

[Insert School Name]
ACADEMIC INTERVENTION SERVICE PLAN

The Child Study Team (CST) at *[Insert School Name]* holds weekly, grade-based meetings for the purpose of identifying and strategizing interventions for at-risk students.

Section I: Demographics

Date of Request: _____

Name and Titles of CST Members: _____

Student's Name: _____

DOB: _____

Grade/Class: _____

NYC ID # _____

Parent's Name: _____

Phone # _____

Section II: Presenting Concerns

Academic: _____

Behavioral: _____

Section III: Classroom Interventions

Intervention Attempted	Person(s) Responsible	Dates	Class/Period	Student's Response