



# Hayward Unified School District

## **Site Based Catch-Up Intervention Programs**

School Site: \_\_\_\_\_ Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECTIONS:** Please complete the following chart with the name(s) of any intervention program(s) you are providing ELL students at your site. Include a brief description of each intervention program and the name(s) of the personnel responsible for providing the intervention program. Return this form to the ELL Office by October 30 of the current academic school year.

<b>Intervention Program</b>	<b>Description and Goals of Intervention Program</b>	<b>Personnel Responsible</b>