

***PROBLEM SOLVING / C.S.I.***  
**INTERVENTION PLAN FOLLOW-UP MEETING**

Name of Student:

Date of Birth

Age at referral

Grade

Participant's Name/Title:

**STEP 4: EVALUATE THE PLAN**

Required data charts / graphs are attached. ☐ Yes ☐ No

- ✓ Estimate the amount of time spent on intervention (resource allocation).
- ✓ Can this intervention be maintained with minimal supports in the general curriculum?

List goal(s) and effect(s) for targeted intervention (s):

Goal	

Next course of action:

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Additional follow-up meeting required: ☐ Yes ☐ NO

Date:

Time:

Location:

Coverage Needed:

Name

Title

Date