

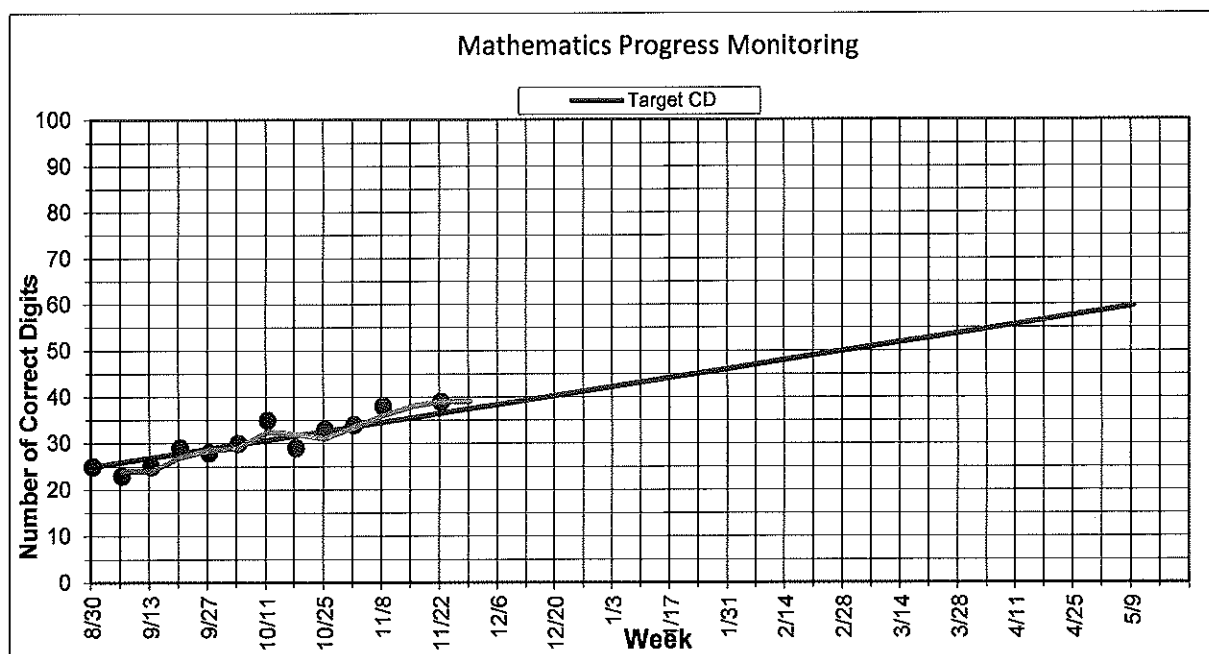
SAMPLE FORMS

Sample Parent Letter Explaining Intervention Initiation
(School Letterhead)

Parent/Guardian,

The Calhoun County School System is using a Progress Monitoring System to check student performance in reading, math, and behavior so we can provide help to students as needed. Based on the first assessment, we believe your child would benefit from assistance or intervention. We will be providing this assistance daily and will be checking your child's progress weekly. We will be sharing this information with you by sending you a progress chart with the report card and with the mid-grading period progress report (every 4 ½ weeks).

The chart below is similar to the one which you will receive. The straight line represents the goal for the student and the dotted line represents how the student is performing. In the example the student is doing very well.



A vision and hearing assessment will be conducted by the school nurse or other trained personnel to rule out any problems in those areas, unless you have current testing by your child's physician (less than one year old). Please complete the attached form requesting permission to conduct those screenings and return to your child's teacher.

As a school staff, we look forward to working with your child and are pleased to be able to provide this additional help. If you have any questions, please feel free to contact your child's classroom teacher.

Sincerely,

Calhoun County Schools
Consent for Hearing and Vision Screening

School _____ Grade _____ Date _____

Dear Parent,

The Problem-Solving Team (PST) would like to develop a plan meet your child's needs in school. It is important that we first check to see if any problems are noted with his/her hearing or vision. We would like to have your permission for school personnel to conduct the following assessments:

- ☐ Vision
- ☐ Hearing

Vision and hearing screenings will be conducted by the school nurse or other trained personnel. We will be glad to use the results of any hearing and/or vision examination by your child's physician if it was conducted within the last year.

Sincerely,

PST Facilitator

-
- ☐ I GIVE PERMISSION for the screenings that have been proposed.
 - ☐ I DO NOT GIVE PERMISSION for the screenings that have been proposed. Please explain _____
- _____

Signature of Parent

Date

**If you have any questions, please contact _____ at _____.

SCHOOL TEMPLATE

Copy onto your school letterhead.

Letters to go home **EVERY month** for students on III SIPs

Dear Parent,

We are providing your child, _____, extra assistance daily in reading / math / behavior/other: _____. We measure the progress being made weekly and the results of these progress measurements are graphed in the chart which is attached. Based on our progress measurements, we believe that your child is:

_____making good progress and we plan to continue the intervention at this time.

_____making some progress and we plan to continue the intervention at this time.

_____making limited progress and we plan to consider changes in the intervention we are providing.

_____making insufficient progress and we are changing the intervention in an effort to assist your child achieve academic success.

As a school staff, we are pleased to have this opportunity to provide your child with this needed help. If you would like to contact your child's teacher, please leave a voice message during the school day at _____ and your message will be returned, or by e-mail at _____.

Sincerely,

Problem Solving Team (PST)
Secretary

Student Intervention Plan and Documentation Form

Attendance Key:
P=Student Present
A= Student Absent
TA= Teacher Absent
NS=No school

School: _____ School Year: _____ Date: _____

Student: _____ Sex: _____ Race: _____ DOB: _____ Grade: _____

Specific Concerns: _____

Cumulative Data (ARMT, SAT-10, AHSGE): _____

Progress Monitoring Tool: _____ Baseline: _____ Goal: _____ Growth Rate: _____

Level of Intervention: _____ Tier II _____ Tier III Intervention Provided By: _____

Intervention _____ Strategies targeting: _____

WK	Date	M	T	W	Th	F	PM Data	Growth Rate	Team Recommendations (continue/intensify/dismiss)	Progress Report to Parent
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
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PROBLEM SOLVING TEAM (PST) STUDENT INTERVENTION FORM
Calhoun County Schools

SECTION I. FACTORS CONSIDERED IN DETERMINING NEED FOR INTERVENTION

Student:	School:	Grade:	DOB:	Age:
Specific Concerns:				
Factors possibly contributing to lack of success:				

Specific Screening/Benchmark Data		
Reading	Mathematics	Behavior

Date of Parental Permission for H/V Screening: _____

	Date	Pass	Fail
Hearing Screening			
Vision Screening (Far)			
Vision Screening (Near)			

SECTION II. INTERVENTION PLAN

Teacher(s) Responsible for Intervention Implementation: _____

Identified Concern(s) to be Addressed: (Choose one or more)

- ☐ Reading
- ☐ Mathematics
- ☐ Behavior
- ☐ Other (Writing, Speech, etc.) _____

Types of Interventions: (Choose from either Tier II or Tier III Interventions)

☐ **Tier II Intervention** Date initiated: _____

- ☐ Reading: word-level intervention
- ☐ Reading: comprehension intervention
- ☐ Math: computation intervention
- ☐ Math: reasoning/problem-solving intervention
- ☐ Behavior intervention

☐ **Tier III Intervention** Date initiated: _____

- ☐ Reading: word-level intervention
- ☐ Reading: comprehension intervention
- ☐ Math: computation intervention
- ☐ Math: reasoning/problem-solving intervention
- ☐ Behavior intervention
- ☐ Other intervention

Intervention Goal #__ : In__ weeks, the student will:

Initiation date:

Rate of Improvement (ROI) Goal (Weekly improvement needed to achieve intervention goal):

Progress Monitoring Tool:

Description of intervention materials to be used:

***Attach FBS/BIP if applicable**

Intervention Goal #__ : In__ weeks, the student will:

Initiation date:

Rate of Improvement (ROI) Goal (Weekly improvement needed to achieve intervention goal):

Progress Monitoring Tool:

Description of intervention materials to be used:

***Attach FBS/BIP if applicable**

Intervention Goal #__ : In__ weeks, the student will:

Initiation date:

Rate of Improvement (ROI) Goal (Weekly improvement needed to achieve intervention goal):

Progress Monitoring Tool:

Description of intervention materials to be used:

***Attach FBS/BIP if applicable**

Intervention Goal #__ : In__ weeks, the student will:

Initiation date:

Rate of Improvement (ROI) Goal (Weekly improvement needed to achieve intervention goal):

Progress Monitoring Tool:

Description of intervention materials to be used:

***Attach FBS/BIP if applicable**

(Attach additional goal sheets if multiple intervention goals are established by the PST)

Position	Signature	Date
Chairperson		
Secretary		
Timekeeper		
Data Collection		

SECTION III. INTERVENTION PLAN REVIEW

Complete the following using progress monitoring data and/or Student Intervention Documentation (SID) Form for *outcome* information.

Date Reviewed (At least monthly)	ROI/Results/Comments	Date parent progress report sent/comment
Administrator:		
Date:		
Administrator:		
Date:		
Administrator:		
Date:		
Administrator:		
Date:		
Administrator:		
Date:		
Administrator:		
Date:		
Administrator:		
Date:		
Administrator:		
Date:		

SECTION IV. IF REFERRING THE STUDENT FOR SPECIAL EDUCATION EVALUATION:

****School counselor to contact psychometrist, review documents, submit referral package to psychometrist**

_____ School psychometrist contacted

_____ Referral documents completed by general education teacher of the student and SPE teacher advising the PST

Problem Solving Team (PST) Student Intervention Form
Calhoun County Schools

Section I: Factors Considered in determining need for intervention

Student Name:	School:	Grade:	DOB:	Age:	
Factors possibly contributing to lack of success:			Date of Parental Permission for H/V screening:		
			Date	Pass	Fail
			Hearing Screening		
			Vision Screening (Far)		
			Vision Screening (Near)		

Supporting Data		
Reading	Specific Concerns:	Identified Concern to be addressed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mathematics	Specific Concerns:	Identified Concern to be addressed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Behavior	Specific Concerns:	Identified Concern to be addressed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section II. Intervention Plan

Goal # _____

Intervention Goal: In _____ weeks,	Date Initiated:
	Progress Monitoring Tool:
	ROI Goal:
Tier: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Type of intervention: <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Behavior <input type="checkbox"/> Other
Intervention Provided by:	
Description of Intervention:	

Goal # _____

Intervention Goal: In _____ weeks,	Date Initiated:
	Progress Monitoring Tool:
	ROI Goal:

Tier: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Type of Intervention: <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Behavior <input type="checkbox"/> Other	Intervention Provided by:
Description of Intervention:		

Goal # _____

Intervention Goal: In _____ weeks,	Date Initiated:	
	Progress Monitoring Tool:	
	ROI Goal:	
Tier: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Type of intervention: <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Behavior <input type="checkbox"/> Other	Intervention Provided by:
Description of Intervention:		

Position	Signature	Date
Chairperson		
Secretary		
Timekeeper		
Data Collection		

Section III. Intervention Plan Review

Date Reviewed (At least monthly)	ROI/Results/Comments	Date parent progress report sent

Section IV. If referring the student for special education evaluation:

**** School counselor to contact psychometrist, review documents, submit referral package to psychologist**

_____ School psychometrist contacted

_____ Referral documents completed by general education teacher of the students and SPE teacher advising the PST.

PST MEETING LOG

Revised Oct. 2011

School: _____ Date: _____ Secretary _____
 Members Present:

Students Currently in Tier II Intervention:

Name	Area of Concern	ROI-Relevant Data	Recommendation	Parent Contact Type/Date

Students Currently in Tier III Intervention:

Name	Area of Concern	ROI-Relevant Data	Recommendation	Parent Contact Type/Date

New Referrals:

Student Name	Teacher	Area of Concern	SIP? Y/N	Parent Letter Date	Permission for H/V (notify nurse)	H/V Passed?

Request to the School Problem Solving Team (PST)

Student Name:	Student 5-digit number:
School:	Grade:
Teacher:	Person Requesting Referral:

TO: PST Chairperson

I request that the above-named student be reviewed by the intervention team to assist in providing interventions in an effort to improve his/her overall performance.

I have observed problems with his/her educational progress in the following area(s): Check all that apply

- ☐ Academic performance, low or failing grades
- ☐ Behavior and/or discipline
- ☐ Speech, articulation
- ☐ Language
- ☐ Medical
- ☐ Other, specify _____

The following is relevant to the referral and should be considered by the PST:

I have tried the following strategies and/or interventions:

Date received by Chairperson:	Chairperson's initials
-------------------------------	------------------------

Attach any documentation of student need and of strategies/interventions.

Special Education Referral Checklist

Student Name:	School:	Grade:
Person(s) referring:	Relationship to Student:	Phone:

For SPE Referral PST data folder MUST contain documentation relevant to the following questions:

- 1-Does the data support that the reason for referral has a direct impact on the student's educational performance, or for a preschool child, participation in age appropriate activities?
- 2-Does the data support the severity of the reason for referral?
- 3-Does the data support the duration of the reason for the referral?
- 4-Does the data support the valid implementation of intervention(s) for the referral concern(s)? (e.g., appropriate target behavior, relationship of intervention to target behavior, duration of intervention, integrity of implementation, data collection procedures?)
- 5-Does the data support the ineffectiveness of the intervention(s) for the referral concerns(s)?
- 6-Does the data include multiple sources of information about the reason for referral?

The following must be used to document the above. Include any other relevant information not on this list.

- * ☐ Student Intervention Plan (SIP) describing research-based intervention strategies
- * ☐ Evidence that SIP interventions are appropriate to and designed remediate the specific student's identified area of need
- * ☐ SIP Implemented a minimum of eight weeks
- * ☐ Documentation that intervention strategies were monitored by the PST
- * ☐ Documentation of communication with the parents to include:
 - ☐ Initial letter informing parents of PST's intent to implement a SIP
 - ☐ progress reports to the parent that include data used to monitor RtI
- * ☐ Date the student PASSED the hearing/vision screening
- * ☐ Graded work samples from every content area of suspected disability
- ☐ Any supplemental data included in the PST folder-may include:
 - ☐ State Assessment Results
 - ☐ (INAP may be used, but past scores may also be necessary)
 - ☐ STI printout of attendance/discipline/grades
 - ☐ Transcript if applicable
- * ☐ FBA/BIP (REQUIRED when behavioral/emotional concerns are basis of referral)
 - ☐ Data collected by teacher when applicable
 - ☐ Anecdotal records
 - ☐ Any records related to diagnosis of ADD, ADHD, other medical conditions or concerns
 - ☐ Transfer records
 - ☐ Communication from parents
 - ☐ Communication from physicians, psychologists, other agencies, etc. relevant to student's area of need
 - ☐ Results of assessments performed by other agencies, if relevant
 - ☐ Health Care Plan

Parent Referrals

EVERY parent request for services, written or verbal, should be reported to the SPE teacher responsible for referrals and to the psychometrist assigned to your school. AAC 290-8-9.01(3)(b)1 states that the rule requiring a minimum of eight (8) weeks of documented intervention strategies may ONLY be "waived for a child who has severe problems that require immediate attention, for three- and four-year olds, for five-year olds who have not been in kindergarten, for children with articulation, voice, or fluency problems only, for children with a medical diagnosis of traumatic brain injury, and for a child referred by his or her parents."

In the case of parent referral, the PST should implement a SIP plan concurrent with any SPE evaluation for at least eight weeks. It is always appropriate to implement interventions the PST believes might remediate student weaknesses.

Celhoun County Schools, Jan. 2011

K-3 Reading or Math Tier 1 or 2 Walkthrough

Teacher _____ Grade Level _____ Date _____

Person Completing this Walkthrough/Observation _____

Rating Scale: 1 = minimal evidence noted; 2=evidence noted; 3 = outstanding implementation

Classroom Environment

- ☐ Classroom is arranged to accommodate whole group instruction, teacher-led small group instruction, and independent student centers.
- ☐ Daily Class Schedule is posted which includes the agreed upon minimum number of minutes of core academic instruction (reading and math) plus an additional block of time for intervention.
- ☐ Displays, including student work and curriculum materials (e.g., math facts, formulas, visual representations, word banks, posters, vocabulary lists), reflect the current instructional topic or theme.

Materials

- ☐ Evidence exists of program materials being used as designed.
- ☐ Teacher uses the Teacher's Edition during instruction.

Teacher Instruction

- ☐ Teacher follows the selected program's instructional routines as designed.
- ☐ Teacher fosters active student engagement and motivation to learn.
- ☐ Classroom behavior management system is effective in providing an environment conducive to learning.
- ☐ Transitions are smooth and quick.

Small Group, Differentiated Instruction

- ☐ Small group instruction is provided at different levels depending on student need.
- ☐ At independent student learning centers, students are working on activities that directly build reading or math skills.
- ☐ Student products are completed and submitted as appropriate.
- ☐ Centers are clearly defined and labeled.

Classroom Environment

- ☐ Teacher and student interactions are mutually respectful and positive in tone.
- ☐ Evidence exists that the teacher provides all students with an opportunity to learn.
- ☐ Evidence indicates that the teacher implements activities that support student diversity.

READING

Phonemic Awareness

- ☐ Grade-level appropriate activities are apparent

Phonics

- ☐ Grade-level appropriate activities are apparent

Fluency

- ☐ Grade-level appropriate activities are apparent

Vocabulary

- ☐ Grade-level appropriate activities are apparent

Comprehension

- ☐ Grade-level appropriate activities are apparent

MATH

Conceptual Understanding

- ☐ Grade-level appropriate activities are apparent

Computational Facility and Fluency

- ☐ Grade-level appropriate activities are apparent

Problem Solving

- ☐ Grade-level appropriate activities are apparent

Fractional Relations

- ☐ Grade-level appropriate activities are apparent

Geometry and Measurement Concepts

- ☐ Grade-level appropriate activities are apparent

Principal's signature

Teacher's signature

Grade 4-12 Strategic Teaching Walkthrough

(Use for Tiers I and II)

Teacher _____ Subject _____ Date _____

Person Completing this Walkthrough/Observation _____

Rating Scale: 1 = minimal evidence noted; 2=evidence noted; 3 = outstanding implementation

Classroom Setting

_____ Classroom is arranged to accommodate whole group instruction and small group/partner student work.

_____ Displays and curriculum materials (e.g., word walls with content vocabulary, posters, scoring rubrics, routines/procedures)

Materials

_____ Evidence exists of various materials being used to facilitate student engagement/learning
_____ textbook _____ computers _____ other print materials _____ objects _____ lab/activity sheet
_____ content-specific manipulatives _____ overhead/flip chart _____ video _____ graphic organizer.

Teacher Instruction

_____ Content teaching strategies (introduce, define, or explain a concept; relate a concept to other concepts; assist students in recalling concepts; quality questing, etc.)

_____ Learning strategy instruction (before, during, and after strategies; vocabulary strategies)

_____ Interaction with students during small-group activities (listening, use of neutral comments)

_____ Evidence of differentiated strategic teaching (recognition of student needs, intentional grouping)

_____ Instruction that includes student writing about content-area learning

_____ Posted or assigned student work that exhibits thinking about texts

Student Actions

_____ Evidence of student engagement

_____ Partnered learning strategies (turn & talk, jigsaw modified, numbered heads together, 3 part interview)

_____ Evidence of collaborative small-group or partner reading/writing/learning

_____ Evidence of active versus passive learning

Classroom Environment

_____ Teacher and student interactions are mutually respectful and positive in tone.

_____ Evidence exists that the teacher provides all students with an opportunity to learn.

_____ Evidence indicates that the teacher implements activities that support student diversity.

Strategies observed during walkthrough:

Principal's signature

Teacher's signature

TIER III Intervention Walkthrough

Teacher _____ Grade Level _____ Date _____

Intervention being provided _____

Person Completing this Walkthrough/Observation _____

Rating Scale: 1 = minimal evidence noted; 2=evidence noted; 3 = outstanding implementation

Classroom Setting

____ Space is appropriate for intervention implementation.

Materials

____ Evidence exists of program materials being used as designed.

____ Teacher uses the Teacher's Guide during intervention.

Teacher Instruction

____ Teacher follows the selected program's instructional routines as designed.

____ Evidence exists that activities are student goal directed.

____ Teacher fosters active student engagement and motivation to learn.

____ Classroom behavior management system is effective in providing an environment conducive to learning.

____ Transitions are smooth and quick.

Student Actions

____ Evidence of active versus passive learning

____ Evidence of student engagement

Classroom Environment

____ Teacher and student interactions are mutually respectful and positive in tone.

____ Evidence exists that the teacher provides all students with an opportunity to learn.

____ Evidence indicates that the teacher implements activities that support student diversity.

Other comments:

Principal's signature

Teacher's signature