High Quality Core Instructional Program

Data Based Decision-Making for Student Progress

Tiered Service Delivery

Rockcastle County Intervention System

Research Based Interventions

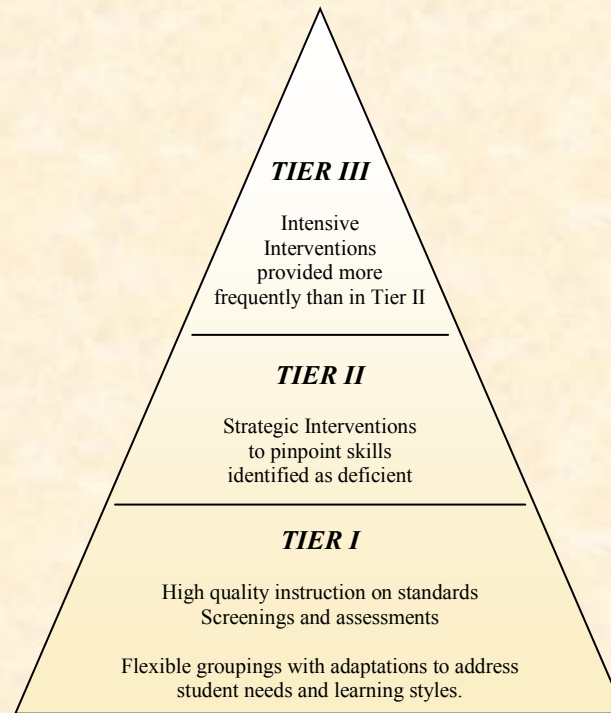Comprehensive services to address the needs of all students

Parents,

The purpose of this brochure is to provide information about our plan, the Rockcastle County Intervention System. If you have any questions as you read the brochure, please contact your child's school.

The classroom teacher will communicate with you about your child's progress throughout the school year. The teacher may also discuss interventions, seeking your input to ensure the best possible learning results.

If *you* have concerns about your child's progress, please contact the classroom teacher. With your support, we believe this systematic approach will help all our students be more successful both in school and in the future.

TIER III
Intensive Interventions provided more frequently than in Tier II

TIER II
Strategic Interventions to pinpoint skills identified as deficient

TIER I
High quality instruction on standards
Screenings and assessments

Flexible groupings with adaptations to address student needs and learning styles.

Rockcastle County Schools
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ROCKCASTLE COUNTY
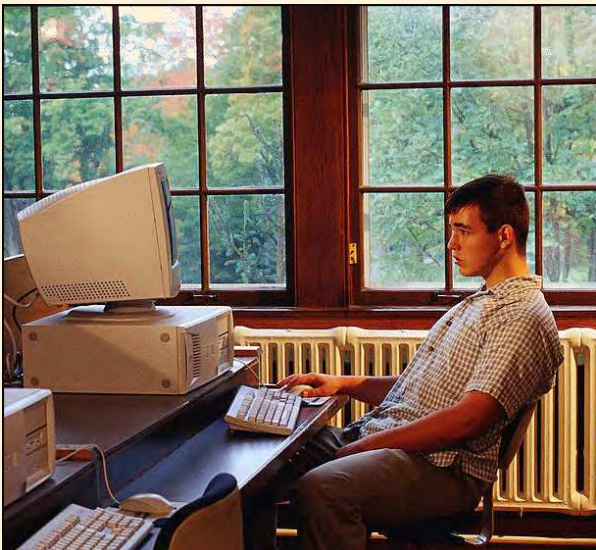# *Intervention System*

A PARENT'S GUIDE

What is the Rockcastle County Intervention System (RCIS)?

The RCIS is a process developed to help students become more successful learners. It is a systematic plan for identifying student learning needs early and applying strategies and programs that best match students' learning styles and needs. This process is designed to help struggling students progress more quickly and reach proficiency on standards.

Key areas addressed by the intervention system:

- Reading (2010-2011 school year)
- Mathematics (2011-2012 school year)
- Behavior (2011-2012 school year)

RCIS
A Three Tiered Model of Intervention

Tier I

All students receive quality instruction on curriculum standards and are screened and assessed to determine specific needs. Teachers use flexible groupings to differentiate instruction, addressing the various needs of students. Progress is monitored to determine student success.

Tier II

Students who are not progressing (or at the proficient level) at Tier I will be referred for Tier II interventions. These are additional strategies or programs chosen strategically to help struggling students become successful and proficient learners.

Tier III

Students still struggling after having Tier II interventions will be referred for more intensive interventions in Tier III. These students will still be getting the regular classroom instruction, but may be pulled to another location for a period of time during the day for instruction on the skills with which they are having difficulty.

RCIS Process

- All students are screened to identify strengths and weaknesses.

- All students will have a diagnostic assessment to pinpoint specific areas of need.

- Students who score below the cut off determined by the school will receive interventions (extra strategies or programs) in addition to regular classroom instruction to improve progress on curriculum standards.

- Depending on students' individual success, they will move through the tiers receiving instruction in the tiers which best meet their needs. Once the students meet their goals, their strategic or intensive interventions will be discontinued.

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Rockcastle County Schools
Intervention System

Introduction

While schools have historically searched for ways to improve student learning, many have continued to have difficulty in meeting the learning needs of a small percentage of struggling students. Federal legislation has addressed this issue with the reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA 2004) and the passage of the No Child Left Behind Act (NCLB 2001). These acts stress the use of professionally sound interventions and instruction based on defensible research, as well as the delivery of effective academic and behavior programs to improve student performance. Congress believes that as a result, fewer children will require special education services. Provisions of IDEA 2004 require school districts to use scientific, research-based interventions as an alternative method for identifying students with specific learning disabilities (SLD). The process generally accepted to address these requirements is known as Response to Intervention (RTI).

"RTI integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to reduce behavior problems. With RTI, schools identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions and adjust the intensity and nature of those interventions depending on a student's responsiveness, and identify students with learning disabilities." (National Center on Response to Intervention).

The Kentucky System of Interventions

The Kentucky System of Intervention (KSI) was established at the state level to help schools and districts in developing an instructional system of intervention which addresses the requirements of RTI (as well as accelerated learning requirements, closing achievement gaps, high quality instruction, readiness to learn, and student transitions). It is a framework for providing systematic comprehensive services to address academic and behavioral needs for all students, preschool through grade 12. KSI addresses several key points:

- Decision making rules ensure effective, equitable and fair treatment of all students.
- Tiered services provide a system of interventions to maximize student achievement and to reduce behavior problems.
- Intervention team roles enable successful collaboration in meeting the needs of students.
- Curriculum must be aligned to national, state and local standards and accessible to all students.
- Highly effective instruction is research based, aligned to curriculum and accessible to all students.
- Universal screening determines the need for diagnostic assessments that inform decisions made by the intervention team.

- Progress monitoring informs decisions about instruction and individual student learning.
- Family and community engagement is focused on improving student learning.

A strong RTI model has six core requirements. These components serve as a framework in the design of the KSI and the Rockcastle County Intervention System (RCIS)/RTI Plan:

- Universal screening
- Measurable definition of problem area
- Baseline data prior to an intervention
- Establishment of a written plan detailing accountability
- Progress monitoring
- Comparison of pre-intervention data to post-intervention data for efficacy

The RCIS is designed to connect the Kentucky System of Interventions (KSI) guidelines to the Federal Response to Intervention requirements. This document describes the RCIS process to be used in Rockcastle County Schools by: (a) explaining the principles and components, (b) providing guidelines related to decision making; and (c) answering common questions.

Multi-tiered models are proven to be effective educational practices within schools to bring high quality instruction to **all** students. The RCIS concepts presented in this document make use of a multi-tiered approach for the instruction of reading, mathematics, and behavior that incorporates the aspects of a personalized education for students. This process can lead to the development and use of the multi-tiered system with other education content areas. This manual has been designed to provide a framework to assist schools in implementing the RCIS/RTI Plan.

Overview

The National Research Center on Learning Disabilities (NRCLD, 2006) defines RTI as:
> ".. .an assessment and intervention process for systematically monitoring student progress and making decisions about the need for instructional modifications or increasingly intensified services using progress monitoring data."

RTI is an integrated approach to service delivery that encompasses general, remedial, and special education through a multi-tiered service delivery model. It utilizes a problem-solving framework to identify and address academic and behavioral difficulties for all students using scientific, research based instruction. Essentially, RTI is the practice of: (a) providing high-quality instruction/interventions matched to all students' needs (b) using learning rate over time and level of performance to (c) make important educational decisions to guide instruction (National Association of State Directors of Special Education, 2008). RTI practices are proactive, incorporating both prevention and intervention and is effective "at all levels from early childhood through high school." RTI is intended to reduce the incidence of "instructional casualties" by ensuring that students are provided high quality instruction with fidelity.

The figure below illustrates research results concerning academic and behavioral issues in education systems in the United States. According to research, eighty to ninety percent of a school's students should meet instructional goals through a quality education program. Five to ten percent of students will have needs that require supplemental instruction; one to five percent will need additional intensive, individualized instruction to meet learning goals (McCook, 2006).

Academic Systems

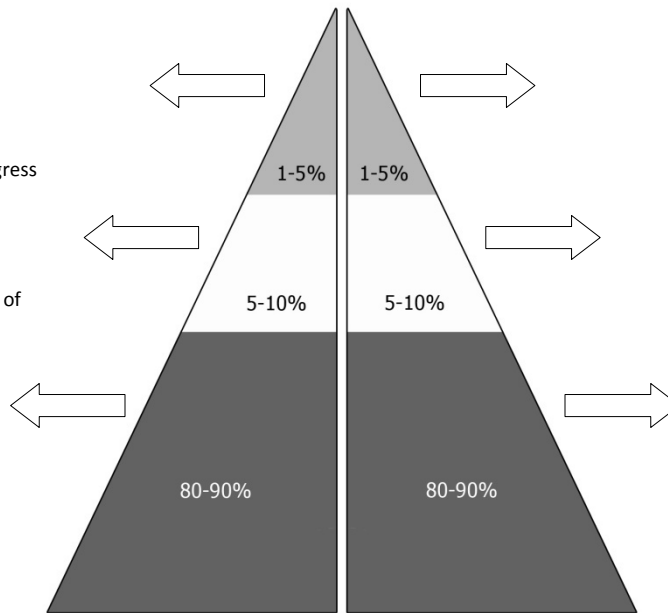**Intensive Individual Interventions**
Targeted individual students
Based on assessment results
Interventions with high intensity
Minimum weekly monitoring of progress

Targeted Group Interventions
Targeted students (at-risk)
Small group interventions
Minimum twice monthly monitoring of progress

Universal/Core Instruction
All students
School-wide/classroom instruction
Preventative, proactive instruction

1-5%   1-5%

5-10%   5-10%

80-90%   80-90%

Behavioral Systems

Intensive, Individual Interventions
Individual students
Assessment based
Interventions increase intensity
Minimum weekly monitoring of progress

Targeted Group Interventions
Targeted students (at-risk)
Small group interventions
Rapid response, high efficiency
Minimum bi-monthly monitoring of progress

Universal/Core Instruction
All students
School-wide/classroom instruction
Behavior in all settings
Preventative, proactive instruction

RTI is a system comprised of seven core principles that represent recommended RTI practices (Mellard, 2003).

1. **Use all available resources to teach all students.** RTI practices are built on the belief that all students can learn. One of the biggest changes associated with RTI is that it requires educators to shift their thinking: from the student… to the intervention. This means that the initial evaluation no longer focuses on "what is wrong with the student." Instead, there is a shift to an examination of the curricular, instructional, and environmental variables that change inadequate learning progress. Once the correct set of variables have been identified, schools must then provide the means and systems for delivering them so that effective teaching and learning can occur. In doing so, schools must provide resources in a manner that is directly proportional to students' needs. This may require schools to redirect current resource allocation systems (time, staff, materials and finances).

2. **Monitor classroom performance.** General education teachers play a vital role in designing and providing high quality instruction. Furthermore, they are in the best position to assess students' performance and progress against grade level standards in the general education curriculum. This principle emphasizes the importance of general education teachers in monitoring student progress rather than waiting to determine how students are learning in relation to their same-aged peers based on results of state-wide or district-wide assessments.

3. **Conduct universal screening/benchmarking.** School staff conducts universal screening in core academic and behavior areas. Screening data on all students can provide an indication of an individual student's performance and progress compared to the peer group's performance and progress. These data form the basis for an initial examination of individual and group patterns on specific academic, social, and behavior skills. Universal screening is the least intensive level of assessment completed within the RTI system and helps educators and parents identify students early who might be "at-risk." Since screening data may not be as reliable as other assessments, it is important to use multiple sources of evidence in reaching inferences regarding students "at risk."

4. **Use a multi-tier model of service delivery.** The RTI approach incorporates a multi-tiered model of service delivery in which each tier represents an increasingly intense level of services associated with increasing levels of learner needs. The system described in this manual reflects a three-tiered design.

   In the RTI system, all students receive instruction in the core curriculum supported by strategic and intensive interventions when needed. Therefore, all students, including those with disabilities, are found in Tiers I, II, and III. Important features, such as universal screening, progress monitoring, fidelity of implementation and problem solving occur within each tier. The basic tiered model reflects what we know about students in school—their instructional needs will vary. Thus, the nature of the academic or behavior intervention changes at each tier, becoming more intensive as the individual student moves through the tiers.

5. **Use scientific, research-based interventions/instruction.** The critical element of the RTI system is the delivery of scientific, research-based interventions with fidelity in general, remedial and special education. This means that the curriculum and instructional approaches must have a high probability of success for the majority of students. By using peer-reviewed, research-based practices, schools efficiently use time and resources and protect students from ineffective instructional and evaluative practices. Since peer-reviewed interventions vary in effectiveness, ensuring that the practices and curriculum have demonstrated effective outcomes is an important consideration in the selection of interventions.

6. **Make data-based decisions.** Decisions within the RTI system are made by teams using a blended model of standard treatment protocol and/or problem-solving techniques. The

purpose of these teams is to find the best instructional approach for a student with an academic or behavior problem. Standard treatment protocol and problem-solving decision making provide a structure for using data to monitor student learning so that good decisions can be made at each tier with a high probability of success. Problem solving and standard treatment protocol techniques ensure that decisions about a student's needs are driven by the student's response to high quality academic and/or behavior interventions.

7. **Monitor progress frequently.** In order to determine if the academic and/or behavior intervention is working for a student, the problem-solving team must establish and implement progress monitoring. Progress monitoring is the use of assessments that can be collected frequently and are sensitive to small changes in student progress. Data collected through progress monitoring will inform the RCIS team whether changes in the instruction or goals are needed. Informed decisions about students' needs require frequent data collection to provide reliable measures of progress. Various measurements are useful tools for monitoring students' progress.

A Three-Tiered Service Delivery Model

The RCIS approach incorporates a multi-tiered system of service delivery in which each tier represents an increasingly intensive level of services. It has the flexibility for students to move back and forth as needed from tier to tier. All available resources are used in this intervention system to support and address students' needs regardless of their eligibility for other programs. The RCIS is not a placement model of defining where students are placed within the tiers, but a service delivery model that guides the services to the students in an organized structured format.

Tier I-Universal Screening/Instruction/Interventions

"The focus of Tier I is on improving the core classroom instruction of academics and behavior that ALL students receive. Tier I instruction is designed to address the needs of the majority of a school's students. By using flexible grouping, ongoing assessment, and targeting specific skills, classroom teachers are able to meet instructional goals" (McCook, 2006).

In Rockcastle County Schools, the Tier I core instructional program for all students, with adaptations/interventions made for individual differences, effectively serves approximately 80-90% of the student body. In Tier I, all students receive high quality, research-based instruction of required curriculum standards in the regular classroom. The general education teacher plans lessons, using developmentally appropriate activities, to help students reach proficiency on the standards. Teachers use flexible groupings and multiple strategies to differentiate for the various learner needs, whether it is enrichment for advanced learners or adaptations for learners not progressing satisfactorily. Teachers monitor the progress of all students on the standards throughout the school year using a variety of measures (e.g., teacher-made tests and checklists, unit tests, etc.). Progress monitoring documents student growth over time to determine whether the student is progressing as expected in the core program and informs instructional and curricular changes.

In addition to progress monitoring, all students are screened in the academic areas of reading and math a minimum of two times per year. Examples of universal screeners used in Rockcastle County Schools include:

- DIAL III (Preschool)
- AIMSweb (Elementary)
- GRADE (Middle and High)

Teachers and staff administering and scoring screening tools receive on-going professional development to ensure fidelity of administration and reliability of scores. Fidelity refers to the degree to which RCIS components are implemented as designed, intended, and planned. Fidelity is achieved through sufficient time allocation, adequate intervention intensity, qualified and trained staff, and sufficient materials and resources. It is vital to universal screening, instructional delivery, and progress monitoring.

Screening scores are used along with progress monitoring data for a variety of purposes. They are used to determine the effectiveness of the overall instructional program and help staff in making decisions regarding changes that need to be made. A significant number of students meeting the proficiency level (80% or greater) based on the results of universal screening tools is an indicator that instruction in the core program is effective. When there is evidence to the contrary (the number at the proficiency level is below 80%), schools must examine whether ineffective instruction is occurring school-wide and in each individual class. If this is the case, work will be done to (a) determine whether it is a school-wide curriculum issue or a lack of fidelity of instruction in particular classrooms and (b) correct the problem.

When it is determined that the core instructional program is effective, screening scores are used in combination with other available data (e.g., progress monitoring data, diagnostic testing, behavior checklists, attendance records) to help determine *individual* students' strengths and weaknesses, the need for interventions, and the increase or decrease of students' individual performance. The school district has set cut points for screening scores to help teachers identify at-risk students who need interventions. The district defines "at-risk" students as those who score below the twenty-fifth percentile on the universal screeners. Once students are identified by the screener as at-risk, teachers compare screening results with diagnostic testing results and progress data to confirm and pinpoint skill deficits and decide whether to refer for Tier II interventions. Once the student is referred, the intervention team reviews referral information and studies components such as data, interventions/adaptations conducted in Tier I, fidelity, student effort, etc., to determine whether there is a lack of responsiveness and a need for the student to receive Tier II interventions. Lack of Responsiveness is defined as the rate of improvement that is not sufficient for the student to become proficient on state standards without more intense interventions. The decision to advance to Tier II is based upon this analysis of screening and diagnostic scores, progress monitoring data, referral information, and determination of lack of responsiveness at Tier I by the intervention team.

Tier II-Strategic Interventions

"The supplemental instruction in Tier II is designed to meet the needs of students [who score below benchmark criteria in one or more critical areas of instruction] by providing individual instruction, small group instruction, and/or technology-assisted instruction to support and reinforce skills taught by the classroom teacher.   In Tier II, the interventionist may be the classroom teacher, a specialized teacher or an external interventionist specifically trained for Tier II supplemental instruction" (McCook, 2006).

Once the student is approved for Tier II interventions, diagnostic assessment results are used to pinpoint specific areas of need and to aid the intervention team in choosing the appropriate interventions to help students reach proficiency on standards. Once the team chooses the intervention(s) from a standard protocol list of approved, research-based strategies and programs, they make decisions regarding frequency, duration, and amount of time for the interventions and the frequency of monitoring. The interventionist then implements, with fidelity, the chosen evidence-based instructional strategies as planned by the team.

In Tier II, the strategic interventions are provided in addition to the core instructional program and interventions/differentiation in Tier I.   Academic and /or behavior interventions are generally provided in small groups and may occur in the regular classroom or in another location. The interventions at Tier II directly address the identified student need, are provided by trained staff, and are supervised by individuals with expertise in the intervention chosen. Approximately 5-10% of the student body receives interventions at the Tier II level. Students may benefit from more than one Tier II intervention and more than one intervention cycle.

 Progress monitoring continues in Tier II in order to determine whether the intervention is successful in helping the student learn academic/behavior skills at an appropriate rate. While the intervention team determines the frequency of monitoring, it must be a minimum of twice monthly. The team also makes decisions regarding the process to be used for monitoring a student's progress.

As interventions continue to be implemented, the intervention team reviews the data at appropriate intervals. Data gathered through Tier II progress monitoring informs teams of changes needed to student intervention plans. For example, if progress monitoring data reflects student performance below the goal line over four consecutive periods of data collection, the amount and frequency of the intervention should be increased, or new strategic interventions should be added or substituted.

Students reaching success at Tier II may be reintegrated into Tier I. If a student is not meeting proficiency after it is determined that Tier II strategic interventions have been implemented with fidelity, the student will require intensive interventions and will be referred for Tier III.

Tier III – Intensive Interventions

When progress monitoring proves a lack of responsiveness to the interventions at Tier II, students continuing to perform significantly below standards are referred for Tier III interventions. Intensive interventions at Tier III are in addition to instruction in the core program provided at Tier I. They are designed to accelerate a student's rate of learning by increasing the frequency and duration of individualized interventions, providing alternative programs or methods more appropriate for the student's learning characteristics, or both. Tier III generally serves fewer than 5% of the student body. Intensive academic and/or behavioral interventions are usually delivered to individuals or small groups of three or fewer students. The intervention team at this level includes the classroom teacher, interventionist, parent, special education teacher, and any other who may provide valuable input, such as speech/language pathologist, guidance counselor, principal, etc.

Progress monitoring of student performance in Tier III, to track academic and behavior assessment results, mirrors the method utilized at Tier II; however, the assessments/probes are given more frequently and the intervention team reviews and evaluates the data more often. Progress monitoring at Tier III is completed at least weekly.

As students are successful at Tier III, the frequency and intensity of interventions may be decreased as decided by the team. Students that are not successful, after Tier III intensive interventions, will be considered by the intervention team for referral for additional evaluation to determine whether the student is eligible for special education services.

Data-based Decision Making

Data-based decision making is composed of two types of processes, standard protocol and problem solving. A combination of these types is used in decision making by implementation and intervention teams in Rockcastle County Schools. Teachers/teams will use collected data to make decisions regarding individual student progress, fidelity of implementation, lack of responsiveness, and overall program effectiveness. The methods were chosen to maximize time and efficiency in increasing student performance.

Individual Student Needs

In each of the tiers, data from screening scores, progress monitoring, and assessment scores is used to identify student strengths and needs. The classroom teacher uses this data to help in making decisions regarding referrals for Tier II interventions. The intervention team uses the data to decide which interventions will best address the identified student need(s). Once the student is receiving interventions, progress monitoring data is kept and studied to aid the intervention team in decisions regarding the success of the plan and changes that need to be made. If the student receives interventions in each of the tiers and data shows that the child still has not reached proficiency, the intervention team uses the data to track the student's progress through the grades and tiers and decides whether the student needs to be referred for an individualized assessment to determine eligibility for special education.

Program Effectiveness

A team is in place at each school to review screening, assessment, and progress monitoring data to make decisions regarding overall program effectiveness, fidelity of instruction, and the effectiveness of specific interventions. The teams use the problem solving process to make decisions about curricular changes, training for staff to develop fidelity, and purchase of intervention programs. These teams include the principal, interventionists, a special education teacher, designated classroom teachers, and others as chosen by the principal.

Problem Solving Process Used by Intervention and Program Effectiveness Teams

- **Define the problem**. When a concern is raised, the first step is to review the concern and attempt to identify the problem. The teacher in Tier I or the problem-solving team for Tiers II and III first reviews existing student data to determine specific problems. The team will use screening and assessment data to identify the deficit skill area(s) (e.g., phonemic awareness, problem solving skills, math calculations, vocabulary, reading comprehension, social-emotional skills, attendance, and adaptive behavior skills). The problem should be defined in specific, measurable terms and supported by baseline data and a measurable expected goal.

- **Analyze the cause**. Once the problem is defined, the problem-solving team needs to develop a hypothesis as to why the problem is occurring and continuing. This involves analyzing those variables that can be altered through instruction in order to find a solution. This includes questions of fidelity, missing skills, motivational factors, or lack of exposure to the general curriculum. The team should focus on explanations of the problem that can be addressed through intervention. In addition to the cause of the problem, the team needs to consider the student's rate of learning and/or adaptive behavior. In doing this, the team reviews the student's progress (e.g., learning trend) in the identified areas.

- **Develop a plan**. Once the problem has been analyzed, the problem-solving team identifies academic and/or behavioral interventions that will meet the student's needs. The team does this by developing a plan that includes: an implementation timeframe (e.g., 5 weeks, 8 weeks, 10 weeks considering intervention research and recommended guidelines for implementation); the frequency of the interventions (how often the intervention will be provided and for how many minutes per week); who will provide the intervention (e.g., general education teacher, counselor); and a timeframe and method to evaluate the effectiveness of the intervention. The student's plan will outline the goal for progress. For example, the team may plot an "aim-line" (graphic representation) depicting the desired rate of progress a student needs to reach the goal from the current baseline.

- **Implement the plan.** Academic and/or behavioral interventions must be implemented with fidelity. To ensure fidelity, qualified staff must deliver the interventions according to the prescribed process and timeframe. Teachers providing the interventions should document their delivery of the interventions using multiple sources (e.g., observation notes, lesson plans, grade books, student work reflecting instructional elements, progress monitoring data, graphs of student progress)

- **Evaluate the plan**. In order to determine if the academic and/or behavioral intervention is working for a student, the teacher or interventionist must collect data through progress monitoring. The frequency of progress monitoring depends on the tier, but in all cases the process is similar. For example, a problem solving team compares a student's current performance and progress to his/her projected "aim-line." If adequate progress is not made toward the aim-line over multiple monitoring periods, the problem-solving team should revisit the intervention plan to make appropriate modifications or revisions.

Parent Participation

Families play a key role in the success of any school/district intervention system. Family engagement must focus on improving student success. To facilitate this role of family, productive and collaborative relationships between parents and school staff are established to maximize efforts in meeting individual student needs. Teachers provide continual and purposeful two-way communication between school and home. Families regularly receive information concerning their children's academic achievement, progress, and any interventions delivered.

Involving parents at all phases of the RTI process is a key aspect of a successful academic and/or behavioral intervention program. The Rockcastle County schools provide parents with written information about the RCIS system each year when students enroll. Staff members are trained and are prepared to answer questions that parents may have. The school staff will also notify parents of student needs and discuss supplementary, strategic, or intensive interventions to be implemented. Parents can provide critical information about students thus increasing the likelihood that interventions will be effective. For this reason, the classroom teachers make a concerted effort to involve parents as early as possible and stay in communication with parents as progress is monitored and further decisions are made. This is done through traditional methods such as parent-teacher conferences, progress reports, regularly scheduled meetings, or by other communications. The more parents are involved, the greater the opportunity for successful student outcomes.

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IDEA 2004: individuals with Disabilities Education Improvement Act of 2004 (Public Law 108-446).

Kentucky Department of Education (July 2008). A Guide to the Kentucky System of Interventions.

Kentucky Department of Education (September 2006). Resource Manual for Educationally Related Occupational Therapy and Physical Therapy in Kentucky Public Schools.

McCook, John E. Ed. D. (2006). The RtI guide: developing and implementing a model in your schools; LRP Publications, Horsham, Pennsylvania.

Mellard, Daryl F. (2003). *Understanding Responsiveness to Intervention in Learning Disabilities Determination.* Retrievable at http://www.nrcld.org/publications/papers/mellard.shtml

Web Sites:
National Association of State Directors of Special Education
National Research Center on Learning Disabilities
National Center on Response to Intervention

Appendix 1

Preschool Instruction

TIER I	
Whole Group Instruction	*Adaptations/Interventions*
- Kentucky Early Childhood Standards (curriculum) - Houghton Mifflin Pre-K Program aligned with Kentucky standards - Screener: DIAL 3 - Assessment: Creative Curriculum, GRADE - Instruction on appropriate social behavior - Explicit Instruction on classroom and school rules - System of rewards and consequences	- Modeling - Small group guided practice *Progress monitored at least monthly*

TIER II Interventions

- Encyclomedia
- Small group Guided Practice
- Listening centers
- Computer based instruction
- Computer based guided practice
- Paraphrasing
- Small group counseling with guidance counselor
- Opportunities for correction
- Role playing

Progress monitored at least twice monthly

TIER III Interventions

- Small group explicit instruction
- Small group guided practice
- One on one explicit instruction
- One on one guided practice
- LIPS
- Individual counseling with guidance counselor
- Community based counseling
  Progress monitored weekly

Elementary Instruction

TIER I			
Whole Group Instruction		*Adaptations/Interventions*	
Academics	**Behavior**	**Academics**	**Behavior**
• Aligned School Curriculum • Imagine It Reading Program • Math Instruction (based on school curriculum using a variety of resources) • Integrated Science, Practical Living, and Social Studies based Units of Study • Screening a minimum of 2 times per year • Diagnostic assessment of students identified by screener	• Instruction on appropriate behaviors and rules • Daily behavior system of rewards and consequences • Newsletters • Notes home • CHAMPs • Mini Society • On Track Tickets • Agenda Books • Guidance lessons • On-going screening	• Modeling • Graphic organizers • Multisensory instruction • Homework/practice • Manipulatives • Paired reading • Tape-assisted Reading • Small group explicit instruction on specific skills • Small group guided practice • Computer based instruction • Computer based guided practice • Paraphrasing	• Modeling • Signals and reminders • Teacher-Student Conference • Role playing • Parent Contact • Group counseling • Individual counseling • Functional Behavioral Assessment • Recess Detention • Time-Out *Progress on Tier I interventions is monitored at least monthly.*

TIER II Interventions
(In addition to Tier I whole group instruction and more frequent than Tier I interventions)

Academics	Behavior
- Imagine It Tier II lessons/interventions - Companion Reading - Earobics - Early Success - Soar to Success - Triumphs-McGraw Hill/Treasures - Kansas Note-taking Strategies - PENS/FRAMES - DRA Kit - Leveled Readers - Great Leaps - Starfall - Self-Selected Reading (SSR) - Tape-assisted Reading - Edhelper.com - Multisensory instruction - Small group explicit instruction - Small group guided practice - Instruction using below grade level reading or math materials - Individual explicit instruction - Individual guided practice - Six Minute Fluency - Do the Math - LIPS	- Conference with parents - Functional Behavioral Assessment - Behavior Modification Plan - Group counseling - Individual counseling - Parent-Teacher-Administrator Conference - In-School Suspension - After-School Detention *Progress on Tier II interventions is monitored at least bi-monthly.*

TIER III Interventions
(In addition to Tier I whole group instruction and more frequent than Tier II interventions)

Academics	Behavior
- Horizons Reading Program - Read Well Reading Program - Corrective Reading Program - Reading Mastery Program - Wilson Reading Program - Great Leaps - LIPS	- In-School Suspension - After-School Detention - Functional Behavioral Assessment - Individual Behavior Modification Plan - Individual Community-Based Counseling - Alternative Program *Progress on Tier III interventions is monitored at least weekly.*

Rockcastle Middle School Instruction

TIER I			
Whole Group Instruction		*Adaptations/Interventions*	
Academics	**Behavior**	**Academics**	**Behavior**
• Instructional Units designed around state standards, using a variety of resources, materials, and strategies • Direct Instruction on performance expectations • Common Assessments for each instructional unit • Screening/diagnostic assessment a minimum of 2 times per year	• Camp Rock (6th Grade) • Moving to the Middle Night (6th Grade) • Rocket Tours (6th grade) • Rocket Watch (6th Grade) • Agenda Books • Agenda Checks • <mark>Guidance lessons</mark> • On-going screening • Classroom Management Plans	• Modeling • Paraphrasing • Graphic organizers • Multisensory instruction • Manipulatives • Homework/Practice • Paired reading • Technology based guided practice	• Recess Detention • Student Conferences • Demerit System • Parent Contacts • Team Level Citation • Team Privilege Restriction *Progress on Tier I interventions is monitored at least monthly.*

TIER II Interventions	
(In addition to Tier I whole group instruction and more frequent than Tier I interventions)	
Academics	**Behavior**
• Marie Carbo Reading Program • Tape-assisted Reading • Great Leaps • Multisensory instruction • Edhelper.com • Small group explicit instruction • Small group guided practice • Accelerated Math (everyone working on own level) • Instruction using below grade level reading or math materials • Individual explicit instruction • Individual guided practice	• Mentoring • Group counseling • Individual counseling • P.A.S.S. *Progress on Tier II interventions is monitored at least bi-monthly.*

TIER III Interventions	
(In addition to Tier I whole group instruction and more frequent than Tier II interventions)	
Academics	**Behavior**
• Reading Mastery Program • Wilson Reading Program • Great Leaps	• After-School Detention • Functional Behavior Assessment • Individual behavior plan • Student assistance counseling • Individual community-based counseling • Suspension *Progress on Tier III interventions is monitored at least weekly.*

Rockcastle High School Instruction

TIER I			
Whole Group Instruction		*Adaptations/Interventions*	
Academics	**Behavior**	**Academics**	**Behavior**
• Instruction designed to address state standards, using a variety of resources, materials, and strategies • Common Assessments for each instructional unit • Screening/diagnostic assessment 2 times per year	• School wide rules • Classroom rules • Rocket Tours • On-going screening • Classroom Management Plans	• Modeling • Paraphrasing • Graphic organizers • Flexible grouping • Multisensory instruction • Manipulatives • Homework/Practice • Technology based guided practice	• Detention • Student Conferences • Parent Contacts *Progress on Tier I interventions is monitored at least monthly.*

TIER II Interventions	
(In addition to Tier I whole group instruction and more frequent than Tier I interventions)	
Academics	**Behavior**
• Tape-assisted Reading • Great Leaps • Multisensory instruction • Edhelper.com • Small group explicit instruction • Small group guided practice • Computer based instruction • Accelerated Math (everyone working on own level) • Instruction using below grade level reading or math materials • Individual explicit instruction • Individual guided practice	• Mentoring • Group counseling • Individual counseling *Progress on Tier II interventions is monitored at least bi-monthly.*

TIER III Interventions
(In addition to Tier I whole group instruction and more frequent than Tier II interventions)

Academics	Behavior
- Reading Mastery Program - Wilson Reading Program - Great Leaps	- Functional Behavior Assessment - Individual behavior plan - Individual community-based counseling - Suspension *Progress on Tier III interventions is monitored at least weekly.*

Interventions for OT and PT Needs

Tier I: Monitor progress at least monthly   Tier II; Monitor progress at least twice monthly;
Tier III: Monitor progress at least weekly

Inattentive to Task/Distractible	Poor Pencil/Crayon Use
Tier I • Preferential seating • Provide touch cues only when student is prepared for it, use firm pressure • Provide frequent breaks in seatwork **Tier 2** • More frequent use of Tier I strategies • Use study carrel • Decrease availability of distracting stimuli (visual or auditory) during instruction **Tier 3** • More frequent use of Tier I or II strategies • Consult OT/PT	**Tier I** • Use larger models or templates • Model correct use and hand position • Provide pencil grip • Use fatter writing utensil • Provide paper with wider spaced lines **Tier II** • More frequent use of Tier I strategies • Stabilize paper • Use larger sheets of paper • Provide paper without lines • Use guided practice in small groups **Tier III** • More frequent use of Tier I or II strategies • Consultation with OT, PT
Poor Cutting Skills	Poor Note Taking or copying information from the board
Tier I • Use loop, spring, or other adapted scissors • Stabilize paper **Tier II** • Small group instruction on use of scissors and cutting • Small group Guided Practice on cutting lines and shapes **Tier III** • Consult OT/PT	**Tier I** • Allow to copy notes from a copy on student's desk • Tape oral instruction to be transcribed or listened to later **Tier II** • More frequent use of Tier I strategies • Small group instruction on note-taking • Small group Guided Practice with note taking • Extra time for copying **Tier III** • More frequent use of Tier I or II strategies • Photocopy teacher or peer notes • Use carbonless notebooks to copy a peer's notes • Consult OT/PT

Unable to Complete Seatwork Successfully	*Can't Stay in Seat; Fidgety*
Tier I • Provide larger spaces for answers • Give smaller amounts of work • Put less items on a page • Give time limits for assignments • Strategically group kids together **Tier II** • More frequent use of Tier I strategies • Give more time to complete task • Change the level of difficulty • Fold paper so less is visually available • Give visual break-down of steps **Tier III** • More frequent use of Tier I or II strategies • Consult OT/PT	**Tier I** • Adjust seat to correct height for work • Be sure feet are flat on floor or footrest when seated • Provide more variety in seatwork • Provide classroom movement breaks **Tier II** • More frequent use of Tier I strategies • Allow student to stand to work at seat • Use rice bags on lap while working **Tier III** • More frequent use of Tier I or II strategies • Allow student to lie on floor to work • Provide lateral support to hips or trunk (rolled towels or foam blocks) • Consult OT/PT
Poor Keyboarding Skills (hits too many keys at one time)	*Poor Balance in Sitting*
Tier I • Use key guard **Tier II** • Small group instruction and practice on keyboarding skills **Tier III** • More frequent use of Tier I or II strategies • Use sticky keys program (Windows) • Consult OT/PT	**Tier I** • If feet dangle, place a box or footrest under feet to maintain 90 degrees at hips, knees, and ankles **Tier II** • Small group P. E. instruction that includes balance activities • Provide a chair with armrests **Tier III** • Individual instruction and practice on balance activities • Consult OT/PT

Inappropriate Hitting, Touching, and Kicking	*Poor Lunch Skills*
Tier I • Provide verbal reminders to keep hands/feet to self **Tier II** • Preferential seating with more space • Use behavior chart with visual cues **Tier III** • Use individual behavior chart on student desk with reward system • Tape off area to identify boundaries for student movement • Consult OT/PT	**Tier I** • Instruction on how to carry tray and place utensils and other items • Instruction on how to sit at lunch table and where to place tray • Extra small group practice for carrying tray at a time other than lunch **Tier II** • Individual instruction and practice with lunchroom skills • Preferential seating with more space **Tier III** • Provide large handled utensils • Clamp or tape lunch tray to table to avoid slipping • Put drink in sealed cup with straw • Consult OT/PT
Poor Toileting Skills	*Difficulty with Mobility*
Tier I • Suggest parent dress in looser clothing • Individual instruction on how to use toilet **Tier II** • Provide step-up stool for toilet/sink • Provide smaller toilet seat **Tier III** • Consult OT/PT	**Tier I** • Provide hand held assist • Encourage use of environmental supports (e.g., handrail) • Change place in line **Tier II** • Small group instruction in P.E. on locomotor movement • Small group guided practice on locomotor movement **Tier III** • More frequent use of Tier II strategies • Consult OT/PT

Unable to Add Numbers in a Line	*Drops Materials; Can't Manipulate*
Tier I • Small group Instruction and guided practice on aligning numbers **Tier II** • Individual instruction and practice on number alignment, using finger or ruler to align numbers • Use graph paper or teacher made form • Turn notebook paper sideways to provide vertical lines **Tier III** • More frequent use of Tier II strategies • Consult OT/PT	**Tier I** • Small group instruction on how to hold and organize materials for use • Guided practice **Tier II** • Provide individual instruction and practice on use of materials • Provide small containers for items **Tier III** • More frequent use of Tier I or II strategies • Place tabs on book pages for turning • Consult OT/PT
Doesn't Follow directions	*Can't Put Jacket on/off or Zip*
Tier I • Provide small group instruction and guided practice on following directions • Allow student to watch peer for cues **Tier II** • More frequent use of Tier I strategies • Provide immediate reinforcement of correct response **Tier III** • Provide written or picture directions for reference • Provide cassette tape of directions • Consult OT/PT	**Tier I** • Place in front of student in same orientation each time consistently • Provide small group instruction and guided practice **Tier II** • More frequent use of Tier I strategies • Add zipper pull **Tier III** • More frequent use of Tier I strategies • Ask parent to provide larger size for easier handling • Consult OT/PT

Loses Personal Belongings	Clumsy in Classroom/Halls; Gets Lost in Building
Tier I • Collect all belongings and hand them out at the beginning of each activity **Tier II** • Organize notebooks by color, etc. • Use colored tape to mark off spaces where certain items belong **Tier III** • Take digital picture of how items should appear in desk, cubby, etc. • Make a map showing where items belong	**Tier I** • Small group tour and guided practice on getting to different locations **Tier II** • Point out things to look for along the way • Send student to new/next locations when halls are less crowded • Give student a map and instruction on use **Tier III** • Move classroom furniture to edges of room • Provide visual cues in hall to mark locations • Match student with partner for transitions
Frequent Falls	Difficulty Changing Positions
Tier I • Decrease clutter • Observe if student catches self or gets injured **Tier II** • Provide visual and tactile cues **Tier III** Consult OT/PT	**Tier I** • Use appropriate height chair • Teach strategies for changing from one position to another **Tier II** • Teach use of environmental supports (e.g., table) **Tier III** • Consult OT/PT
Poor Posture Due To Low or High Muscle Tone	Difficulty Hopping, Jumping, Skipping, or Running
Tier I • Use proper fitting chair and table • Allow to floor-sit against furniture • Use chair with arms **Tier II** • Small group exercises for low muscle tone in P.E. • Small group exercises for improvement of posture **Tier III** • More frequent use of Tier II strategies • Consult OT/PT	**Tier I** • Modify PE activities to address skills **Tier II** • Small group instruction and guided practice of skills **Tier III** • Consult OT/PT

Strategies from the KY OT/PT Resource Manual

Interventions for Communication Needs

Tier I: Monitor progress at least monthly Tier II; Monitor progress at least twice monthly; Tier III: Monitor progress at least weekly	
Speech Sound Production	*Language*

Speech Sound Production	Language
Tier I • Model correct speech sound use • Seat next to a child with appropriate speech sound use • Provide opportunities for correct production • Have student make sentences using the target sound or words • During oral reading, underline targeted sounds or words to draw student's attention • Reinforce student for correct production • Do phonological awareness activities **Tier 2** • More frequent use of Tier I strategies in small group • Use recorder to help student hear difference between the sound made correctly and the way the student pronounces it • Have student cut out pictures of items containing the target sound to be practiced daily • Provide student a list of targeted words to pronounce daily • Use phonics sound and word sheets to practice at school and at home **Tier 3** • More frequent use of Tier I or II strategies in small group or individually • Make cards with target sound and a vowel for student to practice in small group • Use pictures of words that sound similar, ask student to point to correct picture • Consult SLP	**Tier I** • Model appropriate grammar • Communicate with student when it is time to listen to directions • Repeat oral directions • Reduce number of steps in oral directions • Paraphrase oral directions • Seat student where there will be the fewest distractions • Reduce emphasis on competition and emphasize importance of taking time to listen to directions • Use student's best mode of learning • Ask student to repeat oral directions • Call on student when he/she is likely to know the answer • Review skills, concepts which have been previously introduced • Use prompts to increase expressive language ("Tell me more") • Give clues to help with word finding/vocabulary difficulties • Have student act as classroom messenger • Read story orally and ask student to recall main characters, events in order of occurrence, and outcome • Allow peer tutoring • Send home directions for work • Have student complete "fill in the blank" sentences **Tier II** • More frequent use of Tier I strategies • Explicit small instruction of sentence structure (subject/verb/object) • Ask student to recall and tell about activities of special event • Use guided practice in small groups • Give categories and have student name as many items as possible within that

	category
	• Provide small group instruction and practice on synonyms, anonyms, and analogies
	• Provide small group practice to increase memory (repeating address, phone number, names, etc.)
	• Use a study carrel
	• Practice use of more appropriate or specific words
	• Have student identify complete and incomplete sentences
	• Provide a phrase and have student make a complete sentence from it
	• Provide written or pictorial directions if verbal ones cannot be followed
	• Teach skills for following verbal directions
	Tier III
	• Provide individual explicit instruction and practice on needed skill
	• More frequent use of Tier I or II strategies
	• Consultation with SLP
	• LIPS
	• Earobics

Voice	*Fluency*
Tier I	**Tier I**
• Model appropriate vocal use	• Model slow, easy speech
• Prompt student to reduce inappropriate vocal behaviors (yelling, throat clearing, whispering)	• Provide a calm, relaxed environment for speech
• Increase hydration	• Develop a private signal to remind student to use slow, easy speech
	• Allow student plenty of time to speak
Tier II	
• Small group instruction on use of voice (appropriate loudness for speaking one on one, to a small group, to a classroom, and on the playground)	**Tier II**
	• More frequent use of Tier I strategies
	• Small group instruction on attributes of good speaking
• Small group Guided Practice on appropriate loudness	• Small group Guided Practice on each attribute of a good speaker
Tier III	
	Tier III
• More frequent use of Tier I and II strategies	• More frequent use of Tier I or II strategies
• Consult SLP	• Consult SLP

Appendix 2

Tier I Procedures

Teachers:

1. Provide high quality instruction of curriculum standards to all students using developmentally appropriate practices.

2. Use a variety of strategies to differentiate for individual learner needs.

3. Monitor progress of all students using a variety of measures (checklists, observations, teacher made and unit tests, etc.). Keep documentation and samples of student work.

4. Have a conversation with parents of struggling students to gain helpful information for planning differentiation of instruction. Offer suggestions/materials the parent can use to help the child at home.

5. Screen all students a minimum of two times per year to determine strengths, weaknesses, and progress.

6. Administer to students identified as at-risk by the screener a diagnostic assessment to pinpoint skill deficits. (Note: The middle and high schools will administer assessments that will be both screener and diagnostic.)

7. Review screening scores, assessment data, and progress data to determine "at-risk" students to be referred for Tier II interventions (those scoring below the 25th percentile on screener and have consistent assessment scores and progress data).

8. Have a conversation with parents to inform them of their child's "at-risk" status and the decision to refer for Tier II interventions.

9. Complete the referral for Tier II interventions.

10. Set up a meeting with an intervention team.

Rockcastle County Schools
Referral for Intervention

Please attach Tier I documentation and work samples.

Referral for Tier II Interventions

Student Name: _____ DOB: _____

Teacher: _____ Grade: _____ Age: _____

Referral Source: _____ Date: _____

List area(s) of concern: _____

Attendance Record (list all years available)

School Year									
School									
Grade									
Days Enrolled									
Days Absent									
Days Tardy									

Has the student previously been referred for special education? ☐ YES ☐ NO

If so, when and where? _____

What were the results? _____

What services is the student currently receiving? _____

_____

Screenings	Date	Pass	Fail	Special Concerns
Hearing				Medical History:
Vision				Health Conditions:
Communication				

Does the student take medication? ☐ YES ☐ NO

If yes, specify the type and purpose: _____

Describe any specific home factors that might affect the student's performance in school (separation/divorce; recent relocation; illness/death of a family member; financial hardship; etc.): _____

_____

Testing Information - Current CATS Scores by Area								
Reading	Math	On Demand Writing	Science	Social Studies	Arts & Humanities	PLVS	Portfolio	Standardized Test (CTBS, ACT, etc.)

Number of Classroom Discipline Reports: _____ Number of Office Referrals: _____

Number of Suspensions: In-School _____ Out-of-School: _____ Total # of Days: _____

Limited English Proficiency

How long has the student spoken English? _____

Is there a language other than English spoken by the student? _____

Is there a language other than English spoken in this student's home? _____

(If the above information indicates the student has not always had English as their primary language, please address the following questions.)

What Limited English Proficiency service or assistance has been provided? _____

Do the results of evaluation by the ELL teacher indicate expected progress in the English language?   ☐ YES ☐ NO

If not, explain: _____

Referral for Tier III Interventions
(If referring for Tier III as an initial referral due to the severity of deficits, complete all parts of form.)

Reason for Referral:

_____

_____

_____

_____

_____

If new screening data or scores are available, please document the latest.

Reading		Math		Behavior	
Component	**Score**	**Component**	**Score**	**Component**	**Score**
Phoneme Awareness		Computation		Office Referrals	
Phonics		Calculations		Absences	
Fluency				Average Daily Tallies	
Vocabulary					
Comprehension					

Appendix 3

Problem Solving Plan

School_____ Tier _____ Teacher_____

Student_____ Date of Birth_____

Age_____ Gender_____ Parent/Guardian_____

Phone: Home _____ Cell_____ Work_____

Team Members and Title:

1. _____   5. _____

2. _____   6. _____

3._____   7. _____

4. _____   8. _____

1. Define the problem.

Discussion: What is the pertinent information regarding the student, such as academic concerns, attendance, ability to focus, medical conditions, environment, learning style, and readiness for learning?

Has the student received instruction and/or interventions implemented with fidelity? _____

According to data, is there a lack of responsiveness? _____

_____
_____
_____
_____
_____
_____

2. Analyze the problem.

Discussion: What has not worked in the past? Does the student have gaps in learning? What are the characteristics of the learning environment? What is the learning style of the student? What strategies or programs are matches for the student learning style? Because of new information gained, are there other interventions that the student could receive at the current tier that would better meet the student need than the one implemented?

Based on the data and information, why do you think the problem is occurring or continuing?

_____
_____
_____
_____
_____
_____

3. Develop a plan.

Using the Intervention Plan form, write a measureable, observable goal. The goal statement must outline the goal for progress. For example, you may state the desired scores at specific dates or you may plot an aim line showing the desired rate of progress from the current baseline and attach it to the form. All parts of the form must be completed.

4. Implement the plan.

The committee must choose the person to implement the plan. The person chosen must be trained in the intervention method to ensure fidelity and must be informed of the frequency, duration, and amount of time chosen by the team. The implementer must be given a copy of the intervention plan form.

The committee must set a date to review progress and evaluate the plan when implementation is completed. The Progress Monitoring section of the Intervention Plan form will need to be completed and presented to the team at this meeting.

Next Meeting:

Date: _____ Location: _____ Time: _____

5. Evaluate the plan.

Analyze data to:

Make decisions regarding next steps. (Examples: Continue with interventions because student is progressing but has not yet met goals; change interventions in this tier; discontinue interventions because the student has met the goal; complete a referral for Tier III interventions, complete a referral for evaluation to determine eligibility for special education, etc.)

Complete the bottom of the Intervention Plan form.

Notes:

_____
_____
_____
_____
_____
_____

Tier II Procedures

1. The Tier II team (consisting of the classroom teacher and any other members who can contribute valuable information, such as parent, speech pathologist, or interventionist) meets, when a referral is received, to:

   - Review the referral information and screening, diagnostic, and progress data.
   - Review instructional practices and strategies that have been used and the impact on student learning.
   - Discuss whether other problems (absences, illness, medication, family problems, etc.) were factors which prevented success with interventions and how these problems can be addressed.
   - Use and complete the Team Problem Solving Plan Form to help in decision-making.
   - Choose appropriate interventions and any work to send home if appropriate.
   - Decide who will provide the interventions and where the instruction will take place.
   - Make decisions regarding frequency, duration, and amount of time for interventions to be conducted.
   - Make the decision regarding how frequently progress will be monitored (but must be at least twice monthly).
   - Make the decision regarding next meeting date to discuss progress data.
   - Document decisions on Tier II Intervention Plan form.

2. The classroom teacher communicates the above information to the parents.

3. The person providing the interventions monitors progress as determined by the team. This person may call a meeting of the team before scheduled if he or she sees a problem or an adjustment that needs to be made in the intervention plan.

4. The Tier II team meets periodically, as decided, to review progress data, make any needed changes to the plan, and send information regarding progress to the parent.

5. The Tier II team meets at the end of the chosen duration to make decisions listed at the bottom of the Tier II Intervention Plan form. At this point, if it is decided that the student needs to be referred for Tier III, the team completes the Tier III Referral section of the Referral Form, sets a meeting date for the Tier III team to meet, and decides on negotiable Tier III team members. The classroom teacher provides this information to the parents and invites them to be a member of the Tier III decision making team. The teacher also informs new team members of the meeting date to discuss the referral.

Tier II
Intervention Plan
(Please attach progress monitoring sheets and samples of student work.)

Student Name: _____ Grade/Teacher: _____

School: _____ Implementer/Location: _____

Goal: _____

Interventions

Skill	Assessment Score	Intervention	Frequency	Amount of Time	Duration: _____ Dates – from/to
1.					
2.					
3.					
4.					

Progress Monitoring   Frequency: _____ (Must be at least bi-monthly)

Targeted Skill	Progress Monitoring Device	Baseline Score Date:	1st Monitor	2nd Monitor	3rd Monitor	4th Monitor	5th Monitor	6th Monitor	7th Monitor

8th Monitor	9th Monitor	10th Monitor	11th Monitor	12th Monitor	13th Monitor	14th Monitor	15th Monitor	16th Monitor	17th Monitor	18th Monitor

Decision

☐ Interventions were successful. Student returns to Tier I and planned interventions are discontinued.

☐ Continue/change interventions in Tier II because student is making progress but goals have not been met.

☐ Interventions were not successful. Student referred for Tier III interventions.

_____   _____
Teacher Signature   Date   Other Signature   Title   Date

_____   _____
Other Signature   Title   Date   Other Signature   Title   Date

Appendix 4

Tier III Team Meeting Procedures

1. The Tier III team (consisting of the classroom teacher, interventionist, parent, special education teacher, and any other who may provide valuable input, such as speech/language pathologist, guidance counselor, principal, etc.) meets to discuss the Tier III referral information. This new team:

   - Reviews all previous data and information.
   - Uses and completes the Team Problem Solving Form to help in decision-making.
   - Decides whether Tier II intervention(s) were implemented with fidelity.
   - Discusses whether other problems (absences, illness, medication, family problems, etc.) were factors which prevented success with interventions and how these problems can be addressed.
   - Decides whether the student should stay at Tier II with other interventions, or receive Tier III intensive interventions.
   - Chooses appropriate interventions.
   - Makes decisions regarding frequency, duration, and amount of time for interventions to be conducted.
   - Makes decisions regarding meeting dates and frequency to review Tier III progress data.
   - Completes the Tier III Intervention Plan form.

2. The Tier III team meets as planned to review progress data and make any needed changes to the plan if the interventionist is seeing no progress.

3. The Tier III team meets at the end of the chosen duration to make decisions listed on the Tier III Intervention Plan form. At this point, if it is decided that the student needs to be referred for testing for special education, the team completes a referral form and attaches Intervention Plan forms as documentation of interventions.

*Note: If a parent is not in attendance at any meeting, the interventionist communicates the information or decisions to the parents.

Tier III
Intervention Plan
(Please attach progress monitoring sheets and samples of student work.)

Student Name: _____   Grade/Teacher: _____

School: _____   Implementer/Location: _____

Goal: _____

Interventions

Skill	Assessment Score	Intervention	Frequency	Amount of Time	Duration: _____ Dates – from/to
1.					
2.					
3.					
4.					

Progress Monitoring   Frequency: _____ (Must be at least weekly)

Targeted Skill	Progress Monitoring Device	Baseline Score Date:	1st Monitor	2nd Monitor	3rd Monitor	4th Monitor	5th Monitor	6th Monitor	7th Monitor

8th Monitor	9th Monitor	10th Monitor	11th Monitor	12th Monitor	13th Monitor	14th Monitor	15th Monitor	16th Monitor	17th Monitor	18th Monitor

Decision
☐ Interventions were successful. Student returns to Tier I and planned interventions are discontinued.
☐ Continue/change interventions in Tier III because student is making progress but goals have not been met.
☐ Interventions were not successful. Student referred for further evaluation.

_____   _____
Teacher Signature   Date   Parent   Date

_____   _____
Interventionist Signature   Date   Special Education Teacher   Date

_____   _____
Other   Date   Other   Date

Appendix 5

Program Effectiveness Team Planning Form

The program effectiveness team is a group of school leaders who study screening, assessment, and progress monitoring results to make decisions regarding overall program effectiveness, fidelity of instruction, and the effectiveness of specific interventions. This team meets at least three times a year and is made up of the principal, interventionists, a special education teacher, and classroom teachers as designated by the principal.

Team Signatures and Titles   Date

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

<mark>Define the problem.</mark>

Study available screening, assessment, and progress monitoring results to review and consider the following:

1. Are 80-90% of students in the school scoring at the proficient level? _____
2. Are 80-90% of students in each grade level scoring at the proficient level? _____
3. Are 80-90% of students in each classroom scoring at the proficient level?_____

If the answer to any of the above is no, look further.

Does the school curriculum successfully cover concepts that are assessed?_____

Are all teachers at a particular grade level covering the curriculum appropriately and to the same level of depth and do they have high expectations for student learning?_____

Does each teacher have an understanding of his or her grade level curriculum?_____

Has each teacher had proper training on the programs and strategies used?

What kind of support do the teachers need to increase student learning to proficiency?_____

Next, look at the effectiveness of interventions.

Do the majority of the students using each particular intervention show adequate progress?_____

If not, were the interventionists trained and implementing the intervention with fidelity (covering the material as developed, for the appropriate amount of time)?_____

_____

_____

_____

_____

_____

_____

_____

Plan Component	Person Responsible	Materials Needed	Completion Date

Evaluate the plan.

_____

_____

_____

_____