

ACADEMIC INTERVENTION PLAN

Name \_\_\_\_\_ School Year \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

The following areas that foster academic success for the student must be described in detail. If a particular area listed does not apply, enter "Not Applicable" next to the area. The completed plan is attached to the student's report card and filed in the student's academic file. This plan must be reviewed and modified, if necessary, on a quarterly basis. Designated signatures as indicated at the bottom are to be included as part of the finalized plan.

- Curriculum Modifications
- Support Services
- Environmental Accommodations
- Lesson Accommodations
- Modified Assignments
- Organization and Study Skills
- Other

Required signatures:

- Parent(s) \_\_\_\_\_ Date \_\_\_\_\_
- Teacher(s) \_\_\_\_\_ Date \_\_\_\_\_
- Principal \_\_\_\_\_ Date \_\_\_\_\_