

Data-Based Individualization Implementation Log: Daily and Weekly Intervention Review

Purpose: This log can be used as a daily and weekly record of your implementation of an individual student’s intensive intervention plan. This information, along with progress monitoring graphs, can inform team intervention and data review meetings. To review implementation of the data-based individualization (DBI) process for this student, also see the *Student-Level Data-Based Individualization Implementation Checklists*.

Teacher: _____

Student: _____

Week of: _____

Daily Intervention 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?			Was the Intervention Implemented as Planned?		
				No	Partially	Yes	No	Partially	Yes
Monday	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Tuesday	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Wednesday	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Thursday	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Friday	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 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?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Did you implement the data collection plan as intended this week?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 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, etc.)?

- 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.