

TEACHER ASSISTANCE TEAM FOLLOW UP FORM

General Information			
Date of Follow Up Meeting			
Student Name		Age/ Gender	
Teacher Name		Grade	
Parents Name			
Intervention Fidelity			
<input type="checkbox"/> Frequency			
<input type="checkbox"/> Duration			
<input type="checkbox"/> Interventionist			
Were the interventions implemented with sufficient fidelity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Student Progress Information			
<input type="checkbox"/> Attach student data graphs			
Baseline Data:			
Updated Progress Monitoring Data:			
Level of Responsiveness			
If data indicates:		Consider this next step:	
<input type="checkbox"/> Student met or exceeded goal		<input type="checkbox"/> Continue with present interventions <input type="checkbox"/> Select a new concern to address <input type="checkbox"/> Increase goal associated with current interventions <input type="checkbox"/> Create a plan to discontinue current interventions	
<input type="checkbox"/> Student showed progress but did not meet goal		<input type="checkbox"/> Continue with present interventions with modifications <input type="checkbox"/> Modify implementation factors(frequency and duration) <input type="checkbox"/> Implement additional interventions to increase rigor	
<input type="checkbox"/> Student progress did not differ significantly from baseline		<input type="checkbox"/> Confirm appropriateness of sub-skill being targeted <input type="checkbox"/> Develop more robust interventions for implementation	
Revise Action Plan			
<input type="checkbox"/> Attach revised action plan			
Schedule Date of Next Follow-up Meeting			
<input type="checkbox"/> Next Follow up meeting: _____			