**Intervention Record (Intervention name)**

Student Name:

Start Date: Duration: End Date:

Supporting Staff:

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| Aim of Intervention: | | |
| Initial Assessment | | |
| Date: | Topic covered: | Comments on progress: |
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| **Progress check against intervention aim:** (Is there evidence of good progress towards the aim? Has the aim of the intervention been met? Does the aim need to be changed/developed? Does the intervention need to continue or end?) | | |
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| **Post Intervention Analysis of Impact**  Aspects to consider:  Has the intervention achieved its aim?  What has positively changed for the young person?  Has there been a positive impact on their academic attainment?  Has there been a positive impact on their effort grades?  Has there been a positive impact on their social and emotional well-being?  Has there been a positive impact on their attendance? | | |