

# Regular Education Interventions/At-Risk Documentation

(USBE SER II.A. and II.B.)

Date \_\_\_\_\_ Teacher \_\_\_\_\_

Parents notified of concerns on \_\_\_\_\_ By \_\_\_\_\_

Primary language in home \_\_\_\_\_ Student's language proficiency \_\_\_\_\_

If primary home language is not English, attach completed language proficiency documentation, including results from a language proficiency assessment.

### Area(s) of Concern (check all that apply)

#### Academic

- Written expression
  - Sentence structure
- Mathematics
  - Calculations
  - Problem solving
- Reading
  - Fluency
  - Decoding
  - Comprehension
- Pre-academics
  - Letter/number/color identification
- Other: \_\_\_\_\_

#### Communication

- Articulation and/or phonological awareness
- Language
- Oral expression
- Voice
- Listening comprehension
- Stuttering
- Other: \_\_\_\_\_

#### Adaptive

- Self-help
- Daily living skills
- Functional communication
- Other \_\_\_\_\_

#### Sensory/Motor

- Hearing
- Vision
- Fine motor
- Gross motor
- Other: \_\_\_\_\_

#### Social/Emotional

- Attention
- Task completion
- Following directions
- Withdrawn
- Acting out
- Peer relationships
- Adult relationships
- Other: \_\_\_\_\_

Other: \_\_\_\_\_

### Other Information

Previous formal and/or informal assessment(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

Results \_\_\_\_\_

Has this student ever received special education?  Yes  No If yes, when? \_\_\_\_\_

Date of vision screening \_\_\_\_\_  Pass  Fail Action \_\_\_\_\_

Date of hearing screening \_\_\_\_\_  Pass  Fail Action \_\_\_\_\_

Attendance:  Problem  No Problem Comments \_\_\_\_\_

Health:  Problem  No Problem Comments \_\_\_\_\_

Documentation Must be Attached for *At Least* Two Interventions

Intervention	Date Started	Date Ended	Effective
Utilized adaptive equipment			<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed instructor/schedule			<input type="checkbox"/> Yes <input type="checkbox"/> No
Differentiated instruction (i.e., products, process, pace, time, content, environment)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilized supplemental/intervention materials			<input type="checkbox"/> Yes <input type="checkbox"/> No
Progress monitoring data on targeted skill			<input type="checkbox"/> Yes <input type="checkbox"/> No
Implemented contracts (academic/behavior)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Differentiated assignments			<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilized systematic consequences, reinforcement			<input type="checkbox"/> Yes <input type="checkbox"/> No
Used computer-assisted supplementary instruction			<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided direct teaching of a skill/concept			<input type="checkbox"/> Yes <input type="checkbox"/> No
Modeled desired behavior			<input type="checkbox"/> Yes <input type="checkbox"/> No
Shared data with parent(s) (i.e., CBM, formal and informal assessments)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided practice (independent/guided)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided peer tutoring			<input type="checkbox"/> Yes <input type="checkbox"/> No
Modified class-wide discipline plan			<input type="checkbox"/> Yes <input type="checkbox"/> No

Other evidence-based interventions/supplementary instruction/programs:

To Be Completed by LEA Representative or Designee

Refer for:

- 504 evaluation
- Alternative language program
- Special education evaluation
- School problem-solving team for further intervention(s) and all data transferred to student's classroom teacher(s)

\_\_\_\_\_  
Signature of LEA Representative or Designee

\_\_\_\_\_  
Date