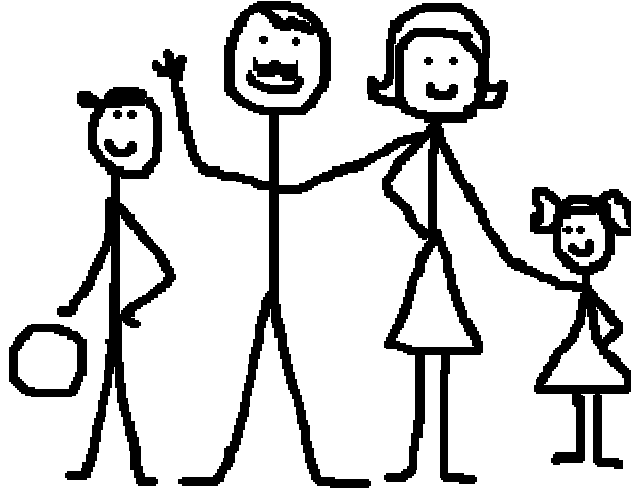


**Intervention Team Form
Jefferson County Schools
Dandridge, TN**



School Name

Student's Name

Date of Birth

_____ A Intervention Team file
is available on this student

(file location) (Date)

_____ A 504 file is available on this student

(file location) (Date)

_____ Gate Program (Gift and Talented)

(Grade) (Date)