



Student Support and Progress Team Student Intervention Plan

Student Name:	Grade:
Person Referring to SSPT:	Date of Initial Meeting:
EL Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	EL Level:

Goal Statement: What specifically do you want the student to learn or be able to do? *In order of priority, list the specific skills or behaviors.*

Priority Goal 1:		
Expected:	Current/Baseline:	Target:
Priority Goal 2:		
Expected:	Current/Baseline:	Target:
Priority Goal 3:		
Expected:	Current/Baseline:	Target:

Indicate Tiered Instruction: Tier 1 Tier 2 Tier 3 1 of 2



Goal	Intervention Description (Program, strategies, duration and frequency, etc.)	What specific academic, linguistic or behavior data will be collected? (Words read per minute, # of times out of seat, etc)	When, during the day, will the data be collected? (Ex. Guided reading group, recess, etc)	How often will the data be collected and recorded? (daily, weekly)	Who will collect the data?	Where will the data be collected? (Classroom, Playground, Cafeteria, etc)
1						
2						
3						

Assigned Case Manager:

How often will Case Manager follow up with teacher?

1st Follow-up SSPT meeting date:

2nd Follow-up SSPT meeting date:

3rd Follow-up SSPT meeting date:
