

GEI Form 4: GEI Intervention Action Plan

Date: _____

Student: _____ DOB: _____ Grade level: _____ School: _____

Student goal: _____

Intervention strategy(ies)	Implementation process: Who, when, how	Progress monitoring: (a) How goal is to be assessed (b) What constitutes success (benchmarks and total success) (c) Who will assess (d) Dates of monitoring

Action Plan review date and time: _____

Student: _____

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