

Analysis of Interventions and Recommendations

Student Name: _____ ID _____ Today's Date: _____

Birth Date: _____ Teacher: _____ Grade: _____

Summary of Concerns:

- Student's current level of support: [] Universal Core [] Targeted Supplemental [] Individualized Intensive
• Are their multiple sources to indicate the intervention was implemented with fidelity? [] Yes [] No
** Fidelity is validated by looking at: Form 7(attendance, delivery, rate of progress), Observations, Teacher interview**

RATE OF ACADEMIC PROGRESS

Data source used: _____

District Comparison: District Gain _____ Student Gain _____

How does the student's rate of progress compare to district's rate of progress? [] Above [] Same [] Below

Grade Level Comparison: Grade level Gain _____ Student Gain _____

How does the student's rate of progress compare to grade level's rate of progress? [] Above [] Same [] Below

Class Comparison: Class Gain _____ Student Gain _____

How does the student's rate of progress compare to class' rate of progress? [] Above [] Same [] Below

Subgroup Comparison: Subgroup Gain _____ Student Gain _____

How does the student's rate of progress compare to subgroup's rate of progress? [] Above [] Same [] Below

POST INTERVENTION ACADEMIC AND/OR BEHAVIOR DATA ANALYSIS

Based on attached data from the interventions, did the problem stay the same/increase/decrease? (Circle One)

Which interventions showed student progress? _____

Which interventions did not show student progress? (If any) _____

TEAM DECISION(S)

- [] Discontinue intervention(s) - Goal achieved
[] Continue current intervention(s) Follow-up Meeting Date: _____
[] Modify current intervention(s) Follow-up Meeting Date: _____
[] Consult with other support staff (specify) _____
[] Perform Additional Assessment (specify) _____
[] Complete Formal Evaluation (Notify ESE Support Specialist)
[] Other: _____

Team Member Signatures (*Required Signatures and Attendance at meeting):

*IPST Team Member: _____ Parent/Guardian: _____

*Teacher: _____ *School Psychologist: _____

*ESE Support Specialist: _____ Other: _____