

CHILD STUDY INTERVENTION LOG

Student Name & ID# _____ Teacher/Class: _____ School: Select School Date: ____ / ____ / ____

Setting Profile	Student Profile	Implemented Interventions
Instructional Practices <input type="checkbox"/> lecture/direct instruction <input type="checkbox"/> drill/practice <input type="checkbox"/> individualized <input type="checkbox"/> small group <input type="checkbox"/> cooperative learning <input type="checkbox"/> hands-on activities <input type="checkbox"/> other: _____	Describe how the student learns best.	Date: ____ / ____ / ____
Reading Requirements <input type="checkbox"/> text readability level _____ <input type="checkbox"/> references used frequently <input type="checkbox"/> math story problems <input type="checkbox"/> whole language/integrated <input type="checkbox"/> basal reader/skill-based instruction <input type="checkbox"/> other: _____	Approximate reading level _____ Describe reading performance.	Date: ____ / ____ / ____
Listening Requirements <input type="checkbox"/> lecture <input type="checkbox"/> one-step oral directions <input type="checkbox"/> multi-step oral directions <input type="checkbox"/> group discussions <input type="checkbox"/> oral reading by others <input type="checkbox"/> multi-media presentations <input type="checkbox"/> other: _____	Describe listening performance.	Date: ____ / ____ / ____
Writing Requirements <input type="checkbox"/> creative writing <input type="checkbox"/> written reports/term papers <input type="checkbox"/> journal entries <input type="checkbox"/> activity sheets <input type="checkbox"/> copy from books <input type="checkbox"/> copy from board <input type="checkbox"/> other: _____	Describe writing performance.	Date: ____ / ____ / ____
Other Modes of Expression <input type="checkbox"/> drawing <input type="checkbox"/> painting <input type="checkbox"/> cutting <input type="checkbox"/> pasting <input type="checkbox"/> sculpting <input type="checkbox"/> singing <input type="checkbox"/> other: _____	Describe other expression performance.	Date: ____ / ____ / ____

CHILD STUDY INTERVENTION LOG

Student Name & ID# _____ Teacher/Class: _____ School: Select School Date: ___ / ___ / ___

Setting Profile	Student Profile	Implemented Interventions
Math Requirements <input type="checkbox"/> math text at _____ level <input type="checkbox"/> manipulative aids provided <input type="checkbox"/> computation stressed <input type="checkbox"/> problem-solving stressed <input type="checkbox"/> timed tests used <input type="checkbox"/> copy problems from text <input type="checkbox"/> copy problems from board <input type="checkbox"/> other: _____	Describe math performance.	Date: ___ / ___ / ___
Speaking Requirements <input type="checkbox"/> oral reports <input type="checkbox"/> group discussions <input type="checkbox"/> unison responses <input type="checkbox"/> individual responses <input type="checkbox"/> spoken answers to tests <input type="checkbox"/> nonverbal responses accepted <input type="checkbox"/> other: _____	Describe speaking performance.	Date: ___ / ___ / ___
Evaluation Procedures <input type="checkbox"/> objective written tests/quizzes <input type="checkbox"/> subjective written tests/quizzes <input type="checkbox"/> oral tests/quizzes <input type="checkbox"/> projects <input type="checkbox"/> timed probes (CBM) <input type="checkbox"/> portfolios <input type="checkbox"/> other: _____	Describe evaluation needs.	Date: ___ / ___ / ___
Classroom Arrangement <input type="checkbox"/> large group instruction <input type="checkbox"/> small group instruction <input type="checkbox"/> seats face-to-face <input type="checkbox"/> seats in circle <input type="checkbox"/> sit at chair/desk <input type="checkbox"/> sit on floor <input type="checkbox"/> other: _____	Describe classroom needs.	Date: ___ / ___ / ___
Movement Patterns <input type="checkbox"/> stay in seat most of the day <input type="checkbox"/> move for group work <input type="checkbox"/> move to interest centers <input type="checkbox"/> periodic movement planned <input type="checkbox"/> no planned transitions between subjects <input type="checkbox"/> other: _____	Describe movement needs.	Date: ___ / ___ / ___