 **Catholic Intervention Plan**

ARCHDIOCESE OF WASHINGTON- Catholic School

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| The purpose of this Catholic Intervention Plan (CIP) is to document the reasonable accommodations *and* any specialized academic instruction, curriculum modification, or assessment modifications that the Archdiocesan Catholic school identified below will strive to offer a student who needs additional support in order successfully access the curriculum. |

School Name:       Date:

School Year:       Person completing this form:

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| **Student Information** |

Student Name *(Last, First, M.I.)*:

Grade:       Sex:  Date of Birth:

*Male Female mm/dd/yyyy*

Teachers who will be implementing intervention plan:

Other current teachers:

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| **Information Supporting Interventions** |

Pertinent educational and/or ELL assessment information:

Academic concerns (past and current):

Behavior concerns (past and current):

Other pertinent information, including family, health history, etc.:

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| **Intervention** |

Describe the intervention(s) to be implemented:

Date intervention is to begin:

Date when effectiveness of intervention will be reviewed:

Present level of performance/baseline data:

Goal for intervention:

Type of data used to monitor progress:

Frequency of data collection:

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| **Progress Monitoring** |

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| **Date** | **Observations/Data/Comments** | **Next Steps** |
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