



### Home Instruction Student Intervention Summary Form

Students with disabilities receive special education and related services in the least restrictive environment (LRE) with nondisabled peers, to the maximum extent appropriate. Before considering a change in placement to Home Instruction (HI), an IEP team **must**:

- Review and complete this intervention summary form (double sided) and consult with the district Home Instruction Team before meeting as an IEP team to consider Home Instruction as a placement option.
- Address the student's critical needs by identifying and implementing research-based interventions, as appropriate, with fidelity over time.
- For social/emotional/behavioral concerns, an IEP team must implement intervention(s) for at least 10 consecutive school days. Multiple interventions can be implemented simultaneously.
- For social/emotional/behavioral concerns, use a data collection system to graph/chart data and review regularly to determine the student's response to targeted interventions.
- Exhaust all available resources and provide maximum services appropriate for the current setting, including reviewing current eligibility data with your district teacher specialist.

*Note: Interventions and data needed to complete this form may be summarized retroactively*

#### Student Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_ Boundary School: \_\_\_\_\_  
 Current School (if other than boundary): \_\_\_\_\_ Current Placement: \_\_\_\_\_  
 Team Leader: \_\_\_\_\_ Case Manager: \_\_\_\_\_

#### IEP Service & Teacher and Behavioral Specialist Contact Summary

Assigned Teacher Specialist:	Date Team Reviewed Eligibility with TS:	TS Contact Method (check all that apply)	Most Recent Eligibility Date:
_____	_____	<input type="checkbox"/> Email date: _____ <input type="checkbox"/> Phone date: _____ <input type="checkbox"/> In person date: _____	_____

#### Behavior Specialist Contact & IEP Services Summary

District Behavior Specialist Contact Checklist	Areas of Concern	Frequency of Current IEP Service Minutes Monthly:
<input type="checkbox"/> N/A <input type="checkbox"/> Initial Contact Date: _____ <input type="checkbox"/> Date of Behavior Specialist Consult: _____ <input type="checkbox"/> Date of Most Recent FBA/BIP Review: _____	<input type="checkbox"/> Academic <input type="checkbox"/> Functional <input type="checkbox"/> Social/Behavioral <input type="checkbox"/> Health Care Plan <input type="checkbox"/> Transition <input type="checkbox"/> Speech/Language <input type="checkbox"/> Other: _____	Academic: _____ Functional: _____ Social/Behavioral: _____ Health/Nursing: _____ Speech/Language: _____ Transition: _____ Health/Nursing: _____ Other: _____/mo. _____

#### Attendance Summary & LEA/Administrative Involvement

Attendance in a 45-day period:	LEA Involvement: (check all that apply)
<input type="checkbox"/> N/A <input type="checkbox"/> Truant for >5 days or less <input type="checkbox"/> Truant for ≥10 consecutive school days <input type="checkbox"/> Truant for ≥ 10 cumulative school days <input type="checkbox"/> Other, please explain: _____	<input type="checkbox"/> LEA Notified of Placement Consideration to HI <input type="checkbox"/> LEA Notified of Medical/Health Issues <input type="checkbox"/> LEA Notified of any Attendance/Truancy Issues  LEA Signature/Date: _____

Date IEP team submitted form: _____	This Box For HI Team Use Only	Updated: 8/2019
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### Intervention Data Summary for Critical Concerns

Summarize data below with any attached data tables and/or graphs\*, including any available retroactive data, to this document demonstrating the effectiveness of any necessary interventions over time.

Area(s) of Critical Concern #: ___ of ___ Academic/Medical**/Social/Behavioral:	List all area(s) of concern:
List the present level associated to this concern(s):	
List the IEP goal associated to this concern(s), if applicable:	
Describe the intervention(s) implemented with fidelity over time, if applicable:	
Summarize the effectiveness of the intervention(s), if applicable:	
How does the concern(s) affect the student's ability to make meaningful progress in general education?	
How does the concern(s) affect the student's ability to make meaningful progress in special education?	

\*Chart Dog - resource on Intervention Central: <https://www.interventioncentral.org/teacher-resources/graph-maker-free-online>

#### Suggested Interventions/Considerations for Medical, Social/Emotional, & Behavioral Critical Concerns

Medical	Social/Emotional & Behavioral
<ul style="list-style-type: none"> <li>❖ Short-term Home and Hospital (H&amp;H ≤45 days implemented with progress of intervention attached).</li> <li>❖ Outside communication between school IEP team member(s) &amp; qualified medical professionals/ physician</li> <li>❖ Long-term Home and Hospital (consult HI team).</li> </ul>	<ul style="list-style-type: none"> <li>❖ Check and Connect</li> <li>❖ Any further evaluation data needed</li> <li>❖ Further appropriate services</li> <li>❖ Implementation of FBA/BIP</li> <li>❖ Outside communication between school psych/outside therapist/clinicians?</li> <li>❖ Shortened Day</li> <li>❖ Short-term Home and Hospital (H&amp;H ≤45 days implemented with student progress attached)</li> </ul>

*\*\*If the student is being considered for Home Instruction due to severe medical reasons, interventions may not be necessary, however, teams should include any health-related information under "critical concerns".*

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