Pittsburg Community Schools
Student Improvement Team

Student____Grade____________

Action Plan

(if behavior is a concern, complete and attach functional behavior assessment)

Strategies/Interventions/Procedures (please include dates)	Who is responsible?	How measured
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Action recommended to be taken by the team:

___ Create action plan
___ Continue action plan
___ Modify action plan
___ No further interventions needed
___ Refer for special education evaluation
___ Action plan review date: _________________