

**DIOCESE OF DAVENPORT
SCHOOLS OFFICE**

INTENSIVE ASSISTANCE STATUS REPORT

PHASE II

Status Report for: _____ School _____

IA Team Members: _____ Date: _____

Summarize the Problem:

Number of Months Assistance was Provided: _____

Summary of Intensive Assistance: PLAN IMPLEMENTATION

Dates of Monthly Reviews:

What Documentation is Available? (have available to show)

Teacher Signature