

Behavior Rtl: Weekly Intervention Documentation

Tier 1 Watch ___

Tier 2 ___

Tier 3 ___

Student Name/ID #: _____ Teacher/Interventionist: _____ Grade: _____ DOB: _____

Behavior Concern- Identify Target Behavior(s):

1. _____

2. _____

3. _____

| Week | Date | Intervention | Interventionist | Duration/ Frequency | Progress Monitoring Assessment | Results |
|------|------|--------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | | | Interventionist: | ___ mins. ___ days/wk | <input type="checkbox"/> Check in check out Sheet <input type="checkbox"/> Observation <input type="checkbox"/> Other (specify) _____ | <u>Student Performance:</u> <input type="checkbox"/> High level Improvement <input type="checkbox"/> Moderate Improvement <input type="checkbox"/> Slight improvement <input type="checkbox"/> No Change <input type="checkbox"/> Decline |
| | | | Targeted Behavior: (Check the appropriate box) <input type="checkbox"/> 1. _____ <input type="checkbox"/> 2. _____ | ___ full day | | |
| 2 | | | Interventionist: | ___ mins. ___ days/wk | <input type="checkbox"/> Check in check out Sheet <input type="checkbox"/> Observation <input type="checkbox"/> Other (specify) _____ | <u>Student Performance:</u> <input type="checkbox"/> High level Improvement <input type="checkbox"/> Moderate Improvement <input type="checkbox"/> Slight improvement <input type="checkbox"/> No Change <input type="checkbox"/> Decline |
| | | | Targeted Behavior: (Check the appropriate box) <input type="checkbox"/> 1. _____ <input type="checkbox"/> 2. _____ | ___ full day | | |
| 3 | | | Interventionist: | ___ mins. | | <u>Student Performance:</u> |

| | | | | | | |
|--|--|--|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | Targeted Behavior: (Check the appropriate box) <input type="checkbox"/> 1. _____ <input type="checkbox"/> 2. _____ | ___ days/wk ___ full day | <input type="checkbox"/> Check in check out Sheet <input type="checkbox"/> Observation <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> High level Improvement <input type="checkbox"/> Moderate Improvement <input type="checkbox"/> Slight improvement <input type="checkbox"/> No Change <input type="checkbox"/> Decline |
|--|--|--|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Week | Date | Intervention | Interventionist | Duration/ Frequency | Progress Monitoring Assessment | Results |
|------|------|--------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4 | | | Interventionist: | ___ mins. ___ days/wk ___ full day | <input type="checkbox"/> Check in check out Sheet <input type="checkbox"/> Observation <input type="checkbox"/> Other (specify) _____ | <u>Student Performance:</u> <input type="checkbox"/> High level Improvement <input type="checkbox"/> Moderate Improvement <input type="checkbox"/> Slight improvement <input type="checkbox"/> No Change <input type="checkbox"/> Decline |
| | | | Targeted Behavior: (Check the appropriate box) <input type="checkbox"/> 1. _____ <input type="checkbox"/> 2. _____ | | | |
| 5 | | | Interventionist: | ___ mins. ___ days/wk ___ full day | <input type="checkbox"/> Check in check out Sheet <input type="checkbox"/> Observation <input type="checkbox"/> Other (specify) _____ | <u>Student Performance:</u> <input type="checkbox"/> High level Improvement <input type="checkbox"/> Moderate Improvement <input type="checkbox"/> Slight improvement <input type="checkbox"/> No Change <input type="checkbox"/> Decline |
| | | | Targeted Behavior: (Check the appropriate box) <input type="checkbox"/> 1. _____ <input type="checkbox"/> 2. _____ | | | |
| 6 | | | Interventionist: | ___ mins. ___ days/wk ___ full day | <input type="checkbox"/> Check in check out Sheet <input type="checkbox"/> Observation <input type="checkbox"/> Other (specify) _____ | <u>Student Performance:</u> <input type="checkbox"/> High level Improvement <input type="checkbox"/> Moderate Improvement <input type="checkbox"/> Slight improvement <input type="checkbox"/> No Change <input type="checkbox"/> Decline |
| | | | Targeted Behavior: (Check the appropriate box) <input type="checkbox"/> 1. _____ <input type="checkbox"/> 2. _____ | | | |

Rate the overall Progress:: _____

List of possible interventions:**(These may be used at different tiers but they must increase in intensity to continue use in another tier.)**

1. Appropriate and Motivating Instructional Practice
2. Structured Daily Schedule
3. Rules/Expectations Taught
4. Redirection
5. Restorative Circles
6. Behavior Momentum
7. Precision requests
8. Modeling appropriate behavior
9. Planned Ignoring
10. Behavior Contract
11. Mentor
12. Check In/Check Out System
13. Planned (Clearly defined and consistent) Consequence (Positive and Negative)
14. Positive Behavior Reward System
15. Reflection Center
16. Assign a buddy or partner
17. Reduce assignment
18. Break down assignments or directives into manageable units
19. Cool Off Spot in the room
20. Cool Off Pass
21. Strategies for relaxation
22. Self-monitoring
23. Response Cost
24. Visual Supports for self-regulation

25. Relaxation/De-escalation Training
26. Small Group Social Skills
27. Individual Social Skills