

PRISM Tier 3 Individualized Intervention Planning Log: Initial Meeting

Coach: _____ Child: _____ Teacher: _____ Audio Recording: Yes No
 Data Review date: ___/___/_____ Start time: ____:____ End Time: ____:____ Total minutes (minus breaks): _____
 Other adults present & role: _____

Before the Initial Meeting	Yes	No	Notes
1. The team reviewed center protocol.			
2. The team planned how & what would be communicated with the family.			
3. There was a discussion with the teacher about who is on the team (such as teacher, family member, other caregivers, administrators, mental health providers, early interventionists).			Team Members & Role:
4. An initial meeting with the team was scheduled.			
5. Existing data and other child-specific information was gathered for the initial meeting. (e.g., Targeted Support Plan, SEAM, ESI, Child Strength & Concerns , blank data forms)			
6. If the child needed immediate intervention, an interim individualized intervention plan was implemented.			<input type="checkbox"/> N/A
During the Initial Meeting			
7. All team members were introduced, present or not.			
8. The purpose of the meeting (to help the child develop new skills specific to social-emotional development) & team member roles were described.			
9. Caregivers were encouraged to share the child's strengths.			Strengths:
10. Caregivers were encouraged to share their concerns <u>after</u> sharing strengths.			Concerns:
11. Based on caregiver concerns and resources, we determined what data was needed to create a plan (including existing records and new data), when we needed it by, and whom would collect each piece of data. (Record on attached Data Collection Log .)			
Closing/Scheduling			
12. Team members received forms needed for data collection.			
13. Team determined who would attend the data review and scheduled the review.			Data Review Participants: Date & Time:

PRISM Tier 3 Individualized Intervention Planning Log: Data Review

Coach: _____ Child: _____ Teacher: _____ Audio Recording: Yes No
 Data Review date: ___/___/_____ Start time: ____:____ End Time: ____:____ Total minutes (minus breaks): _____
 Other adults present & role: _____

Before the Data Review	Yes	No	Notes
14. Completed & compiled documents needed for the data review (also see Data Collection Log): <input type="checkbox"/> Teacher Child Data (DECA, ESQ, SEAM , other) <input type="checkbox"/> Coach Child Data (BIR-IT, ESI, Focused Observation , other) <input type="checkbox"/> Child Data from Family/Home <input type="checkbox"/> Prior Child Strengths & Concerns Existing Plans (IFSP, Targeted Support) <input type="checkbox"/> Blank Child Strength & Concerns <input type="checkbox"/> Other records (medical, therapy, etc.)			
15. A reminder for data review was sent to participants.			
During the Data Review			
16. Team members reviewed, reflected, and commented on the data that was shared			
17. Team used the SEAM and other child data to complete Child Strengths & Concerns .			
18. All present team members were encouraged to select and prioritize measurable goals.			
19. Discussed activities, routines, and times for the individualized intervention (1:1) sessions.			Activities, Routines, & Times:
20. Scheduled a Planning Meeting Time with team, including family.			Date & Time:

PRISM Tier 3 Individualized Intervention Planning Log: Planning Meeting

Coach: _____ Child: _____ Teacher: _____ Audio Recording: Yes No
 Data Review date: ___/___/_____ Start time: ____:____ End Time: ____:____ Total minutes (minus breaks): _____
 Other adults present & role: _____

Before the Planning Meeting	Yes	No	Notes
21. Meeting reminder sent to all team members.			
22. Prepared documents and gathered materials needed for the meeting. <input type="checkbox"/> Individualized Intervention Plan(s) <input type="checkbox"/> Child Strengths & Concerns <input type="checkbox"/> Targeted Support Plan <input type="checkbox"/> PTR-YC or other teacher child data tool <input type="checkbox"/> Teacher-Family Communication Form			
During the Planning Meeting			
23. Reviewed Child Strengths & Concerns and goal selected by team.			
24. The Team discussed the Individualized Intervention Plan(s) - members reflected, asked questions, and/or made suggestions on plan(s).			
25. Discussion included the teacher's role in supporting the child's development.			<input type="checkbox"/> Check if Targeted Support Plan should be updated or created at future coaching session.
26. Discussion included the family's role in supporting the child's development.			
27. Discussion included a plan for communicating progress to the team, including showing the team an example of a teacher-family communication form.			
28. Team decided on mode(s) of progress monitoring. (Fill in Progress Monitoring Log)			
Closing/Scheduling			
29. We discussed a goal target date & scheduled a team review meeting around that time.			Date & Time:

PRISM Tier 3 Individualized Intervention Planning Log: Process Summary

Please indicate any of the following you experienced during Individualized Intervention Planning

Strategies Used (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Reflective conversation | <input type="checkbox"/> Graphical feedback | <input type="checkbox"/> Providing materials |
| <input type="checkbox"/> Problem solving discussion | <input type="checkbox"/> Constructive verbal feedback | <input type="checkbox"/> Live demonstration |
| <input type="checkbox"/> Supportive verbal feedback | <input type="checkbox"/> Goal setting/planning | <input type="checkbox"/> Other: |

Challenges Present (Check all that interfered with or created conflict within process and please explain in notes section)

- | | | |
|---|--|--|
| <input type="checkbox"/> Knowledge <ul style="list-style-type: none">o Teachero Family | <input type="checkbox"/> Existing job demands <ul style="list-style-type: none">o Teachero Family | <input type="checkbox"/> Teaming/staffing issues |
| <input type="checkbox"/> Disability or health issues <ul style="list-style-type: none">o Teachero Family | <input type="checkbox"/> Conflicting demands <ul style="list-style-type: none">o Teachero Family | <input type="checkbox"/> Fiscal Issues |
| <input type="checkbox"/> Language issues <ul style="list-style-type: none">o Teachero Family | <input type="checkbox"/> Resistance to change <ul style="list-style-type: none">o Teachero Family | <input type="checkbox"/> Other: |

Notes: