

STUDENT INTERVENTION HISTORY

Grade 00 – 9

Dear Parents

We would appreciate your assistance in compiling a summary of the history of interventions your child may have received. Where necessary please provide copies of reports that you may feel the school may benefit from in understanding the intervention more accurately.

The type of interventions we are looking at range from: Educational Psychologists, Occupational Therapists, Pediatric Neurologists, medical interventions, remedial lessons, etc. **PLEASE complete the top section even if there is nothing to report. Please complete a separate form per child.**

STUDENT NAME:		STUDENT SURNAME:	
GRADE:			

Type of Intervention	1	2	3
Name of Practitioner			
Telephone number of Practitioner			
Date Intervention started			
Date intervention ended			
Diagnosis			
Prescribed course of action e.g. Medication, glasses, therapy, etc			

Type of Intervention	4	5	6
Name of Practitioner			
Telephone number of Practitioner			
Date Intervention started			
Date intervention ended			
Diagnosis			
Prescribed course of action e.g. Medication, glasses, therapy, etc			