

INSTRUCTIONAL FEEDBACK

Treatment Integrity Checklist

Student: _____

Date: _____

 Primary Observer: _____

Setting: _____

 Secondary Observer: _____

Lesson: _____

Start time: _____ End time: _____

Total time: _____

Notes: _____

0 = not in place, 1 = partially in place, 2 = completely in place

	Mon	Tues	Wed	Thurs	Fri	Comp onent Total (row)	Percent (total ÷ 10 ^a × 100)
1. I identified and shared learning goals.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2		
2. I provided instruction to meet the established goals.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2		
3. I provided clear directions and checked for understanding.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2		
4. Students had opportunities to practice.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2		
5. I used active supervision and provided instructional feedback.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2		
6. I provided time, direction for students to review work or have additional opportunities to practice.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2		
7. I evaluated instruction based on student response.	0 1 2	0 1 2	0 1 2	0 1 2	0 1 2		
Daily Total (column)							
Percent (total ÷ 14 ^b × 100)	%	%	%	%	%		

^a10 is the component *total possible* per week as designed, but reduce to match applicable number of days

^b14 is the daily *total possible* as designed, but reduce this number to match applicable number of items

Adapted from Lane, K. L., Menzies, H. M, Ennis, R. P., & Oakes, W. P. (2015). *Supporting behavior for school success: A step-by-step guide to key strategies*. New York, NY: Guilford Press. (figure 5.2, p. 114)

