**Program Name**

**Intervention Plan**

**Student Name:**

**Grade:**

**Month of: Date:**

**\_\_\_\_\_\_\_ Modify** how our direct weekly contact is achieved

\_\_\_\_\_\_\_ **Increase** the frequency and time spent each week with the student to enhance student achievement

\_\_\_\_\_\_\_ **Modify** the student’s learning goals and performance outcomes

\_\_\_\_\_\_\_ **Modify** the number of courses being taken in WSLP and the scope and sequence of the learning goals and objectives

**DESCRIPTION OF MODIFICATION:**

**COURSE OF STUDY:**

* **GOAL(S) FOR THE MONTH:**

**Certificated Teacher Signature:**

**Student Signature (as available):**

**Method of student involvement:**