

INTERVENTION SUMMARY
CANYONS SCHOOL PSYCHOLOGIST

STUDENT: _____

DATE: _____

DATE OF BIRTH: _____

GRADE: _____

SCHOOL: _____

PRESENTING CONCERNS, FOCUS OF SUPPORTS:

INTERVENTIONS (Individual, Group, Contracting, Counseling, etc.):

ALLIED SERVICES (Outside Agencies, Medical, etc.):

RESULTS OF INTERVENTIONS:

RECOMMENDATIONS (Maintain, Reassess, Release, etc.):

Canyons School Psychologist

