

# Support Group Method (SGM) Intervention Form



Intervention Staff(s): \_\_\_\_\_

Intervention target student: \_\_\_\_\_

Date of SGM Intervention: \_\_\_\_\_

Dates of follow-ups: \_\_\_\_\_

**Note:** all interventions are to be entered on the District's specified electronic data collection system.

1. Please list the parties involved in the SGM intervention (students & grade levels):

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2. Faculty/Support Staff present: \_\_\_\_\_

3. Please describe the events leading up to the intervention:

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4. Please describe the intervention itself: (Attach SGM Referral Form, any notes and intervention guidelines)

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5. Please describe the follow-ups conducted with the target:

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6. Please describe the follow-ups conducted with each of the Support Group students:

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7. List and further recommendations and/or referrals made to whom and on what date:

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