Data-Based Individualization (DBI) Weekly Implementation Log

Please email completed forms to your DBI Coach.

A. Student Information

1. Teacher:_____

2. Student Grade: _____

3. Student Last Name:_____

4. Student First Name: _____

5. Student WISER ID: _____

6. District: _____

7. School: _____

B. Intervention and Progress Monitoring Plan

1. Goal (duration, behavior, condition):

    _____
    _____
    _____
    _____

2. Progress Monitoring Plan:
    a. Tool: _____

    b. Baseline: _____

    c. Goal: _____

    d. Frequency: Once a week   Two times a week   Once a month   Twice a month
        Other (please describe:_____)

    e. Data Review Schedule: Once a week   Two times a week   Once a month   Twice a month
        Other (please describe:_____)

3. Intervention Plan:
    a. Type of Intervention: Behavior   Math   Reading   Other (please describe:_____)

    b. Description/Name of Intervention: _____

    c. Content Focus *(select all that apply)*:
        ☐ L=Language   ☐ PA=Phonemic Awareness   ☐ P=Phonics   ☐ F=Fluency
        ☐ V=Vocabulary   ☐ C=Comprehension   ☐ N=Number Sense   ☐ PS=Problem Solving
        ☐ O=Other (please describe:_____)

    d. Duration of intervention: 20 minutes   30 minutes   45 minutes   60 minutes
        Other (please describe:_____)

    e. Frequency per week: 1x a week   2x a week   3x a week   4x a week   5x a week
        Other (please describe:_____)

    f. Grouping: 1-on-1   Group of 2   Group of 3
        Other (please describe:_____)

C. Daily Intervention Log

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 mark "N" under the column "Intervention Offered?" and leave the rest of the column blank. On days when the student receives intervention (Student Present? = Y), indicate the duration (minutes) and/or frequency (e.g., number of check-ins) of the intervention, rate the extent of student engagement, and rate the plan implementation.

Day	1. Monday	2. Tuesday	3. Wednesday	4. Thursday	5. Friday
a. Date (mm/dd/yyyy)					
b. Student present?	☐N ☐Y	☐N ☐Y	☐N ☐Y	☐N ☐Y	☐N ☐Y
b1. If No, explain.					
c. Intervention offered?	☐N ☐Y	☐N ☐Y	☐N ☐Y	☐N ☐Y	☐N ☐Y
d. Who delivered the intervention? *(Select all that apply.)*	☐ Teacher ☐ Para-educator ☐ Other	☐ Teacher ☐ Para-educator ☐ Other	☐ Teacher ☐ Para-educator ☐ Other	☐ Teacher ☐ Para-educator ☐ Other	☐ Teacher ☐ Para-educator ☐ Other
d1. If Other, describe					
e. Adaptation/modification offered?	☐N ☐Y	☐N ☐Y	☐N ☐Y	☐N ☐Y	☐N ☐Y
e1. If Yes, explain.					
f. Actual intervention duration (# minutes)					
g. Progress monitoring score					
h. Was the student engaged? *(No, Partially, Yes)*	☐N ☐P ☐Y	☐N ☐P ☐Y	☐N ☐P ☐Y	☐N ☐P ☐Y	☐N ☐P ☐Y
h1. If Partially or No, explain. *(Select all that apply.)*	☐ Distracted/tired ☐ Behavior issues ☐ Refused ☐ Upset ☐ Other	☐ Distracted/tired ☐ Behavior issues ☐ Refused ☐ Upset ☐ Other	☐ Distracted/tired ☐ Behavior issues ☐ Refused ☐ Upset ☐ Other	☐ Distracted/tired ☐ Behavior issues ☐ Refused ☐ Upset ☐ Other	☐ Distracted/tired ☐ Behavior issues ☐ Refused ☐ Upset ☐ Other
h2. Explain reason(s) checked					
i. Was the intervention implemented as planned? *(No, Partially, Yes)*	☐N ☐P ☐Y	☐N ☐P ☐Y	☐N ☐P ☐Y	☐N ☐P ☐Y	☐N ☐P ☐Y
i1. If Partially or No, explain. *(Select all that apply.)*	☐ Computer issues ☐ Student issues ☐ Teacher issues ☐ Data collection issues ☐ Other issues	☐ Computer issues ☐ Student issues ☐ Teacher issues ☐ Data collection issues ☐ Other issues	☐ Computer issues ☐ Student issues ☐ Teacher issues ☐ Data collection issues ☐ Other issues	☐ Computer issues ☐ Student issues ☐ Teacher issues ☐ Data collection issues ☐ Other issues	☐ Computer issues ☐ Student issues ☐ Teacher issues ☐ Data collection issues ☐ Other issues
i2. Explain reason(s) checked					

End-of-Week Evaluation

D. Need for Further Adaptation

1. Do student data indicate the need for an adaptation to the intervention based on predetermined decision rules?
    ☐ No   ☐ Yes

2. Does the plan need to be changed due to barriers to implementation (e.g., the schedule does not allow sufficient time, staff need more training, etc.)?
    ☐ No   ☐ Yes

3. If an adaptation is needed *("Yes" to either question C1 or C2 above),* what level of adaptation is needed to improve your plan for next week?
    ☐ Minor   ☐ Major

4. Do you need to meet with the team before moving forward with the adaptation?
    ☐ No   ☐ Yes

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