



Student Name:		Date:	
Grade:			

Student Data Review: (make notes for areas of strength or challenge)

Attendance	Grades/Classwork	Standardized Testing/ Universal Screening	Discipline

Additional Background Information to Consider:

(i.e. 504, special education, RTI, medical, historical data, anecdotal, family history, etc.)

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Full - DESSA Assessment Score Review

Student Name:		Date of Rating:	
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Strengths: (circle all that apply)

Optimistic Thinking	Self-Management	Personal Responsibility	Self-Awareness
Relationship Skills	Decision Making	Goal Directed Behavior	Social-Awareness

Needs: (circle all that apply)

Optimistic Thinking	Self-Management	Personal Responsibility	Self-Awareness
Relationship Skills	Decision Making	Goal Directed Behavior	Social-Awareness

Target behavior(s):

Challenge behavior(s)

Be specific about the behavior, define it clearly and list only what you can see. Limit to 2-3 behaviors.

Replacement behavior(s):

(i.e. behavioral goal)

What is expected of the student in place of what they are currently doing?

-Be specific, make sure it is in language the student, parent, and others can understand and list specifically what you want to see

-Limit to only 2-3

Make sure 1-2 are behaviors that you know the student can achieve..



Social Emotional Competence Targeted (circle 1-2)

Optimistic Thinking	Self-Management	Personal Responsibility	Self-Awareness
Relationship Skills	Decision Making	Goal Directed Behavior	Social-Awareness

<p>Method of Teaching Replacement Behavior, strategy utilized, and by whom:</p> <p><i>How will we teach the desired behavior and who will teach it?</i></p> <p><i>Indicate the person responsible on the line and the strategy utilized below it.</i></p>	<ul style="list-style-type: none"> • Direct instruction, by: _____ • Anger management, by: _____ • Role playing, by: _____ • Behavior contract, by: _____ • Decision-making lesson, by: _____ • Other, _____, by: _____ 	<ul style="list-style-type: none"> • Social skills training, by: _____ • Providing cues, by: _____ • Modeling, by: _____ • Stress management, by: _____ • Use of mentor(s), by: _____
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<p>Method of Measuring Progress:</p> <p><i>How will we know if it's working or not?</i></p> <p><i>(circle those that apply)</i></p>	<ul style="list-style-type: none"> • Direct observation • Charting/graphing • DESSA assessment • Other: _____ 	<ul style="list-style-type: none"> • Daily behavior sheet • Self-monitoring • Grades 	<ul style="list-style-type: none"> • Weekly behavior sheet • Number of discipline referrals
<p>Length of Intervention:</p>	<ul style="list-style-type: none"> • 4 weeks 	<ul style="list-style-type: none"> • 6 weeks 	<ul style="list-style-type: none"> • Other
<p>Positive Consequences for Appropriate Behavior:</p> <p><i>What can the student earn for improvement?</i></p> <p><i>(circle those that apply)</i></p>	<ul style="list-style-type: none"> • Verbal praise • Earned privileges • Tangible rewards • Other: _____ 	<ul style="list-style-type: none"> • Immediate feedback • Earned tokens/points • Free time 	<ul style="list-style-type: none"> • Computer time • Positive call or note home • Positive visit to office
<p>Negative Consequences for Inappropriate Behavior:</p> <p><i>What can the student earn for improvement?</i></p> <p><i>(circle those that apply)</i></p>	<ul style="list-style-type: none"> • Loss of points/tokens • Phone call home • Send to office • Escort to another area 	<ul style="list-style-type: none"> • Loss of privilege • Work detail • In school suspension • Other: _____ 	<ul style="list-style-type: none"> • Time out • Detention • Out-of-school suspension

INTERVENTION PLANNING FORM

Analyzing DESSA Data



To be filled out during the Intervention Planning meeting/discussion:

Student Agrees to:	Parent Agrees to:	Teacher(s) Agree to:	Administration Agrees to:	Counselor Agrees to:

Date of Review:

Next Steps:

Additional Notes: