

Student Name:

Sullivan Stallion Status Check Intervention Update

PARENT CONTACT:

Parent Contact Prior to Status Check	Date	Parent / Guardian Name	Notes

DATA

STAAR:

Grade	# Correct	Score
4th	Math: Reading:	<input type="checkbox"/> Did Not Meet M R <input type="checkbox"/> Approaches M R <input type="checkbox"/> Met M R <input type="checkbox"/> Mastered M R
5th	Math: Reading: Science:	<input type="checkbox"/> Did Not Meet M R S <input type="checkbox"/> Approaches M R S <input type="checkbox"/> Met M R S <input type="checkbox"/> Mastered M R S

MAP:

Fall MAP Data	Math: ___ (___ grade level) Reading: ___ (___ grade level)
Winter MAP Data	Math: ___ (___ grade level) Reading: ___ (___ grade level)

- FALL MAP REPORT UPLOADED for STALLION STATUS CHECK**
- WINTER MAP REPORT UPLOADED for STALLION STATUS CHECK**

COMMON ASSESSMENTS:

Math	Date:	Date:	Date:	Date:
	Score:	Score:	Score:	<input type="checkbox"/> Score:
Reading	Date:	Date:	Date:	Date:
	Score:	Score:	Score:	Score:
Science	Date:	Date:	Date:	Date:
	Score:	Score:	Score:	Score:
Social Studies	Date:	Date:	Date:	Date:
	Score:	Score:	Score:	Score:

Student Name:

Sullivan Stallion Status Check Intervention Update

STUDENT SPECIFIC INTERVENTIONS

NEED FOR INTERVENTION: Why does the student need to be in intervention?

MATH	READING	SCIENCE	SOCIAL STUDIES	BEHAVIOR
<input type="checkbox"/> Math Calculation <input type="checkbox"/> Math Computation <input type="checkbox"/> Basic Math Facts	<input type="checkbox"/> Reading Phonics <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Science	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Aggression <input type="checkbox"/> Attention <input type="checkbox"/> Depression <input type="checkbox"/> Social Skills <input type="checkbox"/> _____

FREQUENCY: How often are you providing the accommodation?

MATH	READING	SCIENCE	SOCIAL STUDIES	BEHAVIOR
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As Needed

DURATION: Provide a date range detailing how long the accommodations are provided.

MATH	READING	SCIENCE	SOCIAL STUDIES	BEHAVIOR

POSSIBLE ACCOMMODATIONS: What accommodations are provided?

MATH	READING	SCIENCE	SOCIAL STUDIES	BEHAVIOR
<input type="checkbox"/> Checklists <input type="checkbox"/> Dreambox <input type="checkbox"/> Extra Time <input type="checkbox"/> Guided Notes <input type="checkbox"/> IXL <input type="checkbox"/> One-Step Directions <input type="checkbox"/> One-to-One <input type="checkbox"/> Oral Accommodations <input type="checkbox"/> Peer Tutorials <input type="checkbox"/> Small Group <input type="checkbox"/> Supplemental Aids <input type="checkbox"/> Teacher Tutorials <input type="checkbox"/> Opportunity to "cool off" <input type="checkbox"/> Preferential Seating <input type="checkbox"/> Proximity <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Checklists <input type="checkbox"/> Extra Time <input type="checkbox"/> Guided Notes <input type="checkbox"/> LLI <input type="checkbox"/> One-Step Directions <input type="checkbox"/> One-to-One <input type="checkbox"/> Oral Accommodations <input type="checkbox"/> Peer Tutorials <input type="checkbox"/> Small Group <input type="checkbox"/> Supplemental Aids <input type="checkbox"/> Teacher Tutorials <input type="checkbox"/> Opportunity to "cool off" <input type="checkbox"/> Preferential Seating <input type="checkbox"/> Proximity <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Checklists <input type="checkbox"/> Extra Time <input type="checkbox"/> Guided Notes <input type="checkbox"/> One-Step Directions <input type="checkbox"/> One-to-One <input type="checkbox"/> Oral Accommodations <input type="checkbox"/> Peer Tutorials <input type="checkbox"/> Small Group <input type="checkbox"/> Supplemental Aids <input type="checkbox"/> Teacher Tutorials <input type="checkbox"/> Opportunity to "cool off" <input type="checkbox"/> Preferential Seating <input type="checkbox"/> Proximity <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Checklists <input type="checkbox"/> Extra Time <input type="checkbox"/> Guided Notes <input type="checkbox"/> One-Step Directions <input type="checkbox"/> One-to-One <input type="checkbox"/> Oral Accommodations <input type="checkbox"/> Peer Tutorials <input type="checkbox"/> Small Group <input type="checkbox"/> Supplemental Aids <input type="checkbox"/> Teacher Tutorials <input type="checkbox"/> Opportunity to "cool off" <input type="checkbox"/> Preferential Seating <input type="checkbox"/> Proximity <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Counselor's Group <input type="checkbox"/> Opportunity to "cool off" <input type="checkbox"/> Preferential Seating <input type="checkbox"/> Proximity <input type="checkbox"/> _____ <input type="checkbox"/> _____