

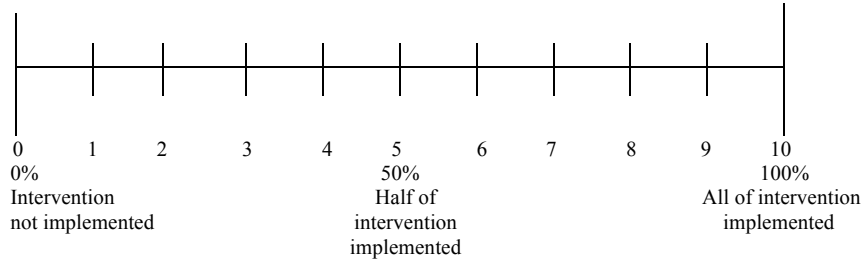
Intervention Implementation Form

Teacher Initials: _____ Date: _____ Day of Week: M T W Th F

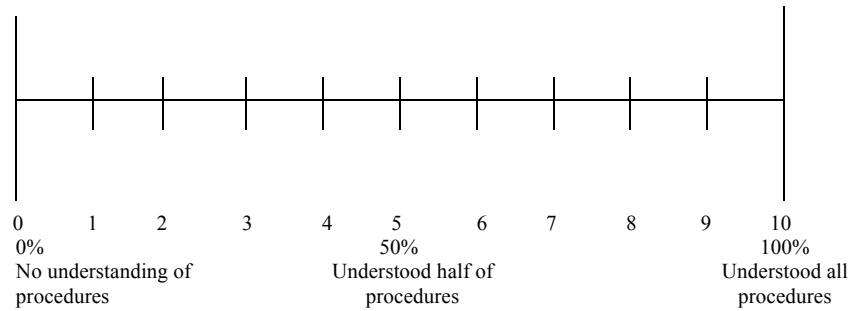
No rating today as I was unable to implement the intervention.

Directions: Place a mark along the line that best reflects the percentage of total time the target behavior was exhibited

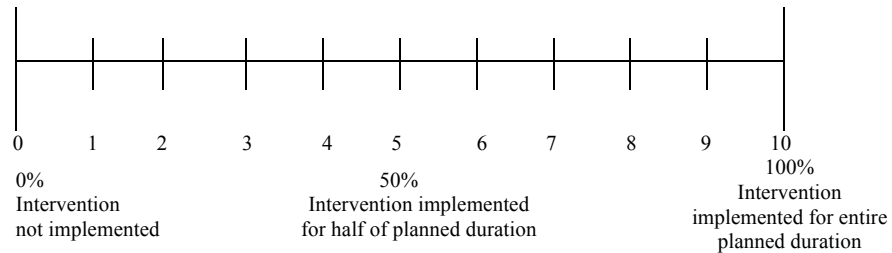
How completely were you able to implement the intervention steps as planned?



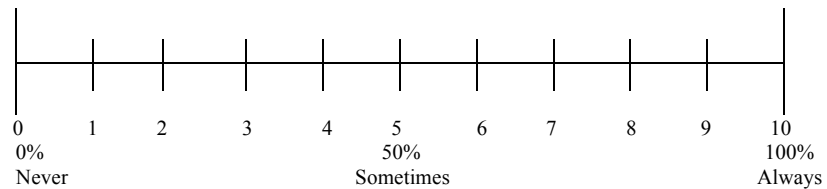
How well did you understand the intervention procedures involved in implementing the intervention?



Did the students self-monitor for the entire duration of your class?



Did you enthusiastically implement the intervention?



Were students interested and motivated to engage in the intervention?

