

PRE-INTERVENTION

Student _____

Rater completing this form _____

Date _____

Adapted Version of the Intervention Rating Profile-15

The purpose of this questionnaire is to obtain information that will aid in the selection of future classroom interventions. These interventions will be used by teachers of children with identified needs. Please circle the number which best describes your agreement or disagreement with each statement.

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
1. This would be an acceptable intervention for the child's needs.	1	2	3	4	5	6
2. Most teachers would find this intervention appropriate for children with similar needs.	1	2	3	4	5	6
3. This intervention should prove effective in supporting the child's needs.	1	2	3	4	5	6
4. I would suggest the use of this intervention to other teachers.	1	2	3	4	5	6
5. The child's needs are severe enough to warrant use of this intervention.	1	2	3	4	5	6
6. Most teachers would find this intervention suitable for the needs of this child.	1	2	3	4	5	6
7. I would be willing to use this intervention in the classroom setting.	1	2	3	4	5	6
8. This intervention would <i>not</i> result in negative side effects for the child.	1	2	3	4	5	6
9. This intervention would be appropriate for a variety of children.	1	2	3	4	5	6
10. This intervention is consistent with those I have used in classroom settings.	1	2	3	4	5	6
11. The intervention is a fair way to handle the child's needs.	1	2	3	4	5	6
12. This intervention is reasonable for the needs of the child.	1	2	3	4	5	6
13. I like the procedures used in this intervention.	1	2	3	4	5	6
14. This intervention would be a good way to handle this child's needs.	1	2	3	4	5	6
15. Overall, this intervention would be beneficial for the child.	1	2	3	4	5	6

Total (sum all points circled; higher scores indicate higher acceptability; range = 15-90): _____

Comments: _____