



Student Name: \_\_\_\_\_ Initiation Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Area of Concern	Assessment tool	Baseline assessment Date: _____ Score: _____	Intervention (Action plan)	Data Calendar days intervention done	RTI Assessment Date: _____ Score: _____																																													
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This side of the District Intervention Log is filled out by the Classroom teacher and given to the Intervention Teacher

**Areas of Concern**

**Reading**

- Phonics
- Phonemes
- Fluency
- Comprehension
- Other \_\_\_\_\_

**Written Language:**

- Spelling
- Expression
- Grammar
- Other \_\_\_\_\_

**Math**

- Calculations
- Processes
- Facts
- Reasoning
- Other \_\_\_\_\_

**Language function**

- Understanding written directions and questions
- Understanding oral directions and questions
- Formulating sentences
- Other \_\_\_\_\_

**Motor**

- Handwriting / printing
  - Copy from board accurately
  - Other:
- 

**Social / Behavioral**

- Needs more social interactions
- Empathy
- withdrawn
- Other:

*Please explain your concerns for this student*

*Present Level of Performance*