## **Problem-Solving Team Plan Implementation Review**

Use this form to document whether or not the intervention plan described on the Problem-Solving Team Intervention Form was implemented as described. A member of the problem-solving team should complete a direct observation of the intervention using an intervention checklist and attach the completed form to this form. Teams then use the observation information to document the implementation status of the intervention.

School or district:	
Student:	Review Date:
Intervention #: □ 1 □ 2 □ 3 □	
☐ Attach completed, dated, intervention script observation form from initial observation	
INTERVENTION PROTOCOL INTEGRITY	
☐ Team agrees that the written intervention script fully matched the im	nplemented intervention.
$\hfill\Box$ Team agrees that the written intervention script did not fully match to observation.	the implemented intervention from the initial
Describe all revisions made to the intervention script:	
☐ Attach completed, dated intervention script observation form after reintegrity.	evisions were made documenting intervention
PLAN LOGISTICS INTEGRITY	
☐ Team agrees that the intervention occurred for the number and dura development form.	tion of sessions as designed on the plan
$\hfill\Box$ Team agrees that the intervention did not occur for the number and development form.	duration of sessions as designed on the plan
Describe differences between planned and actual intervention session r	number and length: