



EDUCATION CONSIDERATIONS/RECOMMENDATIONS

Student: _____ Campus _____

DOB: _____ Room # _____ Teacher: _____

DATE: _____

___ HSCIT determines that no further intervention is needed.

___ Documented interventions are effective to assist the student academically.
 HSCIT determines that interventions will continue.

___ Information to be sent to:
 ___ LEA
 ___ Private provider

___ Interventions listed above have NOT been effective.
 Additional interventions will be applied. See attached document.

___ Pre -ARD Meeting Date: _____ ARD Meeting Date: _____

___ Team member's signatures attached

Additional comments/concerns

Signatures of Team Members: (Parent, Cur Dir., Lead Teacher, Campus Director, FSW, D/MH Spec.)	Agree/Disagree	Position/Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____