

**East Guernsey Local School District Intervention Plan**  
**School Year: \_\_\_\_\_**

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Intervention Provider:** \_\_\_\_\_

<b>Educational Need</b>	<b>Intervention Strategy</b>	<b>Evaluation/Review</b>

Notes:  
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\_\_\_\_\_  
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