

Student Intervention Tracker
Hawthorne Elementary School
 2021 - 2022

Student:	
Grade:	
Teacher:	
Parents:	

Areas of Concern: highlight & explain in the box below	
Reading:	
Math:	
Writing:	
Social/Emotional:	
Other:	

[Hawthorne School Intervention Team Process](#)
[MTSS Tracker Purpose & FAQ](#)

STEP 1.

File review.	
Information from previous teacher / school:	
Information from parents:	
Information from specialists, if applicable:	
Relevant medical history:	
Previous academic history:	
Other (e.g. CAP pal, Gifted mentor):	

Intervention 1.	
-----------------	--

Targeted Area::	Targeted Skills:	Entry criteria / data to support intervention	
-----------------	------------------	---	--

		need:	
Intervention Tier:: <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III	Program Name:	Start date:	Expected length of intervention:
Frequency of intervention (minutes/days/week):	Name/title of person implementing:	Parents notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of notification:
Progress monitoring tool(s):	Current data:	Exit criteria:	
<p>Collaborative teacher team discussed the effectiveness of this intervention on: (DATE)</p> <p>Data support:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The continuation of the intervention <input type="checkbox"/> The intervention is not longer needed <input type="checkbox"/> A change in intervention is needed <p>Explanation for this change/continuation:</p>			

Intervention 2.

Targeted Area:	Targeted Skills:	Entry criteria/data to support intervention need:	
Intervention Tier:: <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III	Program Name:	Start date:	Expected length of intervention:
Frequency of intervention (minutes/days/week):	Name/title of person implementing:	Parents notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of notification:
Progress monitoring tool(s):	Current data:	Exit criteria:	
<p>Collaborative teacher team discussed the effectiveness of this intervention on: (DATE)</p> <p>Data support:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The continuation of the intervention <input type="checkbox"/> The intervention is not longer needed <input type="checkbox"/> A change in intervention is needed <p>Explanation for this change/continuation:</p>			

Intervention 3.

Targeted Area::	Targeted skills:	Entry criteria/data to support intervention need:	
Intervention Tier:: <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III	Program Name:	Start date:	Expected length of intervention:
Frequency of intervention (minutes/days/week):	Name/title of person implementing:	Parents notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of notification:
Progress monitoring tool(s):	Current data:	Exit criteria:	

Collaborative teacher team discussed the effectiveness of this intervention on: (DATE)

Data support:

- The continuation of the intervention
- The intervention is not longer needed
- A change in intervention is needed

Explanation for this change/continuation:

Intervention 4.

Targeted Area:	Targeted Skills:	Entry criteria/data to support intervention need:	
Intervention Tier: <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III	Program Name:	Start date:	Expected length of intervention:
Frequency of intervention (minutes/days/week):	Name/title of person implementing:	Parents notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of notification:
Progress monitoring tool(s):	Current Data:	Exit criteria:	

Collaborative teacher team discussed the effectiveness of this intervention on: (DATE)

Data support:

- The continuation of the intervention
- The intervention is not longer needed
- A change in intervention is needed

Explanation for this change/continuation:

Step 2.

In collaborative teacher team meeting review interventions and current data. Additional staff who have particular knowledge of the areas of concern may be invited to this meeting. Discuss and document additional interventions, changes that will be made to current interventions and/or decision to refer to the Student Intervention Team.

Date of meeting:	
Names of teachers/staff present at meeting:	
Describe changes, plan of action as discussed by the team:	
Decision to refer to SIT:	

Step 3.

Complete "Referral for Student Intervention" form on KISSFLOW	<input type="checkbox"/>
Cut/paste the intervention information from this form into the box labeled "Briefly describe Tier I, II, III" in Other Relevant History.	<input type="checkbox"/>
Call the student's parents and notify them of the referral.	<input type="checkbox"/>

Step 4.

Referral for Student Intervention Form is routed to the Principal for final approval. Once approved, School Psychologist will schedule a Friday meeting.

Date & time of the meeting:	
Call the student's parents and invite them to the meeting.	<input type="checkbox"/>
Send a reminder call/email the week of the meeting.	<input type="checkbox"/>