

ROCKINGHAM COUNTY PUBLIC SCHOOLS
Speech/Language Intervention Plan

STUDENT _____ GRADE _____ DOB ____/____/____

SCHOOL _____ TEACHER _____ DATE ____/____/____

PERSONS PRESENT _____

TARGET BEHAVIORS/SKILLS	INTERVENTIONS	POSITION	TIMELINE	PROCEDURES FOR EVALUATION/RESULTS

☐ I give consent for Rockingham County Public Schools to provide the intervention(s) noted above.

Signature

☐ I do not give consent for Rockingham County Public Schools to provide the intervention(s) noted above.

Signature

Results of intervention: ☐ Successful/Continue ☐ Revise Strategies (develop new intervention plan) ☐ Refer to Student Study Committee for SPED evaluation

Student File

Teacher

Parent