**Date:**

**Child’s Name: DOB:**

**Site/Room: Teacher:**

**Areas of Intervention:**

**Category:**

**STRATEGIES:**

**TS GOLD Objectives:**

\*Implementation of the strategies will be reflected in your lesson plan. It can be under the home goal if the parent is in the agreement with an Intervention Plan; if not, then this can be on your SRG week. Please remember to label the observations with Intervention, along with including the objectives. This is also the same for your lesson plan.