

**GENERAL EDUCATION INTERVENTION (GEI)**  
**DATA FORM - REVISED 06/09**

**THE REGULATION:** (K.A.R. 91-12-40[c])

No child enrolled in regular education shall be identified as exceptional until the multidisciplinary team has documented the following:

- (1). That the child has been presented with learning experiences which are appropriate for the child's age and ability levels; and
- (2). That the child's potential for learning has not been achieved in that regular education environment.

**THE PURPOSE:**

The purpose of general education intervention is to provide support and assistance to regular classroom teachers so that they may deal effectively with students who exhibit learning or behavior difficulties. This problem solving process should involve parents and/or the student. In some cases, this intervention process will allow a student to remain in a regular education program. In other cases, referral for a comprehensive evaluation may be necessary after general education intervention if there is reasonable evidence that a student is exceptional and in need of special education services. The purpose of general education intervention is not to identify a student as exceptional nor to determine which categorical area may fit a student's needs. General education intervention takes place prior to any special education action.

**STUDENT'S NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**STUDENT'S KIDS ID NUMBER:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**REFERRED TO GENERAL EDUCATION INTERVENTION TEAM BY:**

\_\_\_\_\_  
Staff Person's Name

**DATE:** \_\_\_\_\_

**WAS THIS A PARENT REQUEST?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**(OVER)**

# GENERAL EDUCATION INTERVENTION DATA FORM

## **I. Collect Available Data**

Retentions: \_\_\_\_\_ Grade: \_\_\_\_\_ Number of School Districts Attended: \_\_\_\_\_

Attendance history (Past/Current): \_\_\_\_\_

HEARING \_\_\_\_\_ VISION \_\_\_\_\_  
SCREENING DATE: \_\_\_\_\_ RESULTS: \_\_\_\_\_ SCREENING DATE: \_\_\_\_\_ RESULTS: \_\_\_\_\_

List significant physical/medical information (i.e., seizures, allergies, medication, etc.) Include documentation of medical/mental health diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief description of social/emotional functioning: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Intelligence and Achievement Data:** Include copies of group and/or individual scores for the last three years:

### **Observation Data:**

Date	Observer	Describe student's behavior during observation
_____	_____	_____
_____	_____	_____

Areas of Concern (School subjects/skills): \_\_\_\_\_  
\_\_\_\_\_

## **II. Analyze Available Data**

After analyzing available data, develop hypotheses about the student's needs. Consider the role of:

**Instruction:** \_\_\_\_\_  
\_\_\_\_\_

**Curriculum:** \_\_\_\_\_  
\_\_\_\_\_

**Environment:** \_\_\_\_\_  
\_\_\_\_\_

**Learner:** \_\_\_\_\_  
\_\_\_\_\_

## **III. Interventions**

Develop strategies to meet the identified needs, implement research based strategies, and take data on the effectiveness of the strategies. Repeat this process if necessary. **Document on the Intervention page enclosed.**

#### IV. Analysis of Intervention Strategy Effectiveness:

##### A. Referral for Academic Deficits

1. Does the student have grades below C in a core academic area?  Yes  No  
If yes, which subject(s): \_\_\_\_\_
2. Does the student have grades below C in any subject due to behavior?  Yes  No  
If yes, which subject(s): \_\_\_\_\_
3. Does the student have group achievement scores below the 6<sup>th</sup> percentile?  Yes  No  
If yes, which subject(s): \_\_\_\_\_
4. Are the student's academic problems due to lack of instruction?  Yes  No  
If yes, please explain: \_\_\_\_\_
5. Are the student's academic problems due to an inconsistent academic program?  Yes  No  
If yes, please explain: \_\_\_\_\_
6. Research based, reasonable accommodations and/or modifications have been made to address the student's concerns. The results of these modifications/adaptations are documented on the Intervention Page.  Yes  No
7. Resources necessary to maintain learning are beyond those available in regular education.  Yes  No

##### B. Referral for Academic Strengths

8. Does the student have group ability scores above the 97<sup>th</sup> percentile?  Yes  No
9. Does the student have group achievement scores above the 95<sup>th</sup> %ile?  Yes  No  
If yes, which subject(s): \_\_\_\_\_
10. Has the student maintained A's in core academic subjects?  Yes  No
11. Does this student have the ability to maintain A's in core academic subjects, but performs inconsistently due to motivational factors?  Yes  No
12. Research based, reasonable accommodations and/or modifications have been made to address the student's concerns. The results of these modifications/adaptations are documented on the Intervention Page.  Yes  No
13. Creating academic challenges for this student is beyond what is available through general education programming.  Yes  No

##### C. Referral for Social/Emotional/Behavior Concerns

14. Has a functional behavior assessment been completed for this student?  Yes  No
15. Has a behavior intervention plan been used with this student?  Yes  No  
For how long? \_\_\_\_\_  
How successful was this plan? \_\_\_\_\_  
\_\_\_\_\_

16. What was the impact of the home school coordinator intervention (at least four visits with the student and/or family)? \_\_\_\_\_  
\_\_\_\_\_
17. Does the student's emotional/behavior concern negatively impact academic performance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, how? \_\_\_\_\_  
\_\_\_\_\_
18. Does the student build relationships with peers? \_\_\_\_\_ Yes \_\_\_\_\_ No
19. Does the student maintain relationships with peers? \_\_\_\_\_ Yes \_\_\_\_\_ No
20. Does the student build relationships with adults? \_\_\_\_\_ Yes \_\_\_\_\_ No
21. Does the student maintain relationships with adults? \_\_\_\_\_ Yes \_\_\_\_\_ No
22. Research based, reasonable accommodations and/or modifications have been made to address the student's concerns. The results of these modifications/adaptations are documented on the Intervention Page. \_\_\_\_\_ Yes \_\_\_\_\_ No
23. Resources necessary to maintain learning are beyond those available in general education. \_\_\_\_\_ Yes \_\_\_\_\_ No

**D. Referral for Health Concerns**

24. Does the student have a health concern which negatively impacts academic performance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, how? \_\_\_\_\_  
\_\_\_\_\_
25. Research based, reasonable accommodations and/or modifications have been made to address the student's concerns. The results of these modifications/adaptations are documented on the Intervention Page. \_\_\_\_\_ Yes \_\_\_\_\_ No
26. Resources necessary to maintain learning are beyond those available in general education. \_\_\_\_\_ Yes \_\_\_\_\_ No

**V. General Education Intervention Team Summary and Recommendations:**

**Parent Contacts:**

Meetings	Date/Contact Person	Team Recommendations/Comments	Results
Initial Meeting			
Parent Contact			
Second Meeting			
Parent Contact			
Additional Meetings			
Parent Contact			

**\*\* Committee must meet a minimum of two times at least three weeks apart.**

**Recommendations:**

The school team believes this student has been presented with learning experiences which are appropriate for the student's age and ability levels and this student's potential for learning (check one)  
\_\_\_\_\_ **has** or \_\_\_\_\_ **has not** been achieved through general education programming and services.

The school team recommends the following:

- \_\_\_\_\_ **Continue student improvement plan.**
- \_\_\_\_\_ **Refer for a 504 evaluation.**
- \_\_\_\_\_ **Refer for special education comprehensive evaluation.**

<b>Signatures of Committee</b>	<b>Date (1st Meeting)</b>	<b>Date (2nd Meeting)</b>	<b>Position</b>	<b>Agree/Disagree (Please Check One)</b>	
_____	_____	_____	_____	( )	( )
_____	_____	_____	_____	( )	( )
_____	_____	_____	_____	( )	( )
_____	_____	_____	_____	( )	( )
_____	_____	_____	_____	( )	( )
_____	_____	_____	_____	( )	( )
_____	_____	_____	_____	( )	( )
_____	_____	_____	_____	( )	( )
_____	_____	_____	_____	( )	( )

**REMINDERS!!!!!!**

**BEFORE SENDING A REFERRAL TO THE COOPERATIVE OFFICE, CHECK TO SEE THAT YOU HAVE COMPLETED AND INCLUDED THE FOLLOWING ITEMS:**

- \_\_\_\_\_ **the student's social security number?**
- \_\_\_\_\_ **the Intervention Page?**
- \_\_\_\_\_ **the Analysis of Intervention effectiveness?**
- \_\_\_\_\_ **for Audiology referrals, the Audiology Checklist ESC-600?**
- \_\_\_\_\_ **for Social/Emotional/Behavior concerns, the Home School Coordinator Referral ESC-302?**
- \_\_\_\_\_ **for Social/Emotional/Behavior concerns, the Social/Emotional/Behavior Checklist ESC-241?**
- \_\_\_\_\_ **for Academic Strength referrals, work samples or completed rubrics for work samples?**
- \_\_\_\_\_ **for Speech/Language referrals, include the Classroom Performance Data Checklist ESC-310**
- \_\_\_\_\_ **for ELL students, use Bilingual General Intervention Checklist ESC-96 and Bilingual General Intervention Questionnaire ESC-97**