

Intervention Contact Log

Staff Member(s) Implementing Intervention: _____

Classroom/Location: _____ Intervention Description: _____

Students in Group: (Note: Supplemental intervention groups generally should be capped at 6-7 students.)

A. _____ D. _____ G. _____

B. _____ E. _____ H. _____

C. _____ F. _____ I. _____

Date: _____ Time Start: ____ : ____ Time End: ____ : ____ Students Absent _____

To what degree were you able to carry out the intervention as designed? Comments: _____

1 2 3 4 5 6 7 8 9
Not at all Somewhat Fully

Date: _____ Time Start: ____ : ____ Time End: ____ : ____ Students Absent: _____

To what degree were you able to carry out the intervention as designed? Comments: _____

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