



EDUCATIONAL SERVICE UNIT No. 11

412 W. 14TH AVE. • P.O. Box 858
 HOLDREGE, NE 68949-0858

TELEPHONE (308) 995-6585 • FAX (308) 995-6587
 WWW.ESU11.ORG

SAT/Intervention Meeting

Student: _____ Age/Grade: _____ Assigned Case Manager: _____ Parents: _____ Those in Attendance: _____ _____ _____	Referral Source: _____ Date of Meeting: _____ Date of Follow-Up Meeting: _____ Parents Attended? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Target Area 1:

Target Area 2:

___ **READING/COMPREHENSION** (Indicate which Target Area is addressed)

**** Please choose only one intervention per target area ****

Goal:

	Whole Group	Small Group	1:1	Amt. of Time (min/day)	Number of Weeks	Person Responsible	Type of Documentation
Additional Phonics							
Direct Instruction							
Repeated Reading							
Repeated Listening							
Reciprocal Teaching							
Tapping							
Listen/Practice/Preview							
Paired Reading							
Chunk Strategy							
Click Strategy/ Self-Questioning as reads							
Additional Letter Identification							
Sound to Work (a apple /a/)							
Choral Responding							
Story Map							
Use of Visual Aids/ Pictures							
Multi-Step Text Review							
Whisper Phones							
Fluency Builders							
Vocabulary (Sorry Charlie Game)							
Vocabulary Builders							
Graphic Organizers (Main Idea; Elements of Literature)							
Breaking Tasks Down into Smaller Parts							



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___ MATH (Indicate which Target Area is addressed)

**** Please choose only one intervention per target area ****

Goal: _____

	Whole Group	Small Group	1:1	Amt. of Time (min/day)	Number of Weeks	Person Responsible	Type of Documentation
Cover/Copy/Compare							
Math Manipulative							
Highlight the Operation to be performed							
Breaking Tasks Down into Smaller Parts							
Use of Visual Aids / Pictures							
Flash Cards							
Number Line							
Folding In							
Touch Math							
OTHER:							

___ WRITING/SPELLING (Indicate which Target Area is addressed)

**** Please choose only one intervention per target area ****

Goal: _____

	Whole Group	Small Group	1:1	Amt. of Time (min/day)	Number of Weeks	Person Responsible	Type of Documentation
Write-Say Method							
Multi-Sensory (writing in Jell-o, sand, etc)							
Graphic Organizer							
Idea Mapping							
Breaking Tasks Down into Smaller Parts							
OTHER:							



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___ BEHAVIOR/ORGANIZATION (Indicate which Target Area is addressed)

** Please choose only one intervention per target area **

Goal: _____

	Whole Group	Small Group	1:1	Amt. of Time (min/day)	Number of Weeks	Person Responsible	Type of Documentation
Giving Breaks							
Use of a Timer							
Having Student Repeat Directions							
Assignment Book							
Breaking Tasks Down into Smaller Parts							
Rewards							
Teacher Proximity							
Praise							
Use of Checklists or Picture Schedule							
Time Out							
Use of Visual Aids/ Pictures							
OTHER:							