

Intervention Plan Evaluation (Every 4.5 weeks)

Student Name: _____ Teacher: _____
 Review Date: _____ Current Tier (circle one) 2 or 3
 Intervention used: _____ Skill Area Addressed: _____

Is progress: <ul style="list-style-type: none"> • Good • Questionable • Poor 	G Q P
Is plan being implemented with fidelity?* <ul style="list-style-type: none"> • Fully • Partially • Not Implemented 	F P N
Is documentation sufficient to make data based decision? <ul style="list-style-type: none"> • Yes • No 	Y N
Evaluation Decision <ul style="list-style-type: none"> • Continue • Modify** • Discontinue 	C M D

* Refer to Intervention Log/fidelity checklists

** If decision is made to modify intervention, a new Student Intervention Plan must be completed

Please describe basis for Evaluation Decision:

Team members involved in approving this plan with name and relationship to the student
