

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 Adaptations

Support Services

Environmental Accommodations

Lesson Accommodations

Modified Assignments

Organization and Study Skills

Other

Required Signatures:

Parent(s)

Teacher(s)

Principal