National Center on
**INTENSIVE INTERVENTION**
at American Institutes for Research ■

AIR
AMERICAN INSTITUTES FOR RESEARCH®

IDEAs
that Work
U.S. Office of Special
Education Programs

# Student Intervention Implementation Log

**Purpose**: This log can be used as a daily and weekly record of your implementation of an individual student's intervention plan. This information, along with progress monitoring graphs, can inform team intervention and data review meetings.

**Teacher:** _____

**Student:** _____

**Week of:** _____

## Intervention Implementation Log

Please fill out this log each day. If an intervention is not scheduled for a given day or could not be offered (e.g., holiday, your absence), then please mark "N" under the column "Intervention Offered?" and leave the rest of the row blank. On days when the student receives intervention (Student Present? = Y), indicate the duration (minutes) or frequency (e.g., number of check-ins) of the intervention, rate the extent of student engagement, and rate the plan implementation.

| Day | Intervention Offered? | Student Present? | Intervention Duration or Frequency | Was the Student Engaged? No  Partially  Yes | Was the Intervention Implemented as Planned? No  Partially  Yes |
|---|---|---|---|---|---|
| Monday | ☐Y  ☐N | ☐Y  ☐N | | ☐1  ☐2  ☐3 | ☐1  ☐2  ☐3 |
| Tuesday | ☐Y  ☐N | ☐Y  ☐N | | ☐1  ☐2  ☐3 | ☐1  ☐2  ☐3 |
| Wednesday | ☐Y  ☐N | ☐Y  ☐N | | ☐1  ☐2  ☐3 | ☐1  ☐2  ☐3 |
| Thursday | ☐Y  ☐N | ☐Y  ☐N | | ☐1  ☐2  ☐3 | ☐1  ☐2  ☐3 |
| Friday | ☐Y  ☐N | ☐Y  ☐N | | ☐1  ☐2  ☐3 | ☐1  ☐2  ☐3 |

Please note any relevant information to explain the above ratings.

# End-of-Week Evaluation

## Implementation

Reflecting on your daily ratings, please rate overall implementation this week.

|  | No | Partially | Yes |
|---|---|---|---|
| Did you implement the **intervention plan** as intended this week? | ☐1 | ☐2 | ☐3 |
| Did you implement the **data collection plan** as intended this week? | ☐1 | ☐2 | ☐3 |

If you selected a 1 or 2 for either of the above items, then please note what occurred, including any intervention adaptations that were not in the plan. Also, please note any additional relevant information.

## Need for Further Adaptation

Do student data indicate the need for an adaptation to the intervention based on predetermined decision rules?
    ☐ Yes
    ☐ No

Does the plan need to be changed due to barriers to implementation (e.g., the schedule does not allow sufficient time, staff need more training)?
    ☐ Yes
    ☐ No

If an adaptation is needed ("Yes" to either question above), then consider the following:
    What level of adaptation is needed to improve your plan for next week?
        ☐ Minor
        ☐ Major
    Do you need to meet with the team before moving forward with the adaptation?
        ☐ Yes
        ☐ No

# Next Week's Action Plan

Please describe any planned modifications for next week.