



Documentation of Interventions

Department of Student Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 272-10
August 2009

<input type="checkbox"/>	CPS _____	Date _____
<input type="checkbox"/>	EMT _____	Date _____

Student _____ ID # _____
 School _____ Teacher _____ Grade _____ DOB _____
 Gender _____ Race _____ MCPS Enrollment Date _____

PARENT/GUARDIAN

Name: _____
 Address: _____
 Telephone: Home _____
 Cell or Other: _____

PLAN

Problem-Solving Considerations: Describe as specifically as possible.

Identify the Problem (Use clear and measurable terms):

Factors Affecting Identified Problem (Environment, Curriculum, and/or Instruction):

Define Goal (Identify the target the student is to achieve by date compared to where the student is at present):

DO

Name of Intervention #1: _____

Start Date _____	Baseline Performance Level: _____	Expected Rate of Progress: _____
Academic Area: _____		Behavior: _____
Group size (<input checked="" type="checkbox"/> one): <input type="checkbox"/> Individual <input type="checkbox"/> 2-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> Class		
Frequency (<input checked="" type="checkbox"/> one): <input type="checkbox"/> 1x/wk <input type="checkbox"/> 2x/wk <input type="checkbox"/> 3x/wk <input type="checkbox"/> 4x/wk <input type="checkbox"/> Daily		
Duration (<input checked="" type="checkbox"/> one): <input type="checkbox"/> 15 min. <input type="checkbox"/> 20 min. <input type="checkbox"/> 30 min. <input type="checkbox"/> 45 min. <input type="checkbox"/> Other: _____		
Intervention provided by: _____		
End Date _____	Progress Monitoring Tool: _____	Frequency of Progress Monitoring: _____

Name of Intervention #2: _____

Start Date _____	Baseline Performance Data: _____	Expected Rate of Progress: _____
Academic Area: _____		Behavior: _____
Group size (<input checked="" type="checkbox"/> one): <input type="checkbox"/> Individual <input type="checkbox"/> 2-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> Class		
Frequency (<input checked="" type="checkbox"/> one): <input type="checkbox"/> 1x/wk <input type="checkbox"/> 2x/wk <input type="checkbox"/> 3x/wk <input type="checkbox"/> 4x/wk <input type="checkbox"/> Daily		
Duration (<input checked="" type="checkbox"/> one): <input type="checkbox"/> 15 min. <input type="checkbox"/> 20 min. <input type="checkbox"/> 30 min. <input type="checkbox"/> 45 min. <input type="checkbox"/> Other: _____		
Intervention provided by: _____		
End Date _____	Progress Monitoring Tool: _____	Frequency of Progress Monitoring: _____

STUDY

Effect of interventions on student performance:

Intervention #1

What evidence do you have that the student met the goal?

What evidence do you have that the student did not meet the goal?

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Intervention #2

What evidence do you have that the student met the goal?

What evidence do you have that the student did not meet the goal?

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ACT

Should the intervention/strategy be continued, changed, or discontinued? Explain.

Intervention #1

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Intervention #2

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List any out-of-school interventions presently provided to the student:

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