

**Intervention Design and Ongoing Progress Monitoring (OPM)**

Intervention #: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

**Intervention Design**

**Goal Statement:** Write a specific attainable goal in observable and measureable terms related to the problem. **Date** \_\_\_\_\_

By \_\_\_\_\_, \_\_\_\_\_ will \_\_\_\_\_ as evidenced by \_\_\_\_\_  
(Date) (Student Name) (What will student achieve?)  
 \_\_\_\_\_ on \_\_\_\_\_  
(Score) (Progress Monitoring Tool)

Intervention Start Date: \_\_\_\_\_ Setting for Intervention: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_ Person Responsible for Progress Monitoring: \_\_\_\_\_

How often will intervention be progress monitored? \_\_\_\_\_

Specific Intervention: \_\_\_\_\_

Group Size	Frequency	Duration	Intervention Provider
___ Individual	___ 1 x/Wk	___ 15 min	___ Gen Ed Teacher
___ 2-3	___ 2 x/Wk	___ 20 min	___ ESE Teacher
___ 4-8	___ 3 x/Wk	___ 30 min	___ Counselor
___ > 8 but not whole class	___ 4 x/Wk	___ 45 min	___ Title 1 Teacher
	___ Daily	___ 60 min	___ Other (Specify)

Complete Section Below or Attach Documentation that Reflects Requested Information

**Ongoing Progress Monitoring (OPM)**

KEY:  = Present    A = Absent    T = Tardy    R = Removed    S = Suspended

STUDENT NAME	Attendance for Intervention and OPM												School Year: _____									
	Baseline	Week 1			Week 2			Week 3			Week 4			Week 5			Week 6					
		Month: ____	OPM	OPM	Month: ____	OPM	OPM	Month: ____	OPM	OPM	Month: ____	OPM	OPM	Month: ____	OPM	OPM	Month: ____	OPM	OPM			
Date																						