

Flagstaff Unified School District
Student Success Team Intervention Plan and Log for Tier II Interventions

Student: _____ Grade: _____ School: _____ Date: _____

Plan Coordinator _____ Follow-up date to review student's response to the SST Intervention Plan: _____

To be completed by the person delivering the intervention.

Date	PRIMARY PROBLEMS / CONCERNS	ACADEMIC/ BEHAVIORAL GOALS or EXPECTATIONS FOR THIS STUDENT	INTERVENTIONS/ACTIONS	INCENTIVES/REINFORCERS FOR STUDENT	WHO DELIVERS INTERVENTION/WHEN	HOW PROGRESS WILL BE MONITORED
Date	Intervention Data – include type of interventions, frequency, intensity and duration				Results - describe how well the interventions produced the desired improvements in the student's skills, learning strategies, work habits, emotional functioning, and/or behaviors. Please document the conclusions and recommendations on the SST Meeting Form throughout the SST process.	