

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ Date \_\_\_\_\_

I-team Coordinator Chris Reitan

## Follow-up Child Study Team

Summary:

	Effective	Ineffective	Documented (attach)
Intervention 1:  Measured success ___ 1/3 ___			
Intervention 2:  Measured success ___ no record ___			
Intervention 3:  Measured success ___ 1/2 ___			

**Measured success:** Have the behaviors increased or decreased? Does the student report less stress or more interest in school? Is the intervention producing improved learning as evidenced by better grades, more time on task, or a more positive outlook by the student?

Intervention 1:	Must be able to measure success (ie 2/4, 7/10)
Intervention 2:	Must be able to measure success (ie 2/4, 7/10)
Intervention 3: by when Oct. 13th	Must be able to measure success (ie 2/4, 7/10)

Suggestions:

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Next meeting: \_\_\_\_\_