

Houston County Schools

Response to Instruction Framework

Minimum Requirements

Academic Systems

Tier III
Individual Students/Very Small Group
High Intensity
Frequent Progress Monitoring

Tier II
Some Students (at-risk)
Additional Instruction and Time
Small Group Interventions
Progress Monitoring

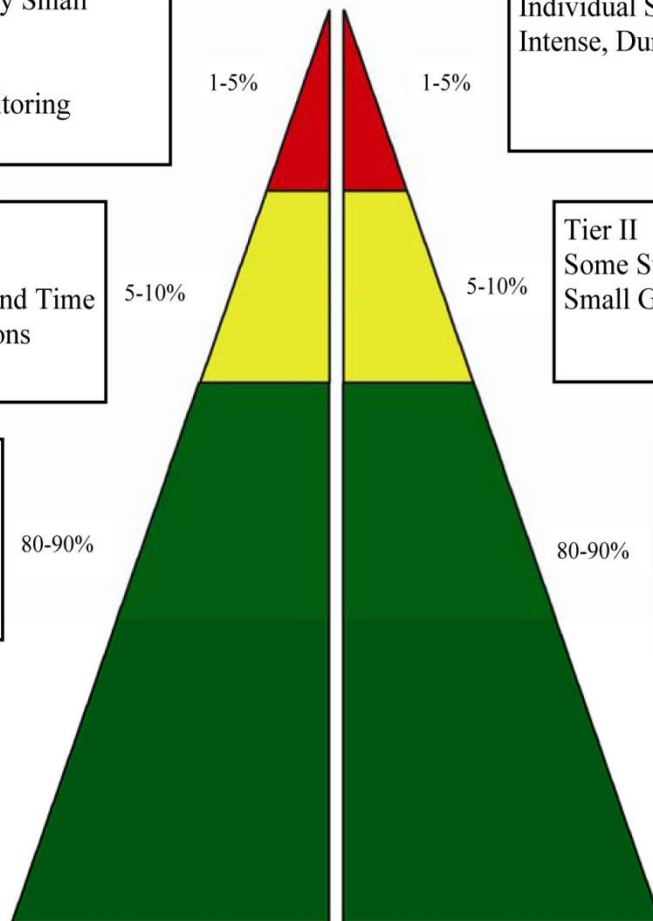
Tier I
All Students
Universal Screening

Behavioral Systems

Tier III
Individual Students
Intense, Durable Procedures

Tier II
Some Students (at-risk)
Small Group Interventions

Tier I
All Settings
All Students
Preventive
Proactive



STUDENTS WHO STRUGGLE IN READING, MATH, AND BEHAVIOR RESPONSE TO INSTRUCTION (RtI)

Each school now has one or more problem solving teams (PST) designed to address the unique and individual needs of each child. In addition to addressing the typical challenges faced by many students, these teams are also designed to address instructional areas for such issues as generalized or specific learning problems, characteristics of dyslexia, characteristics of ADHD, and generalized or specific behavior problems. These teams meet at least once per month to review progress of ALL students in the school. General procedures to address the needs of students are as follows:

Tier I (Core Program)

On-grade level instruction using multiple methods of instruction and awareness of your child's learning style. Instruction includes such strategies as modeling, re-teaching, providing general remediation, providing corrective feedback, allowing multiple opportunities for student practice, flexibly grouping students, ensuring student engagement, use of pacing guides to direct instruction, use of differentiated instruction, providing accommodations to "level the playing field" for all students, and participation in a screener assessment to identify student needs that will be addressed through the RtI process.

Tier II Intervention

Additional 45-60 minutes of individual or small group instruction is provided per week, which is targeted to specific needs of the student using research-based strategies. If a student is identified "below grade level," he/she will work on instruction from Classworks. The PST determines which students need Tier II interventions and will notify parents of that decision. Selected students will participate in a "progress monitoring" assessment to determine success of these interventions a minimum of once every two weeks. Parents will be notified of a child's progress, success, or lack of progress, along with a graph of his/her child's progress. During Tier II intervention, parents will receive research-based strategies from the school that you can use at home to help students with reviews, homework, and studying. Tier II interventions may be short-term and stop once a student has obtained adequate progress toward the targeted skill.

Tier III Intervention

Tier III services are provided *in addition* to TIER II interventions. Tier III students are administered a universal screener 3 times per year. Tier III Students are identified by a screener as being 2 or more grade levels below that his/her enrolled grade. An additional 60-90 minutes of individual or small group instruction per week is provided, which is targeted to specific needs of the student using research-based strategies and *programs*. All Tier III students will work on instruction from Classworks. These programs are taught by qualified and trained personnel. The PST determines which students need additional Tier III interventions and will notify parents of that decision. Tier III students will participate in "progress monitoring" assessments *weekly (beginning January 2015, Tier II students will be assigned Curriculum Based Measurement Probes)* to determine the success of the interventions. Parents will be notified of a child's progress, success, or lack of progress, along with a graph of his/her child's progress. A vision and hearing screening is conducted, along with other assessments that may help to identify any additional problems the child may be having that hinders his/her success. Tier III interventions are intensive and long-term. However, Tier III interventions may stop once a student has obtained adequate progress toward the targeted skills. Lack of progress over time using Tier I, Tier II, and Tier III interventions may result in a referral for an evaluation for special education eligibility.

Parents who are considering requesting an evaluation for special education eligibility are strongly encouraged to first allow the student to participate in the full RtI process prior to submitting the written request for evaluation. The RtI process is designed to ensure the implementation of appropriate instruction, which is a necessary component in determining whether a disability is present and if special education services are needed.

RtI Student Referral Form

Student: _____ Grade: _____ Race: _____
Date of Birth and Age: _____ Parent/Guardian Name and Phone Number(s): _____
Referring Teacher: _____ Referral Date: _____
Subject Area: Reading Math

Assessment Results:

Current Average: Reading _____ Math _____
DIBELS Scores: ISF _____ NWF _____ ORF _____
ARMT+ Levels: Reading _____ Math _____
Aspire: Reading _____ Math _____
ACT Scores: Reading _____ Math _____
ScanTron: Reading _____ Math _____
STI Assessment: Reading _____ Math _____
STAR Assessment: Reading _____ Math _____
Classworks Scores: Reading _____ Math _____

How does this student's skills compare to those of an average student in your room?

Area(s) of Non-Proficiency and/or of Concern:

_____ Reading: Word Identification _____ Math: Basic Math Facts
_____ Reading: Oral Reading Fluency _____ Math: Computation
_____ Reading: Comprehension _____ Math: Problem Solving
_____ Reading: Failing Grades
Has this student been retained? _____ Yes _____ No If yes, what grade(s): _____

List interventions already implemented and results of each:

Documentation of parent contacts made prior to referral must be attached to this referral form.

**Form to be completed by referring teacher.*

Problem Solving Team Checklist

Student Name: _____

Person Referring Student & Position: _____

- _____ Vision Screening from current school year
- _____ Hearing Screening from current school year
- _____ Referral for Evaluation Form (to be completed by general education teacher in area of suspected lack of progress)
- _____ PST Student Intervention Plan Form
- _____ SID-Student Intervention Documentation Form
- _____ Copy of most recent report card
- _____ Copy of most recent comprehensive progress report
- _____ Copies of State and Local Assessments
- _____ Work Samples (3 to 5 graded samples in the area of lack of progress)
- _____ Other records/reports if applicable (Teacher notes, Discipline Files/Notes, Medical Reports)

Completed file should be given to appropriate Guidance Counselor to be maintained in Cumulative Folder.

File Given to: _____ Date: _____

PST Chairperson to keep a copy of this form.

Problem Solving Team (PST) Intervention Plan

SECTION A. Student Demographics and Area(s) of Concern

Student:

Grade: Race: Date of Birth and Age:

Parent/Guardian Name and Phone Number(s):

Specific Area(s) of Concern:

SECTION B. Intervention Plan

Staff Member(s) responsible for Intervention Implementation: _____

Identified Concern(s) to be addressed:

Reading Math Behavior

Types of Interventions:

Tier II Intervention Date Initiated: _____

- Reading: Phonemic Awareness
- Reading: Word-level
- Reading: Oral Reading Fluency
- Reading: Comprehension
- Math: Basic Math Facts
- Math: Computation
- Math: Reasoning/Problem solving
- Behavior: Specify: Social Skills, Anger, Defiance, Drugs/Alcohol, Peer Relations, Adult Relations, Truancy, Fails to turn in work..... = Development of FBA/BIP

Tier III Intervention Date Initiated: _____

- Reading: Phonemic Awareness
- Reading: Word-level
- Reading: Oral Reading Fluency
- Reading: Comprehension
- Math: Basic Math Facts
- Math: Computation
- Math: Reasoning/Problem solving
- Behavior: Specify: Social Skills, Anger, Defiance, Drugs/Alcohol, Peer Relations, Adult Relations, Truancy, Fails to turn in work..... = Review/Revise BIP (possibly new FBA)

Intervention Goal:

In _____ weeks, the student will: _____

ROI Goal (rate of improvement needed weekly to achieve intervention goal....Aim Line): _____

Types of intervention:

Progress Monitoring Tool:

Progress Monitoring Frequency:

Complete an additional goal sheet for each intervention goal that is established by the PST.

SECTION C. Intervention Plan Review (at least every 4 weeks).

Signatures:

	Initiation Date:	Review Date:	Review Date:	Review Date:	Completion Date:

** Student Intervention Documentation Form to be completed by the staff member implementing the intervention.*

Behavior Report Card

Adapted from Crone, Horner & Hawken (2003)

Points Possible: _____

Points Received: _____

Name: _____ Date: _____

Intervention Program: _____

Rating Scale: 3=Good day 2= Mixed day 1=Not satisfactory/Needs to try harder tomorrow

GOALS:

	1 st period	2 nd period	3 rd period	4 th period	5 th period	6 th period	7 th period	8 th period
Be Respectful								
Be Resourceful								
Be Responsible								

Teacher Comments: _____

Parent Signature and Comments: _____

Original Parent Notification

Date: _____

Dear parent:

Your child, _____, has been referred to our Problem Solving Team (PST). Each local school within Houston County Schools has a PST in place to help students who are struggling in academics and behavior.

He/She needs additional support in the following area(s):

_____ **MATH**

Current Average: _____ (See attached documentation)

Current Progress Monitoring Score: _____ (STI/Global Scholar/ScanTron/Classworks/STAR)

Other Data: _____

_____ **READING**

Current Average: _____ (See attached documentation)

Current Progress Monitoring Score: _____ (STI/Global Scholar/DIBELS/STAR/ScanTron/Classworks)

Other Data: _____

_____ **BEHAVIOR**

Measurable Goal: _____

Current Measurable Level of Performance: _____

_____ Your child will be receiving additional attention, focus, and support in the general education classroom. Instruction is explicit, differentiated, and targeted based on teacher recommendations, grades, and assessment data.

_____ Your child will be receiving additional attention, focus, and support in the following Intervention Program: _____

Your child is being progress monitored on a recurring basis and we are collecting student work samples. Teachers are keeping daily records of small group and differentiated instruction.

A Problem Solving Team update will be sent home with each progress report and report card.

Parent Signature: _____ Date: _____

Please feel free to contact us with any questions.

Sincerely,

PST Chairperson: _____ Date: _____

Student Intervention Documentation Form (SID)

Student: _____

Grade: _____

Teacher: _____

Subject: _____

Goal:

Month: _____

(Significant progress/ Some progress/No Progress)

Wk	Date:	Intervention:	M	T	W	Th	F	Student Response (1xWk)
1								
2								
3								
4								
5								
6								
7								
8								

Month: _____

(Significant progress/ Some progress/No Progress)

Wk	Date:	Intervention:	M	T	W	Th	F	Student Response (1xWk)
1								
2								
3								
4								
5								
6								
7								
8								

Month: _____

(Significant progress/ Some progress/No Progress)

Wk	Date:	Intervention:	M	T	W	Th	F	Student Response (1xWk)
1								
2								
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7								
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Month: _____

(Significant progress/ Some progress/No Progress)

Wk	Date:	Intervention:	M	T	W	Th	F	Student Response (1xWk)
1								
2								
3								
4								
5								
6								
7								
8								

PST Update from teacher:

Problem Solving Team Update for Parents

Date: _____

Dear parent:

The PST is still working with your child, _____. He/She is receiving additional support in the following area(s):

_____ **MATH**

Current Average: _____ (See attached documentation)

Current Progress Monitoring Score: _____ (STI/Global Scholar/STAR/ScanTron/Classworks)

Other Data: _____

_____ **READING**

Current Average: _____ (See attached documentation)

Current Progress Monitoring Score: _____ (STI/Global Scholar/DIBELS/STAR/ScanTron/Classworks)

Other Data: _____

_____ **BEHAVIOR**

Measurable Goal: _____

Current Measurable Level of Performance: _____

Your child is still receiving additional attention, focus, and support in the general education classroom. Instruction is explicit, differentiated, and targeted based on teacher recommendations, grades, and assessment data.

Your child is being progress monitored on a recurring basis and we are collecting student work samples. Teachers are keeping daily records of small group and differentiated instruction.

A Problem Solving Team update will be sent home with each progress report and report card.

Parent Signature: _____ Date: _____

Please feel free to contact us with any questions.

Sincerely,

PST Chairperson: _____ Date: _____

Monthly Student Intervention Plan Review

School Year: _____

Student: _____ Grade: _____

Intervention Provided by: _____ Tier: _____

Required items stapled to back:

_____ I Now Attendance Reports

_____ *STI/Global Scholar/DIBELS/STAR/ScanTron/Classworks* Progress Monitoring Reports

_____ Signed Copies of Progress Reports and Report Cards

_____ Copies of Student Intervention Documentation For (SID)

_____ Documentation from intervention teacher of class time missed and reason (assembly, pictures, drills, pep rally, etc.)

Team Recommendations: (Continue/Intensify/Fade/Dismiss)

Special Notes and Comments:

Problem Solving Team Dismissal

Date: _____

The Problem Solving Team has determined that your child, _____ no longer needs additional supports. He/She has met or exceeded the benchmark goal we set for him/her. He/She has maintained that goal for a period of at least 4 weeks.

_____ MATH

Current Average: _____ (See attached documentation)

Current Progress Monitoring Score: _____ (STI/Global Scholar/STAR/ScanTron/Classworks)

Other Data: _____

_____ READING

Current Average: _____ (See attached documentation)

Current Progress Monitoring Score: _____ (STI/Global Scholar/DIBELS/STAR/ScanTron/Classworks)

Other Data: _____

_____ BEHAVIOR

Measurable Goal: _____

Current Measurable Level of Performance: _____

Parent Signature: _____ Date: _____

Please feel free to contact us with any questions.

Sincerely,

PST Chairperson: _____ Date: _____

Functional Behavioral Assessment Checklist

Houston County Schools

	Completed by:	Date Completed:
1. Parental Permission	_____	_____
2. Parent Interview/Survey	_____	_____
3. Teacher Interview	_____	_____
4. Student Interview/Survey	_____	_____
5. Reinforcer Survey	_____	_____
6. Classroom Observation Note	_____	_____
7. FBA Checklist	_____	_____
BIP Completed	_____	_____

Student Name _____

Date _____

1. Specific Target Behavior (Include description, frequency of occurrence, duration, intensity)

2. Setting In Which Behavior Occurs

3. Activities During Which the Behavior Occurs

4. Time of day behavior occurs: _____

5. Person (s) around whom the behavior occurs

6. Factors That Appear to set off or Precede the behavior:

a. Teacher Factors

____ Task Explanation	____ Teacher Reprimand
____ Lesson Presentation	____ Individual Attention
____ Teacher Praise	____ Task Demands
____ Lack of Attention	____ Consequence Imposed for Negative behavior
____ Teacher Request	____ Other: _____
____ Performance Feedback	

b. Peer Factors

____ Peer Attention (Positive)
____ Peer Attention (Negative)
____ Other: _____

c. Setting Factors

____ Transition (Task/Routine)	____ Presence of Unfamiliar Peers
____ Transition (Task/Unexpected)	____ Transition (Setting/Routine)
____ Elevated Noise Levels	____ Transition (Setting/Unexpected)

7. Factors that appear to occur when the behavior occurs

a. Student Factors

- Drowsy/Sleepy appearance
- Disturbed Affect (sad/angry/mad)
- Physical Complaints (hunger, pain, etc)
- Excessive motor activity
- Other: _____

b. Setting Factors

- Independent Seat Work
- Crowded setting
- Unstructured setting

- Group Instruction
- On-to-one Instruction
- Unstructured Activity
- Other: _____

8. Factors that appear to follow the behavior

a. Teacher Factors

- Task Removal
- Teacher Warning
- Response Cost/Token Economy
- Communication with parent
- In-school suspension
- Teacher Praise
- Withdrawal of attention
- Time-Out
- Sent to office
- Predetermined Contingency
 Imposed
- Out-of-school suspension
- Teacher Reprimand
- Alternative School Assigned
- Other: _____

b. Peer Factors:

- Peer Attention (Positive)
- Peer Attention (Negative)
- Other: _____

9. Behavioral Intent or function (s) that the behavior appeared to serve

a. _____ Power /Control

- i. _____ Over Teachers
- ii. _____ Over Peers
- iii. _____ Over Parents
- iv. _____ Other _____

- b. _____ Escape/Avoidance
 - i. _____ From an activity or task
 - ii. _____ From a person _____
 - iii. _____ From the classroom or school

- c. _____ Attention
 - i. _____ Teacher
 - ii. _____ Peer
 - iii. _____ Parent

Date: _____

Student Name: _____

Grade: _____ Teacher: _____

School: _____

I, _____, give permission for Houston County Schools to conduct a Functional Behavior Assessment for my child to attempt to determine why certain behaviors are exhibited. If the staff members are able to determine the purpose(s) of the behavior, a Behavior Intervention Plan (BIP) will be developed where personnel can devise interventions to help the child display more socially acceptable behaviors. I understand that I will be contacted when the BIP has been developed.

Parent Signature: _____

Date: _____

HOUSTON COUNTY SCHOOLS BEHAVIOR INTERVENTION PLAN

Student's Name _____ Date: _____

Dates of Implementation: _____ through _____

Case Manager: _____

Profile of Student and Behavior (From FBA):

Target Behavior: (Describe in detail)

Goal: (Must be written in terms of measurement--frequency counts, latency, duration)

**Intervention Strategies including consequences for appropriate and inappropriate behaviors:
(How will replacement behaviors be taught (to include reinforcers)?)**

Intervention Strategies continued.....

Method of Documenting Progress:

- _____ Behavior Charting
- _____ Behavior Log
- _____ Daily Report
- _____ Weekly Report
- _____ Behavior Contract
- _____ Point Sheet
- _____ Token Economy
- _____ Teacher Reports
- _____ Anecdotal Record

When will this information be shared with the parent? Daily Weekly Monthly

Schools Staff responsible for implementation and monitoring of progress:

- _____ **Special Education Teacher**
- _____ **General Education Teacher**
- _____ **School Counselor**

I understand and have actively participated in the development of this plan as a part of the IEP.

Parent _____	Date _____
Parent _____	Date _____
Student _____	Date _____
Reg Ed Teacher _____	Date _____
Spec Ed Teacher _____	Date _____
LEA Representative _____	Date _____
Other _____	Date _____