

Early Intervention Team (EIT) INTERVENTION PLAN
St. Cloud Area School District 742

Student Name _____ School _____ Date _____
Teacher(s) _____

1. Problem (State as discrepancy from what is expected):

2. Goal:

3. Intervention Plan:
a) Brief Description -
b) Needed Materials -
c) Person Responsible -
d) Start Date -
e) How Often; How Long per Session -

4. Progress Monitoring:
a) Method -
b) Person Responsible -
c) What will be recorded -
d) How often -
e) Implementation Integrity Support Plan -

5. Follow-Up Meeting Date: _____

6. Report Outcome of Intervention Plan, including data

<input type="checkbox"/> Met Goal <input type="checkbox"/> Below Goal <input type="checkbox"/> Exceeded Goal <input type="checkbox"/> Additional Interventions Needed <input type="checkbox"/> Continue Same Plan

7. Administrator Signature: _____