

Appendix D

PRIME Tracking Form



PRIME Intervention Implementation Tracking Form

Student(s) Name: _____ Grade(s): _____

Implementer Name: _____ Consultant Name: _____

Target Student Problem & Goal: _____

Evidence-based Intervention: _____ Initial Implementation Date: _____

| Data Review Date: | Team Members Present (Initials): | Summary Statements: | | Applicable Scenario*: | Action Steps – Action/Supports Provided, Person Responsible, Date | Comments: |
|-------------------|----------------------------------|--|--|-----------------------|---|-----------|
| | | Progress Monitoring | Treatment Integrity | | | |
| | | <input type="checkbox"/> On track to meet goal <input type="checkbox"/> Not on track to meet goal | <input type="checkbox"/> Sufficient implementation <input type="checkbox"/> Insufficient implementation | | | |
| | | <input type="checkbox"/> On track to meet goal <input type="checkbox"/> Not on track to meet goal | <input type="checkbox"/> Sufficient implementation <input type="checkbox"/> Insufficient implementation | | | |
| | | <input type="checkbox"/> On track to meet goal <input type="checkbox"/> Not on track to meet goal | <input type="checkbox"/> Sufficient implementation <input type="checkbox"/> Insufficient implementation | | | |
| | | <input type="checkbox"/> On track to meet goal <input type="checkbox"/> Not on track to meet goal | <input type="checkbox"/> Sufficient implementation <input type="checkbox"/> Insufficient implementation | | | |

* Refer to *PRIME Data-Based Decision Making Worksheet* for scenario & related action steps