Locally Designed Intervention Program

**INTENT TO OFFER**

**School:**

**Cost Center:**

**Local District:**

**Contact Person:**

**Title:**

**Email:**

**Telephone Number:**

**Program Funding:**

- [ ] Title I
- [ ] Title III
- [ ] TSP
- [ ] SIG
- [ ] Other (Specify Fund)

Program student eligibility criteria, proposed instructional curriculum, and pre/post test assessment descriptions:

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**THIS FORM IS DUE 3 WEEKS PRIOR TO THE START OF THE INTERVENTION PROGRAM/SESSION**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Subject</th>
<th># of Classes</th>
<th>Teacher-Student Ratio</th>
<th>Planned Intervention Instruction, curriculum and Pre/Post Assessments to Be Used.</th>
<th>Program Start Date</th>
<th>Program End Date</th>
<th>Weekly Schedule of Days, Start &amp; End Times</th>
<th>Total # of Meeting Days</th>
<th>Minutes per Class Meeting</th>
<th>Total # of Hours for Complete Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>ELA</td>
<td>2</td>
<td>1:10</td>
<td>SAMPLE: Fast ForWord reading comprehension with DIBELS Next pre/post</td>
<td>1-10-18</td>
<td>3-1-18</td>
<td>Wed &amp; Thurs. 3:00 - 3:45 p.m.</td>
<td>16</td>
<td>45 minutes each</td>
<td>12 hours</td>
</tr>
</tbody>
</table>

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(Date) ____________________ (Print Principal Name) ____________________ (Principal Signature) ____________________

Return this form to Beyond the Bell Branch Academic Intervention Unit for review

FAX # (213) 241-7562 or

EMAIL: btb-intervention@lausd.net