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): _________________________________________