APPENDIX 1.1. Premeeting Background Form

Directions: *The referring teacher should complete this form and submit it to the facilitator at least 1 week before the initial meeting.*

Team Information	
Teacher completing form:	**Date:**
Service providers (list names and roles):	

Student Information		
Student name:	**Parent/guardian:**	**Parent/guardian contact info:**

Teacher:		**Grade:**	**DOB:**

IEP or 504 plan? _____ **If the student has an IEP or 504 plan, who is the case manager?** _____	**If the student has an IEP or 504 plan, has the case manager been invited to the meeting?** _____	**Is the student an English language learner?** _____	**Has the student had a recent hearing and vision screening?** _____ **Results?**
Has there been consistent communication with the parent/guardian? _____ **Will he or she attend the meeting?** _____		**If the referring teacher is not the general educator, has there been consistent communication with the classroom teacher/general educator?** _____ **Will he or she attend the meeting?** _____	

(continued)

Current Supports	
Content area *(Check all that apply.)*	**Describe current supports and tier of intervention/support (if applicable).**
☐ Reading ☐ Mathematics ☐ Behavior/social skills ☐ Other	

Current Intervention Program *(Complete this section for each intervention in the primary area of concern that has been previously attempted.)*			
Description of intervention program:		**Intervention provider:**	
Minutes per session:	**Sessions per week:**	**Group size:**	**Setting:**
Intervention implementation considerations: Has the intervention been delivered as planned? Have any challenges or barriers prevented the student from receiving the intervention (e.g., scheduling, behavior, absences)?			
Progress monitoring tool or measure (including unit or type of score, such as words per minute, frequency tallies of behavior):	**Frequency of progress monitoring:**	**Goal (must be quantifiable):**	
Is the student on track to meet the goal?	**Progress monitoring graph:** *(Attach graphed data, if available.)*		
How is the student performing relative to others in the intervention group? Describe.			

Student Performance Summary *(Describe student performance in relevant content areas only, including strengths and areas of concern.)*	
Content area *(Check all that apply.)*	**Describe strengths and challenges.**
☐ Reading ☐ Mathematics ☐ Behavior/social skills ☐ Other	
Describe motivators/preferences.	

Student Data Summary	
Hypothesized skill deficit or function of behavior: *(Describe below or provide relevant documents.)*	

State or district standardized assessment scores:	**Behavior data from district data system (e.g., office disciplinary referrals [ODRs] from current year or historical ODR data):**	**Attendance for current year (and historical data when applicable):**	**Current grades:**
Work samples that illustrate area of concern (diagnostic or formative assessments): *(List the attached documents.)*		**Screening data (including student score and norm in each area):**	

Data-Based Individualization Implementation Log:
Daily and Weekly Intervention Review

Purpose: This log can be used as a daily and weekly record of your implementation of an individual student's intensive intervention plan. This information, along with progress monitoring graphs, can inform team intervention and data review meetings. To review implementation of the data-based individualization (DBI) process for this student, also see the *Student-Level Data-Based Individualization Implementation Checklists*.

Teacher: _____

Student: _____

Week of: _____

Daily Intervention Log

Please fill out this log each day. If an intervention is not scheduled for a given day or could not be offered (e.g., holiday, your absence), then please mark "N" under the column "Intervention Offered?" and leave the rest of the row blank. On days when the student receives intervention (Student Present? = Y), indicate the duration (minutes) or frequency (e.g., number of check-ins) of the intervention, rate the extent of student engagement, and rate the plan implementation.

Day	Intervention Offered	Student Present	Intervention Duration or Frequency	Was the Student Engaged *No Partially Yes*	Was the Intervention Implemented as Planned *No Partially Yes*
Monday	☐ Y ☐ N	☐ Y ☐ N		☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
Tuesday	☐ Y ☐ N	☐ Y ☐ N		☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
Wednesday	☐ Y ☐ N	☐ Y ☐ N		☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
Thursday	☐ Y ☐ N	☐ Y ☐ N		☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3
Friday	☐ Y ☐ N	☐ Y ☐ N		☐ 1 ☐ 2 ☐ 3	☐ 1 ☐ 2 ☐ 3

Please note any relevant information to explain the above ratings.

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End-of-Week Evaluation

Implementation

Reflecting on your daily ratings, please rate overall implementation this week.

	No Partially Yes
Did you implement the **intervention plan** as intended this week?	☐ 1 ☐ 2 ☐ 3
Did you implement the **data collection plan** as intended this week?	☐ 1 ☐ 2 ☐ 3

If you selected a 1 or 2 for either of the above items, then please note what occurred, including any intervention adaptations that were not in the plan. Also, please note any additional relevant information.

Need for Further Adaptation

Do student data indicate the need for an adaptation to the intervention based on predetermined decision rules?

☐ Yes

☐ No

Does the plan need to be changed due to barriers to implementation (the schedule does not allow sufficient time, staff need more training, etc.)?

☐ Yes

☐ No

If an adaptation is needed ("Yes" to either question above), then consider the following: What level of adaptation is needed to improve your plan for next week?

☐ Minor

☐ Major

Do you need to meet with the team before moving forward with the adaptation?

☐ Yes

☐ No

Next Week's Action Plan

Please describe any planned modifications for next week.