

Progress Monitoring Form IAT (optional)

VI. Evaluate the effectiveness of intervention

REVIEW 1

Date: _____

A. Was the intervention plan implemented as planned? ___Yes ___No

If no, explain:

B. Was the goal from Step II reached? ___Yes ___No

If no, explain:

C. Further action (x one) *If case continues, complete page 2b to document further interventions.*

___Close case

___Continue, keep same goal

___Continue, set new goal

___Choose new intervention strategy

___New problem identified; begin new Problem-Solving Worksheet (PSW)

Other: _____

REVIEW 2

Date: _____

A. Was the intervention plan implemented as planned? ___Yes ___No

If no, explain:

B. Was the goal from Step II reached? ___Yes ___No

If no, explain:

C. Further action (x one) *If case continues, complete page 2b to document further interventions.*

___Close case

___Continue, keep same goal

___Continue, set new goal

___Choose new intervention strategy

___New problem identified; begin new Problem-Solving Worksheet (PSW)

Other: _____

REVIEW 3

Date: _____

A. Was the intervention plan implemented as planned? ___Yes ___No

If no, explain:

B. Was the goal from Step II reached? ___Yes ___No

If no, explain:

C. Further action (x one)

___Close case

___Continue, keep same goal

___Continue, set new goal

___Choose new intervention strategy

___New problem identified; begin new Problem-Solving Worksheet (PSW)

Other: _____