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

|  |  |  |  |
| --- | --- | --- | --- |
| 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:**