

# MAYFLOWER DISTRICT

## RTI

*An Implementation Guide  
for  
Maximizing Student Achievement*



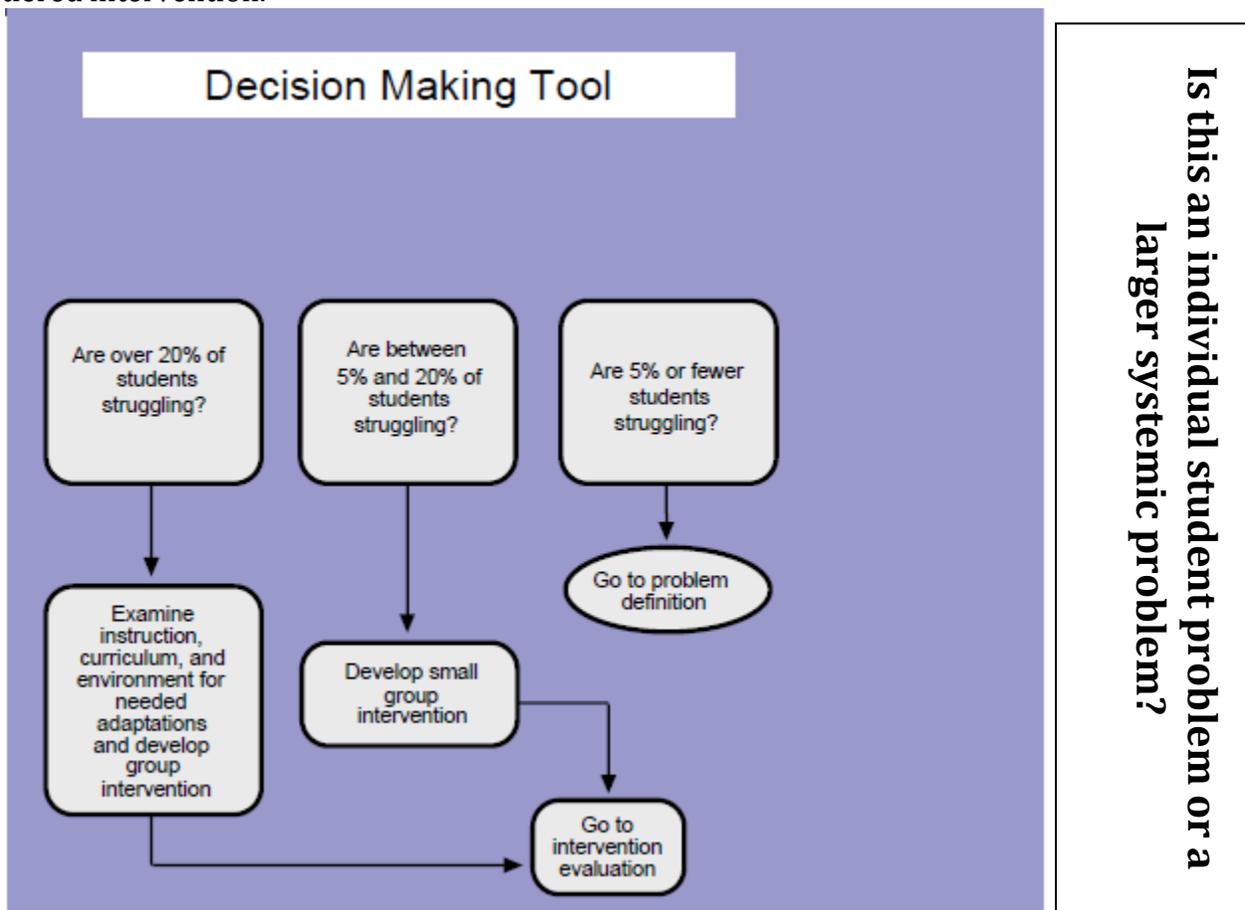
## INTRODUCTION

The ultimate goal of RTI is to maximize the academic and social, emotional, and behavioral learning, progress, and proficiencies of all students. This is accomplished when teachers, supported by other staff and administrators, effectively use scientifically-based curricula and instructional procedures to help students master academic and social, emotional, and behavioral skills.

RTI starts in the general education classroom with evidence-based curricula taught by Highly Qualified Teachers using effective instructional practices. RTI involves determining students' mastery of material and response to classroom management through effective assessments and progress monitoring. When students are not successful over time, RTI is a component of a problem-solving process that determines why success has not occurred and what to do about it.

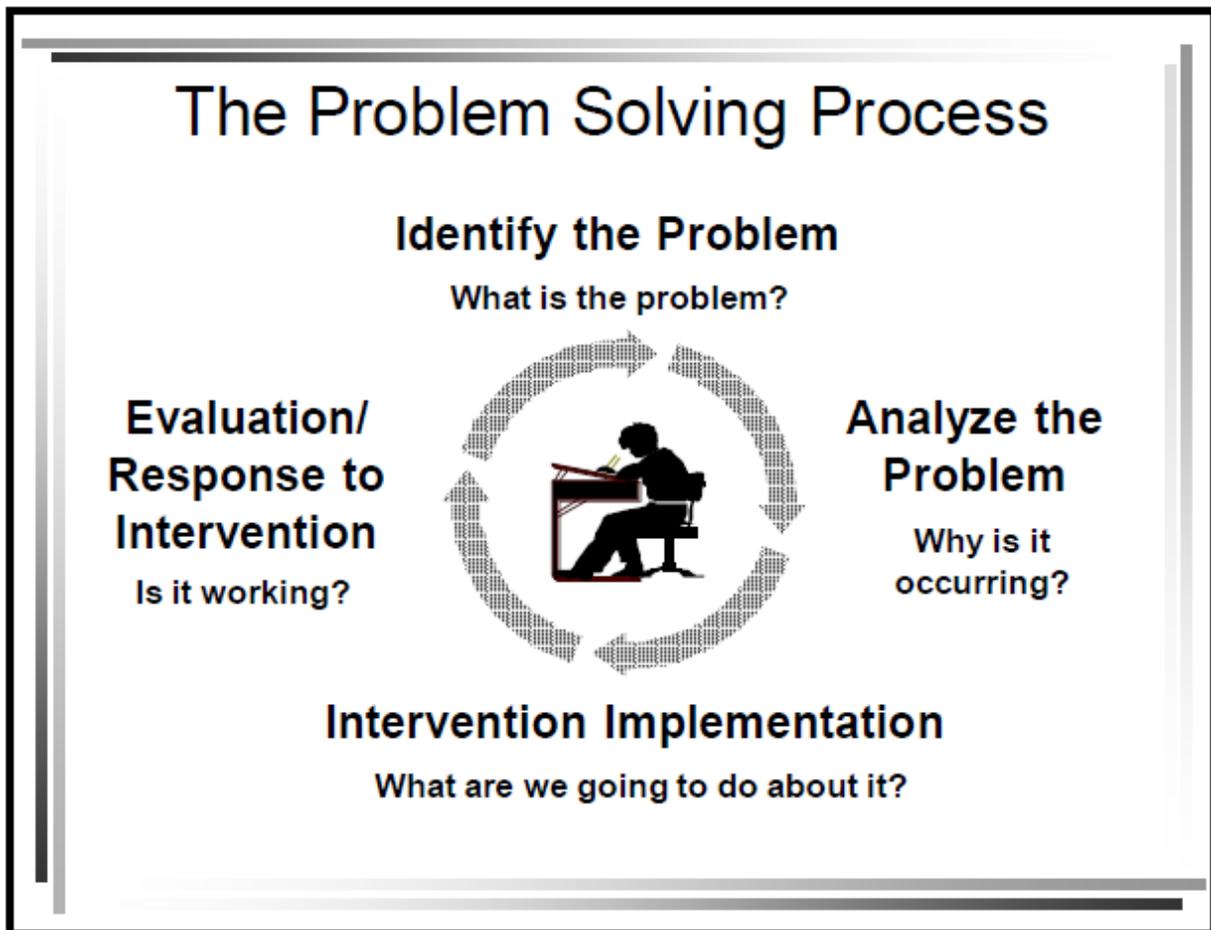
## WHERE DOES RtI BEGIN?

RTI begins with an assessment of the effectiveness of core instruction. Education professionals should begin by answering, "Are students provided with well-delivered, scientific, research-based core instruction? How is this verified?" Effective core instruction should meet the needs of 80% of the student population and should be verified by valid, reliable assessment measures. The following diagram released by the state of Arkansas should be the foundation for assessing current needs and developing a systemic process of tiered intervention.



## WHERE DOES RtI GO?

For students who are not responding to high quality instruction and teacher-initiated interventions over time, the problem-solving process becomes more formal as (a) functional assessments are completed, (b) resulting in more intensive classroom-based interventions, (c) where student progress is monitored more frequently, and (d) data is used to determine the success of interventions or the need for more intensive services. The intensity of services delivered is driven by **student outcomes**.



The ***Problem Identification*** and the beginning of the ***Problem Analysis*** steps begin as teachers complete a **Comprehensive Student History** and **Record Review** for the student of concern. This Review documents the student’s social and developmental, medical, attendance, academic achievement and progress, disciplinary, classroom-based intervention, and other “special services” histories. This review provides a snap-shot of the student’s prior successes and struggles, strengths and weaknesses, resources and support systems, limitations and gaps, and other possible factors contributing to the area(s) of concern. The next phase of the ***Problem Analysis*** step is to use the data to help determine why a student is not making academic or behavioral progress. For example, is it due to student-specific factors, teacher-instructional practices, and/or curricular factors? Once identified and validated, assessment results are directly linked to high probability of success and evidence- or research-based interventions.

When ***Developing and Implementing the Intervention Plan***, interventions are best implemented through a written Academic or Behavioral Intervention Plan. (If an Academic Improvement Plan [AIP] has previously been written for the student, it may be modified as needed to suit the needs of the student under RtI.) A formal Academic or Behavioral Intervention Plan contains the following sections: (a) **specific goals**; (b) **interventions, their implementation methods and timelines**; (c) **evaluation strategies**, including those to validate treatment integrity, along with who will complete them and when they will occur; and (d) **decision rules or criteria indicating a successful resolution of “the problem” and next steps**.

The ultimate goal of any intervention or intervention program is (a) to help students be successful in the general education classroom and curricula (with as few modifications as possible), and (b) to help them to be largely responsible for managing (i.e., implementing, monitoring, and evaluating) their own success. Therefore, it is necessary to ***Evaluate the Plan***. To accomplish this, all interventions need to be outcome-based and **formatively evaluated** to track students’ progress over time. In addition, at the end of a school year, or when an intervention is successful, **summative evaluations** should be conducted, summarized, and recorded in a student’s cumulative folder/permanent records.

**WHO IS RESPONSIBLE FOR IMPLEMENTING THE PROBLEM SOLVING PROCESS?**

When students do not respond to well-designed lessons, effective instruction, and supportive classroom environments, the data-based problem solving process becomes more focused, formal, and intensive. When this occurs, the use of a **Grade- or Instructional-Level RtI Team** is to be used to guide the next level of functional assessment and intervention. If a student still is not responding after the interventions generated through the **Grade- or Instructional-Level RtI** process have been effectively implemented, the **Building-Level RtI Team** gets involved.

**GRADE/INSTRUCTIONAL RtI TEAM**

All general education teachers teaching at same grade level (E)

Group of teachers who are largely teaching the same students during the course of the day (M, H)

One representative of the Building Level RtI team who is assigned to and meets with a specific grade level for entire school year (E, M, H)

Meets weekly

Intervention Plan developed, maintained using RtI Student Folder

**BUILDING RtI TEAM**

Building Administrator

School Counselor

Parent Center Coordinator

Selected Special Education Teacher

Speech Pathologist (as appropriate)

School Nurse (as appropriate)

Classroom Teacher (as appropriate)

Meets monthly

Intervention Plan revised, maintained using RtI Student Folder

The **Building-Level RtI Team** is comprised of 5-10 members. Within the team, various members are appointed by the building administrator to hold the roles of **Chairperson**, **Recorder**, and **Data Manager**. Responsibilities are as follows:

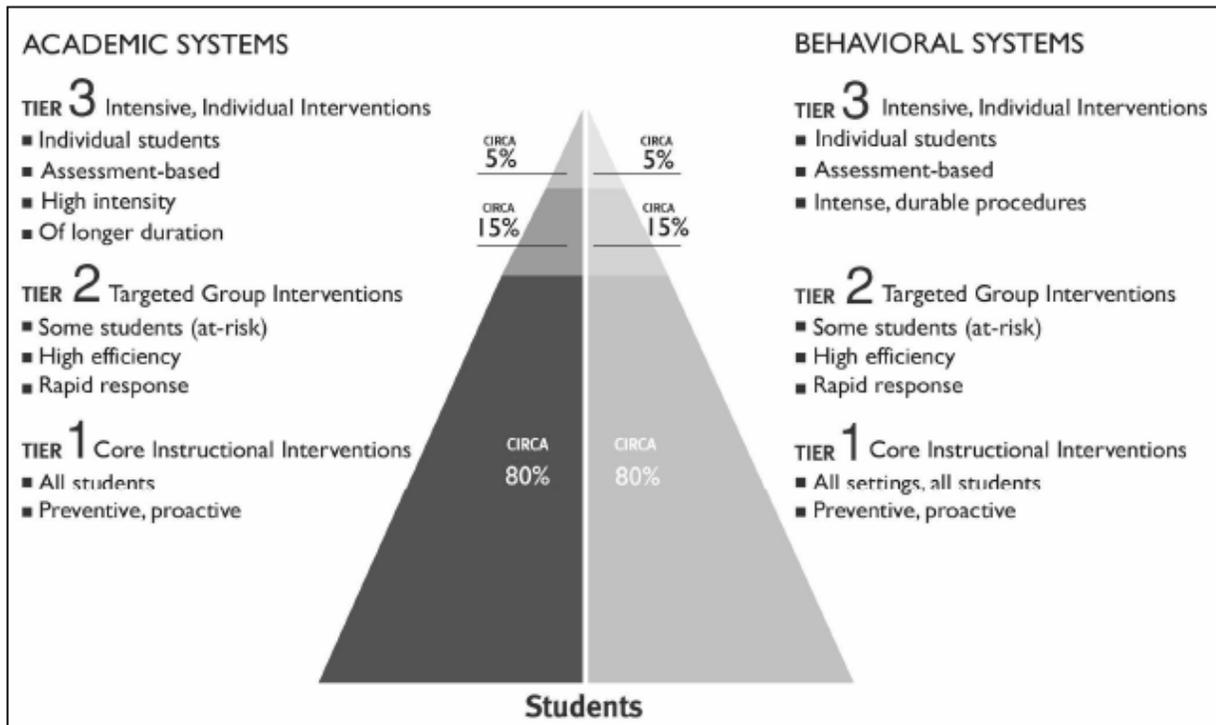
- **Chairperson**—is the leader who develops the agenda to guide each monthly meeting. The chairperson also provides notification to the teacher/parent/student (if applicable)/all other relevant parties.
- **Recorder**—documents proceedings/takes minutes during each monthly meeting. The recorder is responsible for providing minutes to each Building-Level RtI Team member before the next scheduled meeting. The recorder maintains documentation of minutes in the designated binder for future reference. At the beginning of each meeting, the recorder reports the proceedings from the previous meeting.
- **Data Manager**—facilitates the collection of data relevant to building performance on normative and other assessments (ITBS, Augmented Benchmark Exam, EOC, HS Literacy Exam). The data manager presents this data to the RtI Team. He assists the teacher in monitoring response to intervention (formative and summative assessments and plotting growth).

In addition to the roles of Chairperson, Recorder, and Data Manager, the **Administrator**, **General Education**, and **Special Education Professionals** have responsibilities as defined below:

- **Administrator**—develops and oversees team efforts; provides a supportive school environment that encourages collaboration; ensures ongoing, high-quality professional development; ensures adherence to timelines; and provides caseloads and schedules that facilitate the process.
- **General Education Teachers**—provide differentiated instruction based upon student instructional level; gain access to training and support in the use of research-based interventions; become proficient in progress-monitoring; and collects applicable data according to designated timelines.
- **Special Education Teachers**—provide differentiated instruction in an inclusive environment; access training and gain proficiency needed to assist general educators with interventions; provide expertise and consultation in progress monitoring and behavioral and instructional interventions.

### **WHAT IS THE STEP-BY-STEP RtI PROCESS FROM THE CLASSROOM TO BUILDING-LEVEL SUPPORT?**

The standard Mayflower protocol model utilizes a set of standard research-based interventions implemented in three tiers or levels. The **first tier** involves interventions that take place in the **general education class**. **Tier Two is also a general education responsibility**, but it involves a more intensive intervention and perhaps more intensive progress monitoring. Also, Tier Two typically involves **some outside assistance** from other teachers and/or experts in subject areas. **Tier Three is individualized** and often includes program-based interventions.



### **Step 1 (Tier 1): Effective Classroom Instruction and Behavior Management**

When developing classroom lessons, every general education teacher analyzes (a) the goals, objectives, and desired outcomes of a specific academic or behavioral unit or lesson; (b) his or her teaching or instructional approaches; and (c) the learning history, status, and styles of the students in his/her classroom to develop the best ways to differentiate and teach the unit or lesson to maximize student learning mastery. The general education teacher teaches the lesson(s), assesses student learning, and monitors students' mastery and speed of mastery over time.

### **Step 2 (Tier 1): Collecting Historical Information and Determining the Student's Current Skill Levels and Status**

For those students who are not consistently learning and demonstrating proficiency, and/or for those exhibiting social, emotional, or behavioral concerns, the teacher needs to take the following steps:

- Complete a Cumulative Record Review on the student (see Appendix Form B). This involves information on the schools attended by the student and his/her yearly attendance; student grades and test scores; services, supports, and previous interventions; medical, health, and family history; social, emotional, behavioral, and school discipline history; and other important factors related to the student's school functioning.
- Interview the parents/guardians, last year's teacher or teaching team, previous year's teachers or support personnel, and anyone else of relevance to discuss the student's strengths, weaknesses, development, and progress—especially as it relates to the areas of concern. **All parent contact should be documented on a Parent Communication/Contact Log** (see Appendix Form E).

- Determine (with other teachers, consultants, or school personnel, as needed) the current functional academic and behavioral status of the student. This involves identifying the academic and behavioral skills that the student has mastered (regardless of the “grade level placement or designation” of those skills), the current instructional level of the student, and the student’s “frustration” level—that level where material is currently too difficult for the student (see Appendix Form B).
- Determine the need for social, developmental, or medical assessments of the student—decisions that may involve other school personnel (e.g., the school nurse, counselor, school social worker or psychologist). Such assessments may include: (a) a formal Social Developmental History or Assessment, and/or (b) Health Screenings, Medical Check-ups, or other Diagnostic Assessments (see Appendix Form B). In this latter area, it is important to identify (or discount) the impact of any student-specific medical, physiological, neurological, biochemical, or other issues that exist and may be affecting students’ academic or behavioral status or progress.

As a result of the information collected, the teacher decides if he/she can independently complete the functional assessment problem solving process to determine why the student is exhibiting the identified concerns (using Appendix C as a guide). At this point, the teacher moves ahead with an instructional adaptation (Step 3), or decides that more assistance is needed to complete either the functional assessment and/or intervention process. Depending on the teacher’s assessment of the assistance needed, he/she may move to Step 4, 5, or 6. (In most cases, the teacher should proceed to Step 3.)

### **Step 3 (Tier 1): Remediation, Intervention, Accommodations, and/or Informal Modifications**

For those students who are not mastering curricular or behavioral skills or material, the teacher can use the data and information from Step 2 and provide, as indicated, one or more of the classroom-based adaptations below:

- Remediations of specific prerequisite or primary skills that the student has not mastered or is having difficulty transferring or applying;
- Interventions to teach a new skill, build fluency or automaticity in a skill, or facilitate the transfer of existing skills to a new application or situation;
- Informal accommodations that change specific learning conditions for the student—for example, changes in how instruction is presented in the classroom setting that involve the use of support equipment or materials, ways that the student is required to respond to classroom instruction or assignments, the timing or scheduling of instruction or assignments; or
- Informal modifications of the curricula, instructional material, or related instructional approaches that adapt but do not reduce learning expectations.

These academic or behavioral adaptations are largely planned, implemented, and evaluated by the classroom teacher with or without informal consultation (e.g., a grade-level colleague or school-level consultant). Once again, the need for one or more of these adaptations has been validated through the data-based, functional assessment problem-solving process. The teacher needs to collect and document all of the diagnostic data that

determine the need for, and that evaluate the results of the adaptations implemented (see/use Appendix B). If the student still is not responding, academically or behaviorally, a decision is made to proceed to Step 4, Step 5, or Step 6. (In most cases, the teacher should proceed to Step 4 below.)

**Step 4 (Tier 1/2): Consultation and Classroom-based or Classroom-focused Instruction or Intervention Services, Supports, Strategies, or Programs (30 minutes a minimum of 3 times per week, 5 or less students)**

With the information from Step 2, and the documentation and data from Step 3, the classroom teacher may consult and/or work with other colleagues who are already providing services in the classroom to some or all of the students. The consultations may focus on additional assessments to further understand a student's difficulties, and/or classroom-based instructional or intervention approaches. These consultants include:

<b>Academic Concerns</b>	<b>Behavioral Concerns</b>
Teacher Colleagues	Counselors
Instructional Facilitators/Coaches	Social Workers
Special Education Teachers	School Psychologists
Arch Ford ESC Instructional Specialists	Special Education Teachers

As this consultative support is provided, the data-based functional assessment problem-solving process continues to be used as the teacher and consultant(s):

- Re-analyze the conditions, circumstances, or problems that may be impacting the specific student;
- Identify and validate the reason(s) for the student's difficulties; and
- Plan, implement, and evaluate the interventions needed by the student (as determined by the functional assessment)

These activities involve collegial consultation, and the student's parents or guardians are re-appraised of the situation, the student's lack of response to previous classroom adaptations, and to the teacher's ongoing efforts. The teacher needs to collect and document all outcome data that occur as a result of these interventions (see/use Appendix D). If a student still is not responding, academically or behaviorally, a decision is made to proceed to Step 5 or Step 6. (In most cases, the case should proceed to Step 5 below.)

**Step 5 (Tier 1/2): Grade-Level RtI Team Meeting**

With all of the information, documentation, and data collected thus far, the teacher gets on his/her Grade-Level RtI team's meeting agenda, updates his/her Record Review information and form, and prepares and presents the case (see the section below on the Case Review Meeting).

Based on the case review, the teacher receives additional classroom-based functional assessment and intervention assistance/consultation from one or more colleagues on the

team. Again, guided by the data-based, functional assessment problem-solving process, the teacher and grade-level consultant(s):

- Re-analyze the conditions, circumstances, or problems that may be impacting the specific student;
- Identify and validate the reason(s) for the student's difficulties; and
- Plan, implement, and evaluate the interventions needed by the student (as determined by the functional assessment).

The teacher needs to collect and document all outcome data that occur as a result of these interventions (see/use Appendix Form D). If the student still is not responding, academically or behaviorally, a decision is made to proceed to Step 6 or Step 8. (In most cases, the case should proceed to Step 6 below.) **Reminder—Grade Retention: If a teacher is considering a student for grade retention, this process may begin as early as December, but no later than third nine weeks' scheduled conference date, as the teacher advises the Building Principal and, perhaps, the Chair of the Building-Level RtI team about that possibility.**

#### **Step 6 (Tier 2): Building-Level RtI Team Meeting**

With all of the information, documentation and data collected thus far, the teacher gets on the Building-Level RtI team's meeting agenda, updates his/her Record Review information and form, and prepares and presents the case by:

- Providing an analysis of the conditions, circumstances, or problems that may be impacting the specific student and
- Identifying and validating the reason(s) for the student's difficulties

In collaboration with the referring teacher, an intervention plan will be developed with implementation timelines and evaluation measures needed by the student as determined by the functional assessment (see Appendix D, Building-level Intervention Plan). All outcome data resulting from all phases of intervention are collected, documented, and entered into the Building-level Intervention Plan.

If progress or success does not occur at the strategic instruction or intervention level (i.e., there is an ongoing or continued lack of "student response"), the teacher may meet again with the Building-Level RtI team. At this point, the case is reconsidered, along with all of the intervention-related information and data collected thus far. Based on the case review, the Building-Level RtI team may assign additional consultants and/or resources to continue the assessment and intervention process at a more intensive level.

***Step 7 (Tier 3): Developing a 504 Accommodations or Assistive Support Plan (30-60 minutes 5 times per week, individual or 3 or less students with like needs)***

When indicated by the data and information collected, a teacher, consultant, or Grade-Level RtI team may refer a student to the Building-Level RtI Team asking them to consider the need either for (a) a 504 accommodation plan for the student, and/or (b) non-special education-related assistive supports. If deemed appropriate based on the results of the functional assessment results, a 504 or Assistive Support Plan will be written and implemented.

***Step 8: Referral for Assessments to Determine Special Education Eligibility***

Based on the student's lack of response to the interventions implemented by the teacher and/or designated services/programs, the teacher and Building-Level RtI Team meet again to reconsider the case. All intervention-related information and data are reviewed. At this point, the Building-Level RtI Team may decide to make a referral to have the student evaluated for eligibility as a student with a disability (such that more intensive services, supports, and/or interventions, under the provisions of an IEP, can be provided).

***Step 9: Eligibility Confirmed: Services Provided Through an IEP***

After confirming the acceptability of the referral, the Special Education Team coordinates and/or completes the assessments needed to determine whether a student qualifies for academic and/or behavioral services as guided by an IEP under the IDEA. See definitions and procedures outlined in the district Special Education Program Manual.

If the student is eligible for special education services in one area but continues to need intervention in an area outside of those provided by special education, the Building-Level RtI team continues to plan, implement, and evaluate interventions or services still needed by the student.

***Step 10: Success and Termination***

The RtI data-based, functional assessment problem-solving process is formally discontinued when interventions are successful. When success occurs at any step other than the Building-Level RtI, the process is recorded on appropriate forms (see Appendix Form D). When the case has been presented and processed at the Building-Level RtI, that team should re-review and debrief the entire case, officially terminate it, and discontinue and conclude their involvement. Success and termination is recorded on the appropriate forms (see Appendix Form D).

**WHAT ARE THE GOALS OF THE BUILDING-LEVEL RtI PROBLEM-SOLVING MEETING?**

- To share, with meeting participants, the historical information, existing data, and current status of the student of concern. This is done at the beginning of the first Building-Level RtI team meeting by the classroom teacher.
- To obtain additional, relevant information, from participants at the meeting, beyond that already collected during the first stated goal.
- To use all collected data to clarify the initial classroom concerns resulting in a descriptive definition of the academic and/or overt behavior of concern.

- To determine if the student, during the current and past years, has received appropriate levels of effective instruction, and if any attendance, health, or mobility circumstances or conditions have affected his or her progress in the area of concern.
- To determine what remediation, interventions, accommodations and/or modifications have already been attempted and to evaluate the treatment integrity and impact of those approaches.
- To contribute to the (a) identification of student strengths and weaknesses, (b) determination of academic or behavioral gaps, and (c) initial functional assessment of the student concerns, including (d) the beginning generation of hypotheses to determine why they exist.
- To determine if there is sufficient information to proceed.

This RtI Implementation Guide outlines procedures to guide effective school activities to address the needs of students exhibiting challenges academically, socially, emotionally, and/or behaviorally. Please see Appendix for required forms and suggested/recognized research-based interventions.

## RtI Assessments

ASSESSMENT TYPE	WHAT IS IT?	WHAT DECISIONS DOES IT HELP EDUCATORS MAKE?	WHEN IS IT USED?
<p><b>Screening</b> DIBELS for Reading Timed probes for Writing ___ for Math</p>	<p>A method of assessing all students with brief check of critical indicators.</p>	<p>It informs the educator as to which students may need extra assistance or additional diagnostic evaluation. The data from screening assessments can also be used to establish classroom or school norms.</p>	<p>All students are screened a minimum of three times per year (fall, winter, and spring)</p>
<p><b>Diagnostic Evaluation</b> DRA Observation Survey Running Records Writing Prompts San Diego Quick Assessment Z-Screener ___ for Math</p>	<p>Assessment aimed at pinpointing specific information regarding a student's strengths and needs.</p>	<p>It helps educators target instruction to build on existing strengths and remediate needs.</p>	<p>Diagnostic evaluation is used any time an educator needs clarification on a starting point for instruction or specific skills on which to focus intervention.</p>
<p><b>Progress Monitoring</b> DIBELS for Reading Timed probes for Writing ___ for Math</p>	<p>Formative assessment of student performance on a regular basis using standard procedures.</p>	<p>It tells educators if individual students are making progress or if they need a change in educational programming.</p>	<p>Progress monitoring is used throughout the tiers on a monthly, weekly, or daily basis depending on the intensity of the problem.</p>
<p><b>Outcome Assessment</b> TLI Math Module Tests TLI Literacy Module Tests TLI Science Module Tests</p>	<p>Summative assessments that are given at the end of a unit or module.</p>	<p>It documents the overall effectiveness of instruction and tells the teacher if the student has met the desired goal or outcome.</p>	<p>Outcome assessments are given at the end of modules and are used to inform educators about a student's educational program.</p>
<p><b>Personalized Learner Assessment</b> Interest Inventories Thinking and Learning Inventories</p>	<p>Assessment of a student's personal interests, learning styles, and multiple intelligences.</p>	<p>It helps the educator get to know the student on a personal level and how to differentiate instruction by tapping into interests and learning strengths.</p>	<p>It is ongoing but should be heavily focused at the beginning of the year.</p>

## CUMULATIVE RECORD REVIEW

### APPENDIX FORM B

<b>STUDENT NAME</b>	<b>DOB</b>	<b>GENDER</b>	<b>M</b>	<b>F</b>
<b>PARENT/GUARDIAN NAME</b>				
<b>ATTACH COPY OF REGISTRATION FORM</b>				
<b>LANGUAGE SPOKEN AT HOME</b>	<b>HAND PREFERENCE</b>	<b>LEFT</b>	<b>RIGHT</b>	<b>BOTH</b>
<b>IS THIS STUDENT AGE-APPROPRIATE FOR GRADE LEVEL?</b>	<b>YES</b>		<b>NO</b>	
<b>IF NOT, HAS THIS CHILD BEEN RETAINED?</b>	<b>YES</b>		<b>NO</b>	
<b>INDICATE ANY/ALL SPECIAL SERVICES THIS CHILD HAS RECEIVED IN HIS/HER EDUCATIONAL HISTORY.</b>	<b>PRESCHOOL ALE SPED</b>		<b>COUNSELING SPEECH/LANGUAGE OT</b>	
<b>TOTAL NUMBER OF SCHOOL CHANGES</b>				
<b>TOTAL NUMBER OF SCHOOL ABSENCES</b>				
<b>REASON FOR REFERRAL TO RtI</b>	<b>ACADEMIC</b>		<b>BEHAVIORAL</b>	
<b>BRIEFLY DESCRIBE THE REASON FOR REFERRAL</b>				
<b>HAVE YOU DISCUSSED THIS WITH YOUR GRADE/INSTRUCTIONAL</b>	<b>YES</b>		<b>NO</b>	

<b>RtI TEAM?</b>		
<b>DATE OF DISCUSSION</b>	<b>MONTH:</b>	<b>DAY:</b>
		<b>YR.:</b>
<b>IF "YES," WHAT INTERVENTIONS WERE SUGGESTED OR WHAT RECOMMENDATIONS DID THE GRADE LEVEL TEAM MAKE?</b>		
<b>ATTACH APPLICABLE DATA (I.E., STANDARDIZED TEST SCORES, DATA CARD, REPORT CARD, ETC.)</b>		
<b>IS THERE ANY OTHER PERTINENT FAMILY, HEALTH, OR BACKGROUND INFORMATION THAT MIGHT BE HELPFUL TO UNDERSTAND THE STUDENT'S NEEDS (I.E., ILLNESS OF A FAMILY MEMBER, VISION OR HEARING PROBLEMS, PREMATURE BIRTH, STUDENT ON MEDICATION, ETC.)?</b>		
<b>RECOMMENDATIONS/NEXT STEPS OF BUILDING RtI TEAM</b>		
<b>SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>

# CHECKLIST OF POSSIBLE HYPOTHESES TO EXPLAIN STUDENT DIFFICULTIES

## APPENDIX C

- I. CHILD CHARACTERISTICS/CONDITIONS
  - A. Cognitive Areas
    - 1. Adequate/inadequate short and long-term memory (auditory/visual)
    - 2. Length of attention span
    - 3. Self-monitoring and self-management skills
    - 4. Self-control/impulsivity (ability/inability to delay long enough to think/behave)
    - 5. Ability/inability to integrate visual/motor/auditory tasks
    - 6. Presence/absence of prerequisite academic skills for task
    - 7. Cognitive/meta-cognitive ability and skills
  - B. BEHAVIORAL AREAS
    - 1. Self-control and self-management skills
    - 2. Attributions, beliefs, expectations, attitudes
    - 3. Social skills (interpersonal, problem-solving, conflict resolution skills)
    - 4. Adaptive behavior skills
    - 5. Academic engagement
  - C. HEALTH AREAS
    - 1. Hearing, motor, vision skills
    - 2. Presence of specific health conditions
    - 3. Physical and motor (fine and gross) capacity
    - 4. Medication cycle not appropriate for school day/activities
    - 5. Side effects of medication
    - 6. Speech/language difficulties
    - 7. Metabolism
    - 8. Fatigue/persistence resulting in higher activity, less ability to focus, etc.

**Other:**

**Excessive absences or moves**

**Lack of sensory stimulation during early childhood Language other than English**

- II. PEER CHARACTERISTICS/CONDITIONS**
  - A. Degree of cohesion between students relative to sharing common interests, values, and goals**
  - B. Peers support/reinforcement of appropriate/adequate models**
  - C. Social/academic skills of peers significantly higher (lower) than referred student**
  - D. Peer influence over student's appropriate/inappropriate behavior (e.g., supporting vs. taunting and instigating)**
  - E. Expectations/values of peer group that influence student**
  
- III. CURRICULUM CHARACTERISTICS/CONDITIONS**
  - A. Curriculum too easy or difficult**
  - B. Curriculum relevant/not relevant to child experiences/understanding**
  - C. Curriculum flexible/inflexible in its ability to be adapted to students' learning styles or individual needs**
  - D. Curriculum presented in a way that relates to child strengths/weaknesses (lecture/auditory, etc.)**
  - E. Curriculum presented too fast or slow for student learning rate**
  - F. Sufficient/insufficient opportunity to practice skills**
  - G. Length of curriculum assignments too long/too short for attention/concentration skills of student**
  - H. Philosophy of curriculum presentation too narrow or broad (e.g., phonics only)**
  - I. Curriculum empirically-based or not relative to student learning outcomes**
  
- IV. TEACHER CHARACTERISTICS/CONDITIONS**
  - A. Teacher expectations too high/too low for skills of student**
  - B. Feedback to student frequent/not frequent enough**
  - C. Rate of reinforcement too high/too low for student needs**
  - D. Presence/absence of assessment as an integral component of instruction**
  - E. Student and teacher physically too far apart or too close**
  - F. Sufficient/insufficient rehearsal time, direct instruction time, teacher guided practice**
  - G. Teacher energy, fatigue, or tolerance resulting in higher positive/negative or more/less frequent feedback and interaction**
  - H. Teacher familiar/unfamiliar or experienced/inexperienced with curricular methods needed by child**
  - I. Level of supervision (frequency/rate) too high/low for student needs**
  - J. Teacher teaching style related to child strength or weakness areas**

- V. CLASSROOM/SCHOOL/DISTRICT CHARACTERISTICS/CONDITIONS**
- A. Classroom seating arrangement fosters problems (too close/near to peers, too far from/close to teacher, near window or distractions, etc.)**
  - B. Rules/expectations in class/building far exceed skills of student to be successful**
  - C. Presence/absence of a school-wide discipline approach**
  - D. School and staff (staff to student) ration**
  - E. Sufficient/insufficient school materials (books, labs, other learning resources)**
  - F. Satisfactory/unsatisfactory professional development programs for staff**
  - G. Areas in building that are supervised adequately/inadequately**
  - H. Consistent/inconsistent discipline programs/philosophies/differences between staff who interact with students**
  - I. Temperature of building classrooms**
  - J. Schedule of the daily activities**
  - K. Bus ride (length, problems on bus carry over to school, other)**
- VI. FAMILY/NEIGHBORHOOD/COMMUNITY CHARACTERISTICS/CONDITIONS**
- A. Parent discipline adequate/inadequate**
  - B. Presence of conflict/physical aggression between parents/guardians**
  - C. Presence/absence of appropriate/inappropriate levels of parent supervision**
  - D. Parents support/non-support of homework completion**
  - E. Discrepancy in values/expectations between home/school**
  - F. Parent academic skills adequate/inadequate to help child**
  - G. Reading and related academic and appropriate extracurricular activities present/absent in or supported by the home**
  - H. Parent difficulties (substance abuse, etc.) result in inconsistent parenting, low levels of supervision, negativity**
  - I. Parent able/unable or willing/unwilling to reinforce school-related academic/behavior strategies in the home**
  - J. Parent expectations too high/too low for child along with too much/too little pressure**
  - K. Parent willing/unwilling or able/unable to meet health/nutrition/basic needs of child resulting in potential school absences, tardiness, ability of child to concentrate on school tasks, etc.**
  - L. Parent supervision of student relative to the presence/absence of appropriate/inappropriate adults/peers in community**

# INDIVIDUAL INTERVENTION PLAN (IIP)

## APPENDIX FORM D

<b>STUDENT NAME</b>		<b>PLANNED START DATE</b>		
<b>GOAL</b>				
<b>INTERVENTION PLAN</b>				
<b>TITLE OF INTERVENTION</b>		<b>TIER</b>		
<b>INTERVENTION SETTING</b>	<b>SMALL GROUP</b>		<b>PULL-OUT</b>	
	<b>INDIVIDUAL</b>		<b>COMPUTER-BASED</b>	
	<b>PUSH-IN</b>			
<b>PERSON RESPONSIBLE</b>				
<b>FREQUENCY</b>	<b>1-3 TIMES PER WEEK</b>		<b>TIME</b>	<b>15 MINUTES PER SESSION</b>
	<b>4-5 TIMES PER WEEK</b>			<b>30 MINUTES PER SESSION</b>
<b>HOW WILL PROGRESS BE MONITORED?</b>				
<b>DATE</b>	<b>INTERVENTION</b>	<b>OUTCOME</b>	<b>PROGRESS MONITORING</b>	<b>NEXT STEPS</b>

## PARENT COMMUNICATION LOG

### APPENDIX FORM E

<b>STUDENT NAME</b>						<b>DOB</b>		
<b>TEACHER NAME</b>								
<i>Teachers should document the times when a parent contact has occurred relative to a specific student.</i>								
PERSON CONTACTED	METHOD OF CONTACT					CONTACT DATE/TIME		RESULTS
	WRITTEN	PHONE	EMAIL	PERSON	TEXT			
	WRITTEN	PHONE	EMAIL	PERSON	TEXT			
	WRITTEN	PHONE	EMAIL	PERSON	TEXT			
	WRITTEN	PHONE	EMAIL	PERSON	TEXT			
	WRITTEN	PHONE	EMAIL	PERSON	TEXT			
	WRITTEN	PHONE	EMAIL	PERSON	TEXT			
	WRITTEN	PHONE	EMAIL	PERSON	TEXT			
	WRITTEN	PHONE	EMAIL	PERSON	TEXT			

## RtI GROWTH CHART

### APPENDIX F

GRADE	F	W	S	YEAR		GRADE	F	W	S	YEAR
<b>TOTAL SS</b>	<b>COUNT TO</b>			<b>SCORE</b>		<b>TOTAL SS</b>	<b>COUNT TO</b>			<b>SCORE</b>
90%						90%				
75%						75%				
50%						50%				
25%						25%				
10%						10%				

**DIRECTIONS:** First, rank your students highest to lowest on progress monitoring assessment. Next, determine the students that fall in the 10<sup>th</sup>, 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, and 90<sup>th</sup> percentile. To do so, convert the percentiles to decimals (i.e., 10% = .10). Next, multiply the decimal percent times the total number of students on the report (i.e., .10 x 70 = 7). **Using this example**, count 7 students up from the lowest ranking student to determine the lowest 10% of students. Now, look at the seventh person’s score. This score goes on the far left whisker of the plot. Repeat the process for 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, and 90<sup>th</sup> percentiles. This process provides you with your fall (F) benchmarks. These numbers will go on the points of your box and whisker plot.

In order to calculate growth at various benchmarks throughout the year, you will repeat this process at winter (W) and spring (S) benchmarks. Winter numbers will go on the bottom of the plot at respectable points. To calculate growth, subtract the fall from the winter scores. Divide by the total number of weeks between testing. (Conduct this process for each percentile point.)

The process can be repeated for spring, calculating growth between fall and spring or winter and spring.

(winter-fall) ÷ # of weeks between testing

**Growth:**     \_\_\_10%     \_\_\_25%     \_\_\_50%     \_\_\_75%     \_\_\_90%