

Morgan Local School District IAT Intervention Log

Student Full Name: _____
 School: _____
 Parent(s)/Guardian(s): _____
 Address: _____
 City/State: _____

Date: _____
 Date of Birth: _____
 Grade: _____
 EMIS#: _____
 Telephone: _____

Describe the Gap between Current Performance and Expected Performance: _____

Focused Learning or Behavior Goal: _____

Intervention Strategies, Methods, or Programs	Implementer's Name	Intervention Frequency and Duration <small>(i.e. 30 mins/day, 5X per week for 6 weeks)</small>	Summary of Results – Attach Results of Intervention.

Focused Learning or Behavior Goal: _____

Intervention Strategies, Methods, or Programs	Implementer's Name	Intervention Frequency and Duration <small>(i.e. 30 mins/day, 5X per week for 6 weeks)</small>	Summary of Results – Attach Results of Intervention.

Focused Learning or Behavior Goal: _____

Intervention Strategies, Methods, or Programs	Implementer's Name	Intervention Frequency and Duration <small>(i.e. 30 mins/day, 5X per week for 6 weeks)</small>	Summary of Results – Attach Results of Intervention.

*Copy as many blanks forms as needed to document all interventions.