

# Intervention Summary (ETR, Section 2) Checklist

Type of information to include:	YES
<p><b>1. A description of the research based interventions used.</b>  <b><i>Describe in detail the actual intervention you chose:</i></b>  <i>What is the name of the intervention?</i>  <i>What was the child doing?</i>  <i>What was the teacher doing?</i>  <i>How was it delivered (setting, conditions)?</i>  <i>How was the data collected/documented?</i>  <b><u>*Cite a link to the protocols if available</u></b></p> <p><b>Example for Reevaluation, if no new interventions:</b>            *Cannot be left blank for reevaluations  <i>“No additional interventions were provided outside of the Specially Designed Instruction, Services and Supports from the Individualized Education Program.”</i></p>	<input type="checkbox"/>
<p><b>2. How long the intervention was provided.</b>  <b>Describe the length of time that was determined by the protocol or team:</b>  <i>Weeks?</i>  <i>Months?</i></p> <p><b>Example:</b> <i>“The intervention(s) started on October 2, 20__ and continued for the prescribed ____(weeks/months), as reflected in the intervention protocol.”</i></p>	<input type="checkbox"/>
<p><b>3. The intensity of the intervention.</b>  <b>Describe how often the child received the intervention:</b>  <i>How many minutes per day?</i>  <i>How many minutes per week?</i></p> <p><b>Example:</b> <i>“The _____ intervention was provided three times a week for twenty minutes each session.”</i></p>	<input type="checkbox"/>
<p><b>4. A description of the results compared to the baseline data.</b></p> <p><b>Example –</b> <i>“(Student name)’s baseline performance was (data) and by the end of the intervention period (Student name) performed at (present level data). A same age peer would be expected to perform at _____ (level).”</i></p>	<input type="checkbox"/>
<p><b>5. The decision was made as a result of the intervention(s).</b></p> <p><b>Example:</b> <i>“The intervention was continued for _____ weeks and in the judgement of the team the student...</i>  <i>...did not make sufficient progress and was referred for an initial evaluation on (date).</i>  <i>...did not make sufficient progress and may require additional services through the Individualized Education Program (IEP).</i>  <i>...did make sufficient progress and will continue to receive the interventions described.</i></p>	<input type="checkbox"/>