

***Multi – Tiered Instruction Handbook
Response to Intervention (RTI) Procedures
and Guidelines***



***Ontario School District 8C
www.ontario.k12.or.us***

revised: 1-22-10

Table of Contents

Framework

- EBIS Overview
- MTI Reading Framework
- Student Placement
- Early Identification Process
- EBIS Responsibility Chart

EBIS Team Process

- Decision Rules
- EBIS Meeting Guidelines
- Adequate Response to Intervention
- Making the Most of Your Progress Monitoring Data: Aimlines & Trendlines
- Flow Chart
- Planning for September

Reading Curriculum

- Reading Protocol
- Elementary Reading Curricula

Fidelity Checklists

- Instructional Observation

EBIS Forms

- EBIS Group Intervention & Planning
- Student Intervention Profile
- Individual Problem Solving Worksheet
- Individual Student Action Plan
- Developmental History
- Developmental History in Spanish
- Options for Change in Intervention

Parent Notification

- Team Meeting Notice
- Title One Parent Notification Letter
- Pamphlet - http://sd8c.sch/district0910/district/pdf/parent_pam.pdf
- in Spanish - http://sd8c.sch/district0910/district/pdf/parent_pam_sp.pdf

Eligibility Forms

- Statement of Eligibility
- Learning Disability Eligibility Report
- Feedback Form for Initial
- Feedback Form for Re-valuation

How the Effective Behavior and Instructional Support (EBIS) Team Process Works

The EBIS team has three purposes:

- 1.To review school-wide behavior and academic data in order to evaluate the effectiveness of core programs.
- 2.To screen and identify students needing additional academic and/or behavior support.
- 3.To plan, implement and modify interventions for these students. Depending on each student's "response to intervention," a formal referral for special education evaluation may result.

EBIS is intended to be a structured, systematic process involving the following features and activities: team membership, school-wide planning, planning for the 20%, monthly meetings, and individualizing-intensifying interventions.

Team Membership: Leadership by the principal is essential. EBIS Team membership also must include classroom teachers representing grade levels, the Literacy/Title I Specialist, School Counselor, and specialists from Special Education and ELL programs. Teams often also benefit from including a member from the classified staff.

Planning for the 80% (School-wide): Three times a year, fall, winter and spring, EBIS teams review data on student performance (e.g., DIBELS, AIMS WEB, behavior referrals, attendance) in order to evaluate the effectiveness of the core programs. The EBIS model is predicated on the notion that the core programs should meet the needs of at least 80% of the student population. If this is not the case, the team needs to plan and implement professional development to shore up the core program.

Planning for the 20% (Targeted groups): Students falling below the 20th percentile on DIBELS and/or who have other, significant academic, behavioral or attendance problems, are listed on the EBIS Group Intervention & Planning Form. This is usually best accomplished by grade level teacher teams with core members of the EBIS team assisting them. These EBIS teams choose interventions from the appropriate Standard Protocol (Reading, Math, Writing, or Behavior) for groups of students with similar needs. They also decide on what progress data to collect and the person responsible for collecting the data. Begin the EBIS Student Intervention Profile for all students in interventions.

Monthly EBIS team meetings: EBIS teams convene monthly to evaluate the progress of the students involved in group interventions as well as those students below the 20th percentile who receive services through Special Education. The team reviews weekly progress monitoring data for each student, analyzing *aimlines* and *trendlines* (See Decision Rules). One of four different decisions may be made at this meeting for each student being reviewed:

- 1.the group intervention has been successful and the student no longer needs small group instruction,
- 2.the intervention appears to be working for the student and should be continued as is;
- 3.the group intervention is not working for the student and should be revised or refined; or,
- 4.the group intervention is highly unlikely to be successful for the student and therefore a more, individualized approach is needed.

Individualizing, Intensifying Intervention: If the student has failed to make progress or has made minimal progress after two group interventions, additional information must be gathered in order to select an intervention that is specifically targeted to the student's needs. At this point, EBIS teams fill out and send the EBIS Team Meeting Notice to parents inviting them to attend a meeting to gather information and begin planning for a more individualized intervention. A Developmental History should be completed at this time and the parents should be given the RTI Parent Brochure describing how the Response to Intervention process works.

Prior to the parent meeting, teams review each student's cumulative record using the Individual Problem Solving Worksheet. Although time consuming, this level of evaluation is typically necessary for only a small percentage of students. It provides detail on the student's history and needs and is important to designing an effective, individualized intervention. Another resource for students with behavioral issues is the brief Functional Behavior Assessment protocol, which can easily be completed by the team.

At the individualized planning level, it is also necessary to assign a case manager for each student. The case manager's responsibility is to ensure that the intervention is implemented correctly and that progress is monitored according to the schedule agreed upon by the team. In addition, the case manager continues to track intervention details using the EBIS Student Intervention Profile. Case managers report back to the EBIS team on the progress of the students under their supervision on at least a monthly basis.

Based on the developmental history, Individual Problem Solving Worksheet, and progress monitoring data, the EBIS team may determine that:

1. The student has improved substantially and no longer needs to be included in an intervention group.
2. The student continues to struggle, but his or her difficulties appear to be due to other factors such as behavior, attendance, or limited English Proficiency and interventions to help the students with these difficulties will be initiated.
3. A referral for a formal special education evaluation is appropriate. The information from the intervention profile, progress-monitoring information, developmental history, and individual problem solving worksheet should be included with the referral as they provide evidence regarding the student's responses to various interventions. See the most current Special Education Procedures Manual for details on the special education process.

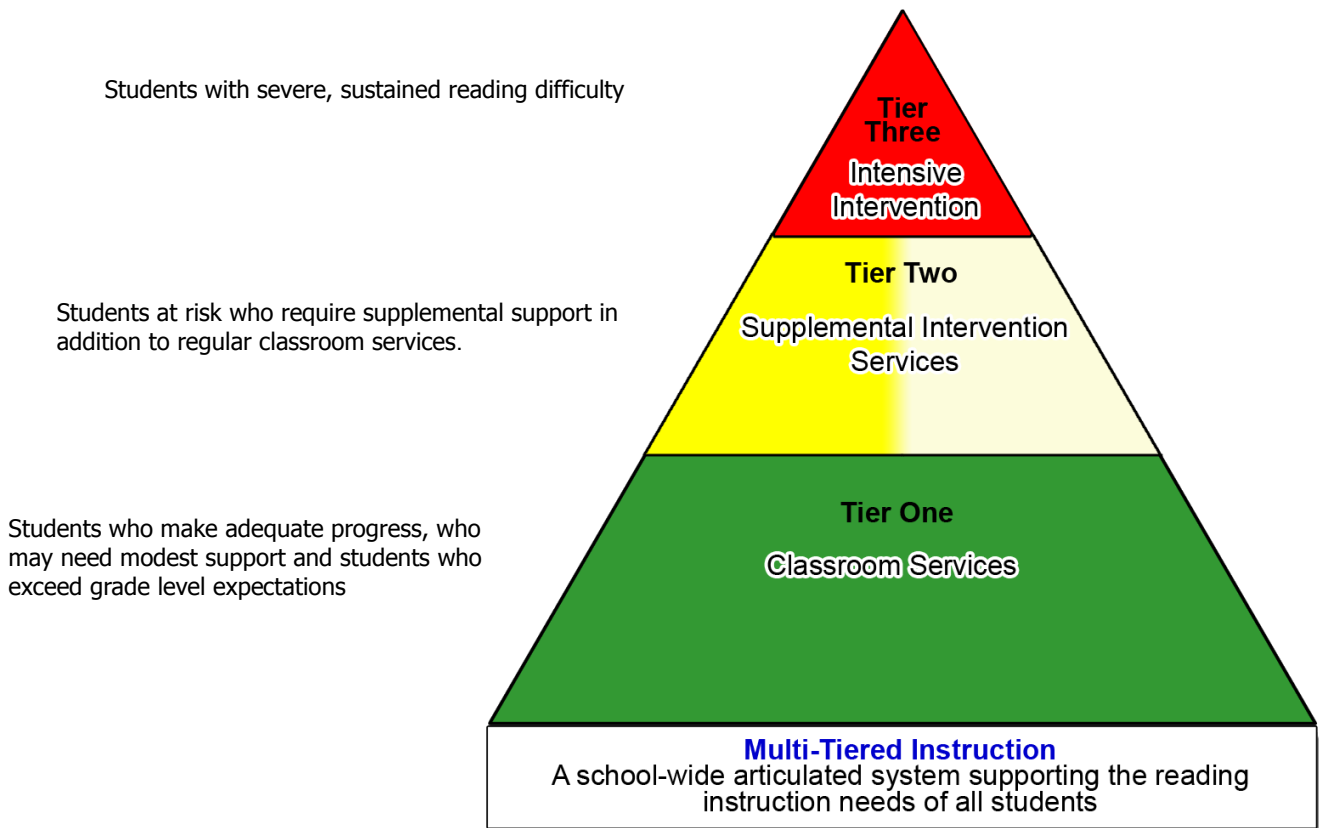
The district reading program is a multi-tiered plan which includes three tiers of support designed to meet the reading instruction needs of all children. Each level targets a specific group of learners, is supported by evidence based instructional materials, provides differentiated small group instruction, and routine progress monitoring. Instructional decisions regarding level of services is based on student performance outcomes on the DIBELS assessment.

Tier One: Classroom Services include high quality instructional and behavioral supports. Students receive whole group and differentiated small group direct instruction from the district’s adopted core reading program. The classroom teacher is responsible for the instructional program and progress monitoring for students who make adequate progress and students who exceed grade level expectations.

Tier Two: Students at this level are behind their peers and require small group supplemental instruction in addition to the CORE curriculum provided in the classroom. Student performance on the DIBELS assessment determines the intervention strategies that match student need and regular progress monitoring tracks student response to the prescribed intervention.

Tier Three: Students at this level require substantial support; have severe, sustained reading difficulties. Student performance on the DIBELS and other appropriate assessments determine the intervention strategies prescribed for each student. Regular progress monitoring tracks student response to the prescribed intervention strategies. Instruction may be delivered in small groups or to the individual student, based on need.

The following conceptual model illustrates these three instructional tiers for teaching reading.

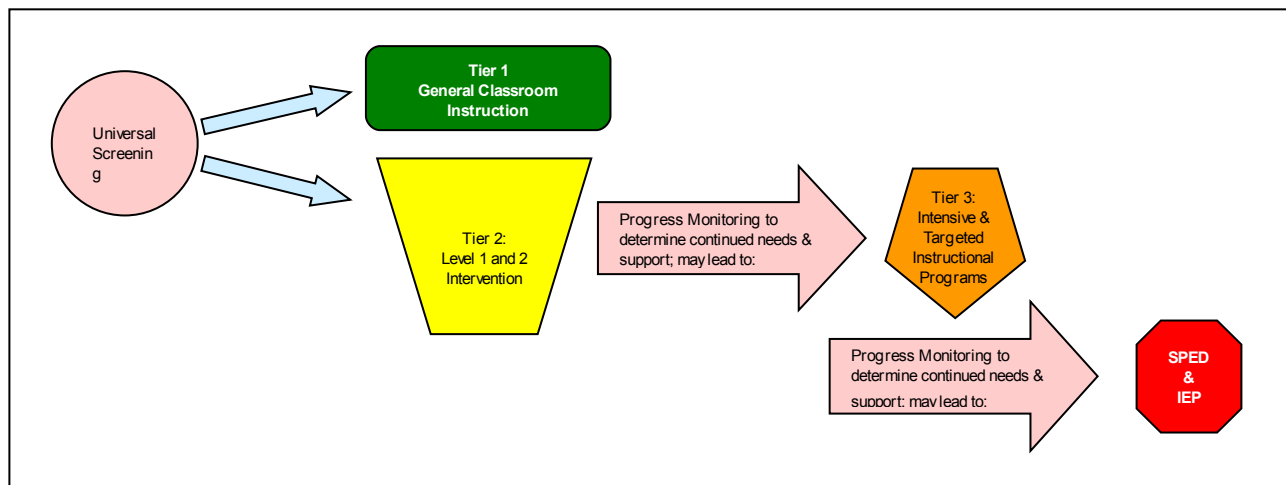


Adapted from Walker, H.M., Horner, R.H., Sugai, G. Bullis, M., Sprague, J.R., Bricker, D., & Kaufman, M.J. (1966). Integrated approaches to preventing antisocial behavior patterns among school-age children and youth. *Journal of Emotional and Behavioral Disorders, 4*, 194-209.

Student Placement

This model is a school-wide, multi-tiered program which provides an articulated system that supports the reading instruction needs of all students. Instructional support is delivered in three levels or tiers providing differentiated instruction to address the level of intervention required to bring students to benchmark. The model includes an assessment plan with specific criteria, or decision rules to guide placement and to monitor student response to instructional programs. Tier One represents a plan for general classroom instruction which is referred to as the CORE program. Interventions begin at Tier Two with interventions prescribed to support the struggling student and Tier Three, represents required pull-out services.

The following simplified flow chart illustrates the placement process for students who require supplement services.



Prior to Special Education Referral

The following steps detail the action followed throughout an academic intervention program for low performing students. Student response to instructional interventions is carefully monitored and evaluated before the student is referred to special education.

1. Initiate Universal Screening

The first critical component of RTI is universal screening administered to all students three times a year beginning in mid-kindergarten. Universal screening is used to pinpoint early academic difficulties.

- Develop "benchmark" data norms for the classroom, grade level, school and district
- Collect benchmark data during the fall, winter and spring
- Supply the data to teachers, principals and district staff and parents

2. Measure Problem Areas

Assessment results (specific and objective data as opposed to anecdotal or opinion-based information) assist in developing hypotheses regarding the following:

- Whether a problem represents a student's skill or performance issue
- Whether the problem is occurring in measurable and observable terms
- The factors that are associated with the occurrence of the problem

3. Establish baseline data

The use of curriculum-based measurements helps to identify the performance of each student on a specific skill measure. During the data analysis, previous benchmark data for the class, school and district should be reviewed to identify where the majority of the students appear. If no student "sticks out" the problem may be instructional or core curriculum related. The students who are not performing to the class norm are the students to identify for intervention.

4. Instructional Action Plan guides classroom and intervention services

Once the problem is identified and intervention plan must be written that includes:

- Description of the specific intervention
- Duration, schedule and setting of the intervention
- Person responsible for the implementation of the intervention
- Measurable outcomes to use for adjustments as needed
- Description of the skill measurement and recording techniques
- A progress monitoring schedule

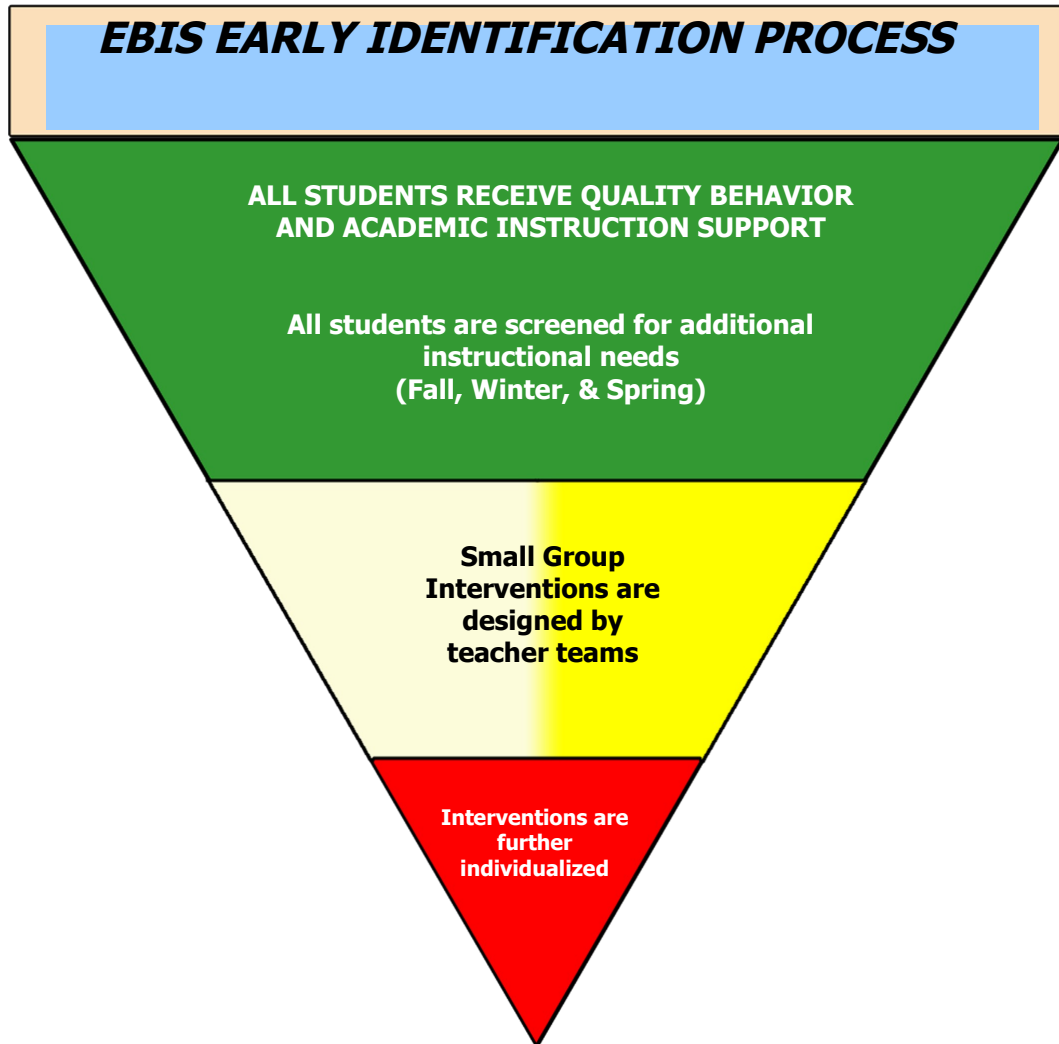
5. Monitor Progress

Various data collection methods should be used to examine student performance frequently over time, such as academic, social and behavioral data

6. Compare Data

Comparing pre-intervention data to post-intervention data will inform whether the instruction has been effective. A decision-making rubric guides placement, instruction and referral processes.

Adapted from the work of John E. McCook, Knox County Schools (TN). These six components were presented at an Oregon Department of Education, Office of Student Learning & Partnerships audio-conference



TEAMWORK TIMELINES

EBIS teams meet fall, winter, & spring to review data and make decisions about Schoolwide progress.

EBIS teams / Grade level teacher teams meet monthly to review data, plan and adjust interventions.

DECISION RULES

These rules articulate placement and instruction protocols. See detailed decision rules page.

80% rule: IF 80% of students are not meeting benchmark, review core and provide professional development.

20% rule: Students in the lowest percentiles in academic skills are placed in small group intervention.

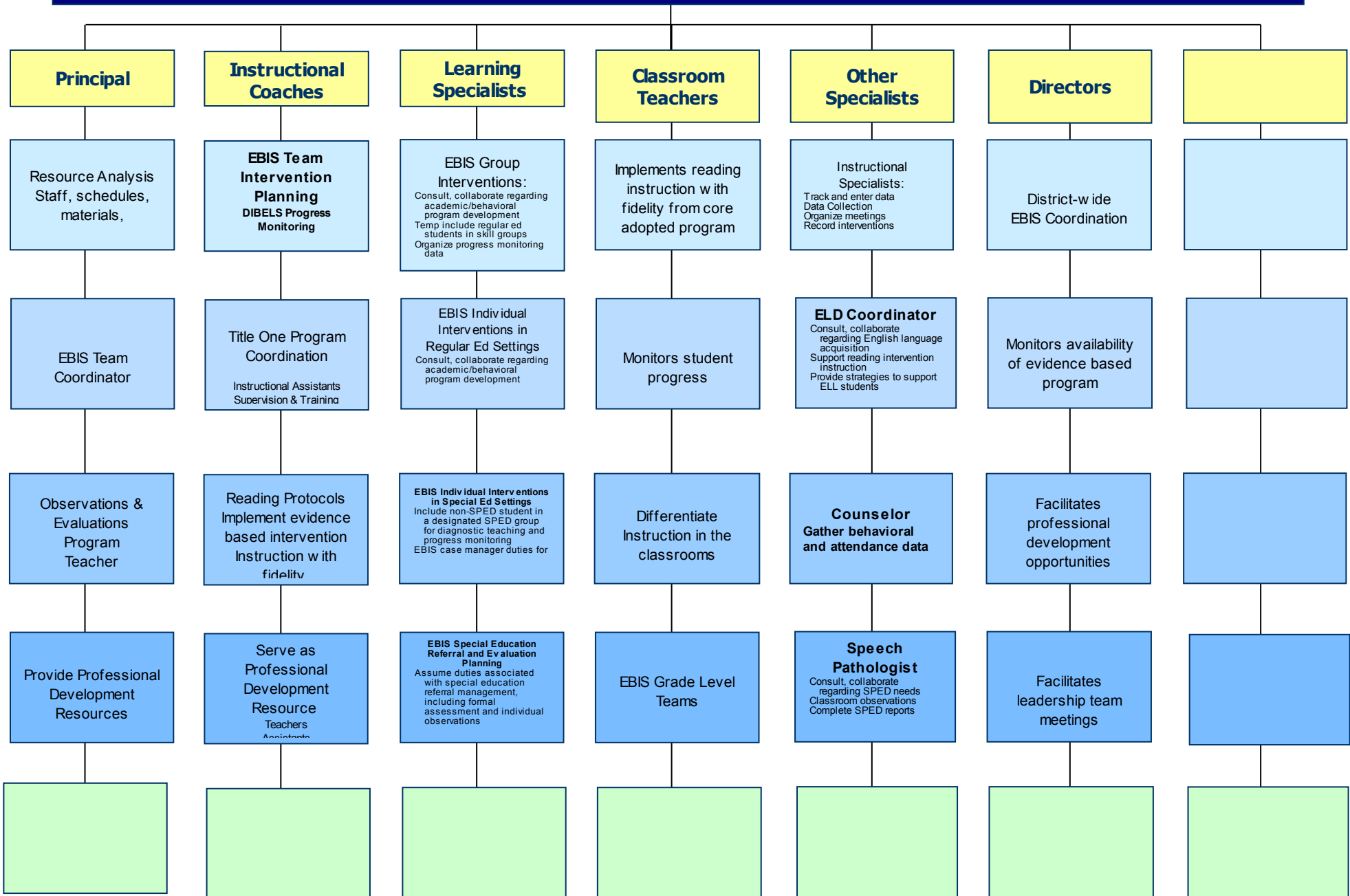
Individualized Instruction:

When students fail to progress after two consecutive small group interventions, instruction is intensified.

Refer to Special Education: When students fail to progress after one individually designed intervention.

Change Small Group or Individual Intervention: When progress data is below aimline for 6 consecutive points or when the slope is flat or decreasing.

EBIS Responsibility Chart



Decision Rules- Reading

Kindergarten	Grades 1st – 9th grade
<p><u>Beginning of the Year – September</u></p> <p>Universal Screening to identify students for intervention groupings by October 15 based on fall DIBELS data</p> <ul style="list-style-type: none"> ▪Level 1 support (All Students): Receive 60-90 minutes of phonemic awareness instruction daily using ERI, and/or Reading Mastery. This is in addition to instruction in the core reading program, or replacement core program. All students will also receive 30 minutes of Language for Learning. ▪Level 2 support (Strategic): Add 30 minutes of Reading Mastery. ▪Level 3 support (Intensive): Replace ERI program with Reading Mastery Classic for 60 minutes daily if students do not pass 3 consecutive in program progress checks within ERI. <p><u>Mid-Year – January</u></p> <p>Regroup students after January CBM’s have been completed.</p> <ul style="list-style-type: none"> ▪Revise the intervention by increasing time or adjusting group size or instructor. <p><u>End of the Year – April/May</u></p> <p>For those students still not making adequate progress, EBIS teams should complete the Individual Problem Solving Worksheet, Developmental History and do one of the following:</p> <ul style="list-style-type: none"> •Revise the intervention and continue with implementation and data collection •Refer for special education evaluation 	<p>“Data Meetings”: Meet monthly to review data, adjust instructional groups and interventions to determine if individual problem solving is necessary in grades K-8.</p> <p>“80/20 Meetings”: Three times per year based around CBM measurements, OAKS, ELPA.</p> <p>Monitor and graph two times monthly for all students receiving interventions using DIBELS/ AIMSweb as well as in-program assessments.</p> <p>Monitor and graph one time per month for all benchmark students.</p> <p>Universal Screening to identify students for intervention groupings by October 15 based on fall data</p> <p><u>Place students in the intensive group when:</u></p> <ul style="list-style-type: none"> •Compared to peers academic skills fall significantly below benchmark on one or more of the following measures: <ul style="list-style-type: none"> ○DIBELS ○AIMSweb ○OAKS <p><u>Modify interventions when:</u></p> <ul style="list-style-type: none"> •Progress monitoring indicates 6 or more data points below the aimline, and/or in-progra assessments indicate lack of progress. •If data is highly variable, maintain current intervention for another month to establish a trendline. <p><u>Individualize interventions when:</u></p> <ul style="list-style-type: none"> •Progress trend under small group instruction is below the trendline for 2-3 consecutive periods at 12, 16, or 20 weeks, depending on the data. <p><u>Refer to Special Education when:</u></p> <p>After 3 or more highly structured, individualized interventions, progress continues below trendline. A Problem Solving Worksheet, and Action Plan, have been completed showing slow progress and low skills.</p>

Updated: 1-22-10

EBIS Meeting Guidelines

Note: This guide delineates meetings according to purpose. Depending on the frequency and length of RTI meetings, it may be possible to consolidate multiple purposes into one meeting. Generally, the EBIS Leadership team meets with a different grade level team each week for approximately one hour.

Team Membership: Leadership by the team principal and the building Title One coordinator are essential. This team meets with the grade level team routinely. As applicable and appropriate other members of the team may include the special education teacher, ELL coordinator, school counselor, school psychologist, or speech therapist.

Meeting tips:

- Don't meet without the essential team members
- The focus is on general education – involve the sped teacher as appropriate
- Designate roles (timekeeper, facilitator, note taker)
- Review the purpose
- Stick to the agenda
- Organize the data before the meeting
- Celebrate successes

80% MEETING - Conducted after fall, winter & spring universal screening

Purpose: To determine the effectiveness of the core program and make necessary adjustments if it is not meeting the needs of most students.

Examine the data. Are 80% or more of your students meeting benchmark?

Yes: Celebrate! Are all students making growth? Have you set ambitious goals for the next trimester?

No: Discuss the following questions about the core program.

READING, MATH AND WRITING

- Are all teachers using the program with a high degree of fidelity?
- Is instructional time protected, or are there interruptions such as school assemblies, fire drills, etc.?
- Is the instructional block sufficient, or is more time needed?
- Are students grouped appropriately? (group with the lowest skills has the fewest members, group with the highest skills has the most members)

ATTENDANCE

- Is there a clearly articulated attendance policy? Is it being implemented?
- Is there sufficient outreach to families and a welcoming attitude toward all students?

BEHAVIOR

- Is there a schoolwide behavior policy, behavior curriculum and behavior team?
- Are behavior expectations posted, taught, practiced, and reinforced at the building and classroom level?
- Are support personnel such as bus drivers and playground attendants trained in positive behavior support?
- Is there a classroom behavior incentive system?

20% MEETING - Conducted after fall, winter & spring universal screening

Purpose: To determine which students are in need of intervention, select appropriate interventions, schedule intervention groups, and schedule progress monitoring. (NOTE: The 80% and 20% meetings can be conducted jointly and do not need to be separate meetings)

READING, MATH and WRITING

Use DIBELS, Curriculum Based Measures, Oregon Assessment of Knowledge & Skills, and classroom assessments (including report card information) to identify students with skills in the lowest 20% at a specific grade level.

- Using DIBELS or other CBMs, is the skill deficit is fluency, accuracy, or both?
- Using core curriculum assessments and other classroom information, can the team identify other needs (comprehension, vocabulary, math concepts, writing organization)?

ATTENDANCE

Review attendance data and identify students with more than 5 absences in a 30 day period.

- Is there a group of students with a similar attendance issue?
- Would breakfast with the school counselor or daily check-ins improve the group's attendance?
- Do individual students need a point system for arriving on time each day, an "attendance buddy," a wake-up call, or home visits?
- Is an attendance plan appropriate?

BEHAVIOR

Review behavior data and identify students with 3 or more discipline or counseling referrals in a 30 day period.

- Do behavior expectations need to be retaught and reinforced to a select group of students?
- Are behavior prevention or intervention programs such as First Step to Success and Second Step available?
- Does a group of students need a social skills lunch bunch?
- Do parents need more support with managing behavior and parenting skills at home?
- Does a student need a behavior plan with clearly defined skills to be taught and established supports and expectations?
- What other positive supports could be put in place to assist the student?
- Does a student need a Functional Behavior Analysis?
- Should a referral to the CDS or an outside resource such as Mental Health be made?
- What other environmental issues should be considered?

GENERAL

Use standard protocols to determine which intervention program matches the group's needs, what group size is appropriate, and how much time per day is needed for that intervention. For behavior and attendance issues, it may be more appropriate to plan at the individual versus group level.

Determine which staff are trained (or need training) in the program and schedule the intervention time.

Determine what will be used to measure progress, how often, and who will be responsible for data collection. When will the grade-level team reconvene to review student progress?

Determine who will check fidelity of instruction and who will inform parents about team decisions.

DATA REVIEW MEETINGS - Conducted every 4-6 weeks per grade level

Purpose: To review progress monitoring for all students in interventions (20% group) and make decisions about whether to proceed with, discontinue, or change an intervention.

Before meeting:

Draw aimlines and trendlines on progress monitoring graphs (each student will need a minimum of 3-7 data points).

Sort progress monitoring data into two groups (be sure to use decision rules to form the groups!):

- 1) Students making sufficient progress
- 2) Students who need a change in intervention

During meeting:

- 1) Quickly review students making sufficient progress, determine if any student(s) should discontinue intervention.
- 2) Discuss groups or individual students in need of an intervention change. Consider: more time, a new curriculum, or a significant reduction in group size.
- 3) Change students' graphs to indicate the intervention modifications.
- 4) If a student continues to not make progress or if the concerns go beyond the scope of this meeting, move toward an individualized intervention planning meeting

INDIVIDUAL INTERVENTION MEETINGS - Conducted after 2 group interventions have been unsuccessful or the team has additional concerns that would warrant further study of a student's needs. Additionally the team may meet to review an already established individual intervention.

Purpose: To review student information (progress monitoring, cumulative file, developmental history, attendance history, behavior history) and use it to plan an individually-designed intervention, or to review progress monitoring from individually-designed intervention to determine if referral is appropriate.

Note: Membership at this meeting includes the building principal, the Title One Coordinator, the classroom teacher for the student, the special education teacher, the parent and any other applicable member such as the school psychologist, ELL coordinator or speech pathologist.

Individually-Designed Intervention Planning:

Before meeting:

- 1) Use *Individual Problem-Solving Worksheet* to conduct file review
- 2) Counselor or school psychologist uses *Developmental History* to interview parents
- 3) Invite parents to meeting (see parent invitation notice)

During meeting:

- 1) Review decision rules
- 2) Review data
- 3) Plan or if necessary modify intervention

Individually-Designed Intervention Review:

- 1) Review progress monitoring from all 3 intervention phases and other student data
- 2) Review decision rules

Team discussion: Has the student made sufficient progress? Determine if referral to SPED is appropriate.

What is adequate response to intervention?

	Realistic Goals Words per week	Ambitious Goals Words per week
1 st Grade	2	3
2 nd Grade	1.5	2
3 rd Grade	1	1.5
4 th Grade	.85	1.1
5 th Grade	.5	.8
6 th Grade	.3	.65

Fuchs, Fuchs, Hamlett, Walz, and Germann (1993)

Use the following equation to develop goals for student performance:

$$\text{(Present Level of Performance) + (\# of weeks x WPM per week improvement) = Final Goal}$$

Making the Most of Your Progress Monitoring Data: Aimlines & Trendlines

Definitions:

Aimline: This line shows the trajectory needed for the student to reach the benchmark by the end of the year.

Trendline: This line shows the student's current trajectory based on several recent data points.

Mid-date: Of three data points, the data point in the middle according to date (mark with a vertical line.)

Mid-rate: Of three data points, the data point in the middle according to score (mark with a horizontal line.)

Intervention Change Line: Vertical line drawn *after* the last data point of the previous intervention.

Guidelines:

Drawing an Aimline:

1. Plot the student's score from the screening.
2. Using a ruler, draw a line connecting the screening score to the end of year benchmark (bull's eye).

Drawing a Trendline:

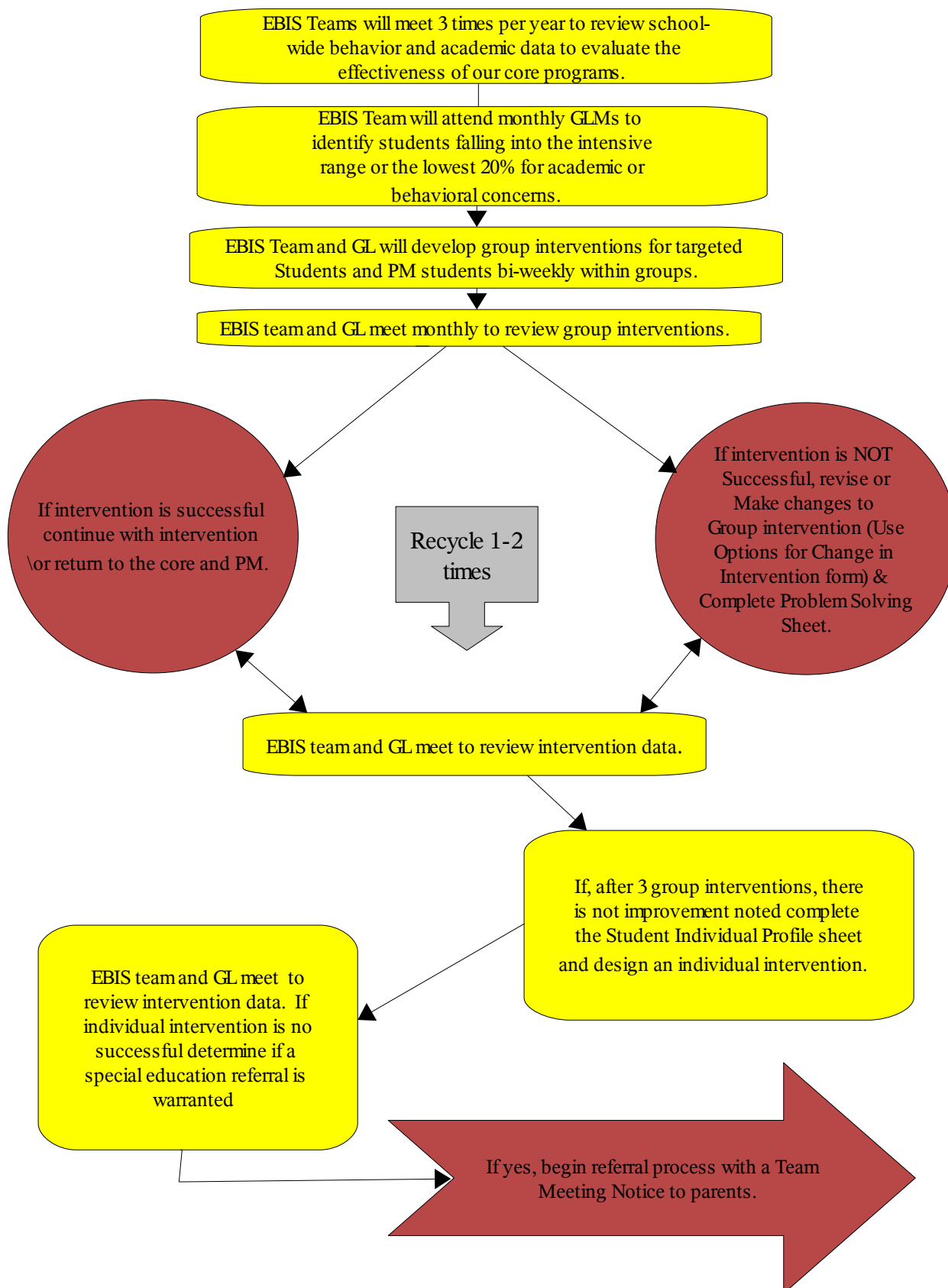
1. Start with at least seven data points.
2. Divide data points into three sections using vertical lines. The two outer sections should have three data points each.
3. In the first and third sections, calculate the mid-date (draw a vertical line) & mid-rate (draw a horizontal line).
4. Mark the points on the graph where the two values intersect.
5. Connect the points to draw the trendline.

Redrawing the Aimline: Every time an intervention is changed, the aimline should be redrawn. This means that the slope will be steeper, and the intervention will need to be more intense for the student to reach the end of year benchmark.

1. Using the last three data points, find the intersection of the mid-date & mid-rate.
2. Draw a new aimline from this point to the end of year benchmark.

(Tip: Erasing the old aimline or color-coding changes helps to avoid confusion.)
(Adapted from TTSD OrRTI handouts)

EBIS Flow Chart



Planning for September and Multi-Tiered Instruction

DIBELS TESTING

- Get the testing dates on the calendar (the sooner the better).
- Who will do the testing (try a team approach)?
- Who will input the data and get the reports printed?
- Prepare the progress monitoring booklets and outline the process your staff will use for data collection and data input.
- Make a date for your Kindergarten DIBELS as well (get it done asap) – don't forget to identify who will do the testing!

EVALUATE RESOURCES

- Scheduling
 1. Who should do it?
 - ✓ Team approach idea: Principal, T1, SPED, ELL, 1 specialist, 1 primary, 1 intermediate
 1. Prioritizing what's important
 - ✓ Ensure a 90 minute block (protected)
 - ✓ Designate times for intervention outside of the 90 minute block
 - ✓ Will there be support in the classroom?
 - ✓ Safety and supervision schedules included
 - ✓ PE/Music schedules do not drive program but are essential in the big picture
 - ✓ All other schedules come last (i.e. library, computer lab, etc.)
- Materials
 1. Inventory – what do we have?
 2. What do we need?
 3. Ensure that materials are evidence based
 4. Consider what programs will be used with what level of student need
- Professional Development Needs
 1. How well is the CORE program being utilized?
 2. What supplemental and intervention programs are we using? Are we well trained?
 3. Consider the training needs of all assistants and plan for their training as well. Consider utilizing time in September (before they start with kids) to get some of the training done. Remember to include classified in professional development activities.
 4. Plan for grade level team meetings

GRADE LEVEL TEAM MEETINGS

- Plan the dates
 - Consider options including the following:
 - ✓ Roaming subs (each grade level for 1 or 1 ½ hours)
 - ✓ After school meetings
- Agenda items to include
 1. Identify the top 20% (EBIS group intervention planning form)
 2. Share what you know about kids
 3. Quadrant activity (optional but helpful in grouping students)
 4. Match resources to the needs of kids
 5. Document (on progress monitoring booklets and Students Intervention Profile) decisions made

Ontario School District 8C Reading Protocol

2009-2010

Kindergarten

Benchmark- High Strategic	<ul style="list-style-type: none"> •Core: HM: TNC/CE and/or RM- Classic/ RM + •ERI •Language for Learning
Instructional Recommendations	<ul style="list-style-type: none"> •Minimum of 150 minutes •Progress Monitor according to building schedule as prescribed by EBISS Guidelines
Mid- Low Strategic	<ul style="list-style-type: none"> •HM/TNC or RM Classic •ERI •Language for Learning
Instructional Recommendations	<ul style="list-style-type: none"> •150 Minutes Daily •Progress Monitor according to building schedule as prescribed by EBISS Guidelines
Intensive	<ul style="list-style-type: none"> •RM Classic •Language for Learning •ERI (Follow decision rules)
Instruction Recommendations	<ul style="list-style-type: none"> •150 minutes Daily •Progress monitor according to building schedule as prescribed by EBISS Guidelines

1st Grade

Benchmark- High Strategic	<ul style="list-style-type: none"> •Core: HM: TNC/CE and/or RM- Classic/ RM + •Read Naturally •Language for Thinking
Instructional Recommendations	<ul style="list-style-type: none"> •Minimum of 150 minutes •Progress Monitor according to building schedule as prescribed by EBISS Guidelines
Mid- Low Strategic	<ul style="list-style-type: none"> •Core: HM/TNC or RM Classic/ RM + •Read Naturally •Language for Learning
Instructional Recommendations	<ul style="list-style-type: none"> •150 Minutes Daily •Progress Monitor according to building schedule as prescribed by EBISS Guidelines
Intensive	<ul style="list-style-type: none"> •Core: HM: TNC/CE or RM Classic/ RM + •RM Fast Cycle •RM Classic •Language for Thinking
Instruction Recommendations	<ul style="list-style-type: none"> •150 minutes Daily •Progress monitor according to building schedule as prescribed by EBISS Guidelines

ELEMENTARY READING CURRICULA

From the Reading Protocol

CORE READING PROGRAM:

Houghton Mifflin an explicit, systematic instruction that is built on a solid foundation of scientific based research.

INTERVENTION PROGRAMS:

- **Corrective Reading A, B1, B2** -Comprehension (4-5) direct instruction for students who are adequate decoders but struggle with comprehension; three levels available-thinking basics, comprehension skills, concept application; lessons incorporate information from content areas
- **Early Reading Intervention (ERI)** is a program targeting phonological awareness and alphabetic understanding, word reading, sentence reading, writing and spelling reinforcement.
- **Reading Mastery used as core in some cases** direct instruction program that includes phonemic awareness, decoding, fluency, vocabulary and comprehension strategies
- ***Read Well (K-1)** is a unique, research-based reading program that combines systematic phonics, mastery-based learning, and rich content.
- **Reading Naturally (1-5)** is a fluency building program that uses teacher modeling (taped stories), repeated reading and progress monitoring. A computer version is available at each school.
- **Rewards** is a 25 lesson program that teaches students to decode multi-syllabic words and to read content area passages more accurately and fluently (recommended for grades 4 and 5).
- **Horizons:** direct instruction program that applies letter-sound relationships to reading and spelling, explicitly teaches text comprehension
- **Language for Learning/Language for Thinking (K-2)** direct instruction program focusing on academic language and vocabulary development

* Program being phased out, and replaced by Reading Mastery. It is being used on a limited basis. Amendment: 12-8-09

Fidelity Checklists

EBIS Group Intervention and Planning Form

Identifying the lowest 20%

Grade:		Student Issues															
Student Name	Teacher	Check all that apply							Enter Scores						Intervention(s)		
		Behavior/Social/Emotional	Attendance	Tardies	Reading	Writing	Math	Health/Physical	ISF raw score (DIBELS)	PSF raw score (DIBELS)	NWF raw score (DIBELS)	ORF raw score (DIELS)	Reading RIT (OAKS)			Math RIT (OAKS)	Writing (composite score)

Student Intervention Profile (Reading)

Student Name: _____ Date: _____

Grade Level: _____ Teacher Name: _____

Initial Data Information

Initial Grade Level: _____

Date: _____

	K	1 st	2 nd	3 rd	4 th	5 th	6 th
PSF	(35)	(35)					
NWF	(25)	(50)	(50)				
ORF		(40)	(90)	(110)	(118)	(124)	(128)
<i>OAKS (RIT)</i>				<i>AIMS Web</i>			
Reading	Math	Writing	Science/SS	Math		Writing	
Attendance Issues:							
Behavior Issues:							

<i>Intervention</i> Curriculum:	Small Group Instruction:	
	Group Size	
	Time in Small Group	
	Teacher in Small Group	
	Frequency	
Notes/Progress:		

Date Started:

Date Ended:

<i>Intervention</i> Curriculum:	Small Group Instruction:	
	Group Size	
	Time in Small Group	
	Teacher in Small Group	
	Frequency	
Notes/Progress:		

Date Started:

Date Ended:

<i>Intervention</i> Curriculum:	Small Group Instruction:	
	Group Size	
	Time in Small Group	
	Teacher in Small Group	
	Frequency	
Notes/Progress:		

Date Started:

Date Ended:

<u>Intervention</u>	Small Group Instruction:	
	Group Size	
	Time in Small Group	
	Teacher in Small Group	
	Frequency	
Curriculum:		
Notes/Progress:		

Date Started:

Date Ended:

<u>Intervention</u>	Small Group Instruction:	
	Group Size	
	Time in Small Group	
	Teacher in Small Group	
	Frequency	
Curriculum:		
Notes/Progress:		

Date Started:

Date Ended:

<u>Intervention</u>	Small Group Instruction:	
	Group Size	
	Time in Small Group	
	Teacher in Small Group	
	Frequency	
Curriculum:		
Notes/Progress:		

Date Started:

Date Ended:

<u>Intervention</u>	Small Group Instruction:	
	Group Size	
	Time in Small Group	
	Teacher in Small Group	
	Frequency	
Curriculum:		
Notes/Progress:		

INDIVIDUAL PROBLEM SOLVING WORKSHEET

File Review and Problem Identification

Name:		DOB		SSID:		Date:	
School:		Grade		Teacher		Current Services:	
Team Members:							

ATTENDANCE REVIEW

(based on an average of 176 school days per year)

Grade	K	1	2	3	4	5	6	7	8	9	10	11	12
School Year													
School Attended													
Days Total	176	352	528	704	880	1056	1232	1408	1584	1760	1936	2112	2288
Student's Attendance per Year													
Student Total for all Years													

Grand Total of Days of School Attended: _____ Divide by 171: _____. Years + Months of Actual Attendance: _____

Review of report cards, progress reports, and teacher remarks by grade level significant for:

Reading achievement:

Math Achievement:

Behavior:

Language skills: Significant difficulty in writing, speaking skills, organization, social skills, following directions, or difficulty across subject areas requiring

comprehension that can not be explained by other factors.

Hearing/ Vision Screening Results:

English Language Development:

Other:

ACHIEVEMENT REVIEW -- READING

Grade	K	1	2	3	4
BENCHMARKS	PSF: 35 NWF: 25	NWF: 50 (Winter) ORF: 40-60	ORF: 90	ORF: 110 OAKS: 204	ORF: 118 OAKS: 211
EXPECTED GAINS	N/A	ORF: 1.9 Words per Wk	ORF: 1.2 Words per Wk	ORF: 1.1 Words per Wk	ORF: .9 Words per Wk OAKS: 7 points
STUDENT SCORE	PSF: NWF:	ORF:	ORF:	ORF: OAKS:	ORF: OAKS:

SIGNIFICANCE

Grade	5	6	7	8	10
BENCHMARKS	ORF: 124 OAKS: 218	ORF: 125 OAKS: 222	OAKS: 227	OAKS: 231	OAKS: 236
EXPECTED GAINS	ORF: .9 Words per Wk OAKS: 7 points	ORF: .7 Words per Wk OAKS: 5 points	OAKS: 6 points	OAKS: 5 points	OSA: 8 points
STUDENT SCORE	ORF: OAKS:	ORF: OAKS:	ORF: OAKS:	ORF: OAKS:	ORF: OAKS:

SIGNIFICANCE

ACHIEVEMENT REVIEW – MATH MULTIPLE CHOICE

Grade	3	4	5	6	7	8	10
BENCHMARKS	OAKS: 205	OAKS: 212	OAKS: 218	OAKS: 221	OAKS: 226	OAKS: 230	OAKS: 236
EXPECTED GAINS	N/A	OAKS: 6 points	OAKS: 7 points	OAKS: 5 points	OAKS: 6 points	OAKS: 5 points	OAKS: 8 points
STUDENT SCORE	OAKS:	OAKS:	OAKS:	OAKS:	OAKS:	OAKS:	OAKS:

SIGNIFICANCE

ACHIEVEMENT REVIEW – WRITING

	Grade 4	Grade 7	Grade 10
COMPOSITE BENCHMARK	32 to 39 (28 to 31 may conditionally meet. The district may declare the student met if all work sample requirements are met.) Minimum of 3 in each trait.	40 to 49 (35 to 39 may conditionally meet. The district may declare the student met if all work sample requirements are met) Minimum of 3 in each trait.	40 (35 to 39 may conditionally meet. The district may declare the student met if all work sample requirements are met) Minimum of 3 in each trait.
STUDENT SCORE (Note areas of concern by traits)			

Other information: Summary of teacher concerns, referral questions, etc.:

ACHIEVEMENT REVIEW – EL LANGUAGE

Grade	K	1	2	3	4	5	6	7	8	9	10
ELPA Benchmarks											
Early Intermediate Level 2	483	492	495	501	497	497	497	497	499	491	493
Intermediate Level 3	492	507	508	514	508	506	506	507	508	501	501
Early Advanced Level 4	498	514	514	521	514	516	515	517	518	515	516
Advanced level 5 - EXIT	507	523	523	529	521	523	522	524	526	526	527
TOTAL Student Score	T	T	T	T	T	T	T	T	T	T	T
Reading	R	R	R	R	R	R	R	R	R	R	R
Writing	W	W	W	W	W	W	W	W	W	W	W
Listening	L	L	L	L	L	L	L	L	L	L	L
Speaking	S	S	S	S	S	S	S	S	S	S	S
Comprehension	C	C	C	C	C	C	C	C	C	C	C

HYPOTHESIS DEVELOPMENT

Summarizing evidence above, address questions below:

1. Does evidence support that the student's problems may be primarily due to problems with attention, motivation, or other behavioral difficulty? Include data along with progress monitoring of behavioral supports.
2. Does evidence support that the student's problems may be primarily due to attendance problems, or frequent school interruptions? If so, indicate reasons for absences and interruptions. What interventions have been put in place to address this issue?
3. Does evidence support that the student's problems may be primarily due to other concerns like trauma, family concerns, or other disabilities? Describe. Be sure to note *when* these issues occurred and their correlations with any academic concerns. What will be done to help the student be more successful?
4. Does the evidence support that the child's difficulties may be a result of language difficulties in areas such as language processing, social language, or articulation? Indicate next steps.
5. Does the evidence support the hypothesis that the difficulty is due to limited English proficiency? Indicate next step.
6. Does the evidence suggest that the student has low skills and low progress despite intensive interventions?

Ontario School District

EBIS INDIVIDUAL STUDENT ACTION PLAN

Student:

Date:

1. What is the educational problem?

2. What is the team's hypothesis regarding the source of the problem?

3. What will be done to address the hypothesis?

4. Who is going to do the intervention?

5. Who will be the case manager?

6. When will the team reconvene to check progress and determine next steps?

Developmental History

(To be completed through an interview with the parent)

Name: _____ Grade: _____ DOB: _____

Parent(s): _____

Birth History

1. How often did you see a doctor while you were pregnant? Regularly ____ A few times ____ Not at all ____

2. Were you sick or did you have any complications while you were pregnant? Yes ____ No ____

If yes, what were the problems? _____

3. Did you have the measles or any childhood disease while you were pregnant? Yes ____ No ____

If yes, what did you have? _____

4. Did you have trouble giving birth? Yes ____ No ____

If yes, what was the trouble? _____

5. Was your child born earlier than expected? Yes ____ No ____

If yes, how many weeks? _____

6. Was there anything unusual or wrong with the birth? Yes ____ No ____

If yes, what was wrong? _____

7. Was your child born in a hospital? Yes ____ No ____

What country? _____

8. What age were the mother and father? Mother _____ Father _____

Health History

9. Did your child have any illness or anything wrong during the first year? Yes ____ No ____

If yes, what was the illness or what was wrong? _____

10. Have any of the following happened to your child?

a. Had a temperature over 104 degrees for more than a few hours? Yes ____ No ____

b. Had to go to the hospital because of a temperature? Yes ____ No ____

c. Ever been knocked unconscious? Yes ____ No ____

d. Ever had a concussion? Yes ____ No ____

e. Ever been in a coma? Yes ____ No ____

f. Ever had any kind of an operation? Yes ____ No ____

g. Ever been to a hospital for any other sickness or trouble not mentioned above? Yes ____ No ____

h. Ever had problems with hearing or vision? Yes ____ No ____

i. Had frequent earaches? Yes ____ No ____

If yes to letter "I", were tubes installed? _____ At what age? _____

If you answered yes to any of the questions above, please tell about it: _____

11. Does your child take any kind of medicine or pills regularly for some condition? Yes____ No____

If yes, please tell what the medicine is for and how long your child has been taking it.

12. Has the child been diagnosed with any health problems? If so tell about them:

Developmental Milestones

13. At what age did your child experience the following:

sit alone _____ speak single words _____ walk _____ speak 2-3 word sentences _____

14. When was your child completely toilet trained? _____

15. At present time, does the child ever have toileting accidents? Yes____ No____

16. What is your child's primary language? _____

17. Do people outside the family understand what your child says? Yes____ No____

If no, please tell about it. _____

18. What language is spoken at home? _____

19. Do both parents live at home? Yes____ No____

20. How many siblings does your child have? _____

21. Is there any history of learning problems in the family? Yes ____ No____

22. Any family history of physical or mental health problems? Yes____ No____

If so describe: _____

23. How many different schools has your child attended? _____

24. Would you describe the child's attendance as poor, fair, or good? _____

25. At present time, do you have any concerns about your child? Yes____ No____

If so, please describe:

Historial de Desarrollo

(Ser completada por medio de una entrevista)

Nombre :		Fecha de Nacimiento:		Edad:		Grado:	
-----------------	--	-----------------------------	--	--------------	--	---------------	--

Nombre del padre:		Lengua que se habla en casa:	
--------------------------	--	-------------------------------------	--

Historial de Nacimiento

1. ¿Que tan seguido visitó al doctor mientras estaba embarazada?	Regular		Algunas veces		Nunca	
--	---------	--	---------------	--	-------	--

2. ¿Estuvo enferma o tuvo alguna complicación durante su embarazo?	Si		No			
--	----	--	----	--	--	--

Si la respuesta fue “si,” explique:	
-------------------------------------	--

3. ¿Tuvo sarampión o alguna otra enfermedad de la niñez mientras estaba embarazada?	Si		No	
---	----	--	----	--

Si la respuesta fue “si,” explique:	
-------------------------------------	--

4. ¿Tuvo dificultades durante el parto?	Si		No		
---	----	--	----	--	--

Si la respuesta fue “si,” ¿cual fue la dificultad?	
--	--

5. ¿Nació su niño antes de lo que usted esperaba?	Si		No		
---	----	--	----	--	--

Si su respuesta fue “si,” ¿Cuantas semanas fueron de anticipación?	
--	--

6. ¿Hubo algo diferente o algún problema con el nacimiento?	Si		No		
---	----	--	----	--	--

Si la respuesta fue “si,” ¿Cual fue el problema?	
--	--

7. ¿Nació su niño en un hospital?	Si		No		
-----------------------------------	----	--	----	--	--

8. ¿En que país nació su niño?	
--------------------------------	--

9. ¿Que edad tenia la mamá y el papá cuando nació el bebé?	Mamá		Papá			
--	------	--	------	--	--	--

Historial de Salud

10. ¿Su niño tuvo alguna enfermedad o algún mal durante el primer año?	Si		No	
--	----	--	----	--

Si su respuesta fue “si,” ¿Cual fue la enfermedad o cual	
--	--

fue el mal?			
11. ¿Le ha pasado algo de lo siguiente a su niño?			
a. ¿Ha tenido temperatura por encima de 104 grados por más de algunas horas?	Si	<input type="checkbox"/>	No <input type="checkbox"/>
b. ¿Tuvo que ir al hospital por temperatura?	Si	<input type="checkbox"/>	No <input type="checkbox"/>
c. ¿Alguna vez ha sido golpeado y dejado inconsciente?	Si	<input type="checkbox"/>	No <input type="checkbox"/>
d. ¿Alguna vez ha tenido alguna conmoción (concusión)?	Si	<input type="checkbox"/>	No <input type="checkbox"/>
e. ¿Ha estado en un coma?	Si	<input type="checkbox"/>	No <input type="checkbox"/>
f. ¿Ha tenido algún tipo de cirugía?	Si	<input type="checkbox"/>	No <input type="checkbox"/>
g. ¿Ha estado en el hospital por algún otro problema no mencionado aun?	Si	<input type="checkbox"/>	No <input type="checkbox"/>
h. ¿Ha tenido problemas de audición o visión?	Si	<input type="checkbox"/>	No <input type="checkbox"/>
i. ¿Ha tenido dolores de oído frecuentes?	Si	<input type="checkbox"/>	No <input type="checkbox"/>
Si la respuesta fue “si,” le instalaron tubos?	<input type="checkbox"/>	Ha que edad	<input type="checkbox"/>
Si contestó “si” a alguna de estas preguntas, por favor díganos lo que es:			
12. ¿Su niño toma algún tipo de medicamento o píldoras por alguna condición médica?	Si	<input type="checkbox"/>	No <input type="checkbox"/>
Si su respuesta fue “si,” por favor diga para que es la medicina y por cuanto tiempo la a estado tomando			
13. ¿Ha sido el niño diagnosticado con algún problema de salud?	Si	<input type="checkbox"/>	No <input type="checkbox"/>
Si la respuesta fue “si,” díganos sobre el diagnostico:			
Desarrollo de Habilidades			
14. ¿Ha que edad su niño?:			
a. Se sentó por si solo	<input type="checkbox"/>	b. Caminó	<input type="checkbox"/>
c. Habló palabras sencillas	<input type="checkbox"/>	d. Habló frases de 2-3 palabras	<input type="checkbox"/>
15. ¿Cuándo aprendió su niño a usar el baño completamente?			
16. ¿En tiempo presente, su niño tiene accidentes por necesidad de ir al baño?	Si	<input type="checkbox"/>	No <input type="checkbox"/>

17. Las personas fuera de la familia entienden lo que dice su niño?	Si	<input type="checkbox"/>	No	<input type="checkbox"/>
Si su respuesta fue “no,” por favor diganos por qué.	<input type="text"/>			
<input type="text"/>				
18. ¿Qué lengua(s) se habla(n) en casa?	<input type="text"/>		<input type="text"/>	
19. ¿Viven los dos papás en casa?	Si	<input type="checkbox"/>	No	<input type="checkbox"/>
20. ¿Tiene el niño hermanos o hermanas?	Si	<input type="checkbox"/>	No	<input type="checkbox"/>
21. ¿Existe algún historial de problemas para aprender en la familia?	Si	<input type="checkbox"/>	No	<input type="checkbox"/>
22. ¿Algún historial familiar de problemas físicos o mentales?	Si	<input type="checkbox"/>	No	<input type="checkbox"/>
Si su respuesta fue “si,” describa los detalles	<input type="text"/>			
<input type="text"/>				
<input type="text"/>				
23. ¿Ha cuantas escuelas diferentes a asistido el niño?	<input type="text"/>		<input type="text"/>	
24. ¿Calificaría la asistencia de su niño en la escuela como baja, justa o buena?	<input type="text"/>		<input type="text"/>	
25. En tiempo presente, tiene alguna preocupación sobre su niño?	Si	<input type="checkbox"/>	No	<input type="checkbox"/>
Si su respuesta fue “si,” por favor de describirlo:	<input type="text"/>			
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Options for Change in Intervention

Options for Students

- Increase motivation
 - Add incentives
 - Change incentives
 - Adjust behavior plan
 - Increase success level
 - Vary schedule of easy/hard tasks/skills
- Increase engagement
 - Number of responses per session
 - Teach, review and post standards of behavior
- Increase regular attendance
- Ensure student skill level matches instruction
 - Skill grouping
 - Differentiated instruction
- Increase types of cueing approaches
 - Visual
 - Auditory
 - Tactile

Options for Curriculum/Program

- Preteach components of the core program
- Check fidelity of implementation of program
 - Provide additional training
 - Add a coaching component
- Use extensions of the core program
- Move to a more structured intervention program
- Change the core program

Options for Instruction (Practices)

- Skill grouping – Differentiated instruction
- Increase pace of instruction
- Increase opportunities to respond
- Employ standard cueing correction procedures
- Pre-teach con concepts outside the group
- Build/activate prior knowledge

Options for Instruction (Logistics)

- Reduce size of instructional group
- Add additional instructional time
 - Double dosing
 - Different materials
- Change instructor
- Change seating within group
- Provide instruction in small units throughout the day
- Change physical environment

Note:

Under district decision rules, a substantial change is identified as one of the following:

- Time (increased by at least 15 minutes/day)
- Group size (reduced by at least 3)
- Program change
- Frequency: number of times a day

For a student who is at high risk, one and/or all three of these options should be done in the movement toward SPED referral.

Team Meeting Notice



Dear

has been referred to the Effective Behavior and Instruction Support (EBIS) Team to develop an individual action plan based on your child's needs. The EBIS team's purpose is prevention of academic and behavior problems, and to support group and individual programs for all students. The referral is based on the following concerns:

The team will meet at school to discuss your child's needs and plan an EBIS program on:

You are encouraged to attend this meeting.

Sincerely,

Principal,

Enclosed is a description of our Instructional Program for reading. If you have questions regarding the EBIS program, please contact your school principal.

IMPORTANT NOTICE REGARDING SPECIAL EDUCATION: Sometimes students experience substantial on-going difficulties in school as the result of disabilities. If the school team or your child's teacher(s) have this concern, they will contact you to discuss it. If you are concerned that your child may have a disability and is in need of special education services, please contact the school principal.

Title One Parent Notification Letter



Dear Parent,

School recently completed screenings in the area of reading. Based on the results of the screening, your son or daughter will be receiving additional reading support. This support will be given within a small group, which will allow the instructor to adjust instruction to meet the skill levels of students in the group and will allow your child the opportunity to participate in the instruction more frequently. The intervention materials used are research based and of the highest quality. Your child's classroom teacher will also implement additional accommodations to ensure your child is successful.

We are required by state law to notify you of this additional instruction and provide you with information regarding state policies for student performance data that will be collected. Additionally, we have enclosed an informational brochure regarding Response to Intervention.

We know the ability to read is the single best skill to assure a student's success in school and as an adult. We look forward to continuing our work with you and your child.

Sincerely,

Intervention Specialist
Elementary

**STATEMENT OF ELIGIBILITY FOR SPECIAL EDUCATION
(SPECIFIC LEARNING DISABILITY 90)**

Student's Name _____ Birthdate _____ Date _____

School _____ District _____ mm/dd/yy

Date of Initial Eligibility _____ Date of Reestablished Eligibility _____

A. Indicate the primary evaluation model used in determining eligibility for this student [Select only one box to indicate the primary model used, however, districts are not precluded from completing other portions of this form if additional elements are used.]

The Response to Intervention (RTI) model was the primary model used for this evaluation.
 The Patterns of Strengths and Weaknesses (PSW) model was the primary model used for this evaluation.
 The discrepancy model was the primary model used for this evaluation.

B. The team has completed the following evaluation components (attach evaluation report):

Review of existing information from a variety of sources, including the parents, teacher recommendations (including Oregon state assessments, if available), the student's cumulative records, previous IEPs or IFSPs, teacher collected work samples, and information about the child's physical condition, background, and adaptive behavior. Evaluation report includes relevant information from these sources used in the eligibility determination.

_____ Report Date _____ Date Reviewed

An assessment of the child's academic achievement toward Oregon grade-level standards. [Add lines as necessary]

_____ Examiner/Title _____ Assessment _____ Date Conducted _____ Date Reviewed

An observation of the child's academic performance and behavior in a regular classroom setting, or in the case of a child less than school age or out of school, an observation in an age-appropriate environment. (Describe relevant behavior noted during observation, and its relationship to academic functioning in evaluation report.)

_____ Observer/Title _____ Date Conducted _____ Report Date _____ Date Reviewed

Progress monitoring data: (described in evaluation report)

Data that demonstrate that before or as part of the referral process, the child was provided with appropriate instruction in regular education settings by qualified personnel. _____ Report Date _____ Date Reviewed

Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress that is directly linked to instruction. _____ Report Date _____ Date Reviewed

If using a response-to intervention (RTI) model: list scientifically-based interventions attempted (based on the district's RTI model) and describe the child's response in the evaluation report. [Add lines as necessary]

Prior to Consent for evaluation:	_____	_____	_____	_____
	Intervention type	Intervention period	Report Date	Date Reviewed
Post Consent for evaluation:	_____	_____	_____	_____
	Intervention type	Intervention period	Report Date	Date Reviewed
	_____	_____	_____	_____
	Intervention type	Intervention period	Report Date	Date Reviewed
	_____	_____	_____	_____
	Intervention type	Intervention period	Report Date	Date Reviewed

If using a model based on student's strengths and weaknesses: Evaluation of the child's strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade level standards, or intellectual development. Results described in evaluation report.

Examiner/Title	Assessment	Date Conducted	Date Reviewed
Examiner/Title	Assessment	Date Conducted	Date Reviewed

If using a discrepancy model: Evaluation of a significant discrepancy between a student's academic achievement, relative to age, (including progress toward state-approved grade level standards), and his or her intellectual development. Results described in evaluation report.

Examiner/Title	Assessment	Date Conducted	Date Reviewed
Examiner/Title	Assessment	Date Conducted	Date Reviewed

If deemed necessary by the team:

a.A developmental history. Relevant history noted in evaluation report, attached.

Date Conducted	Report Date	Date Reviewed
----------------	-------------	---------------

b.Other assessment(s) related to cognition, fine motor skills, perceptual motor skills, communication, social/emotional status, perception or memory. Results described in evaluation report, attached.

Examiner/Title	Assessment	Date Conducted	Date Reviewed
Examiner/Title	Assessment	Date Conducted	Date Reviewed

c.A medical statement or health assessment statement indicating whether there are any physical factors that may be affecting the student's educational performance. Relevant medical findings are described in evaluation report, attached.

Physician, Nurse Practitioner, or Physician's Assistant	Date Conducted	Date Reviewed
---	----------------	---------------

C. The Team has determined that:

1. The student does **not** achieve adequately for the child's age or to meet Oregon grade-level standards in one or more of the following areas when provided with learning experiences and instruction appropriate for the child's age or state-approved grade level standards:

Basic reading skills	Mathematics calculation	Written expression
Reading fluency skills	Mathematics problem solving	Oral expression
Reading comprehension		Listening comprehension

If one or more boxes are checked, continue. If no boxes are checked, the child cannot be found eligible.

2. The child:

Does not make sufficient progress to meet age or Oregon grade-level standards in one or more of the areas listed in 1 when using a process based on the child's response to scientific, research-based instruction; and/or

Exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, Oregon grade-level standards, or intellectual development, that is determined to be relevant to the identification of a specific learning disability; and/or

Demonstrates a significant discrepancy between his or her academic achievement, relative to age, (including progress toward state-approved grade level standards), and his or her intellectual development. Results described in evaluation report.

If one or all boxes are checked, continue. If no boxes are checked, the child cannot be found eligible.

3. The student's lack of achievement is primarily the result of:

- yes no a) A visual, hearing, or motor impairment, mental retardation, emotional disturbance, cultural factors, or environmental or economic disadvantage.
- yes no b) A lack of appropriate instruction in reading, including the essential components of reading instruction (phonemic awareness, phonics, vocabulary development; reading fluency/oral reading skills; and reading comprehension strategies).
- yes no c) A lack of appropriate instruction in math.
- yes no d) Limited English proficiency.

If all of the boxes are checked "no", continue. If "yes" to any of these the student cannot be found eligible.

1. The student has a specific learning disability in one or more of the following areas:

- | | | |
|------------------------|-----------------------------|-------------------------|
| Basic reading skills | Mathematics calculation | Written expression |
| Reading fluency skills | Mathematics problem solving | Oral expression |
| Reading comprehension | | Listening comprehension |

- yes no 5. The student's disability has an adverse impact on the student's educational performance when the student is at the age of eligibility for kindergarten through age 21, or has an adverse impact on the child's developmental progress when the child is age three through kindergarten.
- yes no 6. The student needs special education services as a result of this disability.

D. The student does does not qualify for special education.

1. This statement reflects my conclusions (Note: if the report does not reflect a member's conclusions, the member must submit a separate statement presenting the differing conclusion):

Signatures of Team Members	Title	Agree	Disagree
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

2. The following have been provided to the child's parents:

- A copy of the evaluation report and eligibility statement.
- If using response to intervention model**, a copy of the initial notice, provided to parents in a timely manner, including:
 - ODE and district policies describing the amount and nature of student performance data to be collected and the general education services to be provided as part of the district's response to intervention model;
 - Strategies for increasing the child's rate of learning; and
 - The parents' right to request an evaluation.

Signature of person completing eligibility form	Position	Date

Learning Disability Eligibility Report 2009-10

Name:	Sc	School:
Birthdate:		Grade:
Evaluation Team:		Report Date:

Required assessments in area of concern:

(K-3)

Reading

- DIBELS screening & progress monitoring
- WIAT-II: Listening Comprehension

Math

- Screening and Progress Monitoring Data
- WIAT-II: Numerical Operations & Mathematics Reasoning

Writing

- Total Words Written & Correct Word Sequences CBMs
- Spelling CBMs
- WIAT-II: Written Expression or TOWL-III

(4-5)

Reading

- DIBELS screening & progress monitoring
- WIAT-II: Reading Comprehension

Math

- Screening & Progress Monitoring
- WIAT-II: Numerical Operations & Mathematics Reasoning

Writing

- Total Words Written & Correct Word Sequences CBMs
- Spelling CBMs
- WIAT-II: Written Expression or TOWL-III
- Two scored writing samples using Oregon rubric

(6-12)

Reading

- MAZE, GRADE+, Screening Results
- WIAT-II: Pseudoword Decoding, Word Reading, Reading Comprehension

Math

- CBMs
- WIAT-II: Numerical Operations & Mathematics Reasoning

Writing

- Writing and/or Spelling CBMs
- WIAT-II: Written Expression or TOWL-III
- Two scored writing samples using Oregon rubric

Section 1: Background Information (written by learning specialist or school psychologist)

- Reason for the referral (state areas of concern and disability/disabilities suspected)
- Previous testing
- History in special programs (special education, Title I, ELL, 504)
- Parent concerns and perspective, including background of disabilities, especially in areas related to current difficulties

Section 2: Students who qualify for special education as having learning disabilities have very low skills relative to expectations for the student's age, or relative to the student's progress toward Oregon achievement. (Written by learning specialist or school psychologist, literacy specialist/instructional coach may assist with data gathering/analysis)

- Review existing information including teacher collected work samples
- Complete tables and analyze assessment results
- Summarize actual growth to expected growth and student scores to average scores
- Analyze historical data:
 - Have scores always been low? If not, a learning disability is unlikely.
 - Are scores relatively low? Has the student had intensive assistance to maintain skills at that level?
 - Are the state/district assessments and individual achievement tests consistent? If not, get one more piece of information about the skills in question. Confirm results with reports from teachers, which must be consistent.
 - If inconsistent results are reported, decide which is valid and justify the decision. Consider the demands of each assessment (content, speed, fluency). Lower scores may be considered valid if they reflect performance on a test that is more comprehensive or involves more complex demands than other assessments used.
 - Finish with a summary statement about the student's skills.

Dynamic Indicators of Basic Early Literacy Skills (DIBELS)

All elementary school students in the Tigard Tualatin School District are assessed using the Dynamic Indicators of Basic Early Literacy Skills (DIBELS), a collection of simple assessments designed to measure progress toward early reading acquisition. Students learning to read in Spanish are also assessed with Indicadores Dinámicos del Éxito en la Lectura (IDEL), an assessment which is very similar to DIBELS. The following tables reflect _____ (insert student's name) scores for each trimester of _____ (insert grade levels). When available, percentiles are also reported (the 50th percentile is average, with the 25th to 75th percentiles reflecting the low- to high-average range).

Initial Sound Fluency (ISF) assesses a student's skill in isolating and naming the beginning sound of common objects.

Letter Naming Fluency (LNF) assesses how quickly a student names uppercase and lowercase letters of the alphabet in random order. Rapid naming is a key indicator of early literacy skills.

Phoneme Segmentation Fluency (PSF) assesses a student's skill in breaking a word into the smallest units of sound (phonemes). A student is presented a word (orally) and asked to repeat the individual phonemes in that word.

Nonsense Word Fluency (NWF) measures a student's application of basic letter-sound relationships (phonics). "Non words" are presented for the student to read *as if* they were real words.

Oral Reading Fluency (ORF) considers how well a child reads grade level text aloud, with scores reported as correct words per minute, reflecting both the speed and accuracy with which the student reads.

DIBELS Tables

	K Fall Score	%ile	Screening Benchmark	K Winter Score	%ile	Screening Benchmark	K Spring Score	%ile	Screening Benchmark
ISF			8			25			N/A
LNF			8			27			40
PSF			N/A			18			35
NWF			N/A			13			25

	1 st Fall Score	%ile	Benchmark	1 st Winter Score	%ile	Benchmark	1 st Spring Score	%ile	Benchmark
LNF			37			N/A			N/A
PSF			35			35			35
NWF			24			50			50
ORF			N/A			20			40

	2 nd Fall Score	%ile	Benchmark	2 nd Winter Score	%ile	Benchmark	2 nd Spring Score	%ile	Benchmark
NWF			50			N/A			N/A
ORF			44			68			90

	3 rd Fall Score	%ile	Benchmark	3 rd Winter Score	%ile	Benchmark	3 rd Spring Score	%ile	Benchmark
ORF			77			92			110

	4 th Fall Score	%ile	Benchmark	4 th Winter Score	%ile	Benchmark	4 th Spring Score	%ile	Benchmark
ORF			93			105			118

	5 th Fall Score	%ile	Benchmark	5 th Winter Score	%ile	Benchmark	5 th Spring Score	%ile	Benchmark
ORF			104			115			124

IDEL Tables

	K-Fall Score	%ile	Benchmark	K-Winter Score	%ile	Benchmark	K-Spring Score	%ile	Benchmark
LNF (FNL)			6			25			40
PSF (FSF)			15			30			50

NWF (FPS)			N/A			20			35
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	1st-Fall Score	%ile	Benchmark	1st-Winter Score	%ile	Benchmark	1st-Spring Score	%ile	Benchmark
LNF (FNL)			35			N/A			N/A
PSF (PSF)			50			50			50
NWF (FPS)			35			70			90
ORF (FLO)			N/A			20			40

	2nd-Fall Score	%ile	Benchmark	2nd-Winter Score	%ile	Benchmark	2nd-Spring Score	%ile	Benchmark
NWF (FPS)			90			N/A			N/A
ORF (FLO)			35			50			65

	3rd-Fall Score	%ile	Benchmark	3rd-Winter Score	%ile	Benchmark	3rd-Spring Score	%ile	Benchmark
ORF (FLO)			60			70			85

Phonics Inventory

The Phonics Inventory is an informal assessment of early reading skills such as discrimination between vowels and consonants, digraphs (common consonant blends) and diphthongs (common vowel blends), silent letters and compound words.

(insert student's name) demonstrated strengths in the following areas:

(insert student's name) struggled with the following items:

- Letter naming (% upper case and % lower case)
- Consonant sounds (%)
- Consonant digraphs (%)
- Consonant blends (%)
- Vowel names (%)
- Identifying short vowel sounds (%)
- Double vowels making the long vowel sound (%)
- Silent 'e' long vowels (%)
- Reading words with short vowel sounds (%)
- Not reversing words (%)
- Words with prefixes (%) and suffixes (%)
- Compound words (%)
- Words with silent letters (%)
- Words with vowels and 'r' (%) - Words with diphthongs (e.g. oy, oo) (%)
- Breaking multi-syllabic words into syllables (%)

MAZE Assessment

During this timed three-minute assessment, students perform a multiple-choice close task while reading silently. The first sentence of a 150-400 word passage is left intact. Thereafter, every 7th word is replaced with three words inside parenthesis. One of the words is the exact one from the original passage. Scientific research has shown that this provides a reliable and valid measure of reading comprehension. MAZE passages are curriculum independent, ensuring that student achievement is assessed equitably regardless of curriculum differences among teachers and schools, and provide a comparison of student performance against national norms. MAZE is administered three times per year in Tigard-Tualatin for all middle school students and for 9th and 10th graders at or below the 35th percentile on the most current OAKS. When applied as a screening tool, three passages are administered and the median score is selected.

Group Reading Assessment and Diagnostic Evaluation (GRADE)

GRADE is a leveled, norm-based reading assessment delivered in an untimed, group setting. Stanine scores are reported for sentence comprehension, passage comprehension, listening comprehension and vocabulary. Roughly, stanines 1-3 are below average, 4-6 are average, and 7-9 are above average.

Wechsler Individual Achievement Test, Second Edition (WIAT-II)

The WIAT-II is a standardized test designed to allow comparison of a student's performance to same age peers. Performance is reflected in a standard score; 100 is average. 85-115 represents the low average to high average range.

Academic Area	Standard Score	Percentile	Range
Reading Word Reading Reading Comp. Pseudoword			
Math Numerical Operations Math Reasoning			
Written Language Spelling Written Expression			
Oral Language Listening Comp. Oral Expression			

WIAT-II Subtest Descriptions:

Word Reading: This subtest considers a student's grasp of letter sounds, differentiation between words with similar and different sounds, and reading basic sight words.

Pseudoword: This subtest is designed to assess the student's knowledge of phonics patterns and rules in an approach similar to DIBELS Nonsense Word Fluency.

Reading Comprehension: This subtest assesses a student's skill in gaining meaning from what s/he reads. Students read a short passage or story and are then asked to answer how questions related to the reading.

Listening Comprehension: This subtest assesses a student’s receptive and expressive vocabulary skills. Students are given a word by the examiner and asked to point to the corresponding picture among several choices. Next, the examiner reads a sentence and asks the student to point to the corresponding picture among several choices. Last, the student is shown a picture and given an oral prompt. The student then gives a word that suits both the prompt and picture.

Numerical Operations: This subtest assesses the student’s skills in basic math calculation skills and solving simple equations using addition, subtraction, multiplication and division. The student completes this task without the aid of a calculator.

Math Reasoning: This subtest presents story problems with verbal and visual prompts. The student must use math-reasoning skills to determine what operations to use, and complete them correctly. The subtest includes skills related to time, money, measurement, whole numbers, fractions, decimals, graphing, patterns, statistics, and probability.

Written Expression: This subtest requires students to write the alphabet as quickly as possible. Other tasks include writing words, editing and combining presented sentences, and writing a paragraph or essay from a prompt.

Spelling: This subtest requires the student to spell words of increasing difficulty.

Test of Written Language-3 (TOWL-3)

The TOWL-3 is a comprehensive measure of written language. The eight subtests of the TOWL-3 measure a student’s writing competence through both essay-analysis (spontaneous) formats and traditional test (contrived) formats. The TOWL-3 includes analysis of conventions, language, story construction, vocabulary, spelling, style, logical sentences, and sentence combining. Composite scores reflect performance for overall writing, contrived writing, and spontaneous writing.

Oregon Assessment of Knowledge and Skills (OAKS)

OAKS is an assessment of proficiency toward the Oregon state standards. Students typically complete content area tests on the computer in 20-60 minute segments over multiple days. The reading and literature test requires students to read a literary or informational passage. Next, the student answers literal or inferential questions related to the passage in a multiple-choice format. The math assessment consists of tasks related to calculation, estimation, measurement, algebraic relationships, statistics, and geometry. Students are allowed to use calculators and measurement tools to aid them in answering questions presented in a multiple-choice format. On the writing assessment, students are given a prompt and are asked to write a narrative, expository or imaginative response. Writing samples are scored by multiple teachers in the areas of: ideas and content, organization, voice, word choice, sentence fluency, and conventions. When interpreting OAKS scores, it is important to consider testing conditions. The length of testing sessions, number of times the student took the assessment and testing accommodations impact test results. Also consider that OAKS is not timed.

OAKS Table

	3rd	4 th	5th	6 th	7th	8th	10 th
Reading Benchmark	204	211	218	222	227	231	236
Student Score							

Percentile							
Math Benchmark	205	212	218	221	226	230	236
Student Score							
Percentile							
Writing Benchmark		32-39			40-49		40-49
Student Score							

Math Curriculum Based Measures (CBMs)

Math CBMs are indicators of a student’s basic math skills over time, and also provide a strong indication of the student’s conceptual understanding and problem solving skills. Students in kindergarten and first grade are assessed using a missing number probe. Students are shown a sequence of numbers, each with a blank in the sequence. They are asked to produce as many missing numbers as possible in one minute. Students in 2nd-5th grade are assessed using a mixed computation probe. Students are given two minutes to complete a page of addition, subtraction, multiplication and division facts. Student scores are graphed over time and compared to the national average for students of the same grade level.

Writing Curriculum Based Measures (CBMs)

Writing CBMs are indicators of a student’s writing proficiency over time. Students are given a writing prompt with one minute to brainstorm ideas. Students then have three minutes to respond to the prompt. Writing samples are scored by Total Words Written (TWW) and the number of correct word sequences (CWS) in the writing sample. Writing CBMs are typically administered weekly or biweekly. The student’s progress is then graphed over time and compared to the national average for students of the same grade level.

Spelling Curriculum Based Measures (CBMs)

Spelling CBMs are indicators of a student’s spelling over time. CBMs assess both how many words are spelled correctly, and how many letter sequences are correct. They are typically administered for 2-3 minutes weekly or biweekly. The student’s progress is then graphed over time and compared to the national average for students of the same grade level.

Section 3: Students with learning disabilities have academic skill deficits that are resistant to well-planned and implemented research based interventions that were designed to increase the child’s rate of learning. (written by learning specialist or school psychologist, literacy specialist/instructional coach may assist with data gathering/analysis)

- Report baseline scores and how those scores compare to the general population
- Describe each intervention and any changes or modifications
- Describe fidelity of interventions (dates of observation, met ___ % of fidelity checklist criteria)
- Analyze progress, compare to general population and intervention cohort
- Finish with summary statement and recommendations for future instruction (the student responded well to specific, contingent praise, sticker reinforcers, etc.)

Progress Monitoring Measure	Intervention 1: Curriculum/ Group Size/ Time Per Day	Intervention 2: Curriculum/ Group Size/ Time Per Day	Intervention 3: Curriculum/ Group Size/ Time Per Day
Date			
Date			
Date			
Date			
Date			
Date			

Section 4: The student’s academic performance and behavior were observed in a regular classroom setting. (written by learning specialist, school psychologist or counselor)

- Observation must occur in area of concern
- Note relevant behavior and its relationship to academic functioning

Section 5: The student has been provided the opportunity to learn the skills. (written by learning specialist or school psychologist)

- Describe the student’s instructional stability and reasons for excessive absences
- Describe core instruction in the area of concern (amount, intensity, training of instructor, size of group)

Grade	School	Tardies	Absences
K			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

In the Tigard-Tualatin School District, all 1st-5th grade students receive 90 minutes of reading instruction per day, at least 45 minutes of which is skill-grouped. Tigard-Tualatin’s adopted reading curriculum is *MacMillan Treasures*, a comprehensive research-based program which emphasizes phonemic awareness, phonics, fluency, vocabulary and comprehension. 6th-12th grade students receive 45-90 minutes of English/Language Arts, using the *Holt* curriculum and content area literacy strategies.

Section 6: The student does not have another disability or sensory problem. (written by learning specialist, school psychologist, speech language pathologist, physical therapist, or occupational therapist)

- Report current vision and hearing
- Report historical medical concerns or suspected disabilities
- Report results of outside evaluations or medical diagnoses
- Report results of FBAs, Conners, language assessments, etc.
- Explain the decision if the team decided not to evaluate those areas
- If an IQ test was given, note **statistically** unusual performance

Section 7: The student’s problem is not the result of cultural factors or environmental or economic disadvantage.
(written by learning specialist or school psychologist)

- Describe the student’s educational history, including preschool and enrichment opportunities
- Describe pertinent information about family literacy levels
- Describe pertinent information about family stressors such as moves, homelessness, divorce, employment, family illness, etc.

Section 8: The student’s problem is not the result of limited English proficiency. (written by English Language Learner Specialist)

- The student’s English language acquisition may be characterized as . . .
- The other student’s in his/her group are progressing in English at . . .
- The student’s reading/written language/math progress is predictable/unpredictable given his/her language, culture and educational experience. (Explain)

Oregon English Language Proficiency Assessment (ELPA)

Grade	K	1	2	3	4	5	6	7	8	9	10
ELPA benchmarks											
Early Intermediate: L2	483 492	492 507	495 508	501 514	497 508	497 508	497 506	497 507	499 508	491 501	493 501
Intermediate: L3	498	514	514	521	514	516	515	517	518	515	516
Early Advanced: L4	507	523	523	529	521	523	522	524	526	526	527
Advanced: L5- EXIT											
TOTAL Student Score	T ___	T ___	T ___	T ___	T ___	T ___	T ___	T ___	T ___	T ___	T ___
Reading	R ___	R ___	R ___	R ___	R ___	R ___	R ___	R ___	R ___	R ___	R ___
Writing	W ___	W ___	W ___	W ___	W ___	W ___	W ___	W ___	W ___	W ___	W ___
Listening	L ___	L ___	L ___	L ___	L ___	L ___	L ___	L ___	L ___	L ___	L ___
Speaking	S ___	S ___	S ___	S ___	S ___	S ___	S ___	S ___	S ___	S ___	S ___
Comprehension	C ___	C ___	C ___	C ___	C ___	C ___	C ___	C ___	C ___	C ___	C ___

Language Assessment Scales (LAS)

	Reading/ Writing Level	Oral Level
K		
1		
2		
3		

- Beginning: L1
- Early Intermediate: L2
- Intermediate: L3
- Early Advanced: L4

4		
5		
6		
7		
8		
9		
10		
11		
12		

Advanced: L5-EXIT

Section 9: Is there sufficient evidence to support the conclusion that this student is eligible for special education as a student with a learning disability? (Written by learning specialist or school psychologist)

- Summarize the team’s discussion and decision at the eligibility meeting
 - Does the student have low skills?
 - Has the student made slow progress despite intensive intervention?
 - Have all exclusionary factors been ruled out?

The above information will be used to make decisions regarding eligibility and educational planning. If you need further information, or have any questions regarding the content of this report, please contact _____, Learning Specialist at (503) 431-----.

Learning Specialist

Ontario School District
Feedback Form for Report: Initial Evaluation

OSD staff: _____ School: _____

Student SSID _____ Grade: _____

Section 1: Background Information	Notes
<ul style="list-style-type: none"> <input type="radio"/> Reason for the reevaluation (state areas of concern and disability/disabilities suspected) <input type="radio"/> Previous testing <input type="radio"/> History in special programs (special education, Title I, ELL) <input type="radio"/> Parent concerns and perspective, including background of disabilities, especially in areas related to current difficulties 	
Section 2: Students who qualify for special education as having learning disabilities have very low skills relative to expectations for the student's age, or relative to the student's progress toward Oregon achievement.	
<ul style="list-style-type: none"> <input type="radio"/> Review of existing information including teacher collected work samples <input type="radio"/> List Oregon Assessment of Knowledge & Skills (OAKS) scores both current and historical <input type="radio"/> List all DIBELS and CBM subtest scores (both current and historical) <ul style="list-style-type: none"> ◊ Insert DIBELS tables (at end of checklist) ◊ Summarize actual growth to expected growth and student scores to average scores <input type="radio"/> List individual achievement test results in standard scores by subtest <ul style="list-style-type: none"> ◊ Include standard scores for tests given in the past ◊ For any subtests with SS below 85, describe the specific skill deficits that contribute to the low score ◊ List classroom assessment scores and curriculum based measures (includes pre- and post-tests, math and writing CBMs) <input type="radio"/> Analyze historical data. <ul style="list-style-type: none"> ◊ Have scores always been low? <ul style="list-style-type: none"> ▪ If not, a learning disability is unlikely. ◊ Are scores relatively low? 	

**Ontario School District
Feedback Form for Report: Initial Evaluation**

<ul style="list-style-type: none"> ▪Has the student had intensive assistance to maintain skills at that level? ◇Are the state/district assessments and individual achievement tests consistent? <ul style="list-style-type: none"> ▪If not, get one more piece of information about the skills in question. ▪Confirm results with reports from teachers, which must be consistent. ○ If inconsistent results are reported, decide which is valid and justify the decision. <ul style="list-style-type: none"> ◇Consider the demands of each assessment (content, speed, fluency) ◇Lower scores may be considered valid if they reflect performance on a test that is more comprehensive or involves more complex demands than other assessments used. ○ Finish with a summary statement about the student's low skills. <ul style="list-style-type: none"> ◇Describe the student's academic weaknesses. ◇Note if the significant skill deficits combine with strengths to form a pattern of achievement that has been demonstrated to be associated with an LD subgroup. Strengths should be informally assessed by reviewing report cards and work samples. If gathered information is inconclusive, conduct curriculum based measures in potential areas of strength. 1. Reading Disability: Word Recognition <ul style="list-style-type: none"> ○Weaknesses: phonological processing, spelling ○Strengths: math computation, spatial and motor skills 2. Reading Disability: Fluency <ul style="list-style-type: none"> ○Weaknesses: fluency ○Strengths: word recognition 3. Reading Disability: Comprehension <ul style="list-style-type: none"> ○Weaknesses: vocabulary, receptive language, working memory, attention ○Strengths: phonological processing 	
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<p>Section 3: Students with learning disabilities have academic skill deficits that are resistant to well-planned and implemented research based interventions that were designed to increase the child's rate of learning.</p>	<p>Notes</p>
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<ul style="list-style-type: none"> ○ State what the baseline skill level was (a number), and how that relates to the general population ○ State what the interventions were and the basis upon which they were chosen. Include: <ul style="list-style-type: none"> ◇Specific curriculum/method used 	
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**Ontario School District
Feedback Form for Report: Initial Evaluation**

<ul style="list-style-type: none"> ◇How much time per day ◇Length of intervention ◇Group size ◇Level and type of reinforcement used ◇If needed, additional behavior interventions <p><input type="radio"/> Describe the student's response to the intervention (progress monitoring data, including the measure and frequency).</p> <ul style="list-style-type: none"> ◇How does this relate to the general population? ◇How does this relate to progress of intervention cohort? <p><input type="radio"/> Does this progress support a picture of a skill deficit that is resistant to instruction?</p>	
<p>Section 4: The student's academic performance and behavior were observed in a regular classroom setting.</p>	<p align="center">Notes</p>
<ul style="list-style-type: none"> <input type="radio"/> Observation must occur <input type="radio"/> Note relevant behavior and its relationship to academic functioning 	
<p>Section 5: The student has been provided the opportunity to learn the skills</p>	<p align="center">Notes</p>
<ul style="list-style-type: none"> <input type="radio"/> Document the level of instructional stability throughout the student's educational experience <ul style="list-style-type: none"> ◇Mobility (# of schools attended) ◇Attendance (over the years) ◇Reason(s) for excessive absences ◇Cumulative effect of absences ("Missed 20 days per year for 4 year, equating to one semester missed") <input type="radio"/> Describe key characteristics of the <i>core</i> instruction the student has received in area of concern <ul style="list-style-type: none"> ◇Research based? Mention specific curricula, if known. ◇Has the student received instruction in phonemic awareness, phonics, fluency, comprehension and vocabulary? ◇Amount/intensity? ◇Training of instructor (certified? IA?) 	

**Ontario School District
Feedback Form for Report: Initial Evaluation**

◇Size of group	
Section 6: The student does not have another disability or sensory problem.	
	Note
Section 7: The student's problem is not the result of cultural factors or environmental or economic disadvantage.	Notes
Section 8: The student's problem is not the result of limited English proficiency.	
	Notes

**Ontario School District
Feedback Form for Report: Initial Evaluation**

<p><input type="radio"/> Identify the student's primary and secondary languages.</p> <p><input type="radio"/> Report current levels of:</p> <ul style="list-style-type: none"> ◇ Primary Language Oral Proficiency ◇ Primary Language Writing Proficiency ◇ Primary Language Reading Proficiency ◇ English Oral Proficiency ◇ English Writing Proficiency ◇ English Reading Proficiency ◇ Acculturation Screening Results <p><input type="radio"/> How many years has the student lived in the US? And</p> <p><input type="radio"/> What is the home language? And</p> <p><input type="radio"/> What is the parents' literacy proficiency? And</p> <p><input type="radio"/> What is a typical academic profile for a student with this language and family history?</p>	
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Section 9: Is there sufficient evidence to support the conclusion that this student is eligible for special education as a student with a learning disability?	Notes
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<p><input type="radio"/> This is the place that the "basis for determination" is stated clearly.</p> <ul style="list-style-type: none"> ◇ Does the student have low skills? ◇ Has the student made slow progress despite intensive intervention? ◇ Have all exclusionary factors been ruled out? ◇ Note if the significant skill deficits combine with strengths to form a pattern of achievement that has been demonstrated to be associate with an LD subgroup. 	
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Ontario School District
Feedback Form for ReEvaluation Report: Learning Disability

OSD staff: _____ School: _____

Student SSID _____ Grade: _____

Section 1: Background Information	Notes
<ul style="list-style-type: none"> <input type="radio"/> Reason for the reevaluation (3-year, incomplete info., etc.) <input type="radio"/> History in special programs (special education, Title I, ELL) <input type="radio"/> Parent concerns and perspective, including background of disabilities, especially in areas related to current difficulties 	
Section 2: Students who qualify for special education as having learning disabilities have very low skills.	Notes
<ul style="list-style-type: none"> <input type="radio"/> Review of existing information including teacher collected work samples <input type="radio"/> List Oregon Assessment of Knowledge & Skills (OAKS) scores over past three years <input type="radio"/> Summarize DIBELS and CBM subtest scores over past three years <ul style="list-style-type: none"> <input type="checkbox"/> Insert OAKS, DIBELS tables (at end of checklist) <input type="checkbox"/> Analyze historical growth <input type="radio"/> List individual achievement test results in standard scores by subtest <ul style="list-style-type: none"> <input type="checkbox"/> For any subtests with SS below 85, describe the specific skill deficits that contribute to the low score <input type="checkbox"/> List classroom assessment scores and curriculum based measures <input type="radio"/> Analyze historical data. <ul style="list-style-type: none"> <input type="checkbox"/> Have scores always been low? <input type="checkbox"/> If not, a learning disability is unlikely. 	

Ontario School District
Feedback Form for ReEvaluation Report: Learning Disability

<ul style="list-style-type: none"> <input type="checkbox"/> Are scores relatively low? <input type="checkbox"/> Has the student had intensive assistance to maintain skills at that level? <input type="checkbox"/> Are the state/district assessments and individual achievement tests consistent? <input type="checkbox"/> If not, get one more piece of information about the skills in question. <input type="checkbox"/> Confirm results with reports from teachers, which must be consistent. <input type="radio"/> If inconsistent results are reported, decide which is valid and justify the decision. <ul style="list-style-type: none"> <input type="checkbox"/> Consider the demands of each assessment (content, speed, fluency) <input type="checkbox"/> Lower scores may be considered valid if they reflect performance on a test that is more comprehensive or involves more complex demands than other assessments used. <input type="radio"/> Finish with a summary statement about the student's low skills. <input type="radio"/> Describe the student's academic weaknesses. <input type="radio"/> Note if the significant skill deficits combine with strengths to form a pattern of achievement that has been demonstrated to be associated with an LD subgroup. Strengths should be informally assessed by reviewing report cards and work samples. If gathered information is inconclusive, conduct curriculum based measures in potential areas of strength. 	
Section 3: Students with learning disabilities have academic skill deficits that are resistant to well-planned and implemented research based interventions that were designed to increase the child's rate of learning.	
<ul style="list-style-type: none"> <input type="radio"/> Describe the specially designed instruction the student has received. Include: <ul style="list-style-type: none"> <input type="radio"/> Specific curriculum/method used <input type="radio"/> How much time per day <input type="radio"/> Group size <input type="radio"/> Level and type of reinforcement used <input type="radio"/> *If historical information is not available, use current 	Notes

**Ontario School District
Feedback Form for ReEvaluation Report: Learning Disability**

<p>information about the student's programming and progress. It is insufficient to list the amount of specially designed instruction the student has received over the years, with no description of the curriculum or instruction.</p> <p><input type="radio"/> Describe the student's response to instruction (progress monitoring data, including the measure and frequency). <input type="radio"/> How does this relate to the general population? <input type="radio"/> How does this relate to progress of intervention cohort?</p> <p><input type="radio"/> Does this progress support a picture of a skill deficit that is resistant to instruction?</p>	
<p>Section 4: The student's academic performance and behavior were observed in a regular classroom setting.</p>	
<p><input type="radio"/> Observation must be current</p> <p><input type="radio"/> Note relevant behavior and its relationship to academic functioning</p>	<p>Notes</p>
<p>Section 5: The student has been provided the opportunity to learn the skills.</p>	
<p><input type="radio"/> Document the level of instructional stability throughout the student's educational experience <input type="radio"/> Mobility (# of schools attended) <input type="radio"/> Attendance (over the years) <input type="radio"/> Reason(s) for excessive absences</p> <p><input type="radio"/> Cumulative effect of absences ("Missed 20 days per year for 4 year, equating to one semester missed")</p> <p><input type="radio"/> Describe key characteristics of the <i>core</i> instruction the student has received in area of concern <input type="radio"/> Research based? Mention specific curricula, if known. <input type="radio"/> Has the student received instruction in phonemic awareness, phonics, fluency, comprehension and vocabulary? <input type="radio"/> Amount/intensity? <input type="radio"/> Training of instructor (certified? IA?) <input type="radio"/> Size of group <input type="radio"/> Conclude with summary statement. Has the student been provided the opportunity to learn the skills, or do excessive absences or moves account for the student's low skills?</p>	<p>Notes</p>
<p>Section 6: The student does not have another disability or sensory problem.</p>	
<p><input type="radio"/> Report results of current vision and hearing screenings.</p>	<p>Notes</p>

**Ontario School District
Feedback Form for ReEvaluation Report: Learning Disability**

<p><input type="radio"/> Report historical difficulties with vision and hearing as reported by parent (infections, tubes, surgeries)</p> <p><input type="radio"/> Have there ever been suspicions of other disabilities? Consider:</p> <ul style="list-style-type: none"> ▪ Attention-Deficit/Hyperactivity Disorder ▪ Autism Spectrum Disorder ▪ Other Health Impairment ▪ Communication ▪ Emotional Disturbance ▪ Mental Retardation <p><input type="radio"/> Report results of evaluations done regarding any areas of concern raised at the time of referral or during the evaluation. This is the place to explain, if you decided not to assess those areas, why you didn't.</p> <p><input type="radio"/> This is the section to report results of functional behavior assessments, Conners scales, language assessments, etc.</p> <p><input type="radio"/> If an IQ test was given, this is the place to note <u>statistically</u> unusual performance.</p> <p><input type="radio"/> <i>Briefly</i> summarize assessment results from prior evaluations.</p>	
Section 7: The student's problem is not the result of cultural factors or environmental or economic disadvantage.	
	Notes
<p><input type="radio"/> Describe the student's school history starting with preschool.</p> <p><input type="radio"/> Describe pertinent information about the family's social history that could account for stressors, such as:</p> <ul style="list-style-type: none"> ▪ Frequent moves ▪ Homelessness ▪ Divorce ▪ Unemployment ▪ Extended illnesses or deaths in the family 	
Section 8: The student's problem is not the result of limited English proficiency.	
	Notes

**Ontario School District
Feedback Form for ReEvaluation Report: Learning Disability**

<p><input type="radio"/> Identify the student's primary and secondary languages.</p> <p><input type="radio"/> Report current levels of:</p> <ul style="list-style-type: none"> <input type="radio"/> Primary Language Oral Proficiency <input type="radio"/> Primary Language Writing Proficiency <input type="radio"/> Primary Language Reading Proficiency <input type="radio"/> English Oral Proficiency <input type="radio"/> English Writing Proficiency <input type="radio"/> English Reading Proficiency <input type="radio"/> Acculturation Screening Results <p><input type="radio"/> How many years has the student lived in the US?</p> <p><input type="radio"/> And</p> <p><input type="radio"/> What is the home language?</p> <p><input type="radio"/> And</p> <p><input type="radio"/> What is the parents' literacy proficiency?</p> <p><input type="radio"/> And</p> <p><input type="radio"/> What is a typical academic profile for a student with this language and family history?</p>	<p><input type="radio"/></p>
<p>Section 9: Is there sufficient evidence to support the conclusion that this student is eligible for special education as a student with a learning disability?</p>	
<p><input type="radio"/> The "basis for determination" is stated clearly.</p> <p>Addresses the following:</p> <ul style="list-style-type: none"> <input type="radio"/> Does the student have low skills? <input type="radio"/> Has the student made slow progress despite intensive intervention? <input type="radio"/> Have all exclusionary factors been ruled out? <input type="radio"/> Note if the significant skill deficits combine with strengths to form a pattern of achievement that has been demonstrated to be associated with an LD subgroup. 	<p align="center">Notes</p>

District Development Team

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Karen Skeen, Literacy Specialist

Kim Voile, Instructional Specialist

Heather Yardley, Literacy Specialist

Melissa Williams, Director of School Improvement and
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