



INTERVENTION PLAN REVIEW FORM



Child's Name: _____ DOB: _____ Site: _____

Father/ father figure participated? Yes No

What strategies on the Intervention Plan did you follow?:

Teacher: _____

Site Supervisor: _____

CSQI: _____

Parent/Guardian: _____

Other: _____

Have you seen any improvement in the behavior targeted in Intervention Plan?

Yes No

If yes, please describe improvements & successful strategies:

Were there strategies on the Intervention Plan that didn't work and should be discontinued? Yes No **If so, please list below:**

What behaviors, if any, are still concerns? Are there any new behavior issues?

SAFETY PLAN (Complete if applicable):

If the unsafe behavior occurs, staff will respond in the following way(s):

If behavior continues and child is unable to be redirected, staff may implement the use of Safe Physical Redirect in order to keep the child and others safe. Staff will notify the site supervisor of the behavior and site supervisor will provide support as needed. If the unsafe behavior continues, and the health and safety of the child, peers, and teachers is at risk, parents will be contacted to pick the child up from school. Staff will document the behavior and the strategies used in section 6.

Resources/Referrals Provided: _____

Intervention Plan Review date: _____

Intervention Plan On-going

Intervention Plan Closed

(See Intervention Plan prevention strategies on page 2



INTERVENTION PLAN



Does the child have an IFSP/IEP? Yes No

If yes, please align social-emotional goals with the IFSP/IEP strategies and include below.

Self Regulation Skill:	Child will practice an identified self-regulation strategy with adult support (ex: breathing, music and movement) to promote self-control and self-regulation. The identified strategy is:		
Challenging Behavior	Why is the behavior happening	What new skill will the child learn?	Prevention/Intervention Strategies
1.			Teacher: Site Supervisor: CSQI: Parent/Guardian: Other:
2.			Teacher: Site Supervisor: CSQI: Parent/Guardian: Other:

_____/_____/_____
Parent/Guardian Date

_____/_____/_____
Site Supervisor Date

_____/_____/_____
Licensed Mental Health Professional Date

_____/_____/_____
Teacher Date

_____/_____/_____
CSQI Date

_____/_____/_____
Area Staff Date

_____/_____/_____
Other Date