

Data-Based Individualization (DBI) Weekly Implementation Log

Please email completed forms 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?	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
b1. If No, explain.					
c. Intervention offered?	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
d. Who delivered the intervention? <i>(Select all that apply.)</i>	<input type="checkbox"/> Teacher <input type="checkbox"/> Para-educator <input type="checkbox"/> Other	<input type="checkbox"/> Teacher <input type="checkbox"/> Para-educator <input type="checkbox"/> Other	<input type="checkbox"/> Teacher <input type="checkbox"/> Para-educator <input type="checkbox"/> Other	<input type="checkbox"/> Teacher <input type="checkbox"/> Para-educator <input type="checkbox"/> Other	<input type="checkbox"/> Teacher <input type="checkbox"/> Para-educator <input type="checkbox"/> Other
d1. If Other, describe					
e. Adaptation/modification offered?	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y
e1. If Yes, explain.					
f. Actual intervention duration (# minutes)					
g. Progress monitoring score					
h. Was the student engaged? <i>(No, Partially, Yes)</i>	<input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> Y
h1. If Partially or No, explain. <i>(Select all that apply.)</i>	<input type="checkbox"/> Distracted/tired <input type="checkbox"/> Behavior issues <input type="checkbox"/> Refused <input type="checkbox"/> Upset <input type="checkbox"/> Other	<input type="checkbox"/> Distracted/tired <input type="checkbox"/> Behavior issues <input type="checkbox"/> Refused <input type="checkbox"/> Upset <input type="checkbox"/> Other	<input type="checkbox"/> Distracted/tired <input type="checkbox"/> Behavior issues <input type="checkbox"/> Refused <input type="checkbox"/> Upset <input type="checkbox"/> Other	<input type="checkbox"/> Distracted/tired <input type="checkbox"/> Behavior issues <input type="checkbox"/> Refused <input type="checkbox"/> Upset <input type="checkbox"/> Other	<input type="checkbox"/> Distracted/tired <input type="checkbox"/> Behavior issues <input type="checkbox"/> Refused <input type="checkbox"/> Upset <input type="checkbox"/> Other
h2. Explain reason(s) checked					
i. Was the intervention implemented as planned? <i>(No, Partially, Yes)</i>	<input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> Y
i1. If Partially or No, explain. <i>(Select all that apply.)</i>	<input type="checkbox"/> Computer issues <input type="checkbox"/> Student issues <input type="checkbox"/> Teacher issues <input type="checkbox"/> Data collection issues <input type="checkbox"/> Other issues	<input type="checkbox"/> Computer issues <input type="checkbox"/> Student issues <input type="checkbox"/> Teacher issues <input type="checkbox"/> Data collection issues <input type="checkbox"/> Other issues	<input type="checkbox"/> Computer issues <input type="checkbox"/> Student issues <input type="checkbox"/> Teacher issues <input type="checkbox"/> Data collection issues <input type="checkbox"/> Other issues	<input type="checkbox"/> Computer issues <input type="checkbox"/> Student issues <input type="checkbox"/> Teacher issues <input type="checkbox"/> Data collection issues <input type="checkbox"/> Other issues	<input type="checkbox"/> Computer issues <input type="checkbox"/> Student issues <input type="checkbox"/> Teacher issues <input type="checkbox"/> Data collection issues <input type="checkbox"/> 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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