INTERVENTION PLANNING FORM

School or district mental health teams are encouraged to complete this form when planning to adopt an intervention. The primary goal of this form is to help teams predict appropriate intervention staffing and time burden.

Intervention Name	Tier			Planning/Preparation before or during implementation			Supervision providing or receiving			Delivery			Evaluation and Feedback schoolwide and student-specific		
	1	2	3	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration
Example: Check In Check Out		х	Х	T.Cooper S.Barrey Teachers	1-2 1 .5	Aug-May Aug-Dec Aug-Oct	S. Barrey	1	Aug-May	10 teachers	1	Oct-May	T.Cooper L. Sands	.5 5	Aug-May Dec, May