



Diocese of Columbus

Form 12: IAT Supplemental Goals and Objectives

Student: _____ Date of Birth: _____ Grade: _____

Teacher(s): _____

IAT Participants: _____

Date of Meeting: _____

Student's Current Level:

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

Goal(s)	Intervention	Person Responsible

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 12: IAT Supplemental Goals and Objectives (Cont'd)

Student: _____ Date of Birth: _____ Grade: _____

Teacher(s): _____

IAT Participants: _____

Date of Meeting: _____

Area of Need:

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: _____