

MADISON ELEMENTARY SCHOOL  
RESPONSE TO  
ACADEMIC/BEHAVIORAL CONCERNS



Concern for Student



**BY**



Student, Parent, Teacher, or Staff



**COMMUNICATED TO**



Parent, Principal, Teacher, YSB Specialist, or Nurse



**REFERRAL TO**



**G.E.T.** (*Madison's General Education Intervention Team*)



**ACTION PLAN**



*(one or more interventions)*

- |                             |                                   |
|-----------------------------|-----------------------------------|
| · General Intervention Plan | · Behavioral Contract             |
| · YSB Specialist            | · Recommendation for Testing      |
| · Outside Counseling        | · Medical Intervention (parental) |



**STUDENT SUPPORT PLAN**