Name of Student: Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month of:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week**  | **Date/Time** | **\* Intervention Used** | **Skill area addressed** | **Observations/Notes****(optional)** |
| **Week 1** |  |  |  |  |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| **Week 2** |  |  |  |  |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| **Week 3** |  |  |  |  |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| **Week 4** |  |  |  |  |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| **Week 5** |  |  |  |  |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

*\* Insert name of intervention program or code from action plan*

**Progress Monitoring scores** *\*\*Please attach progress monitoring graphs before RTI² meetings*

Week 1 \_\_\_\_\_\_\_\_Week 2 \_\_\_\_\_ \_\_Week 3 \_\_\_\_\_\_Week 4 \_\_\_\_\_\_\_\_\_Week 5 \_\_\_\_\_\_\_

**Intervention Fidelity Statement: I certify that the above noted strategies/interventions were conducted as described.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher Signature**