Moss Point School District	**TST-8B:Tier 3 (Intensive) Intervention Integrity Checks**

Student Name: _____School: _____Tier 3 Start Date: _____

Tier 3 Observation Dates: 1. _____ 2. _____ (Two observations required)

Evidence-Based Programming/Strategies Utilized:	**Comments:**
_____	_____
_____	_____

Week of _____ through _____

Week 1 **Week 6**

I= Intervention Received, **X**=Holiday/Intervention Not Scheduled, **A**=Absent, **B**=Intervention Not Received Due to Behavior **(I, X, A, or B)**

M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6

Week of _____ through _____

Week 7 **Week 12**

I= Intervention Received, **X**=Holiday/Intervention Not Scheduled, **A**=Absent, **B**=Intervention Not Received Due to Behavior **(I, X, A, or B)**

M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F		M	T	W	T	F

Week 7 Week 8 Week 9 Week 10 Week 11 Week 12

☐ **Yes** ☐ **No** The student is provided evidence-based intervention described in specific, measurable terms that can be progress monitored/evaluated.

☐ **Yes** ☐ **No** Intervention is being delivered in a manner which is consistent with programming details and seems appropriate for student's needs.

Administrator's Signature: _____ Date: _____