

IAT Certificate of Intervention Assurance

This form is to be completed for each student involved in the IAT process and submitted with referral for multidisciplinary evaluation

This is to certify that I, _____,
Principal at _____,
(School Name)

have met with and reviewed the agreed upon intervention plan for
_____. This form indicates
(Student's Name)

that his/her educators have read and been informed of the plan, and
have agreed to implement the plan as written by the IAT.

Educator/Faculty	Date of Assurance	Signature