

# SCHOOL BASED TEAM INTERVENTION STRATEGIES SUMMARY

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
(Surname) (Given) (YYYY/MM/DD)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Date of Initial Meeting: \_\_\_\_\_ Support Personnel Involved: \_\_\_\_\_  
(YYYY/MM/DD)

## LEARNING OR BEHAVIOUR CONCERN:

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INTERVENTION IMPLEMENTED	INTERVENTION DATE (YYYY/MM/DD)	S/U SATISFACTORY/ UNSATISFACTORY	OUTCOME

## LEARNING OR BEHAVIOUR CONCERN:

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INTERVENTION IMPLEMENTED	INTERVENTION DATE (YYYY/MM/DD)	S/U SATISFACTORY/ UNSATISFACTORY	OUTCOME

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(YYYY/MM/DD)

This information is being collected under the authority of the *Education Act* for the purpose of assessing student needs and determining student programming. This information may be shared with other agencies as required to be used in establishing related data bases. For further information, please direct inquires to the Principal of the school designated on this form.