|  |  |  |  |
| --- | --- | --- | --- |
| **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.)**

**Full - DESSA Assessment Score Review**

|  |  |  |
| --- | --- | --- |
| **Rater Name** |  | **Date of Rating** |

**Strengths:** (circle all that apply)

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| --- | --- | --- | --- |
| 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):**  Challenging 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 |

|  |  |  |
| --- | --- | --- |
| **Method of Teaching Replacement Behavior, strategy utilized, and by Whom:**  *How will we teach the desired behavior and who will teach it?*  *Indicate the person responsible on the line and the strategy utilized below it* | * Direct instruction, by: \_\_\_\_\_\_\_\_ * Anger management, by: \_\_\_\_\_\_\_\_\_\_\_\_\_ * Role playing, by: \_\_\_\_\_\_\_\_\_\_\_ * Behavior contract, by: \_\_\_\_\_\_\_\_\_\_ * Decision-making lesson, by:  \_\_\_\_\_\_\_\_\_ * Other, \_\_\_\_\_\_\_\_\_\_\_\_, by: \_\_\_\_\_\_\_\_\_\_ | * Social skills training, by: \_\_\_\_\_\_\_\_\_\_ * Providing cues, by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Modeling, by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Stress management, by: \_\_\_\_\_\_\_\_\_ * Use of mentor(s), by: \_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Method of Measuring Progress:**  *How will we know if it’s working or not? (circle those that apply)* | * Direct observation * Charting/graphing * DESSA assessment * Other:\_\_\_\_\_\_\_\_ | * Daily behavior sheet * Self-monitoring * Grades | * Weekly behavior sheet * Number of discipline referrals |
| **Length of Intervention:** | * 4 weeks | * 6 weeks | * other |
| **Positive Consequences for Appropriate Behavior:**  *What can the student earn for improvement? (circle those that apply)* | * Verbal praise * Earned privileges * Tangible rewards * Other: \_\_\_\_\_\_\_\_\_ | * Immediate feedback * Earned tokens/points * Free time | * Computer time * Positive call or note home * Positive visit to office |
| **Negative Consequences for Inappropriate Behavior:**  *What happens if student does not make progress? (circle those that apply)* | * Loss of points/tokens * Phone call home * Send to office * Escort to another area | * Loss of privilege * Work detail * In school suspension * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | * Time out * Detention * Out-of-school-suspension |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Agrees to:** | **Parent Agrees to:** | **Teacher(s) Agree to:** | **Administration Agree to?** | **Counselor Agrees to:** |
|  |  |  |  |  |

**Date of Review:**

**Next Steps:**

**Additional Notes:**