

Student Reading Intervention Record

Complete a separate record form for each intervention program the student attends.

Student Name: _____ Grade Level: _____

Classroom Teacher: _____ School: _____

Date of Intervention Program: _____ Intervention Instructor: _____

Does Classroom Teacher concur with the need for Reading Intervention? Yes No

Classroom Teacher's Recommendations / Comments: _____

Describe the Intervention Program type (Extended Year, Day, Intersession, Other):

Intervention Instructor's Comments: _____

Attachments

Parent Permission Form