IPST Form 1 - History and Cumulative Review Directions

WHO: IPST Form 1 is to be completed by the classroom teacher or other staff as appropriate (e.g., guidance counselor, school psychologist, school social worker).

WHAT: IPST Form 1 is a review of the cumulative record, Performance Matters, etc. to address the student's educational history.

WHEN: IPST Form 1 is to be completed when a teacher has concerns about a student academically or behaviorally that warrant further investigation of the problem. This information is to be gathered **before** collaborative meetings (grade level meetings, department meetings, problem-solving meetings).

WHY: A cumulative review can assist with identifying why a student is having academic or behavioral problems. Information that is obtained through Performance Matters and/or the cumulative record can help identify areas that may be impacting performance (e.g., history of attendance problems, high mobility, sensory concerns, a 504 plan, etc.).

HOW: Teachers fill out IPST Form 1 with information from the cumulative record and/or Performance Matters. Check **Yes** or **No** for each category. If **Yes** is checked, please complete the **"COMMENTS"** section.

IPST Form 1 - History and Cumulative Review Form

Student: _____ **Student #:** _____ **DOB:** _____

Ethnicity: _____ **Grade:** _____ **Teacher:** _____ **School:** _____

	YES ✓	NO ✓	COMMENTS
Attendance Concerns			Absent: # Current Yr._____ # Previous Yr. _____ Tardy: # Current Yr._____ # Previous Yr. _____
Multiple School Enrollment History			Number of Schools Attended:
Vision Screening	Check One: **Pass_ Fail_**		Date of Screening:_____ Wears Glasses: **Yes_No**
Hearing Screening	Check One: **Pass_ Fail_**		Date of Screening:_____ Wears Aids: **Yes No**
Free/Reduced Lunch			N/A
Medical History			Medication:_____ Diagnosis or Condition:
Mental Health Support Request			Date of Request:
History of Academic Difficulty			Previous Intervention Data **Yes_No_** Years with PMP:_____
History of Behavior Difficulty			FBA Date:_____(if completed) BIP Date:_____(if completed)
Prior to initiating a referral to the behavior analyst, an IPST based FBA/BIP should be developed and implemented with fidelity unless the student requires immediate intervention to prevent harm to self, others, or property.			
Previous Screenings: Academic, Behavioral, Intellectual, Language, Speech			Specify:
Previous Psychological and/or Social-Developmental History Completed			Specify (i.e., school-based, private):
Retentions			Grade Level(s):
IEP History			Current ESE Programs:_____ IEP Date:_____ Previous ESE Programs:_____
504 Plan			Date 504 Plan Written:_____ Disability for 504 Plan:_____ Is 504 Plan active? **Yes___No___**
ESOL / LEP			Language Proficiency Status: **LY_ LF_ LZ** DEUSS (Date of Entry in U.S. Schools) _____ ESOL Exit Date: _____ WIDA Proficiency Levels: Listening: _ Speaking:__ Reading: _ Writing: _

Completed by:_____ Title:_____ Date: _____

IPST FORM 2 – Parent/Guardian Contacts and Staff Consultation Directions

WHO: IPST Form 2 is completed by the classroom teacher.

WHAT: IPST Form 2 documents parent/guardian contacts and staff consultations.

WHEN: IPST Form 2 should be initiated when a teacher identifies an academic or behavioral problem that may benefit from communication with the parent/guardian. The staff consultations section is accessed when the teacher needs support or assistance from other professionals within the school community. BOTH PARENT/ GUARDIAN CONTACTS DO NOT NEED TO BE MADE BEFORE BRINGING TO TEAM. One parent/guardian contact should be initiated when concerns arise.

WHY: IPST Form 2 documents that the parent/guardian is notified and current with their child's progress. The parent/guardian must be informed of Areas of Academic/Behavioral Difficulty (PMP), Intervention Plan and Intervention Data. Attach evidence of parent communication of student intervention progress to IPST Form 2. If the student is eventually referred to the IPST and an evaluation is requested, State Board Rules indicate that **at least two parent/ guardian conferences must be held with the parent prior to considering eligibility** for exceptional student education. This form documents the required contacts.

HOW: Indicate date of contacts/consultations with parents/guardians and staff. For the **"Topic(s) Discussed"** section of the parent/guardian contacts, indicate intervention plan teacher and parent/guardian discuss to address the student's area of difficulty. For follow-up parent/guardian contacts, indicate the outcome of the prior plan.

Attach documentation of additional parent contacts if applicable.

For the **"Plan/Outcome"** section of the Staff Consultations, indicate what the teacher and staff agree to implement in order to address the student's area of difficulty.

IPST Form 2 – Parent/Guardian Contact and Staff Consultation Form

Student: _____ **Student #:** _____ **Current Grade:** _____

At least one parent contact must be recorded before moving to Individual Problem Solving.

Complete Section Below or Attach Documentation that Reflects Requested Information

	Date(s)	Topic(s) Discussed
1st Parent/Guardian Contact Phone/Virtual _____ In person _____ Email _____ Name of Parent/Guardian: _____ Who contacted the Parent/Guardian?		**Areas of Academic Difficulty:** **Areas of Behavior Difficulty:** **PMP Notification Letter discussed** **Yes___No ___** **Follow-up Date:**
2nd Parent/Guardian Contact Phone/Virtual _____ In person _____ Email _____ Name of Parent/Guardian: _____ Who contacted the Parent/Guardian?		**Follow-up:** **Shared Data on Intervention of Student:** **Next Steps:**

Attach additional documentation of communication of student progress.

Consultation With:	Date(s)	Plan/Outcome
School Counselor		
Administration		
Grade Level Teachers/ ESE Teacher		
Literacy Coach		
School Psychologist		
Behavior Analyst		
Speech Language Pathologist		
Occupational Therapist		
Physical Therapist		
Others: _____		

IPST FORM 3 – Classroom Observation Directions

WHO: Classroom teacher is responsible for this completing this form.

WHAT: IPST Form 3 provides information about the student's performance in the general education classroom setting.

WHEN: IPST Form 3 should be used at the beginning of the problem solving process to gatheradditional information to assist in successful problem identification and analysis. If a studenthas more than one teacher, it may be helpful to compare data from more than one observer.

WHY: Successful problem analysis requires the team to look at multiple sources of information about the instruction, curriculum, environment, and learner (ICEL). This observation form is onetool to assist in determining factors that may be influencing the problem and ensures that a fullrange of relevant explanations for student difficulties are examined. This information could also be used in designing effective interventions.

HOW: IPST Form 3 should be completed through direct observation of the student within the general education classroom.

*Duration is defined as the length of time that something lasts. The time during which something continues.

Examples:
Duration: Aug/2021 – Present
Duration: 6 months
Duration: Period 2/10:00 am -11:30 am/Aug. 2021 – Present (Block)
Duration: Period 1/8:30 – 9:15 am/Aug. 2022 - Present

*Setting is defined as where an educational experience takes place.
Examples:
Setting: Homeroom
Setting: Regular Classroom
Setting: Self-Contained
Setting: Computer Lab
Setting: Intervention Class

IPST Form 3 – Classroom Observation Form

Student Name:			Student #:		Date:
Subject/Course:	Setting:		Duration:	Grade:	School:

COMPARISON OF PERFORMANCE: Compare this student's performance with that of the majority of other students in the classroom – Check for each category			
	Less	**Same as**	**More**
Focus and attention span			
Activity level			
Demonstration of interest/engagement			
Difficulty/frustration with content			
Emotional/social maturity			
Other: (specify)			

STYLE OF LEARNING

Which style of learning seems to benefit the student? (Check all that apply)

_____ Visual _____ Auditory _____ Kinesthetic _____Other: _____

IN THIS CLASSROOM:

How much movement/activity is allowed? How much talking/noise is tolerated?

STUDENT BEHAVIOR:

This student: (Answer every question)	Always	Sometimes	Never	Not observed
Performs with the group				
Voluntarily participates in activities				
Follows written instructions				
Follows oral instructions				
Attends class regularly				
Arrives to school/class on time				
Interacts with peers appropriately				
Appears prepared and organized				
Starts task in timely manner				
Completes assignments				
Responds appropriately to correction				
Shows independence				
Completes homework				

Potential Reinforcers: (i.e., verbal praise, tangibles, computer time, etc.)_____

Based on student observations, check area(s) of concern:

_____Behavior _____Academic skills _____Attendance _____ Developmental _____ Motor skills _____ Other (describe):

STUDENT STRENGTHS/COMMENTS: (What strengths observed in this student could be used in designing interventions?) Attach additional documentation if needed.

How did the student's observable behavior impact their academic functioning?

Teacher Signature_____Printed Name_____Date_____

IPST Form 4 – Classroom/Third Party Observation Directions

WHO: The IPST will designate a certified professional, other than the instructor or interventionist, for completing this form during routine classroom instruction.

WHAT: IPST Form 4 should address instruction, curriculum, and environmental factors as well as document the relationship between the student's classroom behavior and academic functioning.

WHEN: IPST Form 4 should be conducted during routine classroom instruction. Include the duration and the starting and stopping time of the observation on the form.
Example:
Duration: 55 minutes
Time: 9:10 a.m.-10:05 a.m.

WHY: Successful problem analysis requires the team to look at multiple sources of information about the instruction, curriculum, environment, and learner (ICEL). By using multiple sources, this information could be used in designing effective interventions.

HOW: IPST Form 4 should be completed through direct observation of the student during routine classroom instruction. Additional observation documentation may be attached. An observation contains observable behaviors, or actions performed by the student, that can be seen and measured. Avoid making assumptions or interpreting observations. The observer should document the sequence of events that occurred during the observation. A primary purpose of this observation is to determine the relationship between behavior and a student's academic functioning. Therefore, when describing a student's classroom behavior during academic tasks, the observer should include data of the student's academic performance that describes accuracy, amount, and/or completion rate

IPST Form 4 – Classroom/Third Party Observation Form

Student Name:	Student #:		Teacher Name:	
Area of Concern:	Grade:	Dates(s):	Duration/Time:	

Setting (Check all that apply)

☐ Regular classroom	☐ Self-contained classroom	☐ Single teacher	☐ Multiple teachers in room
☐ Homeroom grouping	☐ Direct instruction	☐ Ability grouping	☐ Cooperative learning *(group)*
☐ Whole group	☐ Independent work	☐ Small group	☐ One-on-one tutor/assistance

Student Behaviors Observed (Check all that apply)

☐ Aggressive toward peers	☐ Controls discussions	☐ Easily distracted	☐ Sits quietly
☐ Asks for help	☐ Daydreams	☐ Easily frustrated	☐ Speech problems
☐ Attentive	☐ Demands excessive attention	☐ Friendly	☐ Talks excessively
☐ Avoids eye contact	☐ Difficulty copying from board	☐ Immature behavior	☐ Talks out of turn
☐ Avoids groups	☐ Disorganized work habits	☐ Neat appearance	☐ Trouble finding place
☐ Careless mistakes	☐ Displays leadership ability	☐ Obscene/inappropriate speech	☐ Unusual language
☐ Completes work on time	☐ Disruptive	☐ Overactive, restless	☐ Withdrawn
☐ Out of seat	☐ Does not complete tasks	☐ Perseverates/repeats behavior	☐ Works independently
☐ Contributes to class discussion	☐ Does not follow directions	☐ Short attention span	☐ Works with others

Learning Environment (Check only one description for each environmental factor)

Classroom design:	☐ Traditional four-wall & door	☐ Open/pod design	☒ Other
Classroom lighting:	☐ Bright	☐ Moderate	☐ Inadequate
Seating arrangement:	☐ Rows facing front	☐ Desk groupings	☐ U-shaped facing front
Student placement:	☐ Back / middle of room	☐ Front of room	☐ Near teacher's desk
Temperature:	☐ Hot / stuffy	☐ Comfortable	☐ Chilly
Noise levels:	☐ Quiet	☐ Moderate	☐ Noisy
Student Movement	☐ Appropriate to activity	Restricted	☐ Free movement

Classroom Interaction with Peers (Check all that apply)

☐ Interacts appropriately	☐ Ignores peers
☐ Disturbs others	☐ Argues with others
☐ Leads, or joins others in Inappropriate Behavior	☐ Difficulty expressing self
☐ Appears withdrawn	☐ Low frustration tolerance
☐ Engages in destructive and/or Aggressive Behavior	☐ Poor judgment in interpersonal relations

Classroom Interaction with Teacher (Check all that apply)

☐ Interacts appropriately	☐ Ignores teacher
☐ Demands teacher attention	☐ Argues with teacher
☐ Appears inattentive, easily distracted	☐ Difficulty expressing self
☐ Interrupts teacher	☐ Does not follow directions
☐ Misinterprets verbal questions and directions	☐ Responds Inappropriately to Corrective feedback

How did the student's observable behavior impact their academic functioning?

_____

Observer's Signature/Title   **Print Name**   **Date**

IPST Form 5 – Academic Data Collection Directions

WHO: **IPST Form 5 should be completed by the IPST and classroom teacher(s). At** IPST meetings, the team may request that another teacher/professional provide input who currently works with the student.

WHAT: IPST Form 5 provides essential information regarding a student's level of performance compared to benchmarks and peers.

WHEN: IPST Form 5 is completed at the beginning of the Individual Problem Solving Process and updated as additional assessment information is available.

WHY: Peer/benchmark comparison data provide information that will help determine the magnitude of the academic concern. Additionally, this information is used in problem analysis to determine if this is a learner or core issue (instruction, curriculum, or environment).

HOW: Utilize data from K-12 Core/Universal assessments, district assessments, common assessments within the curriculum, etc., and formative assessments to determine the student's academic performance level. The discrepancy between the student's performance and benchmark/peer group(s) may indicate a need for targeted intervention for the student. **Include comparison data for all subgroups that the student is a member of.** If the discrepancy is minimal, this may lead to the hypothesis that the issue is related to instructional, curricular, and/or environmental variables.

IPST Form 5 – Academic Data Collection Form

Student Name:		Student #:	Date:
Area(s) of Concern:			
Area(s) of Strength:			

Complete Section Below or Attach Documentation that Reflects Requested Information

Peer/Benchmark Comparison *(enter scores for areas of concern)* Core Instruction Assessment / Date	Benchmark or 'On Grade Level' Criteria	District Average	Grade Level Average	Class Average	Subgroup Average (Name Subgroup – abbr.)				Student Score

Determine if there is a discrepancy between the student's performance and benchmark/peer group.

Data source(s) used:_____ _____

➢ **Benchmark Comparison:**

  How does the student compare to benchmark?   Above   Same   Below

➢ **District Comparison:**

  How does the student compare to district average?   Above   Same   Below

➢ **Grade Level Comparison:**

  How does the student compare to grade level average? Above   Same   Below

➢ **Class Comparison:**

  How does the student compare to class average?   Above   Same   Below

➢ **Subgroup Comparison:**   **List Subgroup**
  How does the student compare to subgroup average? Above   Same   Below   _____
  How does the student compare to subgroup average? Above   Same   Below   _____
  How does the student compare to subgroup average? Above   Same   Below   _____
  How does the student compare to subgroup average? Above   Same   Below   _____

IPST Form 6A - Problem Identification/Analysis/Hypothesis Directions

WHO: IPST Form 6 Academic is completed by the IPST.

WHAT: IPST Form 6 Academic identifies the academic problem, determines why the problem is occurring, develops a hypothesis statement, and determines the necessary growth needed for the student.

WHEN: IPST Form 6 Academic is utilized when a team is considering the development of supplemental or intensive academic interventions.

WHY: IPST Form 6 Academic is utilized to clearly identify the problem, analyze the problem, and create an accurate hypothesis statement. This form will guide the IPST to design effective interventions.

HOW: For Problem Analysis section, utilize the RIOT by ICEL table. Complete the table by placing a check mark in the areas that have been addressed. Additional information regarding instructional practices, curriculum, environment, and learner should be considered as part of RIOT by ICEL as long as the areas are all addressed (not just the learner).

For the Hypothesis Statement, indicate likely causes of why the problem is occurring and what interventions will be employed to improve the problem.

To determine the gains and the aim line for the student, identify a progress monitoring tool that accurately collects the necessary data to track the student's growth in the specific area of concern. To accurately define the necessary growth, subtract the student's current performance from the grade level expectation for intervention. The Team determines what progress is realistic for the student.

IPST Form 6A (Academic) – Problem Identification/Analysis/ Hypothesis Form

Student Name:	Student #:	Date(s):

Problem Identification: WHAT is the academic problem? (Use information from district assessments)

Specify the Academic Area of Concern: _____

_____

Based on available data gathered through review, interview, observation, and testing, determine why the problem is occurring.

Problem Analysis: WHY is the problem happening? Focus on the cause of the problem.

Check areas that have been addressed

ICEL Guiding Questions:	Instruction -Is instruction effective? -Enough instructional time allotted? -Is instruction differentiated?	Curriculum -Research-based and validated? -Aligned with concerns? -Implemented with fidelity?	Environment -Positive learning climate? -Whole/small group instruction differentiated.	Learner -What traits /skills contribute to difficulty? -Do we need additional information?
Review				
Interview				
Observe				
Test				

Hypothesis: What is the most likely reason the problem is occurring?

The problem may be occurring because_____.

If_____would occur, the problem may be reduced.

(List a specific intervention, not an accommodation)

Determine the gains and the aim line for the student. Accurately define the necessary growth using a progress monitoring tool that collects the necessary data to track the student's growth in the specific area of concern.

Identify the Progress Monitoring Tool: _____

_____ – _____ = _____

 (Grade Level Expectation for Intervention) (Current Student Performance)   (Growth Needed)

Realistically this growth can occur across_____weeks.

Parent Notification Letter was provided on __ /__ /__.

Provided_____in person _____by U.S. Mail _____ by email

IPST Form 6B - Problem Identification/Analysis/Hypothesis Directions

WHO: IPST Form 6 Behavior is completed by the IPST.

WHAT: IPST Form 6 Behavior identifies the problem behavior, intervention history and relevant data, why the problem is occurring and develops a hypothesis statement.

WHEN: IPST Form 6 Behavior is utilized when the team is considering the development of supplemental or intensive interventions.

WHY: IPST Form 6 Behavior is utilized to clearly identify the problem, analyze the problem, and create an accurate hypothesis statement. This form will guide the IPST to design effective interventions.

HOW: For the Problem Identification section, review the student's discipline data and describe the problem behavior in observable, measurable terms. Document interventions that have been attempted and provide relevant data. When answering questions about Intensive Individualized Instruction, the Yes / No questions may help guide the team in determining whether to move into Functional Behavior Assessment or revise current intervention(s).

The Functional Behavior Assessment (FBA) and Behavior Intervention Plan (BIP) will be used for problem analysis and hypothesis -- to identify the frequency, duration, activity/time when the behavior most frequently occurs, possible reason for each behavior, what interventions are most likely to improve the problem.

IPST Form 6B (Behavior) - Problem Identification/Analysis/ Hypothesis Form

Student Name:	Student #:	Date(s):

Complete sections below or attach documentation that reflects requested information.

Problem Identification: WHAT is the problem behavior? (Use information from discipline data).

Describe the behavior of concern: _____

_____

Core Universal Instruction and Supports (Tier 1)

What school/class-wide behavior strategies are being implemented? _____

_____

How has this student been taught school-wide rules/expectations? _____

_____

How has the student been recognized for following school rules/expectations? _____

_____

How many: Office Discipline Referrals (ODR) _____   Bus Referrals _____

In-School Suspensions/Time Out _____   Out-of-School Suspensions _____

How does ODR rate compare to other students: In the classroom: ○ Fewer ○ Same ○ More

In the grade: ○ Fewer ○ Same ○ More

In the school: ○ Fewer ○ Same ○ More

Has this student's behavior been discussed at Teacher Data Team Meetings? ○ Yes ○ No   Dates: _____

Targeted Supplemental Support (Tier 2)

Was each intervention delivered using high-quality practices? ○ YES   ○ NO

Was each intervention delivered according to the specifications of the program/curriculum/intervention plan? ○ YES ○ NO

Was each intervention provided as frequently as intended? ○ YES ○ NO

Was each intervention provided with the duration that was planned? ○ YES ○ NO

What data was used to monitor the student's response to the intervention(s)? _____

If any question below is answered YES, the team may proceed to intensive interventions with FBA and BIP.

Does the student require immediate intervention to prevent harm to the student or others? ○ Yes ○ No

Has the student caused significant property damage or destruction? ○ Yes ○ No

After implementing Tier 1 / 2 interventions with fidelity, did the problem behavior persist? ○ Yes ○ No

Prior to initiating a referral to the behavior analyst, a school-based FBA/BIP should be developed and implemented with fidelity.

Parent Notification Letter was provided on _____   ☐ in person   ☐ by U.S. mail   ☐ by e-mail
                                          date

Intensive Individualized Support (Tier 3)   Use FBA and BIP for problem analysis and hypothesis.

> Attach Functional Behavior Assessment   FBA Date: _____

> Attach Behavior Intervention Plan   BIP Date: _____

IPST Form 7A - Academic Intervention Design and Ongoing Progress Monitoring (OPM) Directions

WHO: IPST Form 7A will be completed by the IPST and intervention provider.

WHAT: IPST Form 7A includes information on intervention design and ongoing progress monitoring data.

WHEN: IPST Form 7A will be used when the IPST has designed an intervention plan and to collect ongoing progress monitoring data of the intervention(s).

WHY: IPST Form 7A is used to document interventions attempted and the student's response. Data will indicate if the research-based intervention should be continued or if other intervention(s) may be more effective.

HOW: For the Intervention Design section, the IPST writes a specific goal statement linked to the specific area of concern identified. Write the goal in observable and measurable terms and always include a timeframe. It is important to remember that the goal is not necessarily the grade level expectation. You want to ensure that the student is given a goal that is ambitious yet attainable. The IPST will design the intervention and indicate the specifics of the intervention detail.

For the Ongoing Progress Monitoring section, the intervention provider will document baseline data point, attendance, and progress monitoring data points in a consistent manner. Indicate how often the intervention will be progress monitored and ensure that data are collected accordingly.

IPST Form 7A - Intervention Design and Ongoing Progress Monitoring (OPM) Form

Intervention Design

Goal Statement: Write a specific attainable goal in observable and measurable terms related to the problem. **Date**: _____

By_____,_____will_____as evidenced by
   (Date)   (Student Name)   (What will student achieve?)

_____ on_____.
(Score)   (Progress Monitoring Tool)

Intervention Start Date:_____Setting for Intervention:

_____
Anticipated End Date:_____Person Responsible for Progress Monitoring: _____
How often will the intervention be progress monitored?_____
Specific Intervention:_____

_____

Group Size	Frequency	Duration	Intervention Provider
_____ Individual	_____ 1 x/Wk	_____ 15 min	_____ Gen Ed Teacher
_____ 2-3	_____ 2 x/Wk	_____ 20 min	_____ ESE Teacher
_____ 4-8	_____ 3 x/Wk	_____ 30 min	_____ Counselor
_____ > 8 but not whole class	_____ 4 x/Wk	_____ 45 min	_____ Title 1 Teacher
	Daily	60 min	Other (Specify)

Complete Section Below or Attach Documentation that Reflects Requested Information

Ongoing Progress Monitoring (OPM)

KEY: ☑ = Present   A = Absent   T= Tardy   R= Removed   S = Suspended

Attendance for Intervention and OPM   School Year: _____

STUDENT NAME	Baseline	Week 1 Month:___				OPM	Week 2 Month:___				OPM	Week 3 Month:___				OPM	Week 4 Month:___				OPM	Week 5 Month:___				OPM	Week 6 Month:___				OPM
Date																															

07/31/2017

IPST Form 7B - Behavior Intervention Design and Ongoing Progress Monitoring Directions

WHO: IPST Form 7B will be completed by the IPST and intervention provider.

WHAT: IPST Form 7B includes information on intervention design and ongoing progress monitoring data. This form is two pages.

WHEN: IPST Form 7B will be used when the IPST is designing an intervention plan and to collect ongoing progress monitoring data of the intervention(s).

WHY: IPST Form 7B is used to document interventions attempted and the student's response. Data will indicate if the intervention should be continued or if a change in intervention(s) may be needed.

HOW: For the Intervention Design section, the IPST will identify the behavior of concern and the desired behavior or replacement behavior that is aligned with school wide/ classroom expectations.

The IPST will design and document an intervention to decrease the target (unwanted) behavior and teach the desired/replacement behavior.

Document the start date of the intervention/support, what level (tier) of support it is, the size of the group receiving the intervention, who will be providing the intervention, the frequency and duration.

Determine what type of data will be used to monitor the student's response to the intervention and what the goal is for the student on the selected data measure.

Record each intervention/support in a separate row. You may run more than one intervention/support simultaneously.

When the intervention is reviewed, indicate the date and the response to intervention. If the intervention is discontinued, document the end date.

For the Ongoing Progress Monitoring section, the intervention provider will document the baseline data point, attendance and provision of each intervention/ support, and progress monitoring data points in a consistent manner. All interventions using the same data measure may be documented in the same chart. Each intervention will have its own row to document attendance/provision of the intervention.

For a Tier 3 comprehensive Behavior Intervention Plan (BIP), interventions must be progress monitored with data on each target (unwanted) behavior and each replacement behavior. Other charts and graphs may be more appropriate. The team may choose to use a form other than this Ongoing Progress Monitoring section for Tier 3 (BIP) data collection.

05/31/23

IPST Form 7B - Behavior Intervention Design

Student Name:	Grade:	School Year:	Page _____ of _____

Target/Problem Behavior:

Replacement or Desired Behavior:

Intervention/Support (Describe)

Start Date	☐ Small Group: _____ students ☐ Individual	Frequency:	Type of progress monitoring data:	Date Reviewed:	Additional Information:
End Date Tier: ☐ 1 ☐ 2 ☐ 3	Staff Providing Intervention:	Duration: ☐ _____ minutes ☐ All day	Target/Goal:	Response to Intervention: ☐ Successful ☐ Questionable ☐ Poor	
Start Date	☐ Small Group: _____ students ☐ Individual	Frequency:	Type of progress monitoring data:	Date Reviewed:	Additional Information:
End Date Tier: ☐ 1 ☐ 2 ☐ 3	Staff Providing Intervention:	Duration: ☐ _____ minutes ☐ All day	Target/Goal:	Response to Intervention: ☐ Successful ☐ Questionable ☐ Poor	
Start Date	☐ Small Group: _____ students ☐ Individual	Frequency:	Type of progress monitoring data:	Date Reviewed:	Additional Information:
End Date Tier: ☐ 1 ☐ 2 ☐ 3	Staff Providing Intervention:	Duration: ☐ _____ minutes ☐ All day	Target/Goal:	Response to Intervention: ☐ Successful ☐ Questionable ☐ Poor	
Start Date	☐ Small Group: _____ students ☐ Individual	Frequency:	Type of progress monitoring data:	Date Reviewed:	Additional Information:
End Date Tier: ☐ 1 ☐ 2 ☐ 3	Staff Providing Intervention:	Duration: ☐ _____ minutes ☐ All day	Target/Goal:	Response to Intervention: ☐ Successful ☐ Questionable ☐ Poor	

Frequency: How often will the intervention be provided?

Duration: How long is the intervention each time it is provided?

Type of progress monitoring data: What type of data will be collected to monitor the intervention?

Target/Goal: What score/number do you expect the student to reach on the data measure?

IPST Form 7B - Ongoing Progress Monitoring

Complete section below that reflects requested information

ATTENDANCE FOR INTERVENTION and ONGOING PROGRESS MONITORING

KEY: X = Present and Intervention Provided   A = Absent   T = Tardy   S = Suspended   C = Cancelled   H = Holiday/No School

Student Name: _____   **School Year:** _____

Type of Data/Progress Monitoring Tool: _____

Intervention:		Baseline	Week ___ Month	Progress Monitoring	Week ___ Month	Progress Monitoring	Week ___ Month	Progress Monitoring	Week ___ Month	Progress Monitoring	Week ___ Month	Progress Monitoring	Week ___ Month	Progress Monitoring
	DATES:													
	GOAL:													
	Attendance													
	Attendance													
	Attendance													
	Attendance													
	Attendance													
	Data Points													

IPST Form 8 - Analysis of Interventions and Recommendations Directions

WHO: IPST Form 8 is completed by the IPST.

WHAT: Based on data collected throughout the problem-solving process, the team decides educational needs based on the student's response to interventions.

WHEN: IPST Form 8 occurs as the final stage of the IPST process. Recommendations are made when the data are sufficient to make an informed educational decision.

WHY: Data drives the problem-solving process. Through accurate progress monitoring, the team will have sufficient data to make important educational decisions about the student. These decisions may include maintaining the current intervention, modifying the intervention, terminating the intervention, consulting with other support staff, performing additional assessments or completing a formal evaluation.

HOW: The IPST will utilize the rate of progress data and post intervention data analysis to make informed decisions regarding the educational needs of the student. All attendees at the meeting will sign on the bottom of IPST Form 8 on the designated lines. It is important for the IPST to determine at the meeting the date/time of the next meeting (if applicable).

IPST Form 8 - Analysis of Interventions and Recommendations Form

Student Name:_____ ID_____ Today's Date: _____

Birth Date:_____ Teacher:_____ Grade: _____

Summary of Concerns:

Student's current level of support:____Universal Core____Targeted Supplemental____Individualized Intensive

Are their multiple sources to indicate the intervention was implemented with fidelity? Yes / No
** *Fidelity is validated by looking at: Form 7(attendance, delivery, rate of progress), Observations, Teacher interview* **

RATE OF ACADEMIC PROGRESS

Data source(s) used:_____ _____

District Comparison: District Gain_____   Student Gain _____

How does the student's rate of progress compare to district's rate of progress?   Above   Same   Below

Grade Level Comparison: Grade level Gain_____Student Gain _____

How does the student's rate of progress compare to grade level's rate of progress? Above   Same   Below

Class Comparison: Class Gain_____   Student Gain _____

How does the student's rate of progress compare to class' rate of progress?   Above   Same   Below

Subgroup Comparison: Subgroup Gain_____   Student Gain _____

How does the student's rate of progress compare to subgroup's rate of progress? Above   Same   Below

POST INTERVENTION ACADEMIC AND/OR BEHAVIOR DATA ANALYSIS

Based on attached data from the interventions, did the problem stay the *same/increase/decrease*? (Circle One)
How did the GAP (Difference between student's scores and comparison groups' scores) change?
Which interventions showed student progress?
_____
Which interventions did not show student progress? (If any)
_____

TEAM DECISION(S)

___ Discontinue intervention(s) - Goal achieved
___ Continue current intervention(s)   Follow-up Meeting Date: _____
___ Modify current intervention(s)   Follow-up Meeting Date: _____
___ Consult with other support staff (specify) _____
___ Perform Additional Assessment (specify) _____
___ Complete Formal Evaluation (Notify ESE Support Specialist)
___ Other: _____

Team Member Signatures (*Required Signatures and Attendance at meeting):

*IPST Team Member: _____   Parent/Guardian: _____

*Teacher: _____   *School Psychologist: _____

*ESE Support Specialist:_____Other: _____