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| **SAT Action/Intervention Plan Overview** |

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| **Student Information** |
| **Student Name:**  | **Student ID:** |
| **DOB:**  | **Date:**  |
| **School:**  | **Teacher:**  |
| **Grade:**  |   |

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| **Supporting Information** |
| **Overall Hypothesis:** |
|   |
| **Area(s) of Concern:** |

**SAT Action/Interventions**

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| **Area of Concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Note: The SAT will need to duplicate this section for each area of concern)** |

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| **Goal** |
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| **Accommodations/Actions Accommodations, activities, assessments and/or modifications necessary to address the area(s) of concern without changing the nature or integrity of instruction.** |
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| **Accommodation(s)\*** | **Person Responsible** | **Begin Date** | **Desired Outcome** | **Progress Measure/Product** |
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| **Action(s)\*\*** | **Person Responsible** | **Begin Date** | **Desired Outcome** | **Progress Measure/Product** |
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\* An **Accommodation** is an instructional adaptation or support that assists the student in their learning such as providing preferential seating and frequent feedback.

\*\* An **Action** is a specific tasks that the SAT has determined necessary as part of the SAT process such as completing a vision/hearing screening.

**Accommodation**s and **Actions** may be critical in order to meet the student’s needs, however, they are not considered an intervention.

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| **Interventions Approaches that change the nature or intensity of instruction.** |
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| **Name of Strategy/Intervention:** |
| **Person(s) Responsible:** |
| **Start Date:** |   | **End Date:** |
| **Size of Group:** | **Session Length:** | **Frequency:** |

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| **Progress Monitoring** |
| **Start Date:**  | **End Date:**  | **Schedule:**  | **Required Number of Data Points:**  |
| **Evaluation Tool:**  | **Unit of Measurement:**  | **Baseline Data Point:**  | **Targeted End Point:**  |

SAT may insert their own progress monitoring graph, as appropriate. However, data are a critical aspect of an effective SAT Action/Intervention Plan.

**SAT Meeting Signature**

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| **Initial Meeting Date:** |
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| **SAT Meeting Participant(s)** |
| **Position** |   | **Name** |   | **Agree/Disagree** |   |
| **Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **Classroom Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **SAT Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |
| **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏 Yes 🞏 No |

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