**Teacher Support Team**

**COUNSELOR INTERVENTION FORM**

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Tier** | **Intervention** | **Time**  **(In minutes)** | **Specific Intervention info** | **Response to intervention**  **(describe your impressions of the student’s response to this intervention)** |
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This should be documentation of direct counseling with the student.