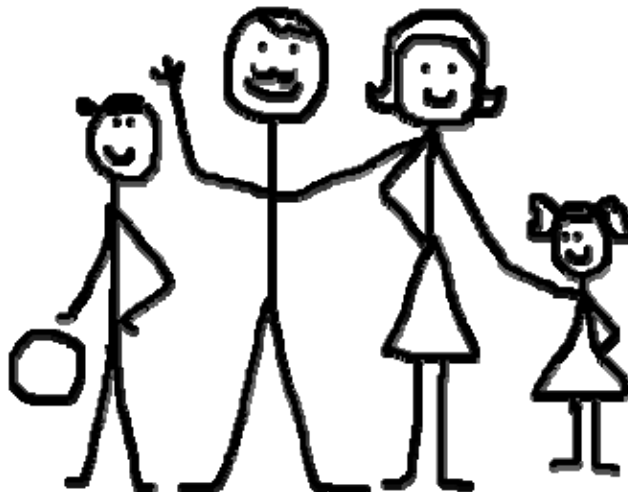


**Intervention Team Permanent Record Form
Jefferson County Schools
Dandridge, TN**



_____ School Name

_____ Student's Name

_____ Date of Birth

_____ An 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)