

Student Assistance Program Prior Interventions Checklist

Student Name & Grade: _____

Referring Teacher: _____ Date: _____

Please indicate the types of intervention you have tried prior to referral by placing an "x" in front of the strategies you have implemented.

- Spoke to student privately after class
 - Explained class rules and expectations
 - Explained concerns
 - Gave student help after class/school
 - Implemented preferential seating
 - Gave student special work at his/her level
 - Implemented peer tutoring or study buddies
 - Arranged an independent study program for student
 - Utilized cooperative learning
 - Modified the discipline plan
 - Referred to Principal for ESL Evaluation
 - Demonstrated extra attention to student
 - Assigned student after school detention
 - Referred student to administration
 - Spoke with parent on the telephone
 - Held conference with parent at school
 - Sent notices home regarding behavior/school work
- Referred student to Remedial Reading
 - Referred student to Remedial Math
 - Referred student to School Counseling
 - Modified assignments
 - Checked cumulative folder
 - Built on student's successes
 - Referred to EP

Phone # _____ Date: _____

Other (*Please explain*)

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