

**BODY OF EVIDENCE
RESPONSE TO INTERVENTION**

STUDENT <i>(legal name)</i> _____		
Identify Student’s Strengths	Identify Most Significant Concern	Identify Contributing Factors for this Area of Concern (e.g., attendance, health, language, mobility)
INTERVENTION 1	<p style="text-align:center;">WHAT DID YOU TRY?</p> <p>Intervention Plan (include who, what, when, where, frequency, duration)</p> <p>Progress-Monitoring Plan</p>	<p style="text-align:center;">WHAT DID YOU FIND OUT?</p> <p>Progress-Monitoring Data (e.g., DPS Benchmarks, DRA2, SRI, DIBELS, AIMSweb, CBMs) (Attach documentation.)</p> <p>Date/Data: _____ Date/Data: _____</p> <p>Date/Data: _____ Date/Data: _____</p> <p>Date/Data: _____ Date/Data: _____</p>
	<input type="checkbox"/> Discontinue intervention—adequate progress <input type="checkbox"/> Continue intervention <input type="checkbox"/> Revise intervention	<p>Additional Comments</p>
INTERVENTION 2	<p style="text-align:center;">WHAT DID YOU TRY?</p> <p>Intervention Plan (include who, what, when, where, frequency, duration)</p> <p>Progress-Monitoring Plan</p>	<p style="text-align:center;">WHAT DID YOU FIND OUT?</p> <p>Progress-Monitoring Data (e.g., DPS Benchmarks, DRA2, SRI, DIBELS, AIMSweb, CBMs) (Attach documentation.)</p> <p>Date/Data: _____ Date/Data: _____</p> <p>Date/Data: _____ Date/Data: _____</p> <p>Date/Data: _____ Date/Data: _____</p>
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