

	PROBLEM SOLVING TEAM INTERVENTION PLAN
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Student: _____ Plan Development Date: _____

Intervention #: 1 2 3 _____
 Area of Concern: Reading Math Writing Behavior

Goal: _____

INTERVENTION	
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Brief Description:	
Description of Needed Materials:	
Intervention Implementer:	
When:	
Where:	
How Often:	

MEASUREMENT SYSTEM	
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Data Collection System:	
Data Collector:	
What Will Be Recorded?	
Frequency of Data Collection:	
When Will Data Be Collected?	

Intervention Start Date: _____
 Review Date: _____ Time: _____ Place: _____

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