Name of School: **REMEDIATION/INTERVENTION TEMPLATE**

Program(s) Name/Type of Service	Subject(s)/ Grades	Goal(s) A=Achievement B=Behavior C=Climate	Staff/Position Type Responsible	Funding Source (DSSF, Remediation or School Funds)	Years in Place (including this year)	Total Number of Students Served	Number of Days per week	Minutes per Session	Evidence to Show Improvement
example: Classcape	Reading/ 3-5	A	Certified ELA Teacher	DSSF	3	30	3	40	See attached

Student Rosters should be collected and reviewed at least quarterly and maintained along with SIP plan.

Date: _____

Please include all levels of programs and services used to provide remediation/intervention/enrichment.

Signature:_____