



EDUCATION CONSIDERATIONS/RECOMMENDATIONS

Student: _____ Campus _____

DOB: _____ Room # _____ Teacher: _____

DATE: _____

___ HSCIT determines that no further intervention is needed.

___ Documented interventions are effective to assist the student academically.
 HSCIT determines that interventions will continue.

___ Information to be sent to:
 ___ LEA
 ___ Private provider

___ Interventions listed above have NOT been effective.
 Additional interventions will be applied. See attached document.

___ Pre -ARD Meeting Date: _____ ARD Meeting Date: _____

___ Team member's signatures attached

Additional comments/concerns

| Signatures of Team Members: (Parent, Cu.Dir, Lead Teacher, Campus Director, FSW, D/MH Spec.) | Agree/Disagree | Position/Title |
|--|----------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |