Unicoi County Schools Intervention Log

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Month of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Week | Date/Time | Intervention Used | Skill Area Addressed | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_