

**Park Avenue Elementary - General Education Consult/Student Academic Intervention Plan**

Student & ID#: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date Discussed: \_\_\_\_\_ Consult: \_\_\_\_\_  
 Gender:  M  F IEP:  Y  N 504:  Y  N ESOL Status: \_\_\_\_\_ GT:  Y  N Parent Contacted (Date(s)): \_\_\_\_\_  
 Referred by: \_\_\_\_\_ Current Testing Accommodations: \_\_\_\_\_

<p><b>Concerns:</b></p> <p><u>Academic</u></p> <p>Reading            Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Writing            Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Language          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Math                Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Other: _____ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>Behavior</u></p> <p>Behavior            Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attendance        Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Other: _____ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>Work Habits/ Study Skills</u></p> <p>Attention            Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Work Completion    Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Class Participation    Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Other: _____ Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p align="center"><b>General Description of the Concern:</b></p>           <p><b>Is the student significantly below grade level?</b></p> <ul style="list-style-type: none"> <li>• Reading: _____ as measured by _____ on _____ (date)</li> <li>• Writing: _____ as measured by _____ on _____ (date)</li> <li>• Math: _____ as measured by _____ on _____ (date)</li> </ul>	<p><b>Student's Strengths</b> <i>(Related to Concern):</i></p>	<p><b>What strategies/supports have been used?</b> <i>(with what impact?)</i></p>												
<b>Academic Intervention History:</b>															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">School Year</th> <th style="width:60%;">Intervention <i>(Type/Subject)</i></th> <th style="width:25%;">Teacher</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				School Year	Intervention <i>(Type/Subject)</i>	Teacher									
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<p><b>Next Steps &amp; Comments:</b></p>           <p><b>People Involved with Next Steps:</b> <input type="checkbox"/> Parent    <input type="checkbox"/> Teacher    <input type="checkbox"/> Reading Specialist  <input type="checkbox"/> Math Content Coach    <input type="checkbox"/> HSM Special Educator: _____ <input type="checkbox"/> Other: _____</p>	<p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Schedule EMT</li> <li><input type="checkbox"/> Schedule Parent Conference</li> <li><input type="checkbox"/> Continue Intervention</li> <li><input type="checkbox"/> Begin New Intervention</li> <li><input type="checkbox"/> Schedule Classroom Observation:             <ul style="list-style-type: none"> <li><input type="checkbox"/> HSM</li> <li><input type="checkbox"/> Speech</li> <li><input type="checkbox"/> Counselor</li> </ul> </li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Dates:</b></p> <p><b>General Ed Consults:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consult 1: _____</li> <li><input type="checkbox"/> Consult 2: _____</li> </ul> <p><b>Parent Conference:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Conference 1: _____</li> <li><input type="checkbox"/> Conference 2: _____</li> </ul> <p><b>Dates of EMTs:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> EMT 1: _____</li> <li><input type="checkbox"/> EMT 2: _____</li> </ul>
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**Provide Data** (Collect data on measurable goals on the back on this document and attach Student Profile and/or other relevant data)  
 Copies of this completed form should be given to: **Classroom teacher, staff providing support, and placed in the student's cumulative folder**  
**If this leads to an EMT- Attach this form and/or DOI to Teacher Referral MCPS form 272-9 (or MyMCPS Referral), & any other relevant data)**

**What goal(s) have been set for the student (This Form or myMCPS DOI - Measurable & Standards Based)?**

<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Speech/Language <input type="checkbox"/> Math <input type="checkbox"/> Behavior <input type="checkbox"/> Other: _____	<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Speech/Language <input type="checkbox"/> Math <input type="checkbox"/> Behavior <input type="checkbox"/> Other: _____	<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Speech/Language <input type="checkbox"/> Math <input type="checkbox"/> Behavior <input type="checkbox"/> Other: _____
<b>Goal (Measurable &amp; Standards Based):</b>  <b>Staff Responsible:</b> _____	<b>Goal (Measurable &amp; Standards Based):</b>  <b>Staff Responsible:</b> _____	<b>Goal (Measurable &amp; Standards Based):</b>  <b>Staff Responsible:</b> _____
<b>Intervention to Support Goal (Strategies, supports, modifications, programs, FBA/BIP, psychologist obs, etc.):</b>  <b>Frequency:</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly: _____ <input type="checkbox"/> Other: _____ <b>Intervention start date:</b> _____ <b>end date:</b> _____ <b>Duration:</b> <input type="checkbox"/> 4 weeks <input type="checkbox"/> 6 weeks <input type="checkbox"/> 8 weeks	<b>Intervention to Support Goal (Strategies, supports, modifications, programs, FBA/BIP, psychologist obs, etc.):</b>  <b>Frequency:</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly: _____ <input type="checkbox"/> Other: _____ <b>Intervention start date:</b> _____ <b>end date:</b> _____ <b>Duration:</b> <input type="checkbox"/> 4 weeks <input type="checkbox"/> 6 weeks <input type="checkbox"/> 8 weeks	<b>Intervention to Support Goal (Strategies, supports, modifications, programs, FBA/BIP, psychologist obs, etc.):</b>  <b>Frequency:</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly: _____ <input type="checkbox"/> Other: _____ <b>Intervention start date:</b> _____ <b>end date:</b> _____ <b>Duration:</b> <input type="checkbox"/> 4 weeks <input type="checkbox"/> 6 weeks <input type="checkbox"/> 8 weeks
<b>Baseline Data:</b> Date: _____ Data: _____	<b>Baseline Data:</b> Date: _____ Data: _____	<b>Baseline Data:</b> Date: _____ Data: _____
<b>Formative Assessment #1: (After approx. 2 weeks)</b> Date: _____ Data: _____	<b>Formative Assessment #1: (After approx. 2 weeks)</b> Date: _____ Data: _____	<b>Formative Assessment #1: (After approx. 2 weeks)</b> Date: _____ Data: _____
<b>Formative Assessment #2: (After approx. 2 weeks)</b> Date: _____ Data: _____	<b>Formative Assessment #2: (After approx. 2 weeks)</b> Date: _____ Data: _____	<b>Formative Assessment #2: (After approx. 2 weeks)</b> Date: _____ Data: _____
<b>Present Levels: (After approx. 2 weeks)</b> Date: _____ Data: _____	<b>Present Levels: (After approx. 2 weeks)</b> Date: _____ Data: _____	<b>Present Levels: (After approx. 2 weeks)</b> Date: _____ Data: _____
<b>Results:</b> <input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met <input type="checkbox"/> No Change <input type="checkbox"/> Insufficient Data <input type="checkbox"/> Return to Problem Solving	<b>Results:</b> <input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met <input type="checkbox"/> No Change <input type="checkbox"/> Insufficient Data <input type="checkbox"/> Return to Problem Solving	<b>Results:</b> <input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met <input type="checkbox"/> No Change <input type="checkbox"/> Insufficient Data <input type="checkbox"/> Return to Problem Solving