="checkbox"/> 30 min <input type="checkbox"/> 45 min <input type="checkbox"/> 60 min <input type="checkbox"/> Other: ____	
Group size (check one): <input type="checkbox"/> Individual <input type="checkbox"/> 2-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> Other: ____	
Measure used to monitor progress*:	Expected benchmark:
Progress monitoring* (check one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Other	
Intervention teacher:	End date: ____/____/____

***ATTACH PROGRESS MONITORING DATA**

Intervention (check one): <input type="checkbox"/> Strategic <input type="checkbox"/> Intensive	Start date: ____/____/____
Intervention: <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension <input type="checkbox"/> Behavior <input type="checkbox"/> Math <input type="checkbox"/> Writing	
Curriculum/Program (see Protocol):	
Frequency (check one): <input type="checkbox"/> 1x/week <input type="checkbox"/> 2x/week <input type="checkbox"/> 3x/week <input type="checkbox"/> 4x/week <input type="checkbox"/> Daily	
Duration (check one): <input type="checkbox"/> 15 min <input type="checkbox"/> 20 min <input type="checkbox"/> 30 min <input type="checkbox"/> 45 min <input type="checkbox"/> 60 min <input type="checkbox"/> Other: ____	
Group size (check one): <input type="checkbox"/> Individual <input type="checkbox"/> 2-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> Other: ____	
Measure used to monitor progress*:	Expected benchmark:
Progress monitoring* (check one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Other	
Intervention teacher:	End date: ____/____/____

***ATTACH PROGRESS MONITORING DATA**

Intervention (check one): <input type="checkbox"/> Strategic <input type="checkbox"/> Intensive	Start date: ____/____/____
Intervention: <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension <input type="checkbox"/> Behavior <input type="checkbox"/> Math <input type="checkbox"/> Writing	
Curriculum/Program (see Protocol):	
Frequency (check one): <input type="checkbox"/> 1x/week <input type="checkbox"/> 2x/week <input type="checkbox"/> 3x/week <input type="checkbox"/> 4x/week <input type="checkbox"/> Daily	
Duration (check one): <input type="checkbox"/> 15 min <input type="checkbox"/> 20 min <input type="checkbox"/> 30 min <input type="checkbox"/> 45 min <input type="checkbox"/> 60 min <input type="checkbox"/> Other: ____	
Group size (check one): <input type="checkbox"/> Individual <input type="checkbox"/> 2-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> Other: ____	
Measure used to monitor progress*:	Expected benchmark:
Progress monitoring* (check one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Other	
Intervention teacher:	End date: ____/____/____

***ATTACH PROGRESS MONITORING DATA**