

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE

**SOCIAL/EMOTIONAL/BEHAVIOR CONCERNS**

**GENERAL EDUCATION INTERVENTION CHECKLIST**

STUDENT'S NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_

**1.0 General Education Intervention Criteria (*All must be met*)**

			<u>Documentation on</u>		
Met	Not Determined	Not file Met	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<p>2.1 KAR 91-12-40(e) requires that "no child enrolled in regular education shall be identified as exceptional until the multidisciplinary team has documented the following:</p> <ol style="list-style-type: none"> <li>1. That the child has been presented with learning experiences which are appropriate for the child's age and ability levels; and</li> <li>2. That the child's potential for learning has not been achieved in that regular education environment".</li> </ol>					
<p>2.2 Following are strategies that must have been attempted in the regular education environment prior to a student being referred for a comprehensive evaluation. (Must meet first seven).</p>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Parent-teacher conferences to discuss the child's problem. Two conferences recommended. Date: _____ Outcome: _____ Date: _____ Outcome: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Parent-principal conference to discuss the problem. Date: _____ Outcome: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Counseling by USD staff or outside agency (if available). Dates from: _____ to _____ Number of sessions: _____ Outcome: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Classroom teacher/staff has followed intervention strategies as recommended by the general education intervention team. Please attach the strategies and result of the interventions in the general education intervention documents.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Family intervention with home-school coordinator. Dates from: _____ to _____ Number of sessions: _____ Outcome: _____	<input type="checkbox"/>	<input type="checkbox"/>

			<u>Documentation on</u>		
Not file	Not file		<u>Yes</u>	<u>No</u>	
<u>Met</u>	<u>Determined</u>	<u>Met</u>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. For students who are aggressive or disruptive, a discipline plan or suspension must have been tried. Date: _____ Outcome: _____ Date: _____ Outcome: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. As a part of the general education interventions, a behavior observation of educational performance was conducted by a person other than the regular classroom teacher who is trained in observation techniques.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. List any other intervention strategies attempted. _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

**Include this form in the General Education Intervention Documentation and referral when social/emotional or behavioral issues have been marked as concerns.**

General Education Intervention Team Members:

Signature	Position	Date
Signature	Position	Date
Signature	Position	Date
Signature	Position	Date
Signature	Position	Date

