

**Course Level Intervention Plan
Program Name**

Evidenced by the monthly reviews, evaluations of student progress is unsatisfactory, or the WSLP was not followed. As a result, the following Intervention Plan is being developed as a guide to more appropriately meet the student's needs:

Student: _____ **Certificated Teacher:** _____

Course(s) for intervention on WSLP: _____

Date of Implementation: _____

Unsatisfactory Progress for ___ Sept ___ Oct ___ Nov ___ Dec ___ Jan ___ Feb ___ Mar ___ Apr ___ May ___ Jun

Performance was rated as unsatisfactory based on the following criteria, as outlined on the Written Student Learning Plan (WSLP):

Type of Intervention (*check all that apply*):

Increased frequency or duration of personal contact

Modified manner for direct personal contact

Modified learning goals or performance objectives

Modified number or scope of courses or content of previous plan

Other: _____

Description of Intervention(s) and how progress is to be improved:

I, the Certificated Teacher signed below, certify that I have met with the student and have evaluated the student's progress toward the learning goals and performance objectives defined in the WSLP, consistent with the school district's policies and procedures.

If this Intervention Plan is not met with successful progress within three (3) months, a new WSLP will be developed, or the student may be moved to another educational program.

Certificated Teacher _____
Date

Student/Parent Signature _____
Date