

**Goodhue County Education District**  
Cannon Falls, Goodhue, Kenyon-Wanamingo,  
Lake City, Red Wing, Zumbrota-Mazeppa

**PROBLEM SOLVING TEAM**  
**PLAN IMPLEMENTATION REVIEW**

Student: \_\_\_\_\_ Review Date: \_\_\_\_\_

Intervention #: 1 2 3 \_\_\_\_\_

Attach completed, dated intervention script observation form from initial observation

**INTERVENTION PROTOCOL INTEGRITY**

Team agrees that the written intervention script fully matched the implemented intervention

Team agrees that the written intervention script did not fully match the implemented intervention from the initial observation

Describe all revisions made to the intervention script:

Attach completed, dated intervention script observation form after revisions were made documenting intervention integrity.

**PLAN LOGISTICS INTEGRITY**

Team agrees that the intervention occurred for the number and duration of sessions as designed on the plan development form.

Team agrees that the intervention did not occur for the number and duration of sessions as designed on the plan development form.

Describe differences between planned and actual intervention session number and length:

