



Hayward Unified School District

Catch-Up Intervention Plan, Part 2

Student:	ID#:	School:	Grade:
Teacher:		Date (1 st round):	Date (2 nd round):
Performance Level	Performance Goals <small>Explain expected growth in each intervention provided.</small>	Interventions <small>(Materials, Instructional Strategies, Assessment(s), etc.)</small>	
1 ST FALL	1 ST FALL	1 ST 2 ND PROVIDED BY SCHOOL	1 ST 2 ND PROVIDED BY STUDENT
<input type="checkbox"/> STAR ELA <input type="checkbox"/> STAR Math <input type="checkbox"/> CAHSEE <input type="checkbox"/> Classroom Performance in _____: <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Report Card/GPA: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Other		<input type="checkbox"/> <input type="checkbox"/> ELA Intervention (<i>Inside/Edge</i>) <input type="checkbox"/> <input type="checkbox"/> Math Intervention <input type="checkbox"/> <input type="checkbox"/> Modify Instruction <input type="checkbox"/> <input type="checkbox"/> Modify Testing <input type="checkbox"/> <input type="checkbox"/> Use SDAIE Methodology <input type="checkbox"/> <input type="checkbox"/> Change Grouping Patterns <input type="checkbox"/> <input type="checkbox"/> Help with homework <input type="checkbox"/> <input type="checkbox"/> Tutoring in _____ <input type="checkbox"/> <input type="checkbox"/> Provide Individual Assistance in _____ <input type="checkbox"/> <input type="checkbox"/> Provide Language Support in _____ <input type="checkbox"/> <input type="checkbox"/> Extra Academic Support during the school day in _____ <input type="checkbox"/> <input type="checkbox"/> Before school intervention in _____ <input type="checkbox"/> <input type="checkbox"/> After School Intervention in _____ <input type="checkbox"/> <input type="checkbox"/> Primary Language Support in _____ <input type="checkbox"/> <input type="checkbox"/> Summer School <input type="checkbox"/> <input type="checkbox"/> Saturday school intervention <input type="checkbox"/> <input type="checkbox"/> SST Option <input type="checkbox"/> <input type="checkbox"/> Other _____ <input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Come to class daily and on time. <input type="checkbox"/> <input type="checkbox"/> Participate in classroom activities and complete all classroom assignments daily. <input type="checkbox"/> <input type="checkbox"/> Come to class prepared and ready to work. <input type="checkbox"/> <input type="checkbox"/> Request help with homework in _____ <input type="checkbox"/> <input type="checkbox"/> Request extra academic support during the school day in _____ <input type="checkbox"/> <input type="checkbox"/> Go to tutoring sessions in _____ <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
2 ND SPRING	2 ND SPRING		
<input type="checkbox"/> CAHSEE <input type="checkbox"/> Classroom Performance in _____: <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Report Card/GPA: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Other			

Parent/Guardian Signature

Principal/Counselor/Designee Signature

Parent/Guardian Signature

Principal/Counselor/Designee Signature