

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: \_\_\_\_\_