



Form E

Graves County Schools Student Progress Update Response to Intervention

Student Name: _____

Date: _____

After reviewing your child's academic progress monitoring data, it was determined that your child is:

_____ progressing _____ regressing _____ little/no change

Based on this information, your child will:

- _____ continue to remain in his/her intervention group
- _____ receive increased time in his/her intervention group
- _____ receive an additional and/or different intervention/group
- _____ no longer require intervention services

Currently, your child is receiving interventions targeting the following areas:

Subject	Reading <input type="checkbox"/>	Math <input type="checkbox"/>	Behavior <input type="checkbox"/>
Target Area	Phonemic Awareness	Number Sense	Check & Connect
	Phonics	Basic Facts	Group Counseling
	Fluency	Application	Individual Counseling (Teacher, Guidance Counselor, Principal, Other)
	Comprehension	Word Problems	Mentor
	Vocabulary	Geometry/Measurement	Other
# of days per week	M T W Th F	M T W Th F	M T W Th F
# of minutes per day			

Interventionist: _____

Homeroom Teacher: _____