

FSM DEPARTMENT OF EDUCATION - SPECIAL EDUCATION PROGRAM

Child Assistance Team – Intervention Plan

Part 1

This form should be used by the CAT to develop an Intervention Plan. The Intake Form should be completed and delivered to the Principal for approval.

Intake Type:	<input type="checkbox"/> In School	<input type="checkbox"/> Community
Name of Teacher:	School:	
Name of Student:	Grade:	DOB:
		Date:

Screening Information: Based on the screening information gathered, the student meets the following criteria for referral to the CAT. Attach appropriate documentation.

- Criteria 1 – Special Education Evaluation Criteria 2 – Intervention Plan
- Criteria 3 – Special Education Evaluation Criteria 5 – Special Education Evaluation
- Criteria 6 – Experiencing Other Concerns (see attached checklist)

Summary of Concerns:

The child identified above is being referred to CAT for the following areas of concerns.

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Health (Physical/Motor)
<input type="checkbox"/> Intellectual/Cognitive	<input type="checkbox"/> Academic Achievement	<input type="checkbox"/> Speech and Language
<input type="checkbox"/> Vocational	<input type="checkbox"/> Adaptive Behavior	<input type="checkbox"/> Social Emotional

Summary of Concerns: Please describe the areas of concern and what impact on student learning at school. Please attach any further documentation of your concerns.

Summary Steps You Have Taken to Address the Concerns: Please attach any documentation

FSM DEPARTMENT OF EDUCATION - SPECIAL EDUCATION PROGRAM

Part 2 – Use one page for each goal

Date: _____

Describe the specific Goal and the Intervention Service to be provided. Also include the frequency of the service, the location, and the start and end dates for the service.

Goal	Intervention Service	Frequency	Location/ Person- Responsible	Start	End

Progress Measurement: Please describe how progress towards meeting the goal will be measured.

FSM DEPARTMENT OF EDUCATION - SPECIAL EDUCATION PROGRAM

Part 3 - Approval

Date: _____

The members of the CAT Team have developed this Intervention Plan for:

_____	_____
Name of Student	DOB

Signature of Team Members	Title	Agree	Disagree
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Parent Approval

- I/we have participated in the development of the Intervention Plan for my child and **give consent** for implementation.
- I/we **do not give consent** to implement the Intervention Plan.

Parent or Guardian Signature
Date

Principal Approval

Name
Title/Position
Date

Intervention Plan Progress Meeting Date: _____