

St Lucie Public Schools Student Services
 FTE/Tiered Intervention Document Form - 2 Day Rotation
 Tier 3 Intervention

Student Name: _____ ID #: _____ Grade: _____

School Counselor Completing Form: _____ Date: _____

Intervention: _____

SDS Entered	W E E K	Course #	Section	Interventionist	Building/ Room #	Gen Ed Teacher Name	Effective Date	Period(s) (check bell schedule)	Days Day 1 & 2	Time (To & From)	Total Mins (Per Week)	ESE Y/N	
	1								MTWTF				
	2									MTWTF			
	1								MTWTF				
	2									MTWTF			

When a student is being removed from a Tiered Intervention, the School Counselor should fill out the bottom portion of the original document and provide it to their SDS for input.

Change in Service – DROP the following Tiered Intervention

SDS Entered	W E E K	Course #	Section	Interventionist	Building/ Room #	Gen Ed Teacher Name	Effective Date	Period(s) (check bell schedule)	Days Day 1 & 2	Time (To & From)	Total Mins (Per Week)	ESE Y/N	
	1								MTWTF				
	2									MTWTF			
	1								MTWTF				
	2									MTWTF			

Certified Accurate by School Counselor: _____ Date: _____

School Data Specialist: _____ Date: _____