

**Long County School System
Pyramid of Interventions Team
Intervention Team Follow-Up Meeting**

Name of Student: _____ Date of Birth: _____
School: _____ Grade: _____ Academic Year _____ -- _____ Homeroom Teacher: _____

Date of Meeting: ____/____/____					
POI Team Members: _____					
(Signatures) _____					

1) Area of Concern: _____					
Intervention					
Intervention that was provided for this area of concern:					
Review intervention:					
As of this date, how many weeks of intervention have been provided?					
*Does the intervention protocol specify/recommend number of weeks that this intervention is to be implemented?			YES (Specify: _____)		NO; specify remaining number of weeks based on review of student progress below.
Interventionist Notes concerning the student's attendance, participation, fidelity of implementation, or other applicable factors:					
Progress Monitoring					
Progress Monitoring Measure that was administered for this area of concern:					
Review Progress Monitoring:					
As of this date, how many progress monitoring data points are available for review?					
Are at least 4 progress monitoring data points <u>above</u> the aim-line?		YES (if YES, check Decision Box #1)		NO	
Do 4 progress monitoring data points indicate progress <u>towards</u> the aim-line?		YES (if YES, check Decision Box #2)		NO	
Are progress-monitoring data points <u>variable</u> ?		YES (if YES, check Decision Box #3)		NO	
Are at least 4 progress monitoring data points <u>below</u> the aim-line?		YES (if YES, check Decision Box #4)		NO	
Decision of POI Team:	Decision Box #1 <input type="checkbox"/> Student is experiencing success with this intervention. Check one of the following options: ____ Continue with current intervention and progress monitoring schedule until *____/____/____. Review case on ____/____/____. ____ Continue current intervention and develop new progress monitoring schedule (less frequent). Complete Outcome section below. Review case on ____/____/____.	Decision Box #2 <input type="checkbox"/> Student appears to be benefiting from the intervention; however, further information is needed. Continue with current intervention and progress monitoring schedule until *____/____/____. Review case on ____/____/____.	Decision Box #3 <input type="checkbox"/> Intervention effectiveness cannot be determined. If not already progress monitoring once a week, change p.m. schedule to weekly. Complete Outcome section below. Continue with current intervention. Review case on ____/____/____.	Decision Box #4 <input type="checkbox"/> Intervention is unlikely to be successful; consider implementation of a different intervention (*Refer to intervention protocol to determine recommended number of weeks for implementation). Complete Outcome section below.	
	Outcome (check, if applicable):				
____ New Progress Monitoring Schedule:	1x/month: ____	2x/month: ____	1x/week: ____	2x/week: ____	Other: _____
____ New Intervention	Complete POI Intervention Meeting form to document intervention change.				

Intervention Team Follow-Up Meeting (Continued)

Date of Meeting: ____/____/____

Name of Student: _____ Date of Birth: _____

2) Area of Concern (if applicable): _____					
Intervention					
Intervention that was provided for this area of concern:					
Review intervention:					
As of this date, how many weeks of intervention have been provided?					
*Does the intervention protocol specify/recommend number of weeks that this intervention is to be implemented?		YES (Specify: _____)		NO; specify remaining number of weeks based on review of student progress below.	
Interventionist Notes concerning the student's attendance, participation, fidelity of implementation, or other applicable factors:					
Progress Monitoring					
Progress Monitoring Measure that was administered for this area of concern:					
Review Progress Monitoring:					
As of this date, how many progress monitoring data points are available for review?					
Are at least 4 progress monitoring data points <u>above</u> the aim-line?		YES (if YES, check Decision Box #1)		NO	
Do 4 progress monitoring data points indicate progress <u>towards</u> the aim-line?		YES (if YES, check Decision Box #2)		NO	
Are progress-monitoring data points <u>variable</u> ?		YES (if YES, check Decision Box #3)		NO	
Are at least 4 progress monitoring data points <u>below</u> the aim-line?		YES (if YES, check Decision Box #4)		NO	
Decision of POI Team:	Decision Box #1 <input type="checkbox"/> Student is experiencing success with this intervention. Check one of the following options: ___ Continue with current intervention and progress monitoring schedule until *___/___/___ . Review case on ___/___/___ . ___ Continue current intervention and develop new progress monitoring schedule (less frequent). Complete Outcome section below. Review case on ___/___/___ .	Decision Box #2 <input type="checkbox"/> Student appears to be benefiting from the intervention; however, further information is needed. Continue with current intervention and progress monitoring schedule until *___/___/___ . Review case on ___/___/___ .	Decision Box #3 <input type="checkbox"/> Intervention effectiveness cannot be determined. If not already progress monitoring once a week, change p.m. schedule to weekly. Complete Outcome section below. Continue with current intervention. Review case on ___/___/___ .	Decision Box #4 <input type="checkbox"/> Intervention is unlikely to be successful; consider implementation of a different intervention (*Refer to intervention protocol to determine recommended number of weeks for implementation). Complete Outcome section below.	
	Outcome (check, if applicable):				
___ New Progress Monitoring Schedule:	1x/month: _____	2x/month: _____	1x/week: _____	2x/week: _____	Other: _____
___ New Intervention	Complete POI Intervention Meeting form to document intervention change.				