

Intervention Fidelity Checklist

Implementer: _____

Intervention: _____

Observer: _____

School: _____

Student: _____

Time/Location: _____

Grade: _____

Teacher: _____

Step	Date	Date	Date	Date	Date
1.					
2.					
3.					
4.					
5.					
Daily Fidelity Percentage	_____%	_____%	_____%	_____%	_____%