

La Pryor ISD  
**CARE Team Tier 1 Form**

Student Name	Grade Level	Date
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**What is the nature of concern?**

**Attempted Interventions (Check ✓ all that apply)**

<b>Intervention</b>	<b>Results</b>
<input type="checkbox"/> Peer Tutoring/Assistance	
<input type="checkbox"/> Using Checklists	
<input type="checkbox"/> Break Assignment/Lesson into smaller chunks	
<input type="checkbox"/> Use of graphic organizers	
<input type="checkbox"/> Preferential seating	
<input type="checkbox"/> Anticipation Reading Guides	
<input type="checkbox"/> Activating Prior Knowledge	
<input type="checkbox"/> Alternating spoken with written manipulative tasks	
<input type="checkbox"/> Highlighting key ideas/concepts	
<input type="checkbox"/> Using covered overlays	
<input type="checkbox"/> Give oral tests	
<input type="checkbox"/> Allow more time for assignment completion	
<input type="checkbox"/> Use a timer to define work times	
<input type="checkbox"/> Provide choice	
<input type="checkbox"/> Collaborative grouping/partner	
<input type="checkbox"/> Positive reinforcement	
<input type="checkbox"/> Providing a "cooling off" time	
<input type="checkbox"/> Allow for "motor" breaks	

**Best time for student observation?** \_\_\_\_\_

**Record of Parent notification of concern:** \_\_\_\_\_