**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?  |