

Student Name:	Grade:	Teacher
Referring Agent	Referral Date	Date (s) of Meeting (s)

Individual Learning Improvement Plan **Webster Groves School District**

<p>Team Members Present</p> <p>Parent/Guardian Notified ____ Yes ____ No</p>

<p>Strengths of Child</p>
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<p>Identified Problem (Be Specific)</p>
<p>Why do you know this is a problem? What is the data to support?</p>

<p>Desired Outcome / Goal (Measureable)</p>
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Interventions Selected

*interventions that may be used with the students strengths to enhance learning, set a plan to scaffold the interventions as they develop their deficits or strengths

Tier 1-

Tier 2-

Tier 3-

Data Collection System to monitor the effectiveness of the intervention:

Date:	Guided Rdg. Level * = 1 yr below ** = 2 yrs below	Rdg. CBM	Rdg. MAZE	Other (DRA; running record data; etc)

Intervention will begin on _____ and end on _____.

Person Implementing Intervention: _____ Role / Title: _____

Name of Assessment Tool: _____

Location of Intervention: _____

Frequency of Intervention: (Min/days/wk) _____

Date of Follow-Up Meeting: _____

Other Data for Math/Writing/Behavior (optional)

Date:				