

Program Name Intervention Plan

Student Name: _____ **Grade:** _____

Month of: _____

COURSE OF STUDY: _____

_____ **Modify** how our direct weekly contact is achieved

_____ **Increase** the frequency and time spent each week with the student to enhance student achievement

_____ **Modify** the student's learning goals and performance outcomes

_____ **Modify** the number of courses being taken in WSLP and the scope and sequence of the learning goals and objectives

GOAL(S) FOR THE MONTH:

Certificated Teacher Signature: _____

Date: _____

Student Signature (as available): _____

Parent Signature (as available): _____