

**BREVARD PUBLIC SCHOOLS, FLORIDA**  
 Individual Problem Solving Team (IPST)  
**Intervention Design and Ongoing Progress Monitoring (OPM)**  
 Intervention #: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

**IPST FORM 7**

**Intervention Design**

**Goal Statement:** Write a specific attainable goal in observable and measurable terms related to the problem. **Date:** \_\_\_\_\_

By \_\_\_\_\_, \_\_\_\_\_ will \_\_\_\_\_ as evidenced by  
 (Date) (Student Name) (What will student achieve?)  
 \_\_\_\_\_ on \_\_\_\_\_  
 (Score) (Progress Monitoring Tool)

Intervention Start Date: \_\_\_\_\_ Setting for Intervention: \_\_\_\_\_  
 Anticipated End Date: \_\_\_\_\_ Person Responsible for Progress Monitoring: \_\_\_\_\_  
 How often will intervention be progress monitored? \_\_\_\_\_

Specific Intervention: \_\_\_\_\_

Group Size	Frequency	Duration	Intervention Provider
_____ Individual	_____ 1 x/Wk	_____ 15 min	_____ Gen Ed Teacher
_____ 2-3	_____ 2 x/Wk	_____ 20 min	_____ ESE Teacher
_____ 4-8	_____ 3 x/Wk	_____ 30 min	_____ Counselor
_____ > 8 but not whole class	_____ 4 x/Wk	_____ 45 min	_____ Title 1 Teacher
	_____ Daily	_____ 60 min	_____ Other (Specify)

**Ongoing Progress Monitoring (OPM)**

KEY:  = Present    A = Absent    T = Tardy    R = Removed    S = Suspended

STUDENT NAME	Attendance for Intervention and OPM												School Year: _____		
	Baseline	Week 1		Week 2		Week 3		Week 4		Week 5		Week 6		OPM	
		Month: _____	OPM	Month: _____	OPM	Month: _____	OPM	Month: _____	OPM	Month: _____	OPM	Month: _____	OPM		
Date															