

SPECIAL EDUCATION
CONSULTANT VISIT RECORD AND STAFF INTERVENTION REPORT

CHILD _____

CLASSROOM _____

CONSULTANT _____

DATE & TIME _____

TEACHER _____

DATE&TIME OF NEXT VISIT _____

FOCUS OF VISIT _____

ACTIVITIES/TECHNIQUES IMPLEMENTED BY
CONSULTANT _____

OBSERVATION: _____

CONCERNS: _____

INTERVENTIONS FOR CLASSROOM TEACHER TO
IMPLEMENT: _____

NEEDED FOLLOW-
UP _____
