

# St. Francis Area Schools

Curriculum & Instruction  
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## Student Intervention Team Intervention Plan

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Plan Development Date: \_\_\_\_\_

Intervention Number:  1  2  3 Other: \_\_\_\_\_

Area of concern:  Reading  Math  Writing  Behavior

SMART Goal:

### INTERVENTION

Brief description of intervention being implemented*:	
Needed materials:	
Intervention implementer:	
When:	
Where:	
How often:	

### MEASUREMENT SYSTEM

Data collection method:	
What will be recorded?	
Frequency of progress monitoring:	

\*For purposes of fidelity only one intervention will be implemented in an intervention plan.

Intervention start date: \_\_\_\_\_ Three week review date: \_\_\_\_\_ Six week review date: \_\_\_\_\_