



ALTERNATIVE STRATEGIES AND FOLLOW-UP FORM

Student's Name:		Date and Type* of Conferences: ()()()()			
School:	Grade:	DOB:	CST Chairperson:	Student ID. #	

Problem Area (Objective, Specific and Quantifiable):

Replacement Behavior (Goal when student would no longer be at-risk):

Alternative(s) to be tried at Grade/School Level (Plan) <small>(Please note: These alternatives may be helpful with other students in the class as well).</small>	Date of Initiation	Person(s) Responsible
1.		
2.		
3.		
4.		
5.		

FOLLOW-UP QUESTION:

Problem Area (Objective, Specific and Quantifiable):

Replacement Behavior (Goal when student would no longer be at-risk):

Alternative(s) to be tried at Grade/School Level (Plan) <small>(Please note: These alternatives may be helpful with other students in the class as well).</small>	Date of Initiation	Person(s) Responsible
1.		
2.		
3.		
4.		
5.		

FOLLOW - UP QUESTION:

* Type of Conferences: CST, LEP, ESE, and 504

