

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