

St. Lucie Public Schools Student Services

FTE/Tiered Intervention Document Form – 5 Day Rotation

Tier 3 Intervention

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

School Counselor Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Intervention: \_\_\_\_\_

SDS Entered	Course/Qualifier	Section	Interventionist	Building/Room Number	Gen Ed Teacher Name	Effective Date	Period (Check Bell Schedules)	Days MTWRF	Time To From	Total Minutes	ESE Y/N

Change in Service – DROP the following Tiered Intervention

SDS Entered	Course/Qualifier	Section	Interventionist	Building/Room Number	Gen Ed Teacher Name	Effective Date	Period (Check Bell Schedules)	Days MTWRF	Time To From	Total Minutes	ESE Y/N

Certified Accurate by School Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

School Data Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

White: Data Specialist

Yellow: Guidance