INTERVENTION & MONITORING PLAN

Student: _____ **Grade:** _____ **Age:** _____ **Date of Birth:** _____

School: _____ **Date:** _____

Check appropriate actions to implemented below:

DISCIPLINE MEASURES

☐ Confrontation/warning	☐ Parent Meeting
☐ Restorative Practice (Specify):	☐ Restitution if property damage
☐ Letter of Apology	☐ Community Service Hours #:
☐ Detention: # of days _____	☐ Ticketed by Law Enforcement (Specify):
☐ Suspension: # of days _____ ☐ ISS ☐ OSS	☐ Charges Filed by Law Enforcement (Specify):
☐ Alternative to Suspension (Specify):	☐ Law Enforcement Diversion Program (Specify):
☐ Conflict Resolution (Specify):	☐
☐ Expulsion (Length of Expulsion): _____ Code of Conduct Violation: _____	☐

MONITORING MEASURES

☐ Check in: With Whom: _____ How Often: _____ When: _____ Back up adult: _____
☐ Check out: With Whom: _____ How Often: _____ When: _____ Back up adult: _____
☐ Ongoing collaboration between school and parent/guardian: How Often: _____ When: _____ By Whom: _____
☐ Parent/guardian will provide increased supervision: Specify: _____
☐ Ongoing collaboration with agency: Name of Agency: _____ Agency Professional: _____ School Professional: _____ How Often: _____ By: ☐ phone ☐ email ☐ Other: _____
☐ Ongoing collaboration with probation/juvenile diversion: Name of Agency: _____ Agency Professional: _____ School Professional: _____ How Often: _____ By: ☐ phone ☐ email ☐ Other: _____
☐ Ongoing collaboration with mental health professional: Name of Professional: _____ School Professional: _____ How Often: _____ By: ☐ phone ☐ email ☐ Other: _____
☐ Items to be Searched: Items: _____ By Whom: _____ How Often: _____ When: _____

☐ Check in: With Whom: _____ How Often: _____ When: _____ Back up adult: _____
☐ No contact agreement: Specify: _____ *Use sparingly* may increase risk of violence
☐ Whereabouts on campus monitored, by whom: _____
☐ Daily schedule modified: Specify: _____
☐ Restrictions: Specify: _____
☐ Student will be detained, incarcerated, or placed at/by:
☐ Other:
☐ Permission to exchange information obtained: ☐ Name professional/agency: _____ Date: _____ ☐ Name professional/agency: _____ Date: _____ ☐ Name professional/agency: _____ Date: _____

SKILL DEVELOPMENT MEASURES:

☐ Student will begin: ☐conflict resolution ☐therapy ☐social skills group ☐ Other: _____ Provider: _____ ☐ at school ☐ community provider	
☐ Counseling provided by community provider (clinical psychologist, LPC, LCSW, etc.)	☐ recommended ☐ being implemented - Professional: _____
☐ Counseling provided by school-based staff (school psychologist, counselor, or social worker)	☐ recommended ☐ being implemented - Professional: _____
☐ Counseling provided by district staff (mental health counselor, behavior interventionist)	☐ recommended ☐ being implemented: Professional: _____
☐ Student referred for a special education assessment by (date): _____	
☐ IEP Review Team Meeting	
☐ Functional Behavioral Assessment (FBA) will be conducted	
☐ Behavior Intervention Plan (BIP) to be developed	
☐ Behavior Interventionist/Support Assistant referral	
☐	☐

RELATIONSHIP BUILDING MEASURES:

☐ Student will seek support from: ☐counselor ☐mental health ☐administrator ☐mentor ☐other: _____	
____ ☐ Student will participate in school activities. Specify: _____	
☐ Student will participate community-based program(s). Name of program: _____Agency involved: _____	
☐ Peer Mentoring Program	
☐ Adult Mentor: Name of mentor: _____	
☐	☐

ADDITIONAL INTERVENTIONS:

☐ Revise IEP/504 Plan	☐ McKinney-Vento/Foster Care referral
☐ Intervention team referral	☐ Social Service referral
☐ Change in transportation Specify: _____	☐
☐ Evaluation Specify: _____	☐

Additional Notes:

Intervention & Monitoring Plan Developed on: Date: _____

Plan Distributed to (list personnel on a need to know basis only):

Primary School Contact: _____ Secondary School Contact: _____

- These shall be qualified school professionals, who will meet regularly with the student and monitor the *Intervention and Supervision Plan*.

Reentry Meeting ☐ Required - Date: _____ ☐ Not Required
Date of Follow-Up Meeting to Review Progress: _____
Note: documentation from reentry/follow-up meetings should be attached to this form and maintained with the other Threat Assessment records.

Team Member Signatures:

_____ _____
_____

_____ _____
_____