

**Long County School System  
Pyramid of Interventions  
Intervention Team Meeting**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Academic Year \_\_\_\_\_ -- \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

<b>Date of Meeting:</b> ____/____/____					
<b>POI Team Members:</b> _____					
<b>(Signatures)</b> _____					
_____					
_____					
<b>1) Area of Concern:</b> _____					
<b>Intervention</b>					
<b>Intervention to be provided for this area of concern:</b>					
<b>How will the intervention be administered?</b>					
<b>Interventionist:</b>	____ Regular Education Teacher (Name: _____)		____ Early Intervention Program Teacher (Name: _____)		____ Paraprofessional (Name: _____)
	____ Special Education Teacher (Name: _____)		____ Exploratory/Nonacademic Teacher (Name: _____)		____ Community Volunteer (Name: _____)
	____ Counselor (Name: _____)		____ Instructional Coach (Name: _____)		____ Behavioral Coach (Name: _____)
	____ Administrator (Name: _____)		____ Other (Name: _____)		____ Other (Name: _____)
<b>Intervention Group Size:</b>	15-30: ____	10-15: ____	5-10: ____	2-5: ____	Other: ____
<b>Frequency of Intervention:</b>	1x/week: ____	2x/week: ____	3x/Week: ____	4x/Week: ____	Daily: ____
<b>Duration of Intervention:</b>	15 min: ____	20 min: ____	30 min: ____	45 min: ____	60 min: ____
<b>Progress Monitoring</b>					
<b>Progress Monitoring Measure for this area of concern:</b>					
<b>How will the student's progress be monitored?</b>					
<b>What is the goal or target for this student:</b> _____					
<b>Date that student is expected to meet goal/target:</b> ____/____/____					
<b>Who will administer Progress Monitoring:</b>	Name: _____ Title: _____				
<b>Frequency of Progress Monitoring:</b>	1x/month: ____	2x/month: ____	1x/week: ____	2x/week: ____	Other: ____
<b>Start date of intervention:</b> ____/____/____					
<b>First Progress Monitoring assessment to be administered on:</b> ____/____/____					
<b>Reconvene team on</b> ____/____/____ <b>to consider student's progress with the intervention</b>					
<b>Notes:</b>					
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## Intervention Team Meeting (Continued)

Date of Meeting: \_\_\_/\_\_\_/\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**2) Area of Concern (if applicable):** \_\_\_\_\_

**Intervention**

**Intervention to be provided for this area of concern:**

**How will the intervention be administered?**

Interventionist:	___ Regular Education Teacher (Name: _____)	___ Early Intervention Program Teacher (Name: _____)	___ Paraprofessional (Name: _____)
	___ Special Education Teacher (Name: _____)	___ Exploratory/Nonacademic Teacher (Name: _____)	___ Community Volunteer (Name: _____)
	___ Counselor (Name: _____)	___ Instructional Coach (Name: _____)	___ Behavioral Coach (Name: _____)
	___ Administrator (Name: _____)	___ Other (Name: _____)	___ Other (Name: _____)

Intervention Group Size:	15-30: ___	10-15: ___	5-10: ___	2-5: ___	Other: _____
Frequency of Intervention:	1x/week: ___	2x/week: ___	3x/Week: ___	4x/Week: ___	Daily: ___
Duration of Intervention:	15 min: ___	20 min: ___	30 min: ___	45 min: ___	60 min: ___ Other: _____

**Progress Monitoring**

**Progress Monitoring Measure for this area of concern:**

**How will the student's progress be monitored?**

**What is the goal or target for this student:** \_\_\_\_\_  
**Date that student is expected to meet goal/target:** \_\_\_/\_\_\_/\_\_\_

Who will administer Progress Monitoring:	Name: _____ Title: _____				
Frequency of Progress Monitoring:	1x/month: ___	2x/month: ___	1x/week: ___	2x/week: ___	Other: _____

**Start date of intervention:** \_\_\_/\_\_\_/\_\_\_

**First Progress Monitoring assessment to be administered on:** \_\_\_/\_\_\_/\_\_\_

**Reconvene team on \_\_\_/\_\_\_/\_\_\_ to consider student's progress with the intervention**

**Notes:** \_\_\_\_\_

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