

Special Solutions of Arkansas

Response To Intervention

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Response to Intervention

Regulations

On December 3, 2004, Congress reauthorized the Individuals with Disabilities Education Improvement Act (IDEA 2004). The language that Congress uses in IDEA 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 IDEA 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).

The National Research Center on Learning Disabilities (NRCLD, 2006) defines RTI as:

"...an assessment and intervention process for systematically monitoring student progress and making decisions about the need for instructional modifications or increasingly intensified services using progress monitoring data."

RTI is an integrated approach to service delivery that encompasses general, remedial and special education through a multi-tiered service delivery model. It utilizes a problem-solving framework to identify and address academic and behavioral difficulties for all students using scientific, research-based instruction. Essentially, RTI is the practice of: (a) providing high-quality instruction/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 (National Association of State Directors of Special Education, 2005). RTI practices are proactive, incorporating both prevention and intervention and is effective at all levels from early childhood through high school.

RTI is intended to reduce the incidence of "instructional casualties" by ensuring that students are provided high quality instruction with fidelity. By using RTI, districts can provide interventions to students as soon as a need

3. *Monitor classroom performance.* General education teachers play a vital role in designing and providing high quality instruction. Furthermore they are in the best position to assess students' performance and progress against grade level standards in the general education curriculum. This principle emphasizes the importance of general education teachers in monitoring student progress rather than waiting to determine how students are learning in relation to their same-aged peers based on results of state-wide or district-wide assessments.
4. *Conduct universal screening/benchmarking.* School staff conduct universal screening 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 a 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."
5. *Use a multi-tier model of service delivery.* A RTI approach incorporates a multi-tiered model of service delivery in which each tier represents an increasingly intense level of services associated with increasing levels of learner needs. The system described in this manual reflects a three-tiered design. All multi-tiered systems, regardless of the number of levels chosen, should yield the same practical effects and outcomes.

In a RTI system, all students receive instruction in the core curriculum supported by strategic and intensive interventions when needed. Therefore, all students, including those with disabilities, are found in Tiers I, II, and III. Important features, such as universal screening, progress monitoring, fidelity of implementation and problem solving occur

their eligibility for other programs. It is important to note that RTI is not a placement model; it is a flexible service model.

Tier I-Core Instruction

In the RTI framework, all students in Tier I receive high quality scientific, research-based instruction from general education teachers in the core curriculum. The core curriculum provides the foundation for instruction upon which all strategic and intensive interventions are formulated. While Tier I instruction occurs in the general education setting, it is not necessarily grade level instruction. Instruction at Tier I includes all developmental domains such as behavioral and social development along with instruction in academic content areas. Tier I instruction must be both differentiated and culturally responsive to serve approximately 80-90% of the student body and is effective for the vast majority of students. At this phase, general education teachers match students' prerequisite skills with course content to create an appropriate instructional match and use instructional strategies with fidelity that are evidence-based.

Fidelity refers to the degree to which RTI components are implemented as designed, intended, and planned. Fidelity is achieved through sufficient time allocation, adequate intervention intensity, qualified and trained staff, and sufficient materials and resources. Fidelity is vital in universal screening, instructional delivery and progress monitoring.

An important first step in identifying at-risk students is the use of **universal screening and/or benchmarking** of students in all core academic areas and behavior. Students who are at-risk are not suspected as having a disability absent other data or indicators. At Tier I, universal screening for all students is conducted at least three times during a school year: fall, winter and spring. Scores earned at different times during the year are used to determine whether a student's performance and progress is increasing, decreasing, or staying the same. Universal screening is typically done through brief assessments such as curriculum-based measures (CBMs). Significant numbers of students meeting proficiency levels (e.g., 80% or greater) based on the results of universal screening tools is an indicator that the instruction in the core curriculum is effective. When there is evidence that instruction in the core curriculum is not effective, schools

consuming. False negatives, on the other hand, can result in an under identification of students in need of Tier II or Tier III interventions.

Schools should implement screening instruments with fidelity and emphasize high sensitivity and specificity. When choosing screening instruments, greater emphasis should be placed on sensitivity to ensure identification of at risk students. The trade off can be increased false positives which will later be identified through progress monitoring.

CBMs are primarily used as a method for progress monitoring and are characterized as brief, easy to administer and score, and produce measures that are good predictors of a student's academic ability. CBMs are used for both screening/benchmarking and progress monitoring. Other measures of student performance such as classroom observations, state-wide and district-wide assessments, and other standardized testing may be considered when measuring the effectiveness of the interventions provided.

The data collected during progress monitoring at Tier I to at risk students helps teams make informed decisions at the classroom level. These data provide a picture of the student's performance and rate of growth (e.g., progress) to inform instructional and curricular changes so that every student reaches proficiency on targeted skills. Students who do not reach a proficiency level at Tier I will need more strategic interventions. Lack of responsiveness is defined as the rate of improvement, or a progress slope, that is not sufficient for the student to become proficient with state standards without more interventions. Five weeks or more after progress monitoring has been initiated for at risk students is suggested as a sufficient period to review lack of responsiveness at Tier I. The decision to advance to Tier II is based upon an analysis of the progress monitoring data and a determination of a lack of responsiveness at Tier I.

Tier II-Strategic Interventions

At Tier II, strategic interventions are provided to students who are not achieving the desired standards through the core curriculum alone. Tier II typically consists of 5-10% of the student body. Strategic interventions supplement the instruction in the core curriculum provided in Tier I and

Students who are successful at Tier II may be reintegrated into Tier I. However, for a small percentage of students, Tier II interventions will not be enough. If a student is not meeting proficiency after it is determined that Tier II strategic interventions have been implemented with fidelity, the student will require intensive interventions at Tier III.

Tier III - Intensive Interventions

Intensive interventions at Tier III 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 I and Tier II. Intensive interventions at Tier III may either support and enhance instruction provided at Tier I and supported by Tier II, or be substituted for a portion of the Tier I and Tier II interventions if those interventions have been tried with increased frequency and duration and proven ineffective. Students at Tier III are those students who are performing significantly below standards and who have not adequately responded to high quality interventions provided at Tier I and Tier II.

Tier III generally serves fewer than 5% of the student body. Intensive interventions are usually delivered in groups of no more than three students and may occur longer than 9-12 week blocks. Progress monitoring at Tier III is completed more frequently, at least on a weekly basis. An example of an intervention plan at Tier III may include two 30-minute sessions daily, in addition to the interventions the student is receiving in the core curriculum.

Prior to selecting intensive interventions, targeted assessments are typically conducted when a student enters Tier III. 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/LAP 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, CBM mastery measures, which are used to target a very narrow skill, other standardized assessments, and/or functional behavioral assessments. Students who are

specific problems. For example, a student should not be identified as simply having an academic or a behavior problem. The team should try to narrow the problem (based upon available data) to identify the deficit skill area(s) (e.g., phonemic awareness, problem solving skills, math calculations, vocabulary, reading comprehension, or peer interactions, etc.).

- **Analyze the cause** - Once the problem is defined, the decision making team needs to develop a hypothesis as to why the problem is occurring and continuing. This involves analyzing those variables that can be altered through instruction in order to find an instructional solution. This includes questions of fidelity, missing skills, motivational factors, or lack of exposure to the general curriculum. The team should focus on explanations of the problem that can be addressed through instruction. In addition to the cause of the problem, the team needs to consider the student's rate of learning. In doing this, the team reviews the student's learning trend (e.g., progress) in the areas identified by the decision making team. The team should also compare the student's progress to peers over time.
- **Develop a plan** - Once the problem has been analyzed, the team identifies interventions that will meet the student's needs. The team does this by developing a plan that includes: an implementation timeframe (e.g., 4 weeks, 6 weeks, or 8 weeks); the frequency of the interventions (how often the intervention will be provided and for how many minutes per week); who will provide the intervention (e.g. classroom teacher, Title I teacher, etc); and a timeframe to evaluate the effectiveness of the intervention. The student's plan should outline the goal for progress. The team plots an "aim-line" (graphic representation) depicting the desired rate of progress a student needs to reach the goal from the current baseline.
- **Implement the plan**- Interventions must be implemented with fidelity. To ensure fidelity, qualified staff must deliver the interventions according to the prescribed process and prescribed timeframe. Schools should document their delivery of the interventions using multiple sources (e.g. observation notes, lesson plans and grade books, student

Response to Intervention Checklist for Implementation

1. Determine the interventions available in the district at each level.
Tier I: Universal interventions available to all students
Tier II: Individual interventions for students who need additional supports which can be interventions given in an individual intervention plan. (e.g., AIP's)
Tier III: Intensive interventions for students whose interventions needs are greater than the general education can meet. (e.g., pull out programs)
2. Establish a structured format for problem solving
3. Provide staff with a range of scientifically based interventions that have a high rate of success.
4. Train staff to collect frequent progress monitoring data
5. Develop building level intervention programs
6. Establish building level intervention teams

Sample Intervention Team Model

- Step 1: Assess teacher concerns
- Step 2: Inventory student's strengths and talents
- Step 3: Review background/baseline data
- Step 4: Select target teacher concerns
- Step 5: Set academic and behavior goals
- Step 6: Design intervention plan
- Step 7: Select method of progress monitoring
- Step 8: Plan how to share information with student's parent(s)
- Step 9: Review the intervention and monitoring plans

Example of Information for Evaluation Report Using RTI Data****

The following example provides evaluation groups information and sample language that could be used to compile RTI data in support of determining SLD. This example uses reading and math and may be adapted further in those areas or to include writing.

a) Evidence of resistance to general education interventions. (Interventions attempted and data showing results):

At Tier III, the student received at least two attempts of intensive reading/math interventions coupled with the following Tier II interventions (**list interventions and other accommodations**). The intensive Tier III interventions were provided as follows: <insert (e.g., for reading: initially, phonemic segmentation); (e.g., for math: initially, math computation)> instruction was provided for two 30-minute periods per day in addition to the core <insert grade> reading/math curriculum. After two weeks, <insert name of intervention program> replaced one of the daily <insert (e.g., phonemic segmentation/math computation)> training periods. In week seven, the student's <insert (e.g., phonemic segmentation/math computation)> was replaced by an additional session of <insert program name and/or description of reading/math instruction>; a fluency/math program <insert name> was also added at that time. The attached intervention plan and progress-monitoring graph document the student's progress throughout the <insert # of weeks> intervention period. From <insert # correct words per minute (CWPM)/correct digits per minute (CDPM) > during baseline, the student improved a total of <insert # CWPM/CDPM> during the is <insert # of weeks> period. This represents an acquisition rate of <insert # CWPM/CDPM> per week, well below the goal of <insert # CWPM/CDPM> increase per week, and also below the established goal criteria of <insert # CWPM/CDPM> increase.

b) Evidence of low performance when compared with peer's performance in the areas of concern. (Must use multiple indicators; two or more are needed to demonstrate that a student is a low performer.)

- Compared to grade level peers on the school-wide curriculum-based measure (CBM), the student's median score of <insert # CWPM/CDPM> is <insert #> times discrepant from the class median score of <insert # CWPM/CDPM> (7% or less of current grade level). Progress monitoring data revealed that the student gained a total of <insert # words/digits> over a <insert #> week period – an acquisition rate of <insert # CWPM/CDPM> per week. The student's median reading/math computation rate over the course of this period was <insert # CWPM/CDPM>. On CBM reading/math probes at one grade level below his/her current grade placement, the student's median reading/math score is <insert # CWPM/CDPM>. This corresponds to the <insert #>

specialty designed instruction and make sufficient recommendations about the student's service needs so that an IEP may be developed. If appropriate, attach intervention plans, graphs and relevant reports.

****** Modified from documents originally developed by Wayne Callender**

Behavior

Name the Scientific Research Based program used for Behavior Intervention

Name and credentials of certified instructor providing intervention:

Results of Interventions

Behavior Area Addressed	Describe Results or Outcomes

Attach assessment results for each area to document implementation.

As part of the ADE requirements, schools must document that RTI and Scientific Research Based Interventions were provided by a highly qualified instructor.

Progress Monitoring Documentation Form

The purpose of this follow-up is to review the progress and effectiveness of prior actions

Student:	Grade:	Date:	
Teacher:	School:	Initial Meeting Date:	
Discussion of Progress (Summarize)			
Previous Action Taken	Outcomes	Effectiveness	New Information
New Actions	Purpose	Who	How/When

Based on discussion and evaluation of actions taken previously, the recommendation is:

- Continue present intervention/services with no changes, until _____.
- Change the present interventions/services; develop new plan.
- Phase out the present interventions/services by _____.
- Conduct additional evaluations, observations, interviews, work samples, etc.
- Meet to consider further referral of this student.
- Exit the intervention plan, based on no further need of support.

Project	preschool adjustment problems (Walker, Severson, and Feil, 1995). http://www.nekesc.k12.ks.us/esp.html
Kindergarten Curriculum-Based Measurement (K-CBM)	Research-based screening process (math, reading, writing) for kindergartners. http://www.gosbr.net/screening/
Skill Deficits (“Can’t Do’s”) vs. Performance Deficits (“Won’t Do’s”)	http://cecp.air.org/fba/problembehavior2/figures.htm#Figure%201
Systematic Screening for Behavioral Disorders (SSBD)	Uniform screening for young children exhibiting both externalizing and internalizing behaviors (Walker & Severson, 1990). http://www.ed.gov/pubs/EPTW/eptw12/eptw12h.html
Walker-McConnell Scale of Social Competence and School Adjustment	http://www.cccoe.net/social/Asmttools.htm

5. Math Assessments and Information

http://www.studentprogress.org/summer_institute/2007/math/StudentProgressMonitoring-Math_2007.ppt

http://www.studentprogress.org/summer_institute/2007/math/CBMMathHandouts_2007.doc

http://www.studentprogress.org/summer_institute/2007/math/CBMMathManual_2007.doc

6. Tier III Intervention Model for Math

<http://www.rti4success.org/images/stories/pdfs/serp-math.dcairppt.pdf>

Checklist of Required RTI/Pre-referral Data

Check when completed	Areas
	Identification of Problem
	Educational Records
	Educational History
	Classroom Performance Curriculum Based Assessment Report Cards, Work Samples
	Standardized Assessment Results
	Attendance Record
	Discipline Records
	Parent Contact Information
	Health and Medical Information Social History Vision/Hearing Screening Results
	Physician/Medical Reports as needed
	Interventions in Regular Classroom
	All Required Information Present
	All information must be present to schedule a conference to address Response to Intervention

Signature of RTI Coordinator

Date

4. Question: When should a school district initiate a special education referral in a RTI system?

Answer: A school district should initiate a referral when it obtains information to cause it to suspect that a student has a disability or when a parent or any other person makes a referral requesting that a student be evaluated for special education services. A school district's child find responsibilities do not end when the district chooses to implement a RTI approach. Parents, teachers or any interested persons may also initiate a referral at any time if they believe a child requires special education services. Non-responsiveness at Tier III represents a baseline within a RTI system when a disability should be suspected absent other information and school districts may not require that a student demonstrate non-responsiveness at Tier III before initiating a referral.

5. Question: If a student is determined not eligible for special education services, how long may that student continue to receive the intensive interventions provided at Tier III?

Answer: Students who enter Tier III should initially receive at least two full attempts of intensive interventions in order to determine if that student is non-responsive. Because RTI is a system of delivering the general education curriculum, each school district determines the level of resource commitment beyond the amount of time typically needed to determine if a disability is suspected. When students are determined ineligible for special education, school districts should also consider how other federal and state funding sources can supplement implementation of Tier III. Districts have to consider the needs of students who require accommodations under Section 504 of the Rehabilitation Act or other applicable laws. Students who have been determined ineligible for special education services but continue to insufficiently progress may be re-referred for special education.

6. Question: Are school districts that choose to use RTI required to use the curriculum or interventions referenced in this manual in order to determine that a SLD exists?

Answer: No. However, school districts are required to use data developed from scientific research-based interventions when using RTI. The interventions that are referenced in this manual and on the curriculum and instruction section of OSPI's web page, are scientific research-based. School districts are free to choose from the interventions that OSPI has identified or choose other interventions that are scientific research-based.

Response to Intervention/Pre-Referral Procedures

1. Teacher obtains grade appropriate RTI/Pre-Referral Packet form.
2. Once the packet is obtained a minimum of 30 day period must be utilized to gather data, implement and document scientific-research based interventions, monitor student progress, conduct assessments at various intervals and complete the forms in the RTI packet:
 - a. Identification of the problem
 - b. Educational records information
 - c. Health and medical information
 - d. Scientific Research Based Interventions implemented
3. Teacher submits completed RTI packet to RTI coordinator
4. RTI coordinator schedules RTI meeting with committee members
5. Committee determines:
 - a. Appropriateness of the data
 - b. Level of success of interventions
 - c. Appropriate recommendations:
 1. Additional data or information needed
 2. Additional intervention(s) are warranted
 3. Interventions were successful and no special education referral needed
 4. Referral for special education services
 5. Other appropriate actions

SPECIAL EDUCATION STUDENT PRE-REFERRAL INFORMATION

IDENTIFICATION OF PROBLEM

Student: _____ Grade: _____ AGE: _____

Teacher Signature Completing Pre-Referral: _____

Position: _____ Date: _____

What do you see as the primary problem(s) contributing to poor academic progress and/or behavioral concern(s)? (be specific):

How does the described problem(s) differ from other students (who are considered average)? _____

ACADEMIC AREAS OF CONCERN (check all applicable): _____ no academic concerns

- _____ basic reading skills _____ reading comprehension skills _____ spelling
- _____ written language _____ math computation _____ math reasoning
- _____ communication skills _____ listening comprehension _____ oral expression

_____ Other (describe) _____

BEHAVIORAL CONCERNS (check all applicable): _____ no behavior concerns

- _____ poor attention/concentration _____ extreme mood swings _____ easily frustrated
- _____ noncompliance with teacher _____ difficulty with peers _____ staying on task
- _____ disrupts others _____ excessively high/low activity level _____ temper tantrums

_____ Other (describe) _____

- AUDITORY:** No Concern(s)
- Does not respond readily to verbal instructions
 - Misinterprets verbal instructions
 - Appears to not be listening to verbal instructions
 - Frequently asks for instructions to be repeated
 - Shows confusion of similar words and sounds
 - Other: _____

- VISUAL:** No Concern(s)
- Rubs eyes frequently
 - Covers an eye when reading
 - Frequently frowns or squints while reading or doing blackboard work
 - Uses a finger or marker to guide eyes while reading
 - Moves or tilts head while reading or writing
 - Other: _____

- MOTOR PROBLEMS:** No Concern(s)
- Appears unusually awkward and clumsy in large muscle activities
 - Has poor hand-eye coordination
 - Has problems going up and down stairs/steps
 - Has difficulty throwing a ball
 - Has difficulty buttoning/unbuttoning clothing
 - Has difficulty tying shoes
 - Has problems cutting along a line
 - Has difficulty writing on lined paper (frequently writes off the line)
 - Other: _____

- EMOTIONAL/BEHAVIORAL/SOCIAL:** No Concern(s)
- Often is uncooperative with teacher requests
 - Becomes easily upset over minor issues: explain: _____

- Does not adapt well to change in routine
- Does not take responsibility for actions (blames others)
- Has difficulty with peers, does not make friends easily
- Easily discouraged
- Frequently challenges authority
- Cannot work independently
- Is over sensitive to criticism
- Other: _____

- HOMEWORK/OTHER ASSIGNMENTS:**
- Does not complete homework or turn in assignments
 - Student/parent often conveys that assignment was completed, but student never turns in
 - Missing homework/assignments are primary concern for prereferral
 - Other: _____

Compared to the mean of the district, this student's test scores:
() are higher () are lower () are consistent () other: _____

ATTENDANCE:

Is attendance a factor contributing to academic concerns? () NO () YES
Explain: _____

This student has been absent _____ days out of _____ school days this year to date
Reasons/excused absences: _____

Has the student made up all missed assignments? () NO () YES
Explain: _____

Has the student attended any other schools? () NO () YES

List all school previously attended (include student's grade level while in attendance:

DISCIPLINE REPORTS

* Attach all discipline reports for the current school year and any other information on discipline which is deemed appropriate. If discipline in an issue be prepared to discuss it with the pre-referral committee.

Has the student been removed from class for disciplinary action(s) or assigned in-school suspension? () NO () YES
If YES, explain: _____

Has the student been suspended from school (out-of-school suspension? () NO () YES
If YES, how many days? _____ Explain: _____

In your opinion does the student display behavior that is impeding learning of self or other?
() NO () YES; If YES, explain _____

PARENT CONTACT

The students parent(s) (the individual who is caring for the student) must be contacted for input to discuss with the pre-referral team. The parent should be made aware of all areas of concern and be directly involved in assisting to correct the problem if possible.

* Attach telephone documentation of discussion

PRE-REFERRAL INTERVENTIONS IMPLEMENTED IN REGULAR CLASSROOM

(Be prepared to discuss and show documentation to pre-referral team prior and at referral conference if warranted)

Place a (+) by interventions tried that have proven successful
 Place a (x) by the intervention tried that were not successful
 Leave blank any intervention not yet utilized

ALTERED ASSIGNMENTS:

- _____ Extra time allowed for homework, testing or assignments
- _____ Use of assignment sheet between home and school to ensure homework is turned in
- _____ Make-up missing assignments
- _____ Modified or shortened assignments
- _____ Taped Assignments
- _____ Opportunity to respond orally
- _____ allowed to print or use of word processor
- _____ Emphasis on major points
- _____ Special projects in lieu of assignments
- _____ Other _____

INSTRUCTION:

- _____ Preferential seating
- _____ Short instructions (break into steps)
- _____ Opportunity to repeat and explain instructions
- _____ Use of various teaching methodologies/learning style inventories
- _____ Encouraged to verbalize steps needed to complete assignment/appropriate activities
- _____ Opportunity to write instructions
- _____ Assignment/appropriate activity notebooks
- _____ Visual aids (pictures, flash cards, etc.)
- _____ Auditory aids (cues, tapes, etc.)
- _____ Study guides
- _____ Extra time for oral/augmentative response
- _____ Extra time for written response
- _____ Study carrel
- _____ Frequent/immediate feedback
- _____ Encouragement for classroom/appropriate activity participation
- _____ Peer tutoring/paired working arrangement
- _____ Opportunity for student to dictate answers, information to tape
- _____ Other _____

MATERIALS

- _____ Peer to read materials
- _____ Tape recording of required readings
- _____ Highlighted/color coated materials for emphasis
- _____ Altered format of materials
- _____ ESL/ other primary language materials

Social History
(Confidential)

Date _____
School _____

Child's Name _____ Race _____
D.O.B. _____ Age _____ Grade _____ Social Security Number _____
Home Mailing Address _____
Home 911 Address _____
Phone Number _____ Primary Language Spoken in the Home _____

Family Data:

Father / Guardian's Name _____ Age _____ Phone _____
Occupation _____ Work Phone _____
Mother / Guardian's Name _____ Age _____ Phone _____
Occupation _____ Work Phone _____

Child lives with Father , Mother , Both , Guardian

Brother, Sisters, and others living in the home:

Name:	Age:	Grade:	Sex:	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pregnancy/Birth History:

While mother was pregnant with this child, were there any problems? _____ If yes, please explain: _____

If there were any complications noted during or following delivery for the mother or baby, please explain: _____

Did your child seem slow , average , or quicker than average in walking, talking, coordination. If difficulties, please explain: _____

Medical History:

Is the child eligible for Medicaid? , If so, what is the number? _____

Primary Care Physician _____ Physician Phone Number _____

Emergency Contact _____ , relationship _____ Phone _____

Please list current medications, dosage, duration, and for what ailment

Has your child had or have now:

	Yes	Age	No		Yes	Age	No
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cystic Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Nose Bleeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions - Controlled	_____			Not Controlled	_____		

HEARING AND VISION RESULTS

Student: _____

School: _____

Hearing Screening

1st Screening Date: _____

Results: _____

2nd Screening Date: _____

Results: _____

Vision Screening

1st Screening Date: _____

Results: _____

2nd Screening Date: _____

Results: _____

PHYSICIAN'S REPORT

Date: _____

Student's Name: _____

School: _____

Diagnostic/Medical Label: _____

Symptoms are rated: Mild Chronic Acute

Comments:

*Any Medications:

Side Effects:

With this condition the school should anticipate:

- Periodic or intermittent school absences
- Continuous absences
- No attendance problems
- Physical education Modified Deleted at this time
- Inability to attend to a task for a long period of time
- Shortened school day needed
- Difficulty completing school work
- Doesn't stay in seat very long
- Impulsive behavior interferes with socialization
- Disorganized in work activities
- Other (specify) _____

Physician's Signature

Date

Seizure Disorders- PLEASE indicate type and characteristics as well as treatment in the event of a seizure at school.

Please return to:

DOCUMENTATION OF PRE-REFERRAL CONFERENCE & DECISION

Student's Name: _____ Date: _____ Time: _____

Place: _____

Committee Members & Titles:

_____	_____
_____	_____
_____	_____
_____	_____

Data Reviewed/Relevant Information:

Action(s) To Be Taken:

(If SPED REFERRAL IS MADE, THE REFERRAL FORM IS TO BE COMPLETED):

Additional Recommendations:

It is important that the committee thoroughly review all data and prior to recommending referral for the consideration of special education services all data required on the ADE Required Referral Form should be present. Therefore, it will provide the referral conference committee the necessary data to consider in the decision making process.

Signature of Pre-Referral Designee

Date

Student Intervention Plan

Date _____	Time _____	Place _____	
Student _____	Grade _____	Referring Teacher _____	
Student's strengths _____			
How long has the student been struggling? _____			

Area(s) of Concern: (Please check the line that best represents the "specific" definition of the student's concern. After you indicate the specific concern, you will need to TRANSFER that specific concern to the boxes listed as TARGET AREA of Concern)

- Reading:** __Decoding/Phonics/Phonemic Awareness __ Fluency __ Text Comprehension __ Vocabulary
- Math:** __ Understanding Calculations __ Memorization of grade appropriate facts __ Problem Solving/Reasoning
__ Inability to read word problems
- Writing:** __ Sentence Construction __ Spelling __ Paragraph Development __ Elaboration
- Communication:** __ Listening Comprehension __ Oral Expression __ Articulation
- Behavior:** __ Interpersonal Relationships __ Depression/Anxiety __ Group Behavior __ Rules/Expectations
__ Inappropriate Behavior Under Normal Circumstances __ Motivation
- Other:** Specify _____

Specify recommended instructional strategies, accommodations for top three areas of concern.

After transferring the specific concern from the "Area of Concern" you will list accommodations, suggestion from Committee as well as tutoring as applicable here. This AREA is for listing ACCOMMODATIONS (or basic good teaching strategies). These listed accommodations should be based on what the referring teacher indicated was effective and additionally list accommodations you want the referring teacher to try.

1st Target Area Subject _____ **Specific concern:** _____

Instructional Strategies	Effectiveness	Implementation Date		Frequency (Daily, Weekly)
		Begin	End	

2nd Target Area Subject: _____ **Specific concern:** _____

Instructional Strategies	Effectiveness	Implementation Date		Frequency (Daily, Weekly)
		Begin	End	

Response to Interventions*:	Effectiveness	Implementation Date		Frequency		
		Begin	End	Daily D	Weekly W	Minutes M

Response to Interventions*:	Effectiveness	Implementation Date		Frequency		
		Begin	End	Daily D	Weekly W	Minutes M

Date for Follow-up Meeting _____

- I have been included in the intervention process and agree with the intervention plan that has been developed for my child. Parent Signature _____
- Parent was invited but did not attend intervention process meeting. A copy of the Intervention Plan will be sent home.
- Chairperson agrees to copy: disperse plan to **ALL** applicable teachers

Signatures of Attendees:

Signature/Title

Permission to Screen

Your child's teacher has requested that a screening assessment be given to your child to determine if any academic deficits exist. If you agree to the district administering the assessment(s) please sign below and return. Once the assessment(s) are completed, you will be notified of the results and of any subsequent recommendations. If you have questions, please contact your child's teacher at _____.

_____ I give permission for the school district to conduct an academic screening of my child. I understand that the following assessment(s) checked below will be administered and the results will be reviewed with me.

_____ I do not want the school district to administer screening assessment(s) to my child.

Your child will be screened in the following area(s):

_____ Reading (which may include reading comprehension, vocabulary and fluency)

_____ Math

_____ Written Language

_____ Intelligence screening (to determine your child's ability level)

_____ Articulation

_____ Receptive and/or Expressive Language

Parent Signature

Date

Student:

Area of Need and Specific Deficit (objective based from content standard)	Describe research based interventions
	Time line and how progress will be assessed
	Who will implement the intervention
	Criteria for evaluating success

Educational Evaluation

As part of the Individuals with Disabilities Education Act 2004, the Response to Intervention (RTI) process was implemented prior to *students* referral/ (reevaluation) for special education. The results are as follows:

Pre-Referral Interventions (NEW REFERRALS)

Prior to, or as part of the referral process, the following strategies were implemented: (Select strategies)

- Early Intervention class
- JEDI
- After school tutoring
- Corrective Reading
- Guided Reading
- Shared Reading
- Literature Circles
- Basal Readers
- Read Aloud
- Fluency Practice
- Writer's Workshop
- Word Building (Word Journeys)
- Reading Enrichment Lab
- Smart Step/Next Step Comprehension Strategies
- Math Enrichment Lab
- List others from your district

Pre-Referral Interventions (RE-EVALUATIONS)

Student has participated in scientific, research-based interventions that have addressed his deficit in reading, mathematics, and written expression. Student's teachers are highly qualified personnel who have received instruction in the following instructional strategies: ELLA, ACSIP Boys and Girls Town, IRA Conferences, Literacy Decision Makers Teleconferences, Model Schools Conference, Silver Grant Curriculum mapping, Literacy Lab, Effective Lit. Good to Great, Young Adult Author Series, Cognitively Guided Mathematics Instruction, and Developing Mathematical Ideas. (List all areas specific to your district) However, Student has not demonstrated progress sufficient to meet grade-level state approved standards.

The following are examples of sample data that can be collected for error analysis. Curriculum relevant/appropriate grade level measures should be used. When comparing the frequency and/or proportion of error types among the various measures there has to be an equal number of opportunities for each type of error to occur.

1. **Sight (Dolch) Word Reading Accuracy** (i.e. the, of, was, their, etc.)
Based on appropriate grade level sight words taught as of the date the data was collected.

Data collections

DATE	# words presented	# words correct	% correct	sample errors

2. **Phonetically Regular Word Reading Accuracy**
Correct identification on first attempt. Based on appropriate grade level sounds, blends, and syllables taught as of the date the data was collected.

Data collections

DATE	# words presented	# words correct	% correct	sample errors

DIBELS

Date	LNF Score	NWF Score	PSF Score	WUF Score	ORF Score

Note: LNF= Letter Name Fluency
 NWF= Nonsense Word Fluency
 PSF= Phoneme Segmentation Fluency
 WUF= Word Use Fluency
 ORF= Oral Reading Fluency

DRA

Date	Instructional Level	Reading Accuracy	Rubric Comprehension

Current Standardized Test Results

Any of the following assessments may be used in narrative or table format:

ITBS SAT9 SRI NAEP DRA Explore JEDI ACTAAP
 OS QELI DSA DIBELS

Iowa Tests of Basic Skills (ITBS) March 2006

Subtest	Standard Score	National Percentile Rank
Vocabulary		
Reading Comprehension		
Reading Total		
Word Analysis		
Listening		
Spelling		
Language Total		
Math Concepts		
Math Problems		
Mathematics Total		

