

**Johnson County High School
Gateway Intervention Plan**

Student Name: _____

Course: (Circle One) Algebra I Biology I English 10

Statement of Concern:

Intervention Offered:

Reason Intervention has been selected:

Responsibilities of Johnson County High School:

Responsibilities of Student:

By signing below, each party is attesting to an understanding of the intervention strategy, the responsibilities of Johnson County High School, and the responsibilities of the student:

Student Signature: _____ **Date** _____

Parent Signature: _____ **Date** _____

Teacher Signature: _____ **Date** _____

Principal Signature: _____ **Date** _____
Or Intervention Coordinator

REFUSAL OF INTERVENTION (Please Check Here and Sign Above) ()

****Student and parent are agreeing that an intervention strategy has been offered but has been refused.****