

DATA COLLECTION TOOL
STUDENTS WHO REQUIRE INTENSIVE SUPPORTS
SRPSD

Use eIIP Progress Report to complete this form.

Student Name:						
		Three Impact Areas	Progress			
			Nov	Jan	Mar	June
Signatures		<ul style="list-style-type: none"> ○ Independence ○ Personal/Social Well-being ○ Communication ○ Health/Medical Needs/ Personal Care ○ Academic Achievement ○ Safety ○ Sensory ○ Motor Skills ○ Transitions- Daily-, Short term-long term 	4	4	4	4
Parent/ Guardian Signature <input type="checkbox"/> Phone call <input type="checkbox"/>	Admin Signature <input type="checkbox"/>		3	3	3	3
Engagement Student was engaged in the development and monitoring of outcomes: <input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> ○ Independence ○ Personal/Social Well-being ○ Communication ○ Health/Medical Needs/ Personal Care ○ Academic Achievement ○ Safety ○ Sensory ○ Motor Skills ○ Transitions- Daily-, Short term-long term 	4	4	4	4
		<ul style="list-style-type: none"> ○ Independence ○ Personal/Social Well-being ○ Communication ○ Health/Medical Needs/ Personal Care ○ Academic Achievement ○ Safety ○ Sensory ○ Motor Skills ○ Transitions- Daily-, Short term-long term 	3	3	3	3
		<ul style="list-style-type: none"> ○ Independence ○ Personal/Social Well-being ○ Communication ○ Health/Medical Needs/ Personal Care ○ Academic Achievement ○ Safety ○ Sensory ○ Motor Skills ○ Transitions- Daily-, Short term-long term 	2	2	2	2
		<ul style="list-style-type: none"> ○ Independence ○ Personal/Social Well-being ○ Communication ○ Health/Medical Needs/ Personal Care ○ Academic Achievement ○ Safety ○ Sensory ○ Motor Skills ○ Transitions- Daily-, Short term-long term 	1	1	1	1

- 4. Outcome achieved
- 3. Making progress as expected
- 2. Making progress less than expected
- 1. Experiencing difficulty