

**MINFORD LOCAL SCHOOL DISTRICT
INTERVENTION REPORT**

Date Submitted: _____

Teacher's Name: _____

Intervention For: _____

Dates of Intervention: From: _____ To: _____

Total Hours Taught For This Pay Period: _____

TO BE FILLED IN BY THE TREASURER'S OFFICE:

Rate Per Hour _____

Intervention Teacher (Signature)

Total Cost of Service _____

001-1100-112

Days

Weeks