

**INTERVENTION FORM**

Teacher \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

I. Specific Behaviors that Need Improvement:

II. Objectives and Action Plan for Improvement:

III. Criteria for Assessing Progress and Judging Performance:

This is to certify that we have read and discussed the above intervention plan.

Teacher \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_