



Diocese of Columbus

Form 11: IAT Documentation

Student: _____ Date of Birth: _____ Grade: _____

Teacher(s): _____

IAT Participants: _____

Date of Meeting: _____

What can the student do?: List three student strengths (skills, attitude, effort)

Intervention Plan (Select Intervention(s) and Progress Monitoring Plan.)

Intervention	Person Responsible	Baseline Data

Evaluate the effectiveness of the Intervention(s)

Review 1 Date: _____

1. Was the intervention implemented as planned? Yes No

2. Was the DATA goal reached? Yes No

3. Further action: Close Case Set new goal for current concern:

Choose new intervention: _____



Diocese of Columbus

Form 11: IAT Documentation (Cont'd)

Student: _____ Date of Birth: _____ Grade: _____

Teacher(s): _____

IAT Participants: _____

Date of Meeting: _____

***What would you like the student to do? (Target Behavior)** List one or more areas which the student needs to improve to be successful in school. Asterisk the Target Behavior—must be one which can be seen, heard, measured—State behavior positively. This becomes the DATA Goal.

Progress Monitoring Tool	Frequency/Time	Outcome

Evaluate the effectiveness of the Intervention(s)

Review 2

Date: _____

1. Was the intervention implemented as planned? Yes No
2. Was the DATA goal reached? Yes No
3. Further action: Close Case Set new goal for current concern:

Choose new intervention: _____