



Response to Intervention/ Student Support Team Manual

DEPARTMENT OF STUDENT SERVICES
SUPPORT SERVICES DIVISION

Preface

One of the primary objectives of Support Services is to provide supportive assistance to the instructional program while encouraging positive mental health for the students, faculty, and administration.

Our department has been actively involved in the implementation process of the Response to Intervention/Student Support Team (RtI/SST) process in Richmond County since its inception in 2007. We have been diligently working on making the process easier for teachers and administrators by creating this manual. At this point, the manual is an evolving document to assist with RtI/SST implementation. As more information is available from the Georgia State Department of Education, this manual will be updated.

*Department of Student Services:
Support Services Division*

Mission Statement

Our mission is to become a preeminent department of psychological services working proactively and cooperatively with schools, families and the community; to aid in the development of healthy, productive, and self-sufficient students; and to promote the delivery of comprehensive and ethical psychological services within the school environment.

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Vision Statement

The Richmond County School System will provide an equitable education for all students to prepare them for life beyond the classroom.

Mission Statement

Building a globally competitive school system that educates the whole child through teaching, learning, collaboration, and innovation.

Dr. Kenneth Bradshaw
Superintendent of Schools

Contents

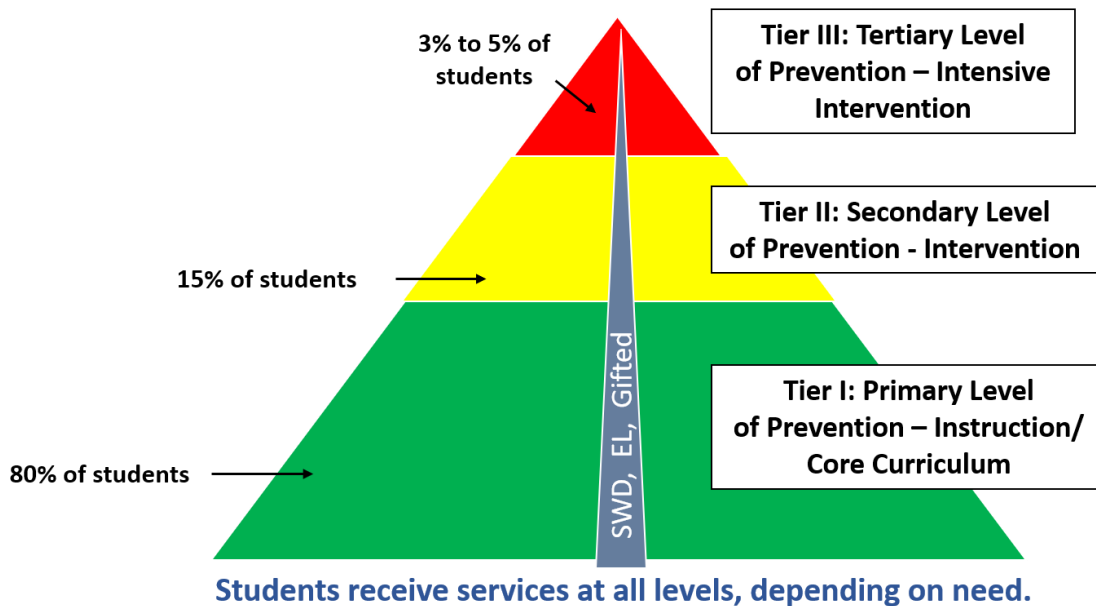
Georgia Department of Education: Multi-Level Prevention System	6
Chapter 1: Overview	8
Child Find.....	8
Child Find Records Review	9
Teacher Responsibilities.....	9
Administrator Responsibilities	9
RtI Defined	10
RtI: Big Ideas.....	10
Approaches to RtI.....	12
RtI/SST Roles and Responsibilities	14
Chapter 2: Tier 2.....	17
Features of Tier 2	17
Instruction and Intervention at Tier 2.....	17
RtI Meetings at Tier 2	18
Data Teams.....	18
Individualized RtI Meetings.....	19
Chapter 3: Tier 3.....	22
Background of Student Support Teams	22
Features of Tier 3	23
Instruction and Intervention at Tier 3.....	23
Georgia Requirements	24
Meetings at Tier 3	24
Referrals for Special Education Consideration.....	26
Exceptions to the Process	28
Chapter 4: Behavior	29
Tier 1	29
Tier 2	30
Tier 3	31
Discipline: Protections for Children Not Yet Eligible for Special Education Services	32
Change in Placement.....	33
Referral to and Action by Law Enforcement and Judicial Authorities	33
Chapter 5: Section 504 Education Plans	35

Chapter 6: Information for Parents and Guardians.....	36
References.....	40
Appendix A: Data Teaming.....	44
Appendix B: Meeting Forms.....	55
Appendix C: Behavior Documentation	72
Appendix D: FAQs.....	80
Appendix E: Definitions.....	83

Georgia Department of Education: Multi-Level Prevention System

Response to Intervention (RTI) is embedded throughout Georgia's Tiered System of Supports for Students (Georgia's MTSS) framework. RTI is embedded within the Multi-Level Prevention System to provide support matched to student need to maximize student achievement and improve behavioral outcomes.

Georgia's MTSS includes school-wide implementation that focuses on the “what and how of instruction” and the provision of services and supports to students that meet their unique, whole child needs.



A multi-level prevention system is an essential component of Georgia's MTSS. The component includes three levels of intensity or prevention that is designed to improve high-quality core instruction, evidence-based interventions, and supports when used effectively within the framework.

The triangle graphic depicts the progression of support across the multi-level prevention system. The triangle represents three levels of prevention and the percentage of students that are expected to benefit from the levels of prevention in an effective system.

The levels are Tier I: Primary Level – Instruction/Core Curriculum, Tier II: Secondary Level – Intervention and Tier III: Tertiary Level - Intensive Intervention.

Response to Intervention/Student Support Team (RtI/SST) Manual

On December 3, 2004, Congress reauthorized the Individuals with Disabilities Education Improvement Act (IDEIA 2004). The language that Congress uses in IDEIA 2004 and No Child Left Behind (NCLB, 2001) stresses 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 IDEIA 2004 allow school districts to use scientific, research-based interventions as an alternative method for identifying students with specific learning disabilities (SLD). This process is generally referred to as **Response to Intervention (RtI)**.

While RtI has evolved into a nationally accepted problem-solving approach, one fact remains constant in Georgia: SST is mandated by a federal judicial order to be in every public school. This has been the law since 1984 and is not likely to change. In Georgia model, RtI is the process and the SST provides the structure. The Response to Intervention/Student Support Team (RtI/SST) manual in the Richmond County School System (RCSS) is designed to: (a) explain the principles and components of the RtI/SST process, (b) provide guidelines related to decision making within an RtI/SST system, (c) recommend how to use RtI/SST data in identifying specific learning disabilities as well as other disabilities, (d) answer common questions, and (e) identify additional resources that the school may use.

Chapter 1: Overview

Child Find

Child Find is a federal mandate which requires that all children suspected of having a disability and who are in need of special education and related services, are identified, located and evaluated. This includes all children in Richmond County through the age of 21. The Georgia Department of Education has written the following law (160-4-7-.03) establishing child find procedures for school districts in Georgia. These procedures were adopted March 23, 2023 and were effective April 12, 2023.

160-4-7-.03 CHILD FIND PROCEDURES.

(1) DEFINITIONS.

(a) Definitions related to all special education rules can be found in State Board of Education Rule 160-4-7-.21 DEFINITIONS.

(2) GENERAL.

(a) Each LEA must have in effect policies and procedures to ensure that all suspected children with disabilities, including those who are homeless, are wards of the State or are attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located and evaluated. [34 C.F.R. § 300.111]

(b) Each LEA shall ensure that before conducting any significant activity that is designed to identify, locate or evaluate children, annual notice must be published or announced in newspapers or other media, or both, to notify parents of this activity. [34 C.F.R. § 300.612 (b)]

(c) These policies and procedures shall provide for the screening and evaluation of all children with suspected disabilities birth through age 21 to include:

1. Children birth through age three. An LEA may fulfill its child find responsibility through referral to the Babies Can't Wait early intervention program operated by the Department of Public Health.
2. Preschool children, ages 3-5, not yet eligible for state-funded kindergarten.
3. Children enrolled in the LEA schools including public charter schools.
4. Children who are suspected of being children with disabilities and in need of special education, even though they are progressing from grade to grade. [34 C.F.R. § 300.111(c)(1)]
5. Highly mobile children, including migrant children. [34 C.F.R. § 300.111(c)(2)]
6. Children who are detained or incarcerated in city/county operated jails or correctional facilities.

7. Children who reside in the LEA and are enrolled in home school/study programs.
8. Parentally-placed private school children. [34 C.F.R. § 300.131(a)]
 - (i) Children enrolled by their parents in private, including religious, elementary and secondary schools located in the LEA's jurisdiction. [34 C.F.R. § 300.130]
 - (d) Each LEA must have in effect policies and procedures to ensure a practical method is developed and implemented to determine which children are currently receiving needed special education and related services. [34 C.F.R. § 300.111 (a)(ii)]
1. Each LEA shall submit to the Georgia Department of Education (GaDOE), in an electronic format specified by GaDOE, data requested by the GaDOE on all children ages 3 through 21 who have been found eligible for special education and related services.
2. All data shall be accurate and timely. [34 C.F.R. § 300.645]

Child Find Records Review

At the beginning of each school year, RCSS has a process in place to review the records of all students.

Teacher Responsibilities

Records are to be checked out and returned by the teacher from the counselor or principal's designee.

Class List

- Using each student's permanent record, identify potential academic, behavioral/social, medical and/or other concerns on the **Child Find Red Flags Checklist Class Version**
 - This can be done by homeroom, or any method that ensures that all students' records have been reviewed
 - List each student in the class and place a check in the box where there are indicators or concerns
- Teachers **MUST** print, sign and date this document and submit it to your school administrator by the designated deadline

Individual List

- Students identified with 3 or more indicators will have a Red Flags Checklist-Individual Version document completed (use the **Child Find Red Flags Checklist Class Version** to retrieve this information)
- Place the identification information at the top of the document
- Check all areas that apply from the **Child Find Red Flags Checklist Class Version**
- All forms should be submitted to your school administrator within the designated deadline

Administrator Responsibilities

Administrators are required to administer the **Child Find Red Flags Checklists** (Class and Individual versions) to the teachers at the beginning of the school year. Teachers are to return the completed forms to the administrator.

Checklist Review

- After all forms have been returned, set up a time to meet with your RtI data team or SST and review them as follows:
 - Identify/group all students with 3 to 5 OR MORE indicators; however, some schools may choose to group students with fewer indicators. DO NOT include the Yes/No items (e.g., the 504 and parent questions) as part of your indicators. These items are only for informational purposes.
 - From this group, separate those who are currently receiving Tier 2 or Tier 3 interventions.
 - Try to place the remaining students from this group into Tier 2 or Tier 3 level interventions. (Tip: If using the class version form of the checklist, you will want to use a highlighter to designate these students.)

Statement of Assurance

- Complete the statement of Assurance form
 - Indicate the number of students you “found” (those not currently receiving Tier 2 or Tier 3 interventions) and the number of “found” students who you have now placed into Tier 2 or Tier 3 interventions

RtI Defined

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. (pp. i.2)”

RtI is an integrated approach to provide services in a multi-tiered process for all children who are experiencing difficulties in areas of speech, academic, behavior, health, social, and emotional development. 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/intervention matched to all students needs and (b) using learning rate over time and level of performance to (c) make important educational decisions to guide instruction according to the Washington Office of Superintendent of Public Instruction (as cited in National Association of State Directors of Special Education; NASDSE, 2005). RtI practices are proactive, incorporating both prevention and intervention, and are 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. Schools can provide interventions to students as soon as a need arises.

RtI: Big Ideas

RtI is comprised of seven core principles that represent recommended RtI practices (Mellard, 2003). These principles represent systems that must be in place to ensure effective implementation of RtI systems and establish a framework to guide and define the practice.

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 assessment 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 may result in learning progress. Once the correct set of intervention variables have been identified, schools must then provide the means and systems for delivering resources 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.

Use scientific, research-based interventions/instruction. The critical element of RtI systems 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 research-based practices, schools efficiently use time and resources and protect students from ineffective instructional and evaluative practices. Since instructional practices vary in efficacy, ensuring that the practices and curriculum have demonstrated validity is an important consideration in the selection of interventions.

Conduct universal screening/benchmarking. School staff should conduct universal screenings in all core academic areas and behavior. 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 skills (e.g., identifying letters of the alphabet or reading a list of high frequency words) as well as behavior skills (e.g., attendance, cooperation, tardiness, truancy, suspensions, and/or disciplinary actions). Universal screening is the least intensive level of assessment completed within an 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.” Universal screening data that can be analyzed to determine students at-risk may include results of criterion referenced tests, standardized test, benchmark assessments, or discipline referrals. For example, third grade teachers may use a three-minute math fluency teacher-made assessment to determine grade level norms.

Use a multi-tier model of service delivery. An RtI approach incorporates a multi-tiered model of service delivery in which each tier represents an increasingly intense level of services associated with learner needs. The system described in this manual reflects a four-tiered design. In an 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, may be found in Tiers 1, 2, or 3. 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 behavioral intervention changes at each tier, becoming more rigorous as the student moves through the tiers. The Georgia Pyramid of Interventions illustrates layers of instruction that can be provided to students according to their individual needs.

Tier 1 represents the largest group of students, approximately 80-90%, who are performing adequately within the core curriculum. Tier 2 comprises a smaller group of students, typically 10-20% of the student population. These students will need strategic interventions in addition to

Tier 1 standards based instruction to raise their achievement to proficiency or above based on a lack of response to interventions at Tier 1. Tier 3 usually contains 10-15% of students. These students will need intensive interventions if their learning is to be appropriately supported (Tilly, 2006). Tier 4 represents the fewest number of students: approximately 1% to 5%. Tier 4 includes gifted students and students who receive special education services. Students who are not successful after Tier 3 intensive interventions may be considered for a referral for special education evaluation and/or other long-term planning (e.g., 504 plan, additional Tier 3 cycle, etc.).

Make data-based decisions. Decisions within the Richmond County School System are made using standard treatment protocol techniques and problem solving by a team. The purpose of these teams is to find the best instructional approach for a student with an academic or behavioral problem. Problem solving and standard treatment protocol decision making provides 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. When using the problem-solving method, teams answer four interrelated questions: (1) Is there a problem and what is it? (2) Why is it happening? (3) What are we going to do about it? (4) Did our interventions work? (NASDSE, 2005). 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 interventions.

Monitor progress frequently. In order to determine if the intervention is working for a student, the decision-making 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 behavior. Data collected through progress monitoring will inform the decision-making 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 curriculum-based measurements are useful tools for monitoring students' progress.

Approaches to RtI

An RtI approach incorporates a multi-tiered system of service delivery in which each tier represents an increasingly intense level of services. Students can move from tier to tier in either direction. A multi-tiered concept aligns all available resources to support and address students' needs regardless of their eligibility for other programs. It is important to note that RtI is not a placement model; it is a flexible service model. In implementing an RtI approach, there are two models that can be followed. Georgia recommends a mixed model, in which the standard protocol model is used at Tier 2 and the problem-solving model is used at Tier 3.

Standard protocol model. Two major models of Response to Intervention have evolved with empirical support for success. One is the Standard Protocol Model developed by Deno and Mirkin (Shores and Chester, 2007). Tier 2 of the Georgia Pyramid of Interventions answers the question, "What are teachers prepared to do when students do not learn?" At Tier 2, Standard Protocol interventions are suggested to answer the questions about what students need in the classroom. These interventions may be developed at the school level based on student's needs or based on pre-designed, or scripted, interventions. Students with similar problems may be grouped together to work on skill deficits. This approach has evidence-based support within the area of reading, particularly at the elementary level. The approach may also be used individually or in combination with the problem-solving model.

Problem solving model. The second model of RtI is referred to as the Problem-Solving Model and emerged from the Bergan consultative model (Batsche, et al., 2006). The Problem-Solving Model is the model Georgia recommends for Tier 3. According to Batsche (2007), it is a process that uses the skills of professionals from different disciplines to develop and evaluate intervention plans that improve the school performance of students. Participants in the Problem-Solving Model may include the following: the principal, assistant principal, school psychologist, speech/language pathologist, academic specialists, special education teachers as consultants, paraprofessionals, general education staff, and parents. Individuals who work with a student in the community could also be involved. The model usually involves defining the problem, analyzing the cause and developing, implementing and evaluating a plan.

Define the problem. The team should review all data and determine the nature of the problem. The data should reveal specific deficits for intervention. These deficits could be related to phonemic awareness, problem solving skills, coping skills, math calculation, vocabulary development, reading comprehension, social skills, etc.

Step 1. Provide a behavioral description of problem (including baseline data) to specifically address the frequency, intensity, and duration

Step 2. Provide a behavioral statement of desired goal or outcomes

Analyze the cause. The team needs to develop a hypothesis about why the problem is occurring and continuing. This involves looking at what instructional variables can be altered. Instruction is the key to addressing the problem. The team also needs to look at the student's rate of learning compared to his peers. In analyzing the data, the student's trend line (rate of progress) needs to be compared to the progress of peers over time.

Step 3. Analyze the problem(s) by generating and testing hypotheses about why the behavior is occurring

Step 4. Hypothesize a reason for the problem(s) and brainstorm possible interventions

Develop a plan. Once the problem is analyzed, the team develops a plan that includes the following: implementation timeline; the frequency of the interventions (how often and how much time per week); who will provide the intervention; and the timeframe for evaluation of intervention. Data is used to plot an aim line to indicate desired level of progress needed to meet goal from the baseline data.

Step 5. Evaluate alternatives and select interventions

Step 6. Clarify the intervention and develop action plan, goal, monitoring procedure, and review data

Implement the plan. Interventions need to be implemented with fidelity (integrity). Interventions must be delivered as specified and within the planned timeframe to ensure fidelity. This means documentation needs to be done with a variety of sources (student data, observation notes, observation of intervention implementation, checklists, student work, etc.)

Step 7. Implement the intervention and provide for long-term follow up as needed

Evaluate the plan. Collection of data using progress monitoring will provide results which reflect the student's progress toward the goal line. The frequency of progress monitoring depends on the problem and the situation. According to the Georgia guidelines for Special Education, four progress monitoring events need to be recorded with dates and reported to the parents. If progress over three or four of the progress monitoring situations reflects problems, the team needs to review the intervention and decide how to continue.

Step 8. Evaluate the intervention

RtI/SST Roles and Responsibilities

Response to Intervention requires changes in roles and responsibilities to address the students' needs. Because RtI/SST is an integrated approach to service delivery, general education teachers, parents, school personnel, and other educators, such as psychologists, reading specialists, must work together to provide specific interventions to target students' learning areas that are documented to be falling below classroom and Common Core Georgia Performance Standards (CCGPS) expectations. The focus moves from the failure of the student to learn, to how to create a series of interventions that empower learning. Utilizing scientific or evidence based interventions, the student is supported in the classroom, and then by the RtI/SST team if necessary. This team usually consists of an administrator, educators, specialists, and the parent of the identified student. This team meets in a problem solving, collaborative environment and identifies targeted interventions to be monitored for effectiveness. Each member has a role in the process which requires a new or modified set of skills. Each tier requires that members serve a multifaceted role based on the goals, duration, and intensity of the intervention. Each tier is designed to provide increasing levels of support from a variety of individuals. Below is a sample of roles and responsibilities of each tier.

Administrator Roles. Administrators are critical leaders in implementing RtI procedures in their schools. The administrators serve as the leaders for the RtI team, and as facilitators to provide resources within the school. They monitor classrooms to ensure differentiated instruction that focuses on the CCGPS is applied. Administrators monitor interventions at all tiers. They create opportunities for collaboration, consultation, and professional learning. They utilize appropriate screening tools and benchmark assessments to aid in educational planning and interventions. They monitor methods to analyze, record, and communicate student progress. Administrators collaborate to collect a series of educational, behavioral, and social interventions that can be shared with teachers and used during the learning process. Administrators use measures that ensure all students receive appropriate instruction within the classroom. Administrators ensure that there is a well-integrated and seamless system of instruction and intervention guided by student data. They help create and monitor high quality instructional and behavioral supports as part of each classroom. They ensure that a scientific-based intervention is delivered by qualified personnel with experience in the intervention used and in the area of student difficulty.

Teacher Roles. Teachers play an integral part of the RtI/SST process. Their roles vary based on the Tier at which they are providing assistance.

Tier 1. Teachers use formative assessment results and analyze student work to guide instruction. Assessment measures, including screening and benchmark results, provide additional data to guide Tier 1 interventions for students who are struggling educationally, behaviorally, or

socially. They consult with other educators and specialists in determining appropriate interventions and methods of progress monitoring. Teachers may seek the assistance of psychologists and other specialists in the screening and benchmarking process depending on the level and need. Teachers utilize colleagues and other specialists to assist in gaining information on the child and possible interventions that can be implemented. Technology plays a substantial role in the process and teachers should be fluent in utilizing websites and other resources to assist in selecting and progress monitoring interventions.

Teachers communicate and meet with parents throughout the learning process. Parents become partners in providing extra support for their child at home, and when appropriate in the classroom. Teachers utilize differentiated instruction and peer groups to facilitate classroom interventions. Teachers review the fidelity of their interventions, evaluate the effectiveness, and plan future interventions if needed. They record data and collect work samples that can be utilized for future interventions.

Tier 2. Teachers review the fidelity of their interventions, progress monitor, and serve as evaluators to determine the effectiveness of Tier 1 interventions. If it is clear that the child is not benefiting from Tier 1 interventions, the teacher reviews the intervention and either changes the intervention or modifies the duration and intensity of the intervention. Teachers continue to rely on parents, colleagues, and other specialists to assist in problem solving and implementing new interventions or changing the Tier 1 intervention.

Tier 3. Teachers utilize the RtI/SST process to problem solve and create an intervention or multiple interventions aimed at the same goal. Teachers at this level will be responsible for more detailed progress monitoring and increased levels of interventions. Teachers continue to be the facilitator, communicator, and monitor of the interventions although other specialists and individuals are involved.

Specialist Roles. Specialists such as speech therapists, psychologists, inclusion teachers, augmented teachers, counselors, and social workers play an important role in the RtI/SST process by collaborating with teachers to implement interventions, modifications and accommodations.

Tier 1. Specialists utilize skills to assist teachers in early identification of learning and behavioral needs. This requires close collaboration with teachers, parents, and other specialists. Locating resources and assisting teachers in implementing Tier 1 interventions is considered an important part of this process. Providing teachers with teaching tools and high quality interventions as well as assisting in implementing benchmarking, screening, and progress monitoring is an important role. Specialists may work with administrators in overall planning and implementation of the RtI/SST process.

Tier 2. Specialists consult and meet with school personnel to assist classroom teachers in using the most appropriate interventions for children identified at the Tier 2 level. Classroom observations and other methods of monitoring interventions may also be effective to assist classroom teachers in specific areas. Specialists may provide progress monitoring tools or other resources requested by a teacher or school personnel for specific students.

Tier 3. Specialists participate on the Student Support Team within each of their schools. This is an important role. Assessments are part of the process at this tier. Observations and other required information from previous tiers are reviewed for fidelity and completeness. Eligibility

meetings which take place at this tier are supported by specialist participation. Specialists communicate and work collaboratively with school personnel throughout this process.

Chapter 2: Tier 2

After identifying students as “at-risk”, data from the different methods of identification should be cross-referenced. Check to see if the same students are being identified on various sources. Be sure to target students who have been identified on multiple measures first.

Features of Tier 2

At Tier 2, needs based intervention protocols are provided to students who are not achieving the desired standards through the core curriculum alone. Tier 2 typically consists of 10-20% of the student body. Standard intervention protocols supplement the instruction in the core curriculum provided in Tier 1 and should be targeted at identified student needs and stated in an intervention plan. Decisions about selecting the appropriate standard intervention protocols should be made when a student enters Tier 2 and then reviewed through progress monitoring at appropriate intervals after interventions are implemented. Standard intervention protocols are intended to be short-term in duration and are in place for immediate implementation. Interventions are generally provided in small groups of three to six students and may occur in the main classroom or in other settings. It is recommended that interventions at Tier 2 consist of three to four sessions per week at 30-60 minutes per session. Instructions must be provided by trained staff and supervised by individuals with expertise in the interventions chosen by the decision-making team. Students may benefit from more than one Tier 2 intervention cycle.

Schools set up and deliver standard intervention protocols that are designed to address common problems exhibited by students. When selecting materials for standard intervention protocols, districts and schools are encouraged to identify 2-3 programs, or fewer, per academic area to utilize on a district-wide or school-wide basis for behavior. Districts or schools can identify additional programs, however limiting programs to two or three prevents redundancy and a lack of coordination across or among programs. It also reduces the amount of professional development that would be required to implement standard intervention protocols.

At Tier 2, progress monitoring involves reviewing existing data of the student’s performance and progress using CBM tools. Progress monitoring is done more frequently at Tier 2 than Tier 1, usually occurring every two to three weeks, or more frequently as determined by the decision-making team, with a minimum of three data checks (Georgia Department of Education, 2007). Data gathered through Tier 2 progress monitoring informs teams of modifications needed to student intervention plans. For example, if progress monitoring data reflects student performance below the goal line over three consecutive periods of data collection, the amount and frequency of the intervention should be increased, or new strategic interventions should be added. Students who are successful at Tier 2 may be reintegrated into Tier 1. However, for a small percentage of students, Tier 2 interventions will not be enough. If a student is not meeting proficiency after it is determined that Tier 2 standard intervention protocols have been implemented with fidelity, the student will require Student Support Team driven intervention at Tier 3.

Instruction and Intervention at Tier 2

In addition to Tier 1, targeted students participate in learning that is enhanced by including:

- Specialized, more intense, evidence-based interventions
- Greater frequency of progress monitoring may be done through formative assessments and analysis of student work

After interventions have been implemented with fidelity, progress monitoring and documentation of Tier 1 strategies, accommodations, and evidence-based interventions has been completed and the student fails to demonstrate progress academically and/or behaviorally he/she is moved to Tier 2. At Tier 2, the Tier 1 strategies, accommodations, interventions, etc. continue and more intense interventions are added, descriptively documented and monitored. At this point it is helpful to remember that intensity is more important than quantity. Only one or two intense interventions are chosen for each problem area. Interventions put into place for a student at Tier 2 may also be used with more than one student having similar learning and/or behavioral problems, such as in a small group.

The following are suggestions for Tier 2 instruction:

Who	For students identified with <u>marked</u> difficulties who have <u>not responded</u> to Tier 1 efforts
Program	Research/evidence-based interventions designed to target skill deficits in groups of students
Grouping	Homogeneous <u>small group instruction</u> (no more than 1:7)
Time	To be determined by the intervention program
Progress Monitoring	Bi-weekly or weekly on target skill; this is dependent on intervention and corresponding PM tool
Interventionist	Personnel determined by the school
Setting	Appropriate setting designed by the school

RtI Meetings at Tier 2

Data Teams. Using a data team approach, the team would use the universal screeners to identify the bottom 10-25% of students. The team would then group students according to their skill deficits and identify appropriate intervention and progress monitoring tools. A case manager and an interventionist would be assigned to each group of students. The individuals assigned to the groups are then responsible for implementing and monitoring the intervention and progress of the students. Parents are to be informed of the interventions put into place for their child. They should also be informed regularly of the results of such interventions and the student's progress.

Check points should be conducted weekly to bi-weekly to determine if the intervention is being successful based on the expected goals and growth rates. If a student is not making adequate progress, the intervention should be changed. If the student is making progress, the intervention should continue. For students who have made significant progress, the intervention may need to be changed or the student may need to be exited from the process.

Approximately every 6 to 8 weeks, the data team should re-meet to determine the status of the students in Tier 2. As with the check points, the set interventions will either continue or change and the student groups will likely be adjusted. The team will also determine if there are students that require

Tier 3 interventions. Although this can happen at an earlier point, it is likely that Tier 2 interventions will be implemented for a set amount of time before a Tier 3 intervention plan is needed. If a student requires a Tier 3 meeting, the appropriate parties will be informed (See Chapter 4). See Appendix A, the [Data Teaming Guide Facilitators Guide](#) for guidelines and instructions on holding data team meetings.

Individualized RtI Meetings. There are a few ways in which individualized RtI teams may be established: 1) if a student is referred to the RtI team that is not using the Data Team approach, 2) there is a parent or teacher referral for a student not identified using the academic screeners, or 3) there are other concerns that do not have a universal screener for identifying at-risk students. If an individualized meeting is needed, there are a few forms that **MUST** be completed prior to a meeting being scheduled, unless the meeting is requested by a parent. These forms will provide the team with background information about the student's education, as well as the current problem and the strategies and interventions that have been provided to the student up to this point. The forms are presented in the table below (See [Appendix B](#)).

Form	Description
Problem Identification Checklist	This form is completed to analyze the student's continuing difficulties and progress using the Tier 1 interventions, accommodations, and modifications.

In addition to having these forms completed and turned in to the facilitator/administrator, there are some other materials needed for the meeting. These may include, but are not limited to:

- Documentation of Tier 1 performance and any additional intervention provided
- Benchmark assessments
- Progress monitoring data
- Current grades (teacher grade book & current report card)
- Discipline records
- Cumulative folder
- Analyzed work samples

Student work should be analyzed using the work sample analysis forms (See Appendix D). In analyzing student work samples, it is important to annotate the accommodation used, provide a description of the student's use of the accommodation, describe the effects of the accommodation and collect data from all areas/classes in which the accommodation is used (Bowen, 2008).

Meeting Procedures

The MTSS Facilitator should conduct the meeting. Teachers should arrive at the meeting on time with paper, pen and a brief overview to be shared with the team.

After meeting introductions and purpose, the teacher should present concern(s) and explain the documentation gathered, which should support the concern(s). When sharing with the team, discuss some positive information and student strengths, the problem/results of intervention, and then more positive information about possible solutions. Focus on the main barriers to success as we should work only on a couple of issues at one time. Minutes or a summary of the meeting should be recorded on the RtI Meeting Summary sheet.

As a team, determine the interventions to be implemented with fidelity (consider who will implement, beginning and ending dates, where, for how many minutes and the progress monitoring tool and frequency). Document the intervention(s) in Panorama. The interventions should be implemented for a set number of weeks with fidelity and progress monitoring data should be collected for review at the next meeting. Then, make a meeting decision as a team:

- For a student beginning the process, implement interventions
- A student who is making progress can:
 - Maintain at Tier 2 and continue interventions that are successful
 - Exit Tier 2
- For a student not making progress:
 - Attempt different Tier 2 intervention(s) and review results
 - Move to Tier 3 and develop a new intervention plan

Establish the next meeting date, time, and place trying to ensure parents can participate. A minimum of 4-6 weeks of instruction and intervention should occur before interventions are reviewed. *Best practice suggests interventions should be implemented for 6-8 weeks.*

All participants should sign the [RtI Meeting Summary](#) to document their attendance.

Note: School Psychologists are NOT REQUIRED to attend Tier 2 meetings

At Tier 2, it is helpful to obtain [Parent Consent for a Hearing and Vision Screening](#) and have the school nurse conduct this early in the process to rule out any potential underlying problems. According to the state, “Hearing and vision is one of the initial factors to be examined when a child begins to demonstrate delays.”

After the interventions have been implemented for the set number of weeks, the team should meet to review the results of the intervention. Results should be reviewed and summarized and data supporting the results should be documented. The team should decide if the intervention was successful, requires alteration, or should be discontinued. Follow the same meeting procedures discussed previously.

Table 3. Key Components and Guiding Questions for Tier 2

Key Components of Tier 2 :	Guiding Questions in Implementing Tier 2:
Target students who do not achieve at the expected rate with Tier 1 instruction	How will student data be reported and analyzed?
Interventions are pre-planned, formalized and systematically delivered based on areas of need	How will this data be used to identify students who need supplementary assistance?
Interventions are clearly defined at school level and staff and materials needed for the interventions are identified and available	Are the interventions pre-planned and implemented at the school level based on areas of difficulty compared to other students in the school?

Key Components of Tier 2 :	Guiding Questions in Implementing Tier 2:
Progress monitoring is pre-planned more frequently than in Tier 1, and is based on a comparison of student progress to designated Baseline performance is established and progress is charted and reviewed according to pre-determined timelines/benchmarks	<p>Are all timelines and specific criteria designated for provided interventions?</p> <p>Who is responsible for the delivery, monitoring, and recording of the intervention results?</p>

Adapted from: Georgia Department of Education (2007). *Special Education Rules Implementation Manual*.

Table 4. What does Tier 2 look like?

Examples of Tier 2	Non-examples of Tier 2
Mathematics I Support Class implemented with dedicated time for Support Class teacher and Mathematics I teacher to routinely collaborate.	Mathematics I: Algebra/Geometry/Statistics Support Class taught in isolation with no connection to Mathematics I: Algebra/Geometry/Statistics general classroom instruction.
Sixth grade students needing support in application of reading skills to content material attend a Reading Connection class. Pre-identified strategies are reinforced by Connections teachers and supported by classroom teachers. Assessments are used to determine evidence of application of skills to content reading.	Third grade students are placed in a reading group outside the classroom. This reading group is the student's only access to reading instruction during the school day.
EIP second graders receive additional support on targeted skills during independent learning center work time.	Data from eighth grade math students' computer based Connections class remains in the Connections room.
Fourth grade small group math students take frequent assessments. Data is used to show student growth or lack of growth. Continued use of a particular intervention is based on student performance.	Second grade student's additional interventions are determined by the teacher's observations only.

Adapted from: Georgia Department of Education (2011). *Response to Intervention: Georgia's Student Achievement Pyramid of Interventions Manual*

Chapter 3: Tier 3

Background of Student Support Teams

The following background information concerning SST is taken directly from the Georgia Department of Education manual Student Support Teams Structure and Process (p.4, 2011).

It is important to know that Georgia SST teams had their origin in a federal lawsuit known as Marshall vs. Georgia (1984). It dealt primarily with disproportionate placement of minority students in Special Education. While the state prevailed in this case, a shortcoming in Georgia education became obvious: there was no standard process for students to obtain individualized help *in the regular classroom* for learning or behavior difficulties. Instead, the route to such help usually led to placement in Special Education, often involving removal from the general classroom.

As part of its commitment to federal court to remedy technical violations found in the trial, the State of Georgia mandated that a Student Support Team would be established in every Georgia public school, K-12. The court accepted this commitment, thereby making the SST mandate a permanent injunction. Below is the exact text of the state's commitment regarding SST teams:

“A. Student Support Teams

“Each local agency shall develop a Student Support Team. The Student Support Team is a joint effort of regular education and special education to identify and plan alternative instructional strategies for children prior to or in lieu of a special education referral. Each building level team is comprised of such persons as administrator, classroom teacher, requesting teacher, special education teacher, counselor, school psychologist, special education resource person, school social worker or central office personnel. Parental involvement is also a critical part of the Student Support Team process.

“This interdisciplinary group which plans for modification in a student's education program shall engage in a six step process to include: (1) identification of needs, (2) assessment, if necessary, (3) educational plan, (4) implementation, (5) follow-up and support, and (6) continuous monitoring and evaluation. The Student Support Team functions under the auspices of regular education curriculum services and is based upon the child study team concept.

“Requests for service for the student from the Student Support Team may include curriculum modification, learning style assessment, behavior management techniques, achievement evaluation, home-school communication, or study skill assistance. Requests for special education services may also be made. Prior to consideration for special education referral, non-special education options should be considered, interventions used, documented, described, and discussed at the special education placement meeting. In limited instances, initial referral to the

Student Support Team prior to special education referral will not be necessary. These cases are those in which the necessity for special education is so clear that use of non-special education options would be non-productive or harmful to the child. In those cases where initial referral is not to the Student Support Team, the reasons therefor will be documented.”

Features of Tier 3

SST Driven interventions at Tier 3 are designed to accelerate a student’s rate of learning by increasing the frequency and duration of individualized interventions based on targeted assessments that analyze the lack of responsiveness to the interventions provided at Tier 1 and Tier

2. SST Driven interventions at Tier 3 may support and enhance instruction provided at Tier 1 and supported by Tier 2. Tier 3 interventions may also be substituted for a portion of the Tier 1 and Tier 2 interventions if the interventions have been tried with increased frequency and duration and proven ineffective. Students at Tier 3 are those students who are performing significantly below standards and who have not adequately responded to high quality interventions provided at Tier 1 and Tier 2.

Tier 3 generally serves fewer than 10% to 15% of the student body. SST Driven interventions are usually delivered in groups of no more than three students. Progress monitoring at Tier 3 is completed more frequently, at least on a weekly basis (GADOE, 2007). An example of an intervention plan at Tier 3 may include two 30- minute sessions daily, in addition to the interventions the student is receiving in the core curriculum.

Prior to selecting SST Driven interventions, targeted assessments are typically conducted when a student enters Tier 3. These assessments use direct measures in addition to analysis of RtI data to provide more in-depth information about a student’s instructional needs and are used to identify the student’s skill deficits. Targeted assessments may be administered by reading specialists, Title I teachers, school psychologists, special education teachers, specially trained general education teachers, or other specialists. Targeted assessments include the use of interviews, observations, error analysis techniques, CBMs, other standardized assessments, and/or functional behavioral assessments.

Students who are successful at Tier 3 may be returned to previous tiers and/or the core curriculum. Students who are not successful after multiple Tier 3/SST Driven interventions may be considered for a referral for special education evaluation and/or other long-term planning (e.g. additional Tier 3 cycle, psychoeducational screening, etc.). An evaluation includes procedures used to determine whether a child has a disability and the nature and extent of the special education and related services that a child needs. This may include a comprehensive psycho-educational evaluation.

Instruction and Intervention at Tier 3

In addition to Tier 1 and Tier 2, targeted students participate in learning that is differentiated by including:

- SST Driven instruction
- Individualized assessments
- Formal progress monitoring

- More intense evidence-based interventions
- Interventions tailored to the student's individual needs

The following are suggestions for Tier 3 instruction:

Who	For students identified with <u>marked</u> difficulties who have <u>notresponded</u> to Tier 1 or Tier 2 efforts
Program	Sustained, intensive scientifically based interventions based on individual student deficits.
Grouping	Homogeneous <u>smallgroupinstruction</u> (1:1, 1:2, or 1:3)
Time	To be determined by the intervention program
Progress Monitoring	Recommended weekly on target skill; this is dependent on intervention and corresponding PM tool
Interventionist	Personnel determined by the school
Setting	Appropriate setting designed by the school

Georgia Requirements

Georgia state law makes the following requirements according to rule 160-4-2-.32 concerning Student Support Teams:

- Each school shall have a minimum of one SST and shall establish support team procedures.
 - It should be noted that in most settings, there are likely to be many more SST meetings than this.
- Before a referral is made for other supplemental or support services an evaluation and/or assessment shall be conducted.
 - Current prior evaluations and/or assessments of a student for a state or federal program shall be considered as having met this requirement.

Meetings at Tier 3

According to rule 160-4-2-.32 concerning Student Support Teams, Georgia's law states that the SST Team shall include at a minimum the referring teacher and at least two of the following participants, as appropriate to the needs of the student:

Principal	ESOL teacher
General education teacher	Special education teacher
Counselor	School social worker
Instructional Coach	Central office personnel
School Psychologist	Section 504 coordinator
Subject area specialist	Other appropriate personnel

Additionally, parents/guardians shall be invited to participate in all meetings of their child's SST and in development of interventions for their child. This is not optional. It should be noted that in Richmond County the RtI/SST chairperson (a school administrator) needs to be present at **ALL** Tier 3 level meetings.

There are a few forms that must be completed for a Tier 3 meeting. These forms will provide the team with background information about the student's education, as well as the current problem and the strategies and interventions that have been provided to the student up to this point. The forms are presented in the table below.

Form	Description
Problem Identification Checklist OR Pre-K Problem Identification Form	This form is completed to analyze the student's continuing difficulties and progress using the Tier 1/core instruction, accommodations, and modifications.
RtI Meeting Summary	This form is completed at the meeting. It should document present concerns and review data presented, and indicate who attended the meeting. Interventions and progress monitoring are to be documented in Panorama.

In addition to having these forms completed and turned in to the facilitator, there are some other materials needed for the meeting. These may include, but are not limited to:

- Documentation from previous tiers
- Benchmarks/Progress Monitoring
- Current grades
- Discipline records
- Cumulative folder
- Work samples

Student work should be analyzed using the work sample analysis forms (See Appendix D). In analyzing student work samples, it is important to annotate the accommodation used, provide a description of the student's use of the accommodation, describe the effects of the accommodation and collect data from all areas/classes in which the accommodation is used (Bowen, 2008).

At the meeting the team will review previous interventions and the documentation of the student's continuing difficulties. The team should operationally define no more than two problems to focus on and attempt to determine why the student is exhibiting difficulties (skill deficit, performance deficit, or lack of motivation).

The team should develop interventions and document them on the Tier 3 Interventions and Results form. A specific goal should be determined for Tier 3 interventions. The entire section should be completed in detail so that it is documented when the intervention will occur, who will implement it, and how it will be monitored. Interventions should be implemented with fidelity for a minimum of 4 to 6 weeks before being reviewed.

After the intervention has been implemented for the designated time period, results should be reviewed and summarized on the Tier 3 Intervention and Results form. Data supporting the results should be attached/included. The team should also decide if the intervention was successful, if it needs to be altered, or discontinued.

At each meeting a Summary of Meeting sheet should be completed. The summary sheet allows for notes to be taken during the meeting and a summary of the meeting outcomes to be documented. Additionally, this form documents the final decision of the meeting. Team members should sign this form if in agreement with the meeting decision(s).

Referrals for Special Education Consideration. If the SST determines that a student has made inadequate progress and is recommending a referral for Special Education, the MTSS Facilitator is required to complete **AND** collect all documents required on the [Initial Referral Checklist](#) (See Appendix B) in order for a consent for evaluation form to be disseminated for signature by the parent/guardian. There may be occasions in which a consent form may be given without all documentation. However, these will be rare and handled on a case-by-case basis (e.g., if a child requires immediate consideration for special education, such as a student with a severe cognitive disability entering the district without an IEP).

Once a referral packet is completed, including parental consent for evaluation, the packet should be received at Psychological Services and Special Education within 5 business days of the consent being received by school personnel. Once a consent form is received, the school district has 60 calendar days to complete all evaluation reports. Therefore, it is imperative that completed referral packets are turned in within the 5-day timeline.

Table 5. Key Components and Guiding Questions at Tier 3	
Key Components of Tier 3	Guiding Questions in Implementing Tier 3
SST reviews the results of previous interventions and may obtain additional assessment data to support a more in-depth analysis of students' needs	Are additional, individualized assessment data needed to further analyze student's needs and plan appropriate interventions?
Individualized interventions are implemented with fidelity for at least a 12 week period for SLD consideration (may include interventions and data from Tiers 1 and 2).	Are interventions individualized based on student's unique needs?
	Are interventions evidence-based and implemented with fidelity?
	Are timelines and specific criteria designated for provided interventions?
	Who is responsible for the delivery, monitoring, and recording of the intervention results?

Frequent progress monitoring including varied assessments are implemented to determine the student's response to the interventions	Is frequent progress monitoring implemented according to pre-set timelines to determine responses to interventions?
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Adapted from: Georgia Department of Education (2007). *Special Education Rules Implementation Manual*.

Table 6. What does Tier 3 look like?

Examples of Tier 3/SST	Non-examples of Tier 3 SST
Student is given additional drill and practice on specific area(s) of weakness in math which were targeted after an analysis of several formative assessments and interviews with the student. Progress toward goal is graphed on a weekly basis.	Student is given extra work in specific area(s) of math weakness.
Student is given a diagnostic reading test to determine specific instructional needs. A plan for the student is developed which recommends continuing the current Tier 2 reading intervention with the addition of tutoring sessions (3x a week) focused on his primary weakness. Progress monitoring established in Tier 2 is continued in Tier 3 with greater frequency.	Student is given additional reading assignments in lower level readers.
Data shared by teacher on the student's classroom behavior after trying several behavioral strategies led the team to develop an individualized student behavior management plan. After five days of gathering baseline data, the teacher will implement the plan as developed. SST member is assigned to follow-up with teacher to answer any questions on data time sampling and to check fidelity of implementation.	Misbehaving student is moved to front of class. Teacher is directed to increase eye contact with student in order to decrease behavior incidents. Teacher is asked to keep data.
Student homework notebook is created with sections for assignments, teacher signatures, parent signatures. Student is assigned a mentor who checks notebook at school each morning and at end of day. Mentor instructs student in the use of an organizational protocol for classroom work and homework. Protocol shared with parent. Together, student and mentor track (progress monitor) the effectiveness of the intervention.	Parent is instructed to make sure student completes homework assignments.
Team invites school psychologist to consult on case to discuss threshold for suspecting a disability as primary cause.	Team refers student for consideration of special education eligibility without involving school psychologist.

Adapted from: Georgia Department of Education (2011). *Response to Intervention: Georgia's Student Achievement Pyramid of Interventions Manual*

Exceptions to the Process

The Georgia Board of Education Rule 160-4-3.32 discusses the exceptions to the SST process. It states:

“(a) School personnel and parents/guardians may determine that there is a reasonable cause to bypass the SST process for an individual student. Documentation in the student’s record shall clearly justify such action, including whether the parent or guardian agreed with such a decision. In cases where immediate referral is sought, the SST shall still determine what interim strategies, interventions, and modifications shall be attempted for the student.”

“(b) It is not necessary for students who transfer into the local school system/state operated program with a current Individualized Education Program or Section 504 plan to go through the SST process.”

Also, as noted at the beginning of the chapter, from the state SST Commitment to Federal Court after *Marshall vs. Georgia*, August 1984, “...Prior to consideration for special education referral, non-special education options should be considered, interventions used, documented, described, and discussed at the special education placement meeting. In limited instances, initial referral to the Student Support Team prior to special education referral will not be necessary. These cases are those in which the necessity for special education is so clear that use of non-special education options would be non-productive or harmful to the child. In those cases, where initial referral is not to the Student Support Team, the reasons therefor will be documented.”

Chapter 4: Behavior

Beyond the changes made to federal law and the identification of students with Specific Learning Disabilities, the area of behavior must also be addressed. Students who demonstrate learning problems often have accompanying behavioral difficulties. Whether behavioral problems coexist with academic difficulties, or appear to stand alone, these behavioral difficulties can further negatively impact academic progress as well as contribute to social emotional problems and poor educational outcomes.

Many schools use a systems approach, such as *Positive Behavior Support* (PBS), in order to address and prevent behavior issues and concerns. “Positive Behavioral Interventions and Supports (PBIS) is an evidenced-based, data-driven framework proven to reduce disciplinary incidents, increase a school’s sense of safety, and support improved academic outcomes (GADOE, 2017).” This is the framework used in Georgia. Richmond County is in the process of expanding Positive Behavior Intervention and Supports to all schools in the district. Systems such as PBIS are proactive, attempting to prevent inappropriate behaviors from occurring through applied interventions based on the students’ level of need(s).

According to the RtI approach, in order to assess and make decisions concerning behavior, behavioral data must be systematically collected using tools such as observations, analysis of office discipline referrals, rating scales, etc. This is done through a multi-tiered structure, similar to the intervention approach used for academic difficulties.

Tier 1

Just as high quality of curriculum and instruction is necessary for academic progress in the general classroom setting, behavior skills also require a set of school-wide expectations, rules, and procedures that comprise a behavior curriculum. There is a strong need to teach students how to manage their own behavior, including instructing them on social skills and conflict resolution. Further, students need instruction on strategies for attending, tuning out distractions, staying on task, and completing work in a timely manner. Sandomierski, Kincaid, and Algozzine (2008) state, “By teaching and reinforcing expected behaviors, teachers and other professionals using positive behavioral supports increase the probability that the majority of students will act according to the expectations, and (positive behavior support) acts as a proactive intervention for students with a history of problem behavior.”

Both RTI and PBIS support a preventative approach to teaching academic and social behavior, beginning at the Tier 1 level. Tier 1 interventions for behavior, as with interventions for academic progress, are universal, meaning that they are to be delivered to every student across all settings. Behavior must be taught in the same manner as academics are taught, with supports provided for all students including systems of positive reinforcement to increase students’ display of positive behaviors. Horner, Sugrue, and Lewis (2015) define the core elements of Tier 1 interventions for behavior as 1) defining behavioral expectations, 2) teaching behavioral expectations, 3) utilizing a reward system for appropriate behavior, 4) using a continuum of consequences for problem behavior, and 5) collecting behavioral data for use in decision-making.

When universal behavioral systems are put in place and carried out with fidelity for all students, schools can begin to identify students in need of additional supports for behavior. One method for identifying students needing behavioral supports is to analyze records including office discipline referrals and anecdotal records/written observations of a student's demonstration of problematic behaviors. Sandomierski, Kincaid, and Algozzine (2008) cite research, however, that states analysis of office discipline referrals and teacher records will not be sufficient for identifying all students needing additional supports. Students who have internalizing behaviors (e.g., depression, anxiety) may not demonstrate behaviors that result in referrals or that are problematic within the classroom environment; however, students who have these social-emotional problems may still be at-risk for educational difficulties including academic failure. Thus, another method is to incorporate a screening measure(s) to assist in identifying students who are at-risk for behavioral and social-emotional difficulties. Sandomierski, Kincaid, and Algozzine (2008, pp. 3-4) note that "no screening or identification measure has been widely investigated or implemented for the behavioral side of RTI; however, teacher nomination processes appear to have merit for identifying students who are at-risk of exhibiting significant problem behaviors."

Based on analysis of student records and universal screening data collected from Tier 1, students whose positive or negative behaviors remain unchanged or whose negative behaviors increase in frequency will be targeted as needing additional supports and interventions through Tier 2 processes. Sandomierski, Kincaid, and Algozzine (2008) emphasize that high-quality academic and behavioral instruction and interventions must be established at both the school-wide and classroom levels before schools can conclude that a student has a need for additional services (through Tier 2 interventions).

Tier 2

Once a student has been identified as needing additional support, RtI dictates the use of evidence-based interventions and progress monitoring of students receiving those interventions. The U.S. Department of Education (2003) cites research regarding evidence-based interventions for challenging behaviors including contingency management programs (e.g., use of positive reinforcement, response cost systems, token economies) and cognitive-behavioral techniques (e.g., self-monitoring, development of problem-solving strategies). Sandomierski, Kincaid, and Algozzine (2008) state other possibilities for Tier 2 interventions including social skills groups, group counseling, and/or mentoring programs.

Progress monitoring for Tier 2 interventions for behavior can be achieved using various measures including brief teacher ratings of behavior (e.g., behavior trackers, daily behavior report cards), observational data (used to document frequency and/or duration of the behavior(s) within a certain time period), and self-monitoring data, in which the student is taught to monitor his/her own behavior and document his/her own progress. As with progress monitoring of academic interventions, progress monitoring of behaviors should be documented in writing no less than on a weekly basis. When behavior problems are suspected, documentation of the duration, frequency, and intensity of the behaviors is required. These can be documented using materials such as an antecedent-behavior-consequence observation form, daily behavior report cards, and observations by an outside observer using peer comparison (See [Appendix C](#)).

As with Tier 1 interventions, behavior interventions in Tier 2 must be carried out with fidelity before it is decided that a student has had “an adequate or insufficient response to intervention” (Sandomierski, Kincaid, and Algozzine, 2008). Forgatch, Patterson, and DeGarmo (2005) define fidelity as adhering to an intervention’s core components and competently implementing the intervention. Thus, fidelity includes executing the intervention as planned on a consistent basis (e.g., daily, weekly). Checks should be conducted on the fidelity/integrity of an intervention. These checks should be done by an outside observer to be sure the intervention(s) is being implemented appropriately. Feedback should be given to the interventionist in order to assist with implementation. In order to conduct an integrity check, a checklist may be developed that is specific to the intervention to be sure that all parts of the intervention are being executed correctly.

As Tier 2 interventions are implemented and the results of interventions are documented through progress monitoring, RtI teams are required to data to determine if a student is making sufficient progress towards his/her behavioral goals. A student’s rate of progress will determine if the interventions are effective, need to be modified or changed, or if a more intense level of interventions (Tier 3) is needed.

Tier 3

At Tier 3, all components of the RtI process previously described are continued at an individualized and more intensive level. Data from progress monitoring, which is more frequent and yields more precise information, is analyzed by the SST team and those students who have not responded to Tier 1 and Tier 2 interventions are identified. Tier 3 intervention is typically necessary for only a small percentage of students. That is, only 1 to 5 percent of students should require Tier 3 interventions (Casbarro, 2008).

If an analysis of data regarding a student’s response to school-wide intervention at Tier 1 and targeted group intervention at Tier 2 indicates that a student exhibits persistent and/or severe behavior problems, the SST team utilizes a problem-solving process aimed at generating an effective, individualized intervention. At this point, a functional behavior assessment should be conducted, if it has not already been done, in order to target the behaviors and more specific interventions that may be used. A detailed behavior intervention plan is developed which is based on the results of a functional behavior assessment. The behavior intervention plan should include goals and objectives and a chain of consequences to be followed based on the antecedents and targeted behaviors identified. A behavior intervention plan should be more of a discipline rather than a punishment model. By using the term discipline, it is recommended that the plan be proactive and focus on positive behaviors. All individuals needed for implementation should be familiar with the plan, including the student. As with other interventions, the behavior intervention plan should be monitored and evaluated in order to be effective. At the Tier 3 level, a behavior intervention plan should involve school personnel and parents/family as well as related service providers and outside agencies as necessary. Sattler (2002) supports an interdisciplinary approach to behavior intervention plans.

A functional behavior assessment is defined by Steege & Watson (2008, p.338) as:
“...a set of procedures that allows for the identification of the relationship between the unique characteristics of the individual and the contextual variables that trigger (antecedents) and reinforce (consequences) behavior.”

Use of functional behavior assessments is one recommended approach to assist in determining the causes and identifying possible effective interventions to address problem behaviors (Quinn, Gable,

Rutherford, Nelson, & Howell, 1998). A functional behavior assessment is a process in which the problem behavior(s) is/are identified and given operational definition(s). Operationally defining a behavior means that behavior can be observed and measured. Once behavior(s) are defined, antecedents and consequences to the behavior are observed and analyzed in order to determine the function, or purpose, of the behavior. Functional behavior assessments generally consist of both direct assessments (e.g., behavioral observations) and indirect assessments (e.g., rating scales, structured interviews). Results of assessment techniques are used to hypothesize the purpose of the student's behavior(s) and thus can target interventions which may be effective in managing or preventing those problem behaviors (Quinn, Gable, Rutherford, Nelson, & Howell, 1998).

Discipline: Protections for Children Not Yet Eligible for Special Education Services

Georgia law 160-4-7-.10 regarding discipline indicates the following concerning services for students who are not yet eligible for special education and related services:

(a) A child who has not been determined to be eligible for special education and related services and who has engaged in behavior that violated a code of student conduct, may assert any of the protections provided for in this Rule if the LEA had knowledge (as determined in accordance with this Rule) that the child was a child with a disability before the behavior that precipitated the disciplinary action occurred. [34 C.F.R. §300.534(a)]

1. An LEA must be deemed to have knowledge that a child is a child with a disability if before the behavior that precipitated the disciplinary action occurred –

(i) The parent of the child expressed concern in writing to supervisory or administrative personnel of the appropriate educational agency or a teacher of the child, that the child is in need of special education and related services;

(ii) The parent of the child requested an evaluation of the child pursuant to Rule 160-4-7-.04 Eligibility Determinations and Criteria; or

(iii) The teacher of the child or other personnel of the LEA expressed specific concerns about a pattern of behavior demonstrated by the child directly to the director of special education of the LEA or to other supervisory personnel of the LEA. [34 CFR §300.534(b)(1) - (3)]

2. An LEA would not be deemed to have knowledge that a child is a child with a disability if the parent of the child has not allowed an evaluation of the child or has refused services or the child has been evaluated and determined not to be a child with a disability as described in Rule 160-4-7-.04 Eligibility Determinations and Criteria. [34 C.F.R. § 300.534(c)(1) -(2)]

3. If an LEA does not have knowledge that a child is a child with a disability prior to taking disciplinary measures against the child, the child may be subjected to the disciplinary measures applied to children without disabilities who engaged in comparable behaviors. [34 C.F.R. § 300.534(d)(1)]

4. If a request is made for an evaluation of a child during the time period in which the child is subjected to disciplinary measures, the evaluation must be conducted in an expedited manner. Until the evaluation is completed, the child remains in the educational placement determined by school authorities, which can include suspension or expulsion without educational services. If the child is determined to be a child with a disability, taking into consideration information from the evaluation conducted by the agency and

the information provided by the parents, the agency must provide special education and related services. [34 C.F.R. § 300.534(d)(2)(i) -(iii)]

Change in Placement

If students are in the RtI/SST process and are suspected of having a disability, the team should treat the student as if they were a child with a disability. Georgia law 160-4-7-.10 regarding discipline notes the following in regards to change in placement:

- (a) For purposes of removals of a child with a disability from the child's current educational placement under this Rule, a change in placement occurs if:
 - 1. The removal is for more than 10 consecutive school days, or
 - 2. The child has been subjected to a series of removals that constitute a pattern –
 - (i) Because the series of removals total more than 10 school days in a school year;
 - (ii) Because the child's behavior is substantially similar to the child's behavior in previous incidents that resulted in the series of removals, and;
 - (iii) Because of such additional factors as the length of each removal, the total amount of time the child has been removed, and the proximity of the removals to one another. [34 C.F.R. § 300.536(a)]
- (b) The LEA determines on a case-by-case basis whether a pattern of removals constitutes a change of placement. [34 C.F.R. § 300.536(b)(1)]
 - 1. This determination is subject to review through due process hearings and judicial proceedings. [34 C.F.R. § 300.536(b)(2)]

Referral to and Action by Law Enforcement and Judicial Authorities

The Georgia law 160-4-7-.10 regarding discipline notes the following in regards to referral to and action by law enforcement and judicial authorities concerning students with disabilities.

- (a) Nothing in this Rule prohibits a LEA from reporting a crime committed by a child with a disability to appropriate authorities or prevents State law enforcement or judicial authorities from exercising their responsibilities with regard to the application of Federal and State law to crimes committed by a child with a disability. [34 C.F.R. § 300.535(a)]
- (b) An LEA reporting a crime committed by a child with a disability must ensure that copies of the special education and disciplinary records of the child are transmitted for consideration by the appropriate authorities to whom the agency reports the crime. [34 C.F.R. § 300.535(b)(1)]

(c) A LEA reporting a crime under this Rule may transmit copies of the child's special education and disciplinary records only to the extent that the transmission is permitted by the Family Educational Rights and Privacy Act. [34 C.F.R. § 300.535(b)(2)]

Chapter 5: Section 504 Education Plans

Congress prohibited discrimination against persons with disabilities in the Rehabilitation Act of 1973, in a segment most often referred to simply as “Section 504.” It prohibits discrimination against individuals who display a physical or mental impairment which substantially limits one or more major life activity, including: caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, and learning (GADOE, 2008).

For a student who may need a 504 plan, the teacher and/or parent should make a request to the Building 504 Coordinator. A *Medical Documentation Statement* should also be completed by the student’s doctor; however, it is not required.

Please refer to the RCSS [Section 504 Manual](#) for more information.

Chapter 6: Information for Parents and Guardians

This part of the manual will help guide educators and parents in the RtI/SST process. It is composed of information that can be copied and distributed to parents as a resource.

Parents are essential in helping students develop into strategic learners. Parents should be well-informed and equipped with information to best help their children be life-long learners. It is the educator's responsibility to provide detailed explanations with appropriate documentation so parents are well aware of the progress of their children. Involving parents in the RtI process will maximize educational outcomes for their children. This approach is proactive and focuses on intervening when students are struggling in academic areas, communication, and/or behavior. RtI assists educators in introducing strategic interventions to address students' needs across all areas.

According to the Georgia Department of Education Implementation Manual (2007), implementation of the Georgia Pyramid of Interventions requires educators to evaluate how their class is progressing in the curriculum and to become creative problem solvers, when they identify those students who are struggling. Pinpointing the specific weaknesses which require additional interventions and then selecting evidence-based strategies and interventions which support student progress is paramount. Parents should be notified about meetings and included as important members of the RtI Team.

It is essential that parents have a basic working knowledge of RtI and its benefits, especially parents whose children may be involved in Tier 2 and Tier 3 interventions (GADOE, 2007). GADOE states this understanding can best be accomplished through:

- Dissemination of written materials explaining RtI to parents
- Formal or informal presentation to the PTA and/or other parent groups
- Brief overview at parent/teacher conferences where it can be explained how RtI works for a given child
- Addressing RtI on report cards and/or other progress reports sent home to parents
- Parent conferences and participation in the RtI process

Effective home-school collaboration includes open communication and involvement of parents in all stages of the learning process. Keeping parents informed about your school's RtI process is the first step to their becoming an active partner. Both the National Center of Learning Disabilities and the National Joint Committee on Learning Disabilities advise parents to ask the following questions (Canter & Klotz, 2007):

- Does our school use an RtI process? (Be aware that your child's school may call their procedures a "problem solving process," or may have a unique title for their procedures, e.g., Instructional Support Team, and not use the specific RtI terminology.)
- Are there written materials for parents explaining the RtI process? How can parents be involved in the various phases of the RtI process?
- What interventions are being used, and are these scientifically based as supported by research?

- What length of time is recommended for an intervention before determining if the student is making adequate progress?
- How do school personnel check to be sure that the interventions were carried out as planned?
- What techniques are being used to monitor student progress and the effectiveness of the interventions? Does the school provide parents with regular progress monitoring reports?
- Does the Team use a variety of measures to evaluate processing strengths and weaknesses (i.e., screening)?
- At what point in the RtI process are parents informed of their due process rights under IDEA 2004, including the right to request an evaluation for special education eligibility?
- When is informed parental consent obtained and when do the special education evaluation timelines officially commence under the district's RtI plan?

There are four essential ingredients to building healthy, open communication between schools and families (Goals 2000: Educate America Act, 1994). These ingredients are the Four P's:

POSITIVE

Too often students and parents are wary of a note or call from the teacher. Sending home words of praise and encouragement can change this perception and improve communication with the family. Remember students and parents need a pat on the back too!

PERSONALIZED

Parents can be overwhelmed by impersonal memos, which seem less relevant to their child. To avoid the "junk mail syndrome," jot a quick personal note on letters home or have students decorate to draw parental attention.

PROACTIVE

Keep parents informed of your class rules, expectations and current activities. Provide plenty of notice for special events. Let parents know immediately if you have a concern and work together to prevent problems from developing.

PARTNERSHIP

When well informed, parents can work as partners in their children's education. Encourage parents to respond to your notes by leaving space for comments or including a few quick questions to encourage a return. Teachers often use calendars, newsletters and online spaces to communicate and assist parents with understanding the curriculum and process.

What are the ways to get parents involved?

Joyce Epstein, a leading national researcher of family, school and community partnerships, reinforces the importance of school, homework, and activities that build student skills and feelings of

success. The following are Epstein's six standards of involvement (Epstein, Sanders, Simon, Salinas, Jansorn, & Van Voorhis, 2002):

Communication. Communication between school and home should be consistent, two-way and meaningful. School personnel and parents should be respectful of one another and accept that each has an important, but different, expertise about the student. Schools should create welcoming environments where the parent's input is valued.

Parenting. Schools are encouraged to support parenting skills by offering workshops on a variety of topics relevant to the school and community. In addition, a parent center can be located within the school building where parents can check out books and other informational materials. Schools should be aware of community resources that may assist parents.

Student Learning. Student learning increases when parents are involved in the process by helping their children at home. Most parents are willing to assist their child in learning, but may not be sure how to go about it. Parents should have a good understanding about curriculum standards at each grade level. Grade level standards are available at each school and can be accessed online at www.gadoe.org. Children's homework should require discussion and interaction with their parents. Schools can offer workshops to help parents encourage their children in using everyday skills such as shopping and cooking to learn math and problem solving skills.

Volunteering. The presence of parents at the school sends a message to children that, "We care about what you do here". When parents volunteer, families and schools benefit. Volunteer work should be meaningful to parents. When possible, capitalize on the strengths of the parent. Even if a parent cannot volunteer during the day, there are many ways they can assist after school and on weekends.

Decision Making and Advocacy. Studies show that schools where parents are involved in decision-making and advocacy have higher levels of student achievement and greater public support. Schools and programs actively seeking parent participation and input communicate that parents are valued as full partners in their child's education. Schools should include and give equal representation to parents on decision-making and advisory committees. Parents should be provided current information regarding school policies and practices and how the school is performing.

Collaborating with Community. When schools and communities work together, both are strengthened in ways that neither could do on its own. Families accessing community resources more easily, businesses connecting education programs with the realities of the workplace, and children serving and learning about their communities beyond the school building help increase positive student outcomes. Schools should give information on community resources that serve the cultural, recreational, academic, health, social, and other needs of families. Partnerships with local businesses and community organizations should be developed to help with student learning. Children should also be encouraged to participate in community service.

Educators and parents should keep in mind that partnering together leads to significant results for children. Schools cannot do it alone. Parents need to find ways to get involved in their child's learning. Opportunities for learning are abundant in everyday life. As stated earlier, the attitude of the parent about school and learning is the most important element to student success. Moreover, studies show when parents are visible in the school building, their child does even better. Parents should ask their schools about ways they can assist their child at home in different subject areas. Most importantly, families should hold high expectations for their child and insist everyone else do the

same. All children are capable of learning and being successful. Parents and schools, working together, can ensure the success of all children.

On the pages that follow in this chapter, there are informational pages that can be copied and used as handouts for parents.

“The more parents understand RtI’s value, the greater their support of the school’s efforts.”

~Casbarro (2008)

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Appendix

Appendix A: Data Teaming

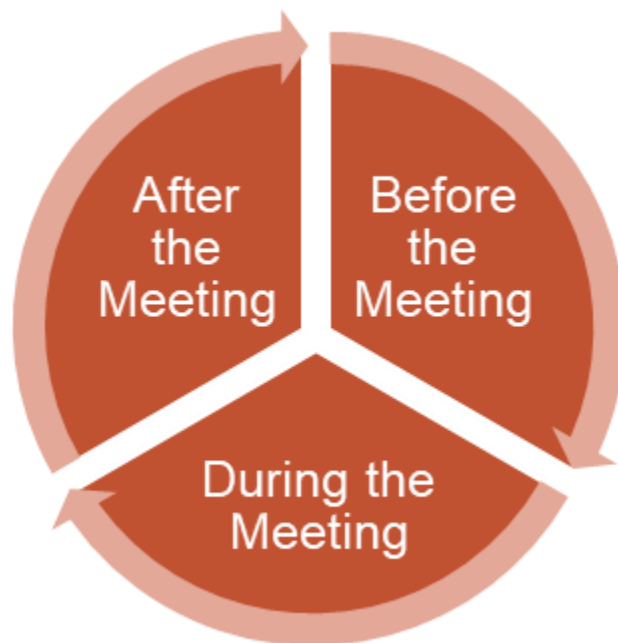
Data Team Meeting Facilitator's Guide

The following facilitator's guide provides a structure and process that teams may use to analyze data, design intensive intervention plans, and adapt or intensify the student's plan. The facilitator, in consultation with the team, should modify the content of the script and agenda times as needed. This process and guide can be used to design the initial intensive intervention plan for a student or group of students who is/are nonresponsive to a validated intervention program or to monitor student progress and intensify the plan when needed.

The intensive intervention meeting materials are intended to support meetings about students who are not responding to their validated intervention program or individualized intervention plan. Prior to scheduling an intensive intervention meeting, the facilitator should check in with the teacher or interventionist working with the student to confirm whether a meeting is necessary based on student response to their current intervention.

- If the student is responding and the teacher has no questions or challenges to raise with the team, then it is not necessary to hold an intensive intervention meeting and the facilitator should check back in 4–6 weeks.
- If the student fails to show adequate progress in the future, then an intensive intervention meeting can be scheduled to review their progress and identify necessary adaptations.

This guide is divided into three sections.



Before the Meeting

The facilitator is responsible for identifying whether a meeting is needed, ensuring that the meeting has been scheduled and that participants have been invited and are available to attend, identifying participant roles, and reviewing and preparing meeting materials (e.g., agenda, participant guide, student summary information). The team composition may vary based on available staff and student needs.

The key roles and example of potential team members include the following:

Roles	Potential Team Members
<ul style="list-style-type: none">▪ Facilitator: Explains the purpose of the meeting and keeps the participants on task.▪ Referring teacher: Completes premeeting student summary form, describes the student, and shares student data during the meeting.▪ Scribe: Takes informal notes and tracks brainstorming ideas in a visible space.▪ Timekeeper: Times each section of the meeting and helps the team adhere to the allotted time.▪ Note-taker: Takes formal notes for documentation using a template.	<ul style="list-style-type: none">▪ Referring teacher or intervention provider▪ Content specialist▪ Administrator▪ Instructional Coach▪ School psychologist▪ Social worker▪ School Counselor▪ Special educator▪ English as a second language teacher▪ General educator or classroom teacher▪ Parent (as available and appropriate)

It is important to ensure that the team includes members who have knowledge of the student, expertise in data analysis, expertise in content, and authority to make decisions. If team members cannot attend the meeting (e.g., parents), gather information from them prior to the meeting to help inform the discussions and planning.

Collecting and sharing student information and data are critical activities that must occur before an intensive intervention meeting. It is important that the team get a holistic sense of the student, including relevant background information, current performance and supports, previously attempted intervention(s), and other relevant data. Prior to the meeting, the facilitator should ensure the following:

- The teacher or interventionist has completed the [Problem Identification Checklist](#) or compiled sufficient documentation about the student's strengths and areas of concerns, data for analysis and planning, and current and previous interventions and supports. Initially, the facilitator may need to support the referring teacher by compiling this information into a concise, thorough, and accessible format. If the referring teacher has not summarized student information, the facilitator may determine that it is necessary to reschedule the meeting.
- Documentation is accessible to all team members.

- The meeting space, whether virtual or in-person, allows the team to view visual data (e.g., progress monitoring graphs, data reports) and collaboratively brainstorm during the meeting.

During the Meeting

During the meeting, the facilitator explains the purpose of the meeting and keeps the participants on task. The table that follows can be used to guide the meeting discussions at each step of the meeting.

Step	Who	Time
<p>1. Introduce the meeting and review its purpose During this step, the facilitator sets the stage for an efficient and effective meeting by doing the following:</p> <ul style="list-style-type: none"> ▪ Briefly welcoming the team and the referring teacher and introducing any new members, if needed. ▪ Explaining that the purpose of the meeting is to analyze student data, develop a hypothesis for why the student is not responding, brainstorm and prioritize evidence-based strategies to intensify the intervention, and create or revise the student's intervention plan. ▪ Reviewing established norms and the agenda for the meeting and assigning team roles if not previously done (see previous section). 	Facilitator	2 min.
<p>2. Describe the student and share data The referring teacher will briefly describe the student, summarize relevant student data, describe the current intervention, and share their initial hypothesis based on data. The teacher is intentionally limited to 5 minutes so that the focus of the meeting can be on identifying evidence-based strategies to address the hypothesis and plan for next steps. As a result, the teacher will need to summarize relevant data succinctly. During initial implementation and when educators are new to the teaming process, the facilitator may need to take a more active role prior to the meeting in supporting the teacher in the process.</p> <p>During the meeting, the facilitator may need to do the following:</p> <ul style="list-style-type: none"> ▪ Prompt the teacher to <ul style="list-style-type: none"> • identify the student's strengths and areas of concern; • briefly summarize the current intervention plan, relevant prior supports, and any implementation challenges that may have impacted student responsiveness; and • review relevant student data. ▪ Encourage the teacher to provide an objective review guided by data and refrain from "admiring the problem" or recommending the team's 	Referring teacher	5 min.

<p>response (e.g., he needs special education, she needs a different intervention, we need to move him).</p> <ul style="list-style-type: none"> ▪ Remind team members to allow the teacher to finish the student data presentation before asking questions or making any comments. ▪ Prior to the end of this step, ask the teacher to briefly share their draft hypothesis. For example, ask, “What are your thoughts about why the student is not responding as expected or engaging in the problem behavior?” 		
<p>3. Ask clarifying questions to create a hypothesis</p> <p>The team asks clarifying questions and develops a written hypothesis for why the student is not responding as expected (e.g., skill deficit, function of behavior, environment). The facilitator’s primary role is to ensure the team comes to consensus on the hypothesis and avoids offering solutions or next steps prematurely.</p> <p>Although there are many ways to structure a hypothesis, one suggestion is for the facilitator to use the following question structure when refocusing the team: “Are you thinking that if (<i>what the student needs, such as more practice opportunities</i>), then the student will (<i>behavior we hope to see, such as increase reading accuracy or academic engagement</i>)?”</p> <p>To support this step, it may be helpful to do the following:</p> <ul style="list-style-type: none"> ▪ Refer the team to the Clarifying Questions to Create a Hypothesis to Guide Intervention Changes: Question Bank. ▪ Prompt the team to consider the following: <ul style="list-style-type: none"> • Current intervention plan and contributing behavioral and academic factors • Dimensions of the Taxonomy of Intervention Intensity • Existing data based on the intervention plan • Student needs and performance information • Other contributing factors that may impact sufficient progress such as implementation fidelity data (e.g., review data from Student Intervention Implementation Log or other fidelity data, if available) ▪ Determine whether adequate data are available to develop the hypothesis or identify additional diagnostic data sources that may be necessary to inform the planning process. If it is determined that additional data are necessary to inform the plan, skip Step 4 and develop a plan for collecting additional data and reconvening the meeting after the data are collected. 	Team	5 min.

<ul style="list-style-type: none"> ▪ Redirect the team to focus on variables in the hypothesis statement that can be altered and to avoid including specific interventions or programs in the hypothesis. For example, teams should avoid hypotheses like “If the student received special education, he could improve his reading scores.” Hypothesis statements should support the selection of evidence-based strategies in the next step. 		
<p>4. Review evidence-based strategies for intensification</p> <p>The facilitator guides the team in brainstorming evidence-based strategies to address the written hypothesis. It is recommended that the scribe record the team’s responses on a white board or other method, whether through virtual or in-person technology, to facilitate discussion and prioritizing of strategies in Step 5.</p> <p>The facilitator should encourage the team to do the following:</p> <ul style="list-style-type: none"> ▪ Ensure that all strategies align to the hypothesis developed in Step 3 ▪ Use the dimensions of the Taxonomy of Intervention Intensity to guide potential areas for intensification and refer to the Intensification Strategy Checklist Handout, as needed. ▪ Encourage all team members to participate in the discussion. For those new to the process, the Intensification Strategy Checklist Handout can help them offer potential strategies. ▪ Consider the evidence-base of the strategies being identified. Make note of strategies for which the team should examine the evidence base. ▪ During initial brainstorming, consider all possible adaptations and strategies, not just those “currently available,” and discourage the team from evaluating each response (e.g., “That won’t work,” “We tried that,” “We should do that”). ▪ Refer to notes from previous meetings, if needed. ▪ Make sure the scribe records all possible adaptations and strategies that are discussed. While they may not be selected for the student at this time, they may be relevant for future discussions if the student continues to not respond as expected. 	Team	8–10 min.

<p>5. Prioritize and plan</p> <p>The team prioritizes which adaptation or strategy may be most effective and should be attempted first, using the chart in the “Intensive Intervention Meeting Note-Taking Template” if needed. Based on that information, the team develops or updates the plan for delivering the intensive intervention. Consider using the Intervention Plan (For Small Groups or Individual Students) to document the student’s plan.</p> <p>The facilitator should do the following:</p> <ul style="list-style-type: none"> ▪ Consider using the following system to categorize, while the scribe records: <ul style="list-style-type: none"> 1 = Will try right away. 2 = Will consider trying in the future. 3 = Have already attempted. 4 = Need to research further. ▪ Ensure that teacher’s input is heard when prioritizing and planning for the intervention. ▪ Ensure that a plan is created that includes <ul style="list-style-type: none"> • the person responsible for each step or aspect of the plan, • a timeline for each part of the plan, • a clearly defined goal and method for progress monitoring, and • any other next steps needed. ▪ Encourage the team to consider the feasibility of the plan and what supports the teacher needs to implement the plan. 	Team	5–7 min.
<p>6. Wrap-up and establish next steps</p> <p>The facilitator establishes a date and time for a follow-up meeting and ensures team members understand their roles and next steps. Before closing the meeting, it is important to clarify how the plan will be communicated to other relevant teachers and the student’s parent(s).</p> <p>Consider the following when scheduling the follow-up meeting:</p> <ul style="list-style-type: none"> ▪ Ensure that there is sufficient time for the plan to be implemented with fidelity and for the teacher to collect at least six to eight data points. For behavior interventions with daily data collection, this may be as soon as 2 weeks. However, for an academic intervention being monitored using a weekly progress monitoring tool, the team may decide to meet again in 6–8 weeks. ▪ If the team determined that they needed to collect additional data prior to revising the plan, the meeting should reconvene as soon as the additional data have been collected, but at least within the 2 weeks to review the additional information and develop a plan for intensification. 	Facilitator	3 min.

<p>In addition, the facilitator will</p> <ul style="list-style-type: none"> ▪ Ensure a plan is in place for how and where the student's plan will be documented and disseminated to teachers and team members. ▪ Ensure that there is a plan to communicate the changes or send a new plan to the parent(s). ▪ Ensure that all team members are clear on their next steps for implementing the plan. 		
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After the Meeting

After the meeting, the facilitator will follow up on the next steps identified during step 6. Next steps are as follows:

- Ensuring the follow up meeting is scheduled.
- Confirming the plan has been documented and shared with relevant educators and team members.
- Confirming information has been shared with parent(s).
- Checking in with the referring teacher regarding the intervention implementation and data collection.

Data Team Meeting Agenda

Roles	Potential Team Members
<ul style="list-style-type: none"> ▪ Facilitator: Explains the purpose of the meeting and keeps the participants on task. ▪ Referring teacher: Completes premeeting student summary form, describes the student, and shares student data during the meeting. ▪ Scribe: Takes informal notes and tracks brainstorming ideas in a visible space. ▪ Timekeeper: Times each section of the meeting and helps the team adhere to the allotted time. ▪ Note-taker: Takes formal notes for documentation using a template. 	<ul style="list-style-type: none"> ▪ Referring teacher or intervention provider ▪ Content specialist ▪ Administrator ▪ Instructional Coach ▪ School psychologist ▪ School counselor ▪ Social worker ▪ Special educator ▪ English as a second language teacher ▪ General educator or classroom teacher ▪ Parent (as available and appropriate)

Step	Who	Time
<i>Complete the Problem Identification Checklist or other documentation and bring graphed progress monitoring data, implementation data, and other relevant available diagnostic data.</i>	Referring teacher	Before meeting
1. Introduce the meeting and review its purpose	Facilitator	2 min.
2. Describe the student and share data	Referring teacher	5 min.
3. Ask clarifying questions to create a hypothesis	Team	5 min.
4. Review evidence-based strategies for intensification	Team	8–10 min.
5. Prioritize and plan	Team	5–7 min.
6. Wrap up and establish next steps	Facilitator	3 min.

Data Team Meeting Note-Taking Form

Date: _____

Grade/Content Area: _____

Meeting Attendees	
Facilitator	
Teacher	
Timekeeper	
Scribe	
Note-taker	
Other attendees	

1. Introduce the meeting and review its purpose
Teacher:
Student:
Purpose of meeting:

2. Describe student and share data.

Description of student (strengths and area[s] of concern):

Current intervention and supports:

Summary of student data:

Draft hypothesis:

3. Ask clarifying questions to create a hypothesis

Summary of questions and responses:

Revised hypothesis describing factors that are contributing to insufficient progress:

4. Review evidence-based strategies for intensification

Brainstorm of evidence-based strategies and/or adaptations to address student need:

5. Prioritize and plan

Description of student plan. Use the Intervention Plan for Small Groups planning template to document the student plan. Ensure that the plan includes the following information:

- Person(s) responsible for delivering intervention, including any adaptations
- Materials of curriculum used
- Identified adaptations (if relevant)
- Group size
- Sessions per week
- Minutes per session
- Additional resources or support needed
- Person responsible for collecting progress-monitoring data
- Frequency of data collection
- Progress monitoring measure or tool
- Student goal
- Plan to document fidelity

Prioritize:

1 = Will try right away

2 = Will consider trying in the future

3 = Have already attempted

4 = Need to research further

Rating	Strategy or Adaptation	Person Responsible	Timeline

Rating	Strategy or Adaptation	Person Responsible	Timeline

6. Wrap up and establish next steps

The team will meet in _____ weeks on (DATE) at (TIME).

Where will the plan be documented?

How will the plan be distributed to teachers?

What is the plan for teacher check-in with the parent?

Appendix B: Meeting Forms

PROBLEM IDENTIFICATION CHECKLIST

Student Name:	DOB:	Age:
School:	Grade:	Retained? NO YES, when?
Referring Teacher:		Date Referred:

READING	
	Letter names/sounds
	Phonemic awareness (e.g., rhyming, beginning sounds)
	Phonics (e.g., segmenting/blending)
	Vocabulary
	Fluency
	Reading comprehension
WRITING	
	Sentence structure
	Spelling
	Grammar/mechanics
	Producing clear and coherent writing
	Letter formation/spacing
MATHEMATICS	
	Number identification
	Counting and Cardinality
	Numbers and Operations (e.g., base ten, regrouping, fractions)
	Fluency with math facts (+, -, ×, ÷)
	Algebra/Algebraic Thinking
	Geometry
	Measurement and Data
	Problem-Solving (e.g., word problems, pattern identification, etc.)
LISTENING COMPREHENSION	
	*Understanding spoken language
	*Following verbal directions
ORAL EXPRESSION	
	*Expressing thoughts and ideas
	*Limited speaking vocabulary
	Non English speaker; Language:
SPEECH	
	*Difficulty articulating speech sounds
	*Stutters/Clutters
	*Other: e.g., voice
PROCESSING	
	Retaining information over time
	Remembering what is seen/Visual memory
	*Remembering what is heard/Auditory memory
	Other (e.g. sequencing*)
	Copying from the board/book

MOTOR	
	Gross Motor Skills (e.g., gait, coordination)
	Fine Motor Skills (e.g., cutting, buttoning, zipping)
	Body space awareness
ATTENTION AND ORGANIZATION	
	Difficulty with organization
	Easily distracted
	Difficulty beginning a task
	Difficulty completing a task
	Under-active/lethargic
	Loses or forgets work/materials
	Overactive/excessive motor movements
	Difficulty following classroom routines
	Homework not completed and/or turned in
ADAPTIVE SKILLS	
	Following daily schedules and routines
	Self-care (e.g., eating, toileting, dressing)
SOCIO-EMOTIONAL/BEHAVIOR	
	Motivation
	Self-control/Behavioral outbursts
	Easily frustrated
	Frequent psychosomatic complaints/nurse visits
	Sudden change(s) in mood
	Anxious/Nervous
	Verbally aggressive toward others
	Physically aggressive toward others
	Peer relationships (e.g., frequent conflicts, teasing, bullying, gets picked on)
	Adult relationships (e.g., asking for help)
	Accepting responsibility for behavior
	Easily influenced by others
	Self-concept/Self-esteem
	Sleeps in class/lethargic
	Poor hygiene or deterioration in appearance
	Expresses thoughts of harming self/others
	*Frustrated due to communication deficits
	*Interpreting social cues
OTHER DIFFICULTY NOT LISTED	

Pre-K Problem Identification Form

Student Name: _____ DOB: _____ Age: _____
School: _____ Ethnicity/Sex: _____
Parent Name: _____ Phone (h): _____
_____ Address: _____
Phone (c): _____

Check the presenting problems, including what makes it difficult to teach this student and what factors may be impeding his/her learning.

Adaptive

- ☐ Toileting
- ☐ Feeding/Drinking
- ☐ Avoids dangers/cautious
- ☐ Organizes own activities

Cognitive

- ☐ Labels colors/shapes
- ☐ Matches/sorts by one attribute
- ☐ Recognizes some letters
- ☐ Rote counts
- ☐ Attends to activities 5-7 minutes
- ☐ Attends/answers simple questions from a story
- ☐ Describes own pictures
- ☐ Identifies big and little

Communication*

- ☐ Follows 1 and 2 step directions
- ☐ Speaks in sentences
- ☐ Labels common objects
- ☐ Responds to "wh" questions
- ☐ Speaks clearly
- ☐ Carries on a conversation over 3-2 turns

Motor Development

- ☐ Imitates fine motor movements
- ☐ Imitates gross motor movements
- ☐ Draws simple shapes
- ☐ Draws a person
- ☐ Colors simple shapes
- ☐ Cuts with scissors

Social/Emotional Development

- ☐ Interacts with peers/adults
- ☐ Has friends
- ☐ Follows rules
- ☐ Shares with peers
- ☐ Transitions between activities
- ☐ Knows and responds to name
- ☐ Participates in large and/or small group verbally
- ☐ Accepts teacher directions in a reasonable time frame

Other difficulty not listed above (please describe): _____

Behavior: Absences/Tardies: _____ Discipline referrals: _____ Conduct grade: _____

Medical history (significant health concerns, major childhood illness/disease, diagnosed syndrome, adaptive, motor, medication): _____

Previously evaluated by school? Private evaluator?

Is the student currently receiving the following services? (check all that apply)

- | | | |
|--|-------------------------------|--|
| <input type="checkbox"/> Speech | <input type="checkbox"/> OT | <input type="checkbox"/> Community Services (e.g. Transitional Family Services, Able Tree, |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> PT | Families Forward) |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> ESOL | <input type="checkbox"/> Previously in Babies Can't Wait |



Department of Student Services
Support Services Division
864 Broad Street
Augusta, GA 30901
Phone: 706-826-1131 Fax: 706-826-4634

PARENT PERMISSION FOR HEARING/VISION SCREENING

(NAME OF SCHOOL)

TO: RCSS Department of Psychological Services-(ONLY)

I hereby grant permission for my child, _____
(Name of Child) (Date of Birth)
to have his/her hearing and vision screened, so that the Response to Intervention/Student Support Team (RtI/SST) can better assist him/her. This screening will be conducted at your child's school by either the school nurse or other appropriately trained school personnel, at no expense to you.

I (do____) (I do not____) wish to be informed of the results of the screening.

Parent or Legal Guardian's Signature

Date

Parent(s) Name (please print legibly)

Address

City

State

Zip Code

Home/Cell Phone No.

Work Phone No.



Department of Student Services
Support Services Division
864 Broad Street
Augusta, GA 30901
Phone: 706-826-1131 Fax: 706-826-4634

Parent Information Letter – Tier 2

Date: _____

Dear Parent Guardian,

The Richmond County School System aims to educate the whole child equitably to become prepared for life beyond the classroom. Our goal is to help your child become a successful student. At Tier 1, your child's teacher used different strategies and/or materials and collected data to determine if this differentiated instruction was assisting with his/her success in the classroom. Based on the results of data collected at the school, the Multi-Tiered System of Supports (MTSS) Team has recommended additional interventions for your child. We will begin the Tier 2 intervention on _____. At Tier 2, we will provide additional focused instruction for a minimum of 6 – 8 weeks.

The intervention that will be used is _____

Current Score(s): _____ **Goal(s) to be reached:** _____

Person(s) who will provide the intervention: _____

If you have any questions about the Response to Intervention process, or questions regarding your child's skill area(s) that we will address through this intervention plan, please contact_

_____ at (_____) _____ - _____

.

Sincerely,

MTSS Facilitator

Please keep this letter for your record.



Department of Student Services
Support Services Division
864 Broad Street
Augusta, GA 30901
Phone: 706-826-1131 Fax: 706-826-4634

Parent RTI/SST Meeting Notification

Student: _____ Today's date: _____

School: _____ Tier: ☐ 2 ☐ 3

Dear Parent or Guardian,

The mission of the Richmond County School System is to build a globally competitive school system that educates the whole child through teaching, learning, collaboration, and innovation. We work diligently to ensure that every student is provided an equitable education to prepare them for life beyond the classroom.

At this time, your child is having difficulties and a Response to Intervention (RtI) team/Student Support Team meeting has been scheduled. The meeting will be conducted using a "team approach" to problem solving, and you are an important member of this team. At this meeting, we will create interventions that will target your child's area for growth. The members at this meeting may be a variety of educators such as: specialists, teachers, administrators, the school psychologist, a speech pathologist, and other support staff.

Please attend and share your concerns and views with us. The meeting is been scheduled for:

_____ at _____ AM/PM.

If you **cannot attend**, please contact _____, the MTSS Facilitator, at _____ **before** the meeting so that we can send you a copy of your child's intervention plan.

Keep this for your records



Detach and return to school



Student's name: _____

_____ Yes, I will attend

_____ I would like to participate via phone. Please call me at (_____) _____ - _____

_____ No, I will not attend

Parent/Guardian Name (print): _____

Signature: _____ Date: _____

RtI Meeting Summary

Student's Name: _____ Grade: _____ Date: _____

School: _____ Teacher: _____

Present concerns: _____

[illegible]**Interventions** (*To be documented in Panorama*)

Meeting Decisions:

Results	Decisions
	Implement Tier 2 interventions
	Problem resolved; Exit
	Progress made but problem not resolved, remain at: Tier 2 Tier 3
	Additional data needed: remain at Tier 2 move to Tier 3 remain at Tier 3
	Inadequate progress made: move to Tier 3 refer to Special Education
	Adequate progress made, move back to Tier 2
	Request screening
	Refer for a 504 Eligibility
	The child's disability requires immediate consideration of special education. (requires psychologist) Specify reason: _____

Meeting Participants:

Next Meeting Date: _____

Name

Title

Signature

INITIAL REFERRAL CHECKLIST

(Items required to submit packet for evaluation)

Student Name: _____

School: _____

DATE SUBMITTED	DOCUMENTATION	COMMENTS
	Printed student information from Infinite Campus to include: SLDS, current grades/report card, attendance, behavior/discipline, etc.	
	Problem Identification Checklist	
	Work Samples & Analysis of Student Work At least 3 analyzed work samples for each area that indicate: student's name, date of assignment, numeric grade, with commentary (on/below grade level, done with assistance, 1 on 1, extended time, modified assignment, etc.). <i>These should support what was noted as an area of difficulty on the Problem Identification Checklist and during intervention</i>	
	RCSS Test Results: CogAt, i-Ready, GA Milestones,	
	Progress Monitoring reports/data <i>This should match the intervention plan information.</i>	
	Behavior data (if applicable) Data should include baseline information that collected within 30 days of collecting the first progress monitoring data point. Behavior data should document frequency, duration and intensity. Examples: contracts, scatterplots, point sheets, behavior report cards, etc.	
	RtI Summary of Meeting forms	
	Hearing & Vision Screening results	
	Permanent Record: Copy of 4 pages of cumulative folder, birth certificate, legal documents, etc.	
	Medical Documentation Statement or other information (if applicable)	
	504 documentation (if applicable)	
	Outside resources documentation such as private evaluations, reports, therapy notes, etc.	
	Student observation to be completed by: ____ (person responsible)	

NOTE: Continue interventions and collecting data until the eligibility meeting is held

DO NOT HOLD PACKETS WHILE AWAITING OBSERVATION DOCUMENTATION

A copy of the referral packet is to be submitted to Psychological Services within 5 days from the date it was received.

Packet submitted by: _____ Date: _____

Analysis of Student Work

(Attach this sheet to a variety of student's classroom work samples)

Student's name: _____ Grade: _____ Teacher's name: _____

Verify: (Check to indicate verification)

- ____ 3 or more work samples for reading are attached and labeled
- ____ 3 or more work samples for math are attached and labeled
- ____ 3 or more work samples for language are attached and labeled
- ____ All work samples are dated at the top
- ____ All work samples have a numeric grade
- ____ All work samples indicate if the work is on or below grade level
- ____ Work samples indicate if completed with help or independently
- ____ Work samples indicate how work completed (e.g., whole group, small group)
- ____ Additional information included on work samples (e.g., extended time given, modified assignment)

Indicate weaknesses (if any) and provide comments for each of the relevant academic areas:

Reading: (Check areas of difficulty – attached samples should support)

- ____ Letter recognition (B.R.)
- ____ Letter/sound correspondence (B.R.)
- ____ Blending (B.R.)
- ____ Sight word recognition (B.R.)
- ____ Using phonetic strategies for decoding (B.R.)
- ____ Reading sentences/passages with adequate accuracy (R.F.)
- ____ Reading sentences/passages with adequate rate (R.F.)
- ____ Remembering facts/details from a reading passage (R.C.)
- ____ Understanding vocabulary/terms in stories/text (R.C.)
- ____ Answering comprehension questions from reading (R.C.)

Comments: _____

Math: (Check areas of difficulty – attached samples should support)

- ____ Number recognition (M.C.)
- ____ Counting with one-to-one correspondence (M.C.)
- ____ Math facts (M.C.)
- ____ Understanding place value (M.C.)
- ____ Solving computation problems (M.C.)
- ____ Difficulties recognizing basic shapes (M.R.)
- ____ Understanding math vocabulary (M.R.)
- ____ Solving math word problems (M.R.)

Comments: _____

Oral and Written Language: (Check areas of difficulty – attached samples should support)

- ____ Speaks in short, choppy phrases (O.E.)
- ____ Limited vocabulary in speaking (O.E.)
- ____ Conveying ideas verbally (O.E.)
- ____ Word retrieval (O.E.)
- ____ Following aurally provided directions (L.C.)
- ____ Answering "wh" questions (O.E.)
- ____ Understanding spoken vocabulary (L.C.)
- ____ Letter formation, spacing, etc. (W.E.)
- ____ Spelling (W.E.)
- ____ Writing in complete sentences (W.E.)

____ Use of writing conventions (e.g., syntax, grammar) (W.E.)

Comments: _____



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Augusta, GA 30901
Phone: 706-826-1131 Fax: 706-826-4634

Medical Documentation Statement

STUDENT NAME: _____ DATE OF BIRTH: _____
SCHOOL: _____ GRADE: _____

DATE OF MOST RECENT MEDICAL EXAMINATION: _____

MEDICAL DIAGNOSIS/PROGNOSIS: _____

Based on my examination, the above named student ☐ DOES ☐ DOES NOT demonstrate a long-term illness and/or health disorder or impairment which results in limited strength, vitality, and/or alertness and adversely affects his/her educational performance. Examples may include, but are not limited to, tuberculosis, asthma, diabetes, cancer, heart condition, epilepsy, leukemia, nephritis, sickle cell anemia, cystic fibrosis, rheumatic fever, lead poisoning, seizure disorder, ADHD, and Tourette Syndrome.

This student's medical problems are considered to be of a ☐ Mild ☐ Moderate ☐ Severe nature.

EDUCATIONAL IMPLICATIONS OF HEALTH PROBLEMS: Check those which apply.

- ☐ Extended school absences
- ☐ Inability to attend full academic schedule
- ☐ Inability to attend to tasks the same length of time as peers.
- ☐ Unable to function physically and/or academically with peers of the same age and grade expectancy

Please briefly describe any special health care procedures, special diet, activity restrictions and/or any other recommended modifications: _____

Medications currently prescribed: _____

Is medication to be administered at school? ☐ YES ☐ NO

Is the child receiving any outside services?

☐ Physical Therapy ☐ Occupational Therapy ☐ Speech ☐ Counseling

Name of Licensed Physician (PRINTED)

Signature of Licensed Physician

Date

Physician Contact Information: _____

Address (Street, City, State, & Zip Code)

Phone Number

Fax Number

Appendix C: Behavior Documentation

Antecedent – Behavior – Consequence Chart

Student Name: _____

Teacher: _____

Date	Time	Place	Antecedent	Behavior	Consequence

Daily Behavior Report Card

Student Name: _____ Teacher: _____ Date: _____

Dear Parent,

This daily report card indicates how positive your child's behavior was today in the classroom. Ratings of **4 to 5** indicate good classroom behavior, **3** suggests fair behavior, and ratings of **1 to 2** indicate inappropriate classroom behaviors. Please discuss this report card with your child and return a signed copy to me at school. Thank you.

Compared with other students of the same gender in the classroom, your child:

A. _____
1 2 3 4 5
Never Occasionally Sometimes Often Always

B. _____
1 2 3 4 5
Never Occasionally Sometimes Often Always

C. _____
1 2 3 4 5
Never Occasionally Sometimes Often Always

D. _____
1 2 3 4 5
Never Occasionally Sometimes Often Always

E. _____
1 2 3 4 5
Never Occasionally Sometimes Often Always

Additional Comments:

Parent Signature: _____ Date: _____

Teacher Behavior Log

Student Name: _____

Teacher: _____

Date: _____

Time: _____ am/pm

Setting: _____

Description of incident: (what happened, who was involved, during what activity, what triggered it, what was the outcome). _____

Duration: _____ # of minutes.

Intensity: low med. high

Was Time-out required: Yes No; If so how long _____

Comments:

=====

Date: _____

Time: _____ am/pm

Setting: _____

Description of incident: (what happened, who was involved, during what activity, what triggered it, what was the outcome). _____

Duration: _____ # of minutes.

Intensity: low med. high

Was Time-out required: Yes No; If so how long _____

Comments:

=====

Date: _____

Time: _____ am/pm

Setting: _____

Description of incident: (what happened, who was involved, during what activity, what triggered it, what was the outcome). _____

Duration: _____ # of minutes.

Intensity: low med. high

Was Time-out required: Yes No; If so how long _____

Comments:

=====

Behavioral Scatterplot

Directions: Place an "X" in the space that corresponds to the time and date of each observed behavioral incident. Superimpose the student's daily schedule on the scatter plot and look for clusters of behavioral incidents suggesting meaningful patterns. Attempt to match behaviors to possible influences related to time of day, settings, academic tasks, level of adult supervision, and other instructional or environmental variables.

Student: _____ Setting: _____

Date/Time: _____

Dates:

Monday

Tuesday

Wednesday

Thursday

Friday

Comments

8:00					
8:15					
8:30					
8:45					
9:00					
9:15					
9:30					
9:45					
10:00					
10:15					
10:30					
10:45					
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1:45					
2:00					
2:15					
2:30					
2:45					
3:00					
3:15					
3:30					

Behavior Scatterplot

Student: _____		Teacher: _____																					
OS = Out of Seat – Student leaves assigned seat																							
MA = Motor Activity – Student plays with objects or displays repetitive motor movement																							
CO/V = Calling out/Verbalization – Student calls out without using procedures or makes noises that fall outside of accepted academic discourse																							
OT-P = Off-task Passive – Student is off task but does not engage in motor behaviors																							
TIME	Dates:																						
		Monday				Tuesday				Wednesday				Thursday				Friday					
OS		MA		CO/V		OT-P		OS		MA		CO/V		OT-P		OS		MA		CO/V		OT-P	
:00																							
:15																							
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:15																							
:30																							

[illegible]

Interval Sampling Recording Form

Student: _____

Teacher: _____

Date/Time: _____

Observer: _____

Observation Activity: _____

DIRECTIONS:

White Boxes - Momentary time sampling procedures will be used to code on-task (+) or off-task (-) behavior. Using a stopwatch, observe target student and a same-sex peer and record the observed behavior at the beginning of each 20 second interval. (Record target student observation data first.) Compute the percentage of time on task by adding the number of +'s divided by 30 and multiplying by 100 (+'s/30x100).

Shaded Boxes – Partial or Whole interval recording will be used to code additional specific behaviors of interest. It is recommended that the observer develop a coding system prior to beginning the observation (e.g., Non-compliance – C, Negative Peer Interaction – P), and that the number of behaviors (codes) be limited to those of greatest interest. If using whole interval recording, the code is marked in the interval if the behavior occurs throughout the entire 20 second interval. If using partial interval recording, the code is entered if that behavior occurs at any point during the interval. Indicate the behavior codes at the bottom as well as the number of times each occurred for the target and peer.

Interval	1	2	3	4	5	6	7	8
Target								
Peer								

Interval	9	10	11	12	13	14	15	16
Target								
Peer								

Interval	17	18	19	20	21	22	23	24
Target								
Peer								

Interval	25	26	27	28	29	30
Target						
Peer						

Summary: _____

http://www.oswego.edu/~mcdougal/web_site_4_11_2005/interval_sampling.htm

Behavior Observation Event Recording

Student: _____ Observer: _____

Date: _____ Time of Day _____ Class/Activity: _____

Directions: Make a slash through the corresponding number each time the target behavior is observed.

Target behavior(s): _____

Target Student

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Total number of occurrences: _____

Peer Comparison

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Total number of occurrences: _____

Teacher-Student Interactions

Directions: Make a slash through the corresponding number each time the teacher interacts with the student positively or negatively.

Target Student

Positive Interaction when student is behaving (praise, greeting, compliment, positive reinforcement, etc.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----

Negative Interaction when student is misbehaving (reminder, reprimand, corrections, warning, etc.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----

Ratio of teacher-student interactions: _____positive vs. _____negative

Peer Comparison

Positive Interaction when student is behaving (praise, greeting, compliment, positive reinforcement, etc.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----

Negative Interaction when student is misbehaving (reminder, reprimand, corrections, warning, etc.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----

Ratio of teacher-student interactions: _____positive vs. _____negative

Appendix D: FAQs

Frequently Asked Questions

The answers to the questions below are not intended to be absolute. They are merely brief, general guidelines. Always consider applicable state and federal laws, as well as local school district policies.

What is Response to Intervention (RtI)?

RtI is an integrated approach to provide services in a multi-tiered process for all children who are experiencing difficulties in areas of speech, academic, behavior, health, social, and emotional development. In Georgia, RtI is operationalized through the Multi-Tiered System of Supports.

Isn't RtI just a special education pre-referral system?

No. Special Education eligibility decisions can be a by-product of an RtI model, but identification for Special Education is not the primary goal.

Does the term "research-based" refer to curricula or interventions?

The term research-based refers to both curricula and interventions. In an RtI system, research-based curricula and interventions are mandated through laws.

Will I have to begin the RtI process each year?

No. For those students who completed the school year by receiving either Tier 2 or Tier 3 support, it is expected that they will begin the current school year with the same support. The data from the previous school year and the current school year should be reviewed to determine if there was a positive response to the interventions.

How will we know if the process is working?

The indicators of success include increased achievement and benchmarks, progress monitoring scores that are moving toward the goal line, or positive changes in behavior.

Where do parents fit in this process?

It is recommended that parents be involved at all levels of the response to intervention process. The RtI process helps parents understand that the school is doing something for their child and that their child is not being left behind. If their child is falling below an expected level, parents need to be informed and involved in the RtI process.

How does a school district implement interventions if a parent requests immediate referral for special education evaluation, and there is no data on interventions or results of progress monitoring?

In Richmond County, parents can request an evaluation at any time, and the school district will investigate the request on an individual basis at the school level. The RtI team, including the parent, will begin the process. If a full evaluation is deemed necessary, during the 60-day timeline, the RtI team/SST shall begin interventions, collect data and report progress to the parents.

I have a student with serious speech articulation problems and have been told to try Tier 2 interventions to address this; however, I am not a Speech Therapist and I don't know how to do this! Can't the Speech Therapist come in and just work with this child?

A speech therapist can consult with you about a child (or children) and give you suggestions as to how to intervene and how to collect the data; however, the answer is “no” in terms of the therapist pulling the child out to work with him/her. Speech therapists generally have many students that they are responsible for serving and have more than one school in which they work. They cannot take time away from students who have been identified as needing therapy to work with students who have not yet been identified. However, the interventions that you will be asked to do are generally easy to conduct (e.g., modeling correct sounds) and take only a few minutes at a time to do. You will not be expected to conduct speech interventions that would require formal training.

One of my student's parents has come in for a conference and insists that his/her child needs to be tested for a learning disability; however, according to the data team this child is in “Tier 2.” How do I handle this with the parent?

Often, parents just want to be reassured that their children are receiving help for problems. Explaining that we use a “tiered” process and that children in Tier 2 are getting a higher level of support for their difficulties may be sufficient. If a parent is adamant that testing is required, however, then scheduling a formal RTI meeting is appropriate in this case. This is not to say that the team will “bypass” the RTI process...it is to provide additional support to you, as the classroom teacher, that the intervention process is appropriate. In a few cases that a parent insists on an evaluation, the evaluation process will be initiated; however, as the state regulations are very clear in the requirement that RTI has been conducted and documented, having a child tested is not a guarantee of special education eligibility. In other words, testing is only one component, of many, that a team considers when making an eligibility decision.

I feel overwhelmed with the amount of students in my classroom who need interventions. I just don't feel that I can provide all of these to everyone in need. Can I send home interventions for the parents to do in the evenings and/or on the weekends?

It is always a great idea to send materials home to parents so that they have resources available to work with their children at home. This type of “intervention,” however, is not sufficient to say that the child has received interventions for his/her deficits. Interventions, in terms of the RTI process, primarily need to be taking place at school. Only in some situations, when the parent has paperwork documenting services such as at Sylvan Learning Center, etc, are outside interventions included in the child's RTI process. Very rarely, however, are these outside interventions sufficient to stand alone.

We have just had a meeting and my student is supposed to be “screened” by the school psychologist (and/or the speech pathologist). What does this mean?

A screening means that the child will be tested to look at his/her strengths/weaknesses. It is not testing to look at special education services and will not be looked at by anyone in the special education department. Screenings are usually suggested when the team isn't sure why a student is having difficulties or when the team feels that they don't have enough information just from classroom data. The purpose of a screening is to be able to meet at a later date and use the data from the screening to help guide interventions.

We have just had a meeting and my student is being “evaluated” by the school psychologist to look at special education services. What happens now? Do I need to do anything?

The school psychologist will follow up, at this point, to work with the child by pulling him/her out of class usually at least one to two times to conduct testing. The evaluation process has a 60-day timeline, which means that the school psychologist (and possibly speech therapist if he/she is involved) has 60 days to test the child, review records, get rating scales and other information from teachers and parents, and

write up the results. A meeting to discuss whether the child is eligible to receive special education services will also be held within this 60-day timeline.

The school psychologist (and/or speech therapist) may ask that you complete one or more pieces of paperwork, such as rating scales or information forms, to get additional information about the child. Completing these ratings and/or forms in a timely manner is very important. In some cases, eligibility for special education services depend on whether these forms have been completed...in those cases, if the forms are not completed, the child could actually not be eligible for services because the forms are not available for review.

Additionally, during the evaluation process, it is important that the student continues receiving interventions and continues being progress monitored. In the majority of special education eligibility meetings, data from interventions and progress monitoring is of primary importance.

Appendix E: Definitions

Definition of Terms

Accommodation: any change made to instruction and/or assessment that does not change the expectations for performance or change the construct that is being measured respectively. Accommodations provide access to buildings, curriculum, and assessments.

Baseline: data, collected prior to the initiation of an intervention that is utilized for comparison with data collected during and/or after an intervention has been implemented.

Behavioral Logs: are data collected on specific targeted behaviors over time. These logs can be easily charted to show “trend lines”.

Content Area: Academic areas of study for which the Richmond County School System has developed content standards and benchmarks

Curriculum Based Measures (CBMs): curriculum based measures are direct assessments of student skills administered in standardized manner that are aligned to state content standards and benchmarks. They are typically discrete probes, which are brief, timed samples. CBMs can measure both fluency and accuracy of student responses. They can be teacher-developed, purchased, or found online, though reliability and validity of the CBMs must be attended to if developing CBMs independently. They can be administered quickly and frequently. Student level results are typically graphed and compared to classroom peers to determine the student’s level of progress.

Differentiation: is a method of delivering instruction to meet the needs and learning styles of diverse learners in the classroom. Differentiation instruction does not include accommodations and modifications, but rather consideration of the adjustment to the content, process, product, and environment so that all students can learn.

Evaluation: procedures used to determine whether a child has a disability and the nature and extent of the special education and related services that a child needs. This may include a comprehensive psycho-educational evaluation.

Fidelity: refers to the intensity and accuracy with which instruction and intervention is implemented. Research studies follow an implementation protocol to ensure standardization. Teachers must follow this research design, as elaborated in the teacher’s guide available from publishers, in order to attend to fidelity.

Formative Assessment: is a form of assessment intended to give students immediate feedback on their learning progress and to provide teachers with data regarding both what skills students have mastered and what skills are their areas of difficulty. Formative assessment is a system of classroom level assessments that may be teacher developed, such as unit tests and CBMs. Formative assessment is not used to assign marks or grades toward determining whether the student gains credit. It is used exclusively to drive appropriate instructional changes to meet individual student needs.

Intervention: a designed change in the manner and/ or degree in which a student is being instructed. An intervention can address academic and/or behavioral needs. Changes can be made in the areas of Program, Time, or Grouping.

Progress Monitoring: a scientifically-based practice to assess ongoing student progress, as well as the effectiveness of the instruction/intervention plan.

Research-Based Instruction: instruction and intervention validated as “effective” through scientific studies.

Response to Intervention: (RtI) is an array of procedures that can be used to determine if and how students respond to specific changes in instruction. RtI provides an improved process and structure for school teams in designing, implementing, and evaluating educational interventions.

Screening: provides general information on student skills, behaviors and abilities. Its purpose is to identify potential “at-risk” students and/or to identify specific skill/behavior deficits to inform interventions. This may include brief measures/assessments given by a school psychologist or other specialized personnel.

Scientific, Research-based: the term defined by NCLB is “scientifically based research.” You may also see some literature refer to this notion as “evidence based.” We will use the NCLB definition for all of these terms:

Section 9101(37) The term ‘scientifically based research’-(A) means research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs; and (B) includes research that:

- (i) employs systematic, empirical methods that draw on observation or experiment;
- (ii) involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn;
- (iii) relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators;
- (iv) is evaluated using experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random assignment experiments, or other designs to the extent that those designs contain within-condition or across-condition controls;
- (v) ensures that experimental studies are presented in sufficient detail and clarity to allow for replication, or at a minimum, offer the opportunity to build systematically on their findings; and
- (vi) has been approved by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review. (NCLB Section 9101(37), 20 USC 7707 (b)(37)) (P.L.107-110, The No Child Left Behind Act of 2001 (2002, Jan. 8), 115 Stat. 1425)

Standardized Test Results: provide valuable comparative data on either a state-wide or national level. Some tests measure achievement, while others are more diagnostic.

Universal Screening: a means to access students who are “at risk” for falling below state or grade level standards. The screening can be accomplished through formal and/or informal methods.

Work Samples: are actual samples of students’ work such as writing assignments, projects, homework, etc. Samples can provide great insight.