

# SUMMARY OF INTERVENTION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

D.O.B. \_\_\_\_\_ TEACHER: \_\_\_\_\_

## I. REASON FOR REFERRAL

## II. INTERVENTION METHOD

<u>Type</u>	<u>Frequency of Contact</u>	<u>Date (Period of Intervention)</u>
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## III. SUPPLEMENTARY SERVICES (OUTSIDE AGENCIES)

<u>Type</u>	<u>Provider</u>	<u>Frequency/Date</u>	<u>Phone #</u>
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## IV. RESULTS OF INTERVENTION

## V. RECOMMENDATIONS

\_\_\_\_ CONTINUE      \_\_\_\_ REASSESS      \_\_\_\_ RELEASE

CANYONS SCHOOL PSYCHOLOGIST \_\_\_\_\_