

Tier III Data Analyst I-SWIS Summary Report

Date Range: _____

Possible Data Days: _____

Instructions:

1. Review I-SWIS School-Wide Report (print for team meeting)
2. Review or collect summaries for each student (I-SWIS Student Reports) receiving Tier III behavioral supports and complete the following worksheet
3. Use the Student Progress Report as needed to communicate individual student progress to stakeholders (e.g., family, teachers, aides)

Student	Assessment	Plan	Implementation Status	Days with Fidelity Data	Summary of Fidelity Data	Days with Outcome Data	Summary of Outcome Data (across measures)	Recommended Action
	<input type="checkbox"/> Missing <input type="checkbox"/> In place <input type="checkbox"/> Out of date	<input type="checkbox"/> Missing <input type="checkbox"/> In place <input type="checkbox"/> Out of date	<input type="checkbox"/> Starting <input type="checkbox"/> Progressing <input type="checkbox"/> Not Progressing <input type="checkbox"/> Need Revision <input type="checkbox"/> Discontinued					<input type="checkbox"/> Continue <input type="checkbox"/> Discuss problem <input type="checkbox"/> Discuss fading/exit
	<input type="checkbox"/> Missing <input type="checkbox"/> In place <input type="checkbox"/> Out of date	<input type="checkbox"/> Missing <input type="checkbox"/> In place <input type="checkbox"/> Out of date	<input type="checkbox"/> Starting <input type="checkbox"/> Progressing <input type="checkbox"/> Not Progressing <input type="checkbox"/> Need Revision <input type="checkbox"/> Discontinued					<input type="checkbox"/> Continue <input type="checkbox"/> Discuss problem <input type="checkbox"/> Discuss fading/exit
	<input type="checkbox"/> Missing <input type="checkbox"/> In place <input type="checkbox"/> Out of date	<input type="checkbox"/> Missing <input type="checkbox"/> In place <input type="checkbox"/> Out of date	<input type="checkbox"/> Starting <input type="checkbox"/> Progressing <input type="checkbox"/> Not Progressing <input type="checkbox"/> Need Revision <input type="checkbox"/> Discontinued					<input type="checkbox"/> Continue <input type="checkbox"/> Discuss problem <input type="checkbox"/> Discuss fading/exit
	<input type="checkbox"/> Missing <input type="checkbox"/> In place <input type="checkbox"/> Out of date	<input type="checkbox"/> Missing <input type="checkbox"/> In place <input type="checkbox"/> Out of date	<input type="checkbox"/> Starting <input type="checkbox"/> Progressing <input type="checkbox"/> Not Progressing <input type="checkbox"/> Need Revision <input type="checkbox"/> Discontinued					<input type="checkbox"/> Continue <input type="checkbox"/> Discuss problem <input type="checkbox"/> Discuss fading/exit
	<input type="checkbox"/> Missing <input type="checkbox"/> In place <input type="checkbox"/> Out of date	<input type="checkbox"/> Missing <input type="checkbox"/> In place <input type="checkbox"/> Out of date	<input type="checkbox"/> Starting <input type="checkbox"/> Progressing <input type="checkbox"/> Not Progressing <input type="checkbox"/> Need Revision <input type="checkbox"/> Discontinued					<input type="checkbox"/> Continue <input type="checkbox"/> Discuss problem <input type="checkbox"/> Discuss fading/exit