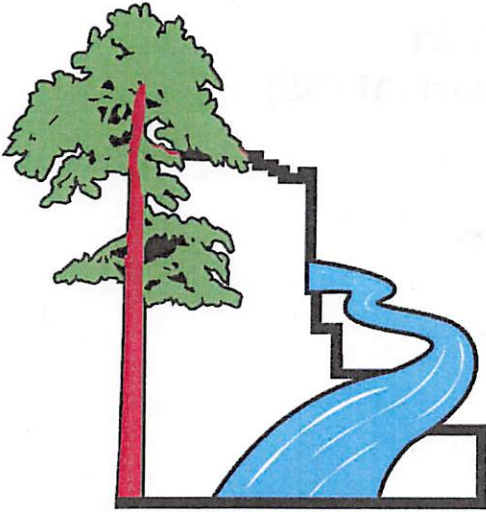


APPROVED



WALTHALL
COUNTY SCHOOL DISTRICT
Teachers teaching. Students learning. Schools improving.

2023-24

Multi-tiered System of Supports (MTSS) *Procedural Manual*



Walthall County School District

2023-2024 Multi-Tiered System of Support (MTSS)

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Section 1: Overview of the MTSS Process

1.1 Purpose

In Mississippi, districts and schools utilize the cohesive framework, Multi-Tiered System of Supports (MTSS). MTSS is used to align current resources and initiatives in order to meet the academic and behavioral needs of ALL students. This framework is a method of organizing supports which ensures optimal educational outcomes for students, pre-K-12th grade. It aligns the entire system of supports, encompasses Response to Intervention (RtI) and Positive Behavioral Interventions and Supports (PBIS), and ensures effective team-based problem solving that is data informed and evidence-based. Mississippi's model for MTSS consists of six essential components:

- Shared Leadership
- Family, School, & Community Partnerships
- Data-Based Problem Solving and Decision Making
- Layered Continuum of Supports (Tier 1, Tier II, Tier III)
- Evidence-Based Instruction, Intervention, & Assessment
- Universal Screening & Progress Monitoring

1.2 Policy

The Mississippi State Board of Education's Policy 41.1 requires that districts and schools follow a three-tiered instructional model consisting of:

- Tier 1: high-quality classroom instruction,
- Tier 2: focused supplemental instruction, and
- Tier 3: specifically designed intensive interventions as prescribed.

This systematic approach supports on-target, struggling and advanced learners through the selection of evidence-based instruction and intervention in response to academic and behavioral needs. The system includes ongoing progress monitoring of the effectiveness of instruction to ensure that all Mississippi students graduate from high school college or career ready. Such a model enables early identification of students in need and allows for appropriate supports to be put in place as soon as a student starts to fall behind.

The policy, as approved by the Mississippi State Board of Education, may be viewed in its entirety [here](#) or by going to the Mississippi Department of Education website (mdek12.org), searching and selecting Mississippi State Board of Education Policy Manual, and scrolling down to Chapter 41 Intervention, Rule 41.1 under Board Policies Part 3.

Walthall County School District also maintains a policy for Multi-Tiered System of Supports guidance. It can be found on the WCSD website in the District Policies link under Quick Links.

Source: Mississippi Department of Education, Multi-Tiered Systems of Supports, Guidance Document, May 2020, p. 8 (https://www.mdek12.org/sites/default/files/Offices/MDE/OAE/OEER/Intervention/guidance_document_mtss_june2020.pdf)

1.3 Parent Rights and Responsibilities

Walthall County School District believes that education of the district's students is a shared endeavor. Parents and guardians are a vital part of the learning process and play a key role in the intellectual, physical, emotional and social development and well-being of their child. As such, parents and guardians are a critical component of the MTSS framework. Parents are encouraged to be actively involved and engaged in their children's education and to participate in all decisions regarding increasing supports, interventions and/or other related changes to their child's core curriculum to improve their academic and behavioral performance. As critical members of the MTSS team, parents/guardians have certain rights as well as responsibilities related to the education of their children.

1.3a Rights

Parents have a right to:

- Be informed in writing concerning placement of their child in Tier II
- Be informed in writing concerning placement of their child in Tier III
- An opportunity to attend a Tier III placement meeting for their child
- Request a meeting with their child's teacher or interventionist to discuss concerns
- Receive a copy of meeting notes for Tier III meetings they were unable to attend
- Be informed of what interventions are being provided to their child and by whom
- Review data used to make intervention decisions
- Review data related to their child's progress in intervention
- Disagree with TST decision and have their concerns documented
- Receive communication in their preferred language

1.3b Responsibilities

Parents are responsible for:

- Ensuring their child is at school every day on time for the full day unless sick
- Providing helpful information about your child's background and development
- Responding to the school's attempts at communication in a timely manner
- Attending meetings when requested
- Working with your child at home

MTSS is a federal initiative that is designed to support ALL students. The Mississippi Department of Education state policy explicitly states that parent permission is not required for participation and parents may not opt out, as MTSS is a required part of the general education programming.

(Source: MDE.org, Office of Elementary Education and Reading - Student Intervention Services - Parent and Family Guide, 2022, p.5

https://www.mdek12.org/sites/default/files/Offices/MDE/OAE/OEER/Intervention/mde_parent_and_family_guide_support_doc_8.2022.pdf

1.4 Teacher Support Team (TST) Overview & Responsibilities

Each school shall develop and maintain a functional Teacher Support Team (TST).

According to MDE, TST is defined as a group of education professionals who analyze student referral data and prescribe appropriate behavioral or instructional interventions to help students be successful in regular academic classrooms. The TST will be comprised of the following:

- Administrator or his/her designee
- Lead Interventionist
- Teacher(s)
- Service Providers as appropriate (i.e., counselor, speech therapist, behavior specialist)

The team shall meet no less than twice a month during the school year, and may meet more often when necessary.

The team shall meet no less than twice a month during the school year, and may meet more often when necessary.

Each team shall designate a chair that will be responsible for:

- Scheduling of and/or attending TST, MTSS and MET meetings
- Completing and maintaining all required paperwork and documentation
- Overseeing the compliance and fidelity of the TST and MTSS process at site.

(A full list of all TST Chair responsibilities can be found in the TST handbook portion of this document, p. 14).

Responsibilities of Teacher:

- Conducts a parent conference and completes the parent conference form
- Turns in required pre-referral checklist to the TST chair
- Completes all required MTSS paperwork
- Attend all TST meetings for referred students
- Be prepared to present student intervention data

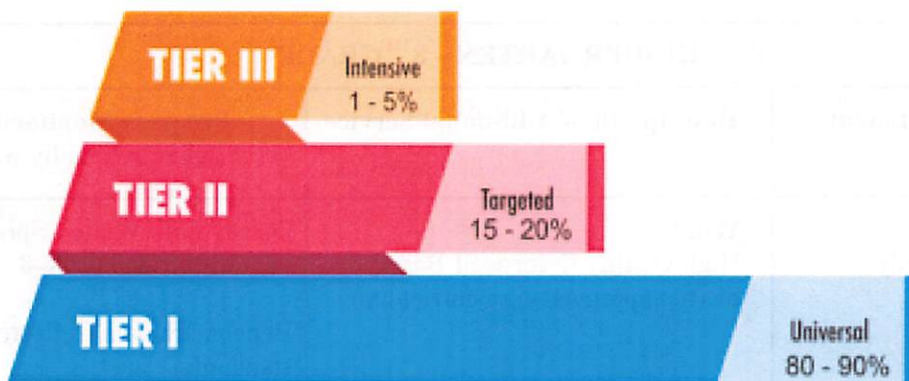
(A full list of all Teacher responsibilities can be found in the TST handbook portion of this document, p. 15).

1.5 Overview of & Fidelity in the Tier Process

Tier III is the most **INTENSIVE** layer of support for FEW students and consists of the most intensive, targeted instruction and intervention specifically designed to meet the individual academic and behavioral needs of students.

Tier II is the **TARGETED** layer of support for SOME students that consists of supplemental academic and behavioral supports provided in addition to core high-quality instruction.

Tier I is the **UNIVERSAL** layer of support for ALL students and consists of high-quality classroom instruction provided by highly trained and qualified personnel. Tier I Instruction occurs in whole-group, small-group, and in individual settings. **Tier I should be considered the key component in successful tiered instruction.**



Each school's principal or designee will ensure all components of the MTSS process are implemented with fidelity. Fidelity checks will occur on a regular basis and should include:

- Tier III (Intensive Intervention) Intervention Integrity Checks Form is to be completed at least twice at equal intervals during the course of intervention (**APPENDIX A**).
- Tier II (Supplemental Instruction) Intervention Integrity Checks Form is to be completed at least twice at equal intervals during the course of Tier II intervention (**APPENDIX B**).
- Tier I High-Quality Classroom Observation Form is to be completed prior to a student entering Tier II (**APPENDIX C**).

1.6 Description of Tiers I-III

1.6a Tier I

Tier I is the universal layer of support for all students and consists of high-quality classroom instruction provided by highly trained and qualified personnel. Tier I instruction occurs in whole-group, small-group, and in individual settings. Tier I should be considered the key component in successful tiered instruction, with 80-90% of the student population being successful academically and behaviorally with high quality instruction. These components should be observed and verified by a school administrator to ensure appropriate classroom instruction, classroom management, and differentiated instruction with the general education core curriculum as well as social/behavioral supports. Administrators will use the MDE approved Tier I High-Quality Classroom Observation Form (aligned with the Teacher Growth Rubric) (APPENDIX C).

PRE-KINDERGARTEN – 8TH GRADE		
Data Used to Identify Students	Description of Additional Service	Progress Monitoring (what, when, by whom)
Academic Universal Screener: iReady and/or Acadience Formative/Summative Assessments-collected by classroom teacher Progress Reports Report Cards Parent Requests Hearing/Vision Screening	What: High-Quality Evidenced-Based district approved core curriculum	iReady Fall, Winter, Spring administrations for K-8 Benchmark data (reflective of state standards) Formative/Summative Assessments-collected by classroom teacher ELS Assessments
Behavior Behavior Screeners PBIS CHAMPS Social Emotional Learning (SEL) Lessons	What: Behavior Prevention and Intervention that follows the district's guidelines and best practice.	Office Discipline Referrals (ODR)-3 or less –continue Tier I supports
	When: Determined by school-wide schedule	
	Who: Classroom Teacher	

1.6b Tier II

Tier II is the targeted layer of support for some students (15-20% of the population) that consists of supplemental academic and behavioral interventions provided in addition to high quality core instruction.

Tier II provides an efficient means of collecting and documenting information. Classroom instruction, progress monitoring, parent notification, supplemental instruction, integrity checks, and social/behavioral interventions are used to support and extend the critical elements of core instruction. School districts must complete, at a minimum, documentation as required for all students in Tier II as required by MDE.

Students are referred for Tier II instruction by recommendation of the teacher, interventionist, or related service providers to the school's Teacher Support Team (TST).

PRE-KINDERGARTEN - 8th GRADE		
Data Used to Identify Students	Description of Additional Service (what, when, by whom)	Progress Monitoring
Academic Universal Screener: iReady and/or Acadience Progress Reports Report Cards Observational Data Parent Requests Formative/Summative Assessments - collected by classroom teacher	What: District approved Evidenced Based Curriculum and Interventions Hearing/Vision Screening must be passed or student's parents are asked to follow up <u>Tier II District approved:</u> (a) Supplemental Instruction Documentation form (b) Intervention Integrity Checks form	<u>Tier II district approved:</u> Progress Monitoring Bi-monthly (Acadience or Intervention-specific)
Behavior Behavior Screeners SEL data Daily Behavior form PBIS data Observational Data	What: Check In/Check Out Behavior Contract Other District approved Tier II behavior intervention	Check In/Check Out data tracking form Other appropriate data tracking form Reduction in number of ODRs (goal specified to individual student)
	When: 3-4 times/week <i>(minimum of 30 minutes per session)</i> Small Group: Group size should not exceed 6 students	
	Who: Teacher/Assistant/Interventionists	

1.6c Tier III:

Tier III is the most intensive layer of support for few students (1-5% of the population) and consists of the most intensive, targeted instruction and intervention specifically designed to meet the individual academic and behavioral needs of students in addition to high quality core instruction.

Students are referred for Tier III instruction by recommendation of the teacher, interventionist, or related service providers to the school's Teacher Support Team (TST).

PREK-8TH GRADE		
Data Used to Identify Students	Description of Additional Service (what, when, by whom)	Progress Monitoring
<p>Academics Progress Monitoring data from Tier II</p> <p>Universal Screener: iReady and/or Acadience</p> <p>Progress Reports</p> <p>Report Cards</p> <p>Observational Data</p> <p>Parent Requests</p> <p>Formative/Summative Assessments-collected by classroom teacher</p>	<p>What: District approved Evidenced-Based Curriculum and Interventions specifically designed for MTSS as identified by the TST Team</p> <p><u>Tier III district approved:</u> (a) Intensive Intervention Instruction Documentation form (b) Intensive Intervention Integrity Checks form</p> <p>MDE required Individual Reading Plan developed</p>	<p><u>Tier III district approved:</u> Progress Monitoring Weekly: Acadience or Intervention-specific</p>
<p>Behavior</p> <p>Behavior Screener Data</p> <p>Observational Data</p> <p>5 or more ODRs may require Tier III supplemental interventions</p>	<p>What: Possible FBA/BIP</p> <p>Counseling Services</p> <p>Other district approved Tier III behavior intervention</p>	<p>FBA/BIP Goal Tracking form</p> <p>Reduction in number of ODRs (goals specific to individual student)</p> <p>Other appropriate tracking forms</p>
	<p>When: 4 - 5 times/week <i>(minimum 45-60 minutes per session)</i></p> <p>Small Group: Group size should not exceed 4 students <i>(Ideally should be implemented in groups of 3 or less)</i></p>	
	<p>Who: Teacher/Interventionists/School Counselor/Behavior Specialist</p>	

1.7 Teacher Support Team (TST) Referral and Meeting

The TST provides an efficient means of requesting or recommending further supports needed, as well as, documentation of meetings held and decisions made by the TST. Students must be referred to the TST if:

- Unsuccessful in Tier I
- Identified as “20-day students” through MSIS
- Student scores At-Risk on the district dyslexia screener
- Parent provides a private evaluation (This will be immediately sent to the District Special Education office.)

In addition, students may be referred to TST for:

- Data that supports possible giftedness
- Concerns regarding speech or language deficits
- Health, behavioral, social/emotional (SE), or other concerns

Data-Informed Decision-Making

Based on a thorough review and analysis of all relevant data, the TST may determine that a student’s interventions should be modified or goals adjusted and reattempted. If it is determined by the TST that Tier II interventions have not been successful, they will develop Tier III interventions to be administered and progress monitored. If Tier III interventions have been executed with fidelity, based on documented reviews, and found not to be successful, the TST may determine that a student should be referred to the school’s Multidisciplinary Evaluation Team (MET) for a possible Child Study; however, the TST team should consider each case individually for referral to MET. A student may remain in Tier III if interventions are successful. The school’s MET Chairperson will be notified by the TST chair if the TST is referring a child to MET.

1.8 Dyslexia

Walthall County School District follows MDE guidelines for dyslexia screening in kindergarten and first grade.

Dyslexia Screener	Dates Administered	Comments
<p>K-1st grade Acadience or other district approved screener</p> <p>2nd-5th(as needed) Acadience or other district approved screener</p> <p><i>*To assist schools with dyslexia screening, MDE has provided a list of approved screening instruments to meet the standard as set by House Bill 1031</i></p>	<p>Spring of Kindergarten Fall of 1st Grade</p> <p>As requested by parents, teachers or interventionists</p> <p>To be administered by district approved personnel</p>	<p>If a student fails the dyslexia screener:</p> <p>(a) The parent or legal guardian will be notified of the results of the screener.</p> <p>(b) The student will be referred to TST to determine appropriate next steps, which might include but not limited to:</p> <ol style="list-style-type: none"> 1. Referral to Tier II or III interventions 2. Additional Assessment 3. Referral to MET 4. 504 plan 5. IRP 6. Continue Present Placement with support <p>(c) All results should be placed in the student's cumulative record</p>

1.9 Literacy-Based Promotion Act

Passed during the 2013 legislative session, the Literacy-Based Promotion Act (LBPA) places an emphasis on grade-level reading skills for students, particularly as they progress through grades K-3. Beginning in the 2014-2015 school year, a student scoring at the lowest achievement level in reading on the established state assessment for 3rd grade will not be promoted to 4th grade unless the student meets the Good Cause Exemptions for promotion.

WCSD universally screens students and provides intensive reading instruction and immediate intervention to each K - 3 student who exhibits a substantial deficiency in reading at any time. Parents or guardians are notified as problems are identified.

1.10 English Learners

WCSD utilizes best practices for instructing English Learners (EL) in Tier I. Each school's Teacher Support Team will utilize/analyze data including Las Links scores along with the EL district contact to determine if the EL student needs Tier II/Tier III intervention. The District EL contact should be a member of the Teacher Support Team when meeting to determine interventions for EL students. Refer to MDE Multi-Tiered Systems of Supports (MTSS), Guidance Document, May 2020, p. 48-50

1.11 Individual Reading Plan

MDE provides a template for documenting the Literacy-Based Promotion Act requirements pertaining to the identification of a reading deficiency, intensive reading instruction, and intervention for identified K-3 students and 4th grade students who were promoted using the Good Cause Exemption. The Individual Reading Plan correlates with the Multi-Tiered System of Supports (MTSS) student documentation required for Tier III (Intensive Intervention). These pages may be used when meeting with the Teacher Support Team for each student that did not respond to Tier II Interventions; 4th grade students requiring Intensive Intervention after Good Cause Exemption promotion; or, for intensive reading interventions for Special Education students (K-4) and English Language Learners (ELLs).

Data Used to Identify Students	Description of Additional Service (what, when, by whom)	Progress Monitoring
Universal Screener: iReady and/or Acadience Progress Reports Report Cards Parent Requests Formative/Summative Assessments-collected by classroom teacher Students who qualify for services under IDEA where the disability negatively impacts reading.	What: District approved Evidenced-Based Curriculum and Interventions specifically designed for MTSS as identified by the TST Team from MDE approved list District approved identified curriculum and interventions specifically designed for Tier III reading based on: (a) iReady Screening data (b) Individual Reading Plan Checklist (c) Educational Learning Solutions (ELS) Benchmark Data (d) Acadience Data	Intervention-specific Teacher: Once per week <u>MDE Individual Reading Plan approved:</u> (a) Goals and Benchmarks for Growth (b) Additional instructional services and interventions (c) Parental support
	When: 4-5 times/week <i>(minimum 45-60 minutes per session)</i> Small Group: Group size should not exceed 4 students <i>(Ideally should be implemented in groups of 3 or less)</i>	
	Who: Teacher/Interventionists	

Section II Teacher Support Team Procedures

2.1 Teacher Support Team Membership and Responsibilities

According to MDE, TST is defined as a group of education professionals who analyze student referral data and prescribe appropriate behavioral or instructional interventions to help students be successful in regular academic classrooms.

Required Members

- **Administrator or his/her designee**

- Designates the TST Chair
- Ensures TST functions effectively throughout the school year and activities conducted by TST are in accordance with policies and procedures in this Handbook per MDE guidelines.
- Attends or appoints a designee to attend TST meetings
- Completes Tier I, II and III fidelity checks using the appropriate form (**APPENDIX A - C**)

- **TST Chair**

- Manages paperwork (gives referring teacher Tier packet to complete, checks for accuracy, collects any additional screening needed, and keeps a log of referrals to TST and meetings)
- Notifies parent in writing of tier placement (**APPENDIX D**)
- Collects pertinent data from the student's universal screening and cumulative records
- Reviews hearing and vision screening results and/or requests a hearing or vision screening from the school nurse if screening exceeds 12 months
- Ensures that dates, interventions, decisions, and signatures are documented on the appropriate forms
- Meet with district assessment personnel before submitting paperwork to the MET
- Schedules TST meetings and invites appropriate members, including the parent or guardian, at least 5 days prior to the meeting using the parent letter template (**APPENDIX E**)
- Ensures a student is referred to the TST if they populate the MSIS screen within the first twenty (20) days of school (**APPENDIX F**)
- Ensures TST documents a review of Tier II student progress at 4 weeks and again at 8 weeks after implementation (**Appendix G**)
- Ensures TST documents a review of Tier III student progress within the first 8 weeks after implementation and again no later than 16 weeks (**APPENDIX H**)
- Ensures confidentiality form are completed for each student in Tier 2 or Tier 3 (**APPENDIX I**)
- Communicates with principal regarding completion of TST documentation
- Maintains log to ensure student's additional needs are screened in a timely manner
- Ensures all student records are kept in a secure location per federal and state policies
- Facilitates TST meetings
- Document parental concerns/disagreements with decisions; Parents have the right to disagree with TST decisions, but they do not have the authority to override the decision of the committee or dictate the outcome of the committee decision. Refer to the MTSS Guidance Document (link below).

https://www.mdek12.org/sites/default/files/Offices/MDE/OAE/OEER/Intervention/guidance_document_mtss_june2020.pdf(refer to guidance document)

- **Teacher(s)**

- Conducts a parent conference and completes the parent conference form (**APPENDIX J**) to address the school or parents' concerns. If the parent does not attend the scheduled parent conference, document as appropriate in School Status.
- Turns in the parent conference form to the TST chair in a timely manner to request a MTSS Tier packet
- Completes the MTSS Tier packet and Teacher Narrative within ten (10) days
- Attends all TST meetings for students in their classroom as appropriate
- Implements any classroom interventions suggested by the TST and completes appropriate paperwork
- Monitors student progress in interventions and follows up on the Tier process

Other Members

- **Service Providers as appropriate (i.e., counselor, speech therapist, behavior specialist, academic specialist)**

- Participates in TST process if they have knowledge of the student or expertise in the student's area of need
- May provide data or recommendations specific to area of expertise

- **Parent or guardian**

- All parents/guardians are given the opportunity to participate in TST meetings through notification at least five days prior to the meeting date. Parents can waive the five day meeting notice.
- Given the opportunity to provide input in the decision making process of the student's educational needs
- Have the right to disagree with the TST decision, but they do not have the authority to override the decision of the committee or dictate the outcome of the committee decision
- Have the right to have access to the results of assessments

2.2 TST Referrals

MTSS is a general education initiative and is not a pre-referral for the evaluation process. Per the MTSS Overview of this document, students may be referred to TST if:

- Unsuccessful in Tier I (academic, social/emotional, behavior)
- Identified as "20-day students" through MSIS
- Student scores At-Risk on the district dyslexia screener
- Parent provides a private evaluation (This will be immediately sent to the District Special Education office.)

In addition, students may be referred to TST for:

- Data that supports possible giftedness
- Concerns regarding speech or language deficits
- Health, behavioral, Social/Emotional (SE), or other concerns

It is the responsibility of the Teacher Support Team to ensure that all referrals to TST have met documentation requirements as set forth in the WCSD MTSS procedure manual before meeting.

2.3 Pre-TST Referral Requirements

Prior to a referral to TST, the referring teacher must provide documentation of the following (Appendix K):

- Parent contact regarding area of concern
- Differentiation in the classroom
- Student grades
- Attendance
- Social/emotional worksheet (**APPENDIX P**)
- Behavior/discipline summary (**APPENDIX P**)
- iReady data
- Retention history including which grades retained
- Date of cumulative folder review
- Results of dyslexia screener(s)
- Current services received (IEP, 504, tier intervention, gifted, speech, counseling or LSP) ● Additional concerns (speech, language, behavior, social/emotional, other)

2.4 TST Meeting Guidelines

Once a completed referral has been received, the TST members must hold a meeting within 14 days. The meeting must include the members of the TST team, the referring staff member, and related service providers, if appropriate. After reviewing data provided the team will decide and document on the TST Referral & Meeting Form (**Appendix L**) what next steps should be taken to best meet the student's needs. Possible outcomes include:

- Continue current program with TST recommended modifications
- Request additional data or screeners
- Recommend a change in MTSS services
- Referral to MET for consideration of eligibility of Special Education or 504 services

If a student is in Tier II or Tier III for interventions, a documented review must occur according to the following MDE recommendations:

- Tier II: a documented review occurs at 4 weeks and again at 8 weeks.
- Tier III: documented reviews within the first 8 weeks after implementation and the cumulative documented review no later than 16 weeks after implementation.
- Interventions should be adjusted, if necessary, based on these reviews, and documented.

Section 3 Organization of Student File

3.1 Student Information & Confidentiality

- Pre-K-K, K-8, or 9-12 Student Profile (**APPENDIX P**)
- Copy of insert of student cumulative folder
- Statement of Confidentiality (**APPENDIX I**)

3.2 Parent Invitations & TST Meeting Notes

- Parent Invitation to TST Meeting (**APPENDIX E**)
- TST Referral and Meeting Documentation Form (**APPENDIX L**)
- Parental Consent Forms (Required for speech and/or language screener and behavior observations) (**APPENDIX Q**)

3.3 Screeners and Data

- Hearing and Vision Screener
- Dyslexia Screener
- Acadience Benchmark Scores
- iReady Scores
- Language and/or Speech Screener
- Behavior Screener

3.4 Tier Documentation

- Parent Notifications of TIER II/III Intervention Services (**APPENDIX D**)
- Description of Intervention (**APPENDIX P**) for:
- Language Arts, Mathematics, and/or Behavior/Social Emotional Learning Progress Monitoring Graph
- Initial and Cumulative Documented Reviews (**APPENDICES G & H**)
- TIER I High-Quality Observation Form (**APPENDIX C**)
- TIER II (Supplemental Instruction) Integrity Checks (**APPENDIX B**)
- TIER III (Intensive Intervention) Integrity Checks (**APPENDIX A**)

3.5 Plans

- Individual Reading Plan (**APPENDIX M**) (Only applicable if target area of intervention is reading)
- Behavior Intervention Plan
- Language Service Plan

3.6 Summary

- End of Year MTSS Information (**APPENDIX N**)
- Documentation of Teacher/Parent Conferences
- Teacher Narrative (if referring for Child Study) (**APPENDIX Q**)
- Multidisciplinary Evaluation Team (MET) Meeting Documentation (if referred for Child Study)
- Good Cause Exemption Documentation (if applicable)
- Work Samples (if applicable)

Section 4 Appendices

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Instructions: SCHOOL ADMINISTRATORS, check the box next to each trait of quality implementation demonstrated during Tier III intervention observation. Complete at least two (2) integrity checks at equal intervals during course of intervention.

INTEGRITY CHECK #1	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 3B.)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #2	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 3B.)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #3	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 3B.)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #4	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 3B.)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

Instructions: SCHOOL ADMINISTRATORS, check the box next to each trait of quality implementation demonstrated during Tier II intervention observation. Complete at least two (2) integrity checks at equal intervals during course of intervention.

INTEGRITY CHECK #1	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 2A.2)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #2	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 2A.2)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #3	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 2A.2)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #4	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 2A.2)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

Instructions: Prior to students entering Tier II, **SCHOOL ADMINISTRATORS** should complete this form by placing a check mark only in the boxes by the traits that are observed. It is recommended that this form be completed prior to Tier II. This form may be reproduced as needed.

Teacher Name:	Grade/Subject:
Observed By:	Date of Observation:

CLASSROOM INSTRUCTION	DIFFERENTIATED INSTRUCTION	CLASSROOM MANAGEMENT
<input type="checkbox"/> Students actively engaged in learning. Domain 3, Standard 5 <input type="checkbox"/> Content is at instructional level. Domain 2, Standard 4 <input type="checkbox"/> Students answering questions correctly. Domain 2, Standard 3 <input type="checkbox"/> Students ask questions. Domain 3, Standard 5 <input type="checkbox"/> Teacher communicates expectations of lesson. Domain 2, Standard 3 <input type="checkbox"/> Teacher questioning measures students' understanding of the prerequisite concepts. Domain 2, Standard 4 <input type="checkbox"/> Teacher questioning measures students' understanding of new concepts. Domain 2, Standard 3 <input type="checkbox"/> Teacher encourages students to think critically concerning previous concepts and new concepts. Domain 2, Standard 3 <input type="checkbox"/> Teacher reviews prerequisite knowledge needed for the lesson in order to effectively build student understanding. Domain 1, Standard 2	<input type="checkbox"/> Teacher uses activities to support instruction (i.e., advanced organizer, intro to lesson, or closure). Domain 3, Standard 10 <input type="checkbox"/> Teacher aligns tasks to learning goals. Domain 1, Standard 1 <input type="checkbox"/> Teacher engagement with students varies as the needs of the students differ. Domain 1, Standard 2 <input type="checkbox"/> Teacher provides guided practice and modeling in learning new concepts. Domain 2, Standard 4 <input type="checkbox"/> Teacher uses a variety of techniques to support students in making meaning of content. Domain 2, Standard 4 <input type="checkbox"/> Teacher groups students to work on instructional component. Domain 3, Standard 5 <input type="checkbox"/> Teacher provides prompt feedback to students concerning performance. Domain 2, Standard 3 <input type="checkbox"/> Teacher assists students in preparation for assignments, long-range projects, and tests. Domain 2, Standard 3	<input type="checkbox"/> Use of smooth transitions: providing transition activities for students. Domain 3, Standard 6 <input type="checkbox"/> Procedures and rules are clearly communicated in the classroom. Domain 3, Standard 6 <input type="checkbox"/> Teacher actively supervises student behavior by scanning, moving around room, and interacting with students. Domain 3, Standard 5 and Domain 3, Standard 6 <input type="checkbox"/> Teacher encourages students to take ownership for actions and fosters respect among all students. Domain 3, Standard 5 and Domain 3 Standard 7

OBSERVATION SUMMARY	<i>Instructions:</i> SCHOOL ADMINISTRATORS , check the appropriate box below and identify recommendations if needed.
----------------------------	---

<input type="checkbox"/> Teacher demonstrated traits of high-quality classroom instruction. <input type="checkbox"/> Teacher demonstrated <u>some</u> traits of high-quality classroom instruction, and should implement the following recommendation(s) to enhance Tier I Instruction:
--

DESCRIPTION OF RECOMMENDATION(S):	DATE TO BEGIN RECOMMENDATION(S):
	DATE TO EVALUATE RECOMMENDATION(S):
	DATE OF REVALUATION:
	<input type="checkbox"/> Demonstrated <input type="checkbox"/> Did not demonstrate

Parent Notification of Intervention Services

Date: _____

Dear Parent/Guardians of: _____

As part of a Multi-Tiered System of Supports (MTSS) Tylertown Primary works to provide academic and behavioral supports to all students through interventions (supplemental instruction). This will be provided as needed for students who do not meet expected levels of achievement in reading, math, and/or behavior.

Based on universal screener results, classroom performance, and/or teacher recommendation, your child was identified as a student who could benefit from intervention supports. This letter is to notify you of your child’s placement in:

Tier II, is best described as supplemental or small group instruction that your child will receive in addition to Tier I grade level instruction provided by his/her classroom teacher. Your child may be in this tier for up to eight (8) weeks before final progress is determined and further support is provided, if needed.

OR

Tier III, is best described as intensive interventions that occur daily and with the guidance of the Teacher Support Team. Your child may be in this tier for 8-16 weeks before final progress is determined and further support is provided, if needed.

The additional support provided will include:

- Small group instruction
- Five (5) days per week for 45 minutes
- Intervention: _____

If you have any questions or concerns, please contact us at:

Phone number: 601-876-2149

E-mail address: jtolar@wcsd.k12.ms.us or rstafford@wcsd.k12.ms.us

Our goal for providing interventions is to ensure that your child will be successful in meeting the Mississippi grade level expectations and requirements. Progress will be monitored and ongoing throughout the intervention. If you have any questions, please contact your child’s classroom teacher or the Teacher Support Team Chair.

Sincerely,

Jamie Tolar, M.Ed.
Rebekka Stafford, M.Ed.
Teacher Support Team Chairs

Parent Notification of End of Year Progress in Intervention Services

Date: _____

Dear Parent/Guardians of: _____

As part of a Multi-Tiered System of Supports (MTSS) Tylertown Primary works to provide academic and behavioral supports to all students through interventions (supplemental instruction). This will be provided as needed for students who do not meet expected levels of achievement in reading, math, and/or behavior.

This letter is to notify you of your child’s progress with supplemental instruction during intervention for the _____ school year.

Tier II, is best described as supplemental or small group instruction that your child will receive in addition to Tier I grade level instruction provided by his/her classroom teacher. After review of progress, TST has determined that your child will:

- Continue Tier II
- Modify current plan and continue intervention(s) in Tier II
- Move to Tier III and change intervention(s)
- Return to Tier I

OR

Tier III, is best described as intensive interventions that occur daily and with the guidance of the Teacher Support Team. After review of progress, TST has determined that your child will:

- Continue Tier III
- Modify current plan and continue intervention(s) in Tier III
- Move to Tier II and change intervention(s)
- Return to Tier I
- Refer for Child Study

If you have any questions or concerns, please contact us at:

Phone number: 601-876-2149

E-mail address: jtolar@wcsd.k12.ms.us or rstafford@wcsd.k12.ms.us

Sincerely,

Jamie Tolar, M.Ed.
Rebekka Stafford, M.Ed.

Teacher Support Team Invitation

Date: _____

Student: _____

Grade: _____

Teacher: _____

Dear Parent/Guardians:

The Teacher Support Team (TST) would like to invite you to a meeting regarding your child's progress in school. The TST's purpose is to review and consider all available information and to recommend additional educational strategies and interventions to further assist your child. The TST may consist of an administrator, teacher, interventionist, counselor, and other individuals that may work with your child. We welcome and desire your participation so that you can be both engaged and informed of our efforts to better support your child's learning. If you are unable to attend the meeting, a copy of the minutes will be provided to you for your review.

A meeting is scheduled to discuss your child's progress with:

- Academics
- Behavior

Date: _____

Time: _____

Location: _____

PLEASE SELECT:

- I will be able to attend the meeting in person
- I will be able to attend via telephone conference. Please call this number at the scheduled meeting time: _____
- I am unable to attend the meeting. Please send me a copy of the meeting notes.

Parent Signature: _____ Date: _____

If you have any questions or concerns, please contact us at:

Phone number: 601-876-2149

E-mail address: jtolar@wcsd.k12.ms.us or rstafford@wcsd.k12.ms.us

Sincerely,

Jamie Tolar, M.Ed.
Rebekka Stafford, M.Ed.
Teacher Support Team Chairs

Students who populate the MSIS screen for one of the following indicators must be referred to TST within the first 20 days of school.

1. Grades K-3: Student has failed one grade. Grades 4-12: Student has failed two grades.
2. A student failed either of the preceding two grades and has been suspended or expelled for more than 20 days in the current school year.
3. A student who did not score at the required achievement level on any part of the Grade 3 or Grade 7 statewide accountability assessment.
4. A student is promoted from Grade 3 to Grade 4 under a good cause exemption of the Literacy-Based Promotion Act.



Student: _____ Grade: _____ Teacher: _____

Intervention: _____ Individual Administering Intervention: _____

First Documented Review (at 4 weeks):

Date: _____ Sufficient Progress made? Yes No

- Continue Tier II
- Modify current plan and continue intervention(s) in Tier II
- Move to Tier III and change intervention(s)
- Return to Tier I

Second Documented Review (at 8 weeks):

Date: _____ Sufficient Progress made? Yes No

- Continue Tier II
- Modify current plan and continue intervention(s) in Tier II
- Move to Tier III and change intervention(s)
- Return to Tier I



Student: _____ Grade: _____ Teacher: _____

Intervention: _____ Individual Administering Intervention: _____

First Documented Review (at no later than 8 weeks):

Date: _____ Sufficient Progress made? Yes No

- Continue Tier III
- Modify current plan and continue intervention(s) in Tier III
- Refer to MET for Child Study
- Return to Tier II
- Return to Tier I

Cumulative Review (at no later than 16 weeks):

Date: _____ Sufficient Progress made? Yes No

- Continue Tier III
- Modify current plan and continue intervention(s) in Tier III
- Refer to MET for child study
- Return to Tier I
- Return to Tier II

NOTE: This form is to be completed prior to participating in the Teacher Support Team (TST) process.

Student Name		School Year	
---------------------	--	--------------------	--

I agree that all information (i.e., teacher and student information, school performance data, specific demographic data, etc.) discussed pertaining to the TST process will be held in strict confidence. I will neither contact anyone outside the official function of this TST process for any reason nor will I make any notes or copies of any documents utilized during the process. Refer to <https://www.mdek12.org/OTSS/MSIS/FERPA> for additional information.

Signature

Title

Date

Signature

Title

Date

Signature

Title

Date

Signature

Title

Date

Signature

Title

Date

Signature

Title

Date

Signature

Title

Date

Signature

Title

Date

Signature

Title

Date

Signature

Title

Date

Date: _____

Teacher Parent Conference Form

*Required for all K-6th grade conferences/parent meetings

Student: _____

School: _____	Grade: _____	Teacher/Subject Taught: _____
Language: _____	Parent/Guardian: _____	Parent Contact #: _____

*School-Parent Compact/Contract discussed as it relates to the student's achievement.

Strengths?	Concerns?	Ideas for parent/student?
Student: <input type="checkbox"/> asks for help <input type="checkbox"/> comes to school daily and on time <input type="checkbox"/> comes prepared with materials <input type="checkbox"/> completes homework <input type="checkbox"/> does well on tests <input type="checkbox"/> gets along well with others <input type="checkbox"/> is respectful <input type="checkbox"/> listens well <input type="checkbox"/> participates in class <input type="checkbox"/> solves problems <input type="checkbox"/> thinks creatively <input type="checkbox"/> other: 	Student needs to: <input type="checkbox"/> attend school daily <input type="checkbox"/> be on time for class <input type="checkbox"/> bring all materials <input type="checkbox"/> remain seated <input type="checkbox"/> complete classwork <input type="checkbox"/> complete homework <input type="checkbox"/> participate appropriately <input type="checkbox"/> communicate respectfully <input type="checkbox"/> get along well with others <input type="checkbox"/> be positive towards learning <input type="checkbox"/> follow classroom/school/bus rules <input type="checkbox"/> pay attention, focus <input type="checkbox"/> other: 	<input type="checkbox"/> ensure getting adequate amount of sleep <input type="checkbox"/> after school tutoring <input type="checkbox"/> check homework log & assignments daily <input type="checkbox"/> look over and talk about work done in class <input type="checkbox"/> look for and talk about weekly test papers, progress reports, and report cards <input type="checkbox"/> check for behavior communications from teacher <input type="checkbox"/> clean up backpack/locker; get organized <input type="checkbox"/> get phone #s of study buddies <input type="checkbox"/> reward growth <input type="checkbox"/> obtain counseling: academic/social/emotional <input type="checkbox"/> health check-up/follow-up <input type="checkbox"/> other:

Meeting Notes:

Signatures of Participants:

Parent/Guardian: _____ Student: _____

Teacher(s): _____

Other: _____

Prior to a referral to TST, the referring teacher must provide documentation of the following:

- Parent contact regarding area of concern
- Differentiation in the classroom
- Student grades
- Attendance
- Behavior/discipline summary (**APPENDIX P**)
- iReady data
- Retention history including which grades retained
- Date of cumulative folder review
- Results of dyslexia screener(s)
- Current services received (IEP, 504, tier intervention, gifted, speech, counseling or LSP)
- Additional concerns (speech, language, behavior, social/emotional, other)

TO BE COMPLETED BY TEACHER

It has been requested that _____ be reviewed by the TST to assist in providing interventions to improve his/her overall performance. Problems have been observed that interfere with his/her educational progress in the following area(s):

- MDE Policy Part 3; Intervention-20 Day
- Academic performance (math), low or failing grades
- Academic performance (ELA), low or failing grades
- Behavior
- Social Emotional
- Speech and/or Language
- Fine and/or gross motor skills
- Other, specify:

Request made by:

What interventions have been tried? Attach documentation.

Date of Prior Parent/Contact/Conference & Result:

TO BE COMPLETED BY TST

TST Chair Acknowledging Request:

Date:

Date of TST Meeting:

TST RECOMMENDATIONS

- Contact parents
- Request consent for behavior observation
- Refer for behavior observation: _____
- Request consent for school counseling
- Refer to school counselor
- Request Vision and Hearing Screener
- Request medical follow-up
- Implement academic and/or behavior Tier II Tier III intervention in area(s) needed:
 ELA MATH BEHAVIOR
- Request Language Screener
- Request Articulation Screener
- Complete Teacher Narrative
- Refer for Child Study (Multidisciplinary Education Team)

- Return to Tier I (Core Instruction)
- Continue Tier II
- Modify Current plan and continue intervention(s) in Tier II
- Continue Tier III
- Modify current plan and continue Tier III
- Other:

DATE:

READING INSTRUCTION PROGRAM	
<p>What evidence-based program will be used to deliver explicit, systematic core reading instruction during the required 90-minute reading block?</p> <p>What evidence-based program will be used to deliver explicit, systematic reading intervention in addition to the required 90-minute reading block?</p>	<p>Indicate the areas addressed by the core reading program:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension <p><i>Additional supplemental materials (if applicable):</i></p>

PARENTAL SUPPORT <i>(Parent Read-at-Home Plan)</i>	
<p>Target deficit area(s):</p>	<p>The following strategies are recommended for parents/families to use in assisting the student to achieve reading competency:</p>
<p><input type="checkbox"/> Written Parental Notification Received</p> <p>PARENT SIGNATURE: _____ DATE: _____</p>	<p><input type="checkbox"/> Parent Read-at-Home Plan Received</p> <p>PARENT SIGNATURE: _____ DATE: _____</p>

ADDITIONAL SERVICES
<p>Indicate any additional services the teacher deems available and appropriate to accelerate the student's reading skill development, if applicable:</p>

DATE:

STUDENT	TEACHER	GRADE
<p><i>Following the identification of a substantial reading deficiency, intensive reading instruction and intervention must be documented for each student in an individual reading plan, which includes, at a minimum, the following documentation. Place a check mark in the box once you have completed documenting this piece in the MTSS documentation packet.</i></p>		
	<p>(a) The student's specific, diagnosed reading skill deficiencies as determined (or identified) by diagnostic assessment data and other correlating data points;</p>	<p>MTSS Documentation Packet: Tier III Section 3B; page 14</p>
	<p>(b) The goals and benchmarks for growth;</p>	<p>MTSS Documentation Packet: Tier III Section 3B, 3D; page 14, 16</p>
	<p>(c) How progress will be monitored and evaluated;</p>	<p>MTSS Documentation Packet: Tier III Section 3B, 3C, 3D; page 14-16</p>
	<p>(d) The type of additional instructional services and interventions the student will receive;</p>	<p>MTSS Documentation Packet: Tier III Section 3B; page 14</p>
	<p>(e) The research-based reading instructional programming the teacher will use to provide reading instruction, addressing the areas of phonemic awareness, phonics, fluency, vocabulary and comprehension;</p>	<p>MTSS Documentation Packet: Appendix E</p>
	<p>(f) The strategies the student's family is encouraged to use in assisting the student to achieve reading competency; and,</p>	<p>MTSS Documentation Packet: Appendix E</p>
	<p>(g) Any additional services the teacher deems available and appropriate to accelerate the student's reading skill development</p>	<p>MTSS Documentation Packet: Appendix E</p>

Note: *The Individual Reading Plan correlates with the Multi-Tiered System of Supports (MTSS) student documentation required for ***Tier III (Intensive Intervention)**. These pages may be used when meeting with the Teacher Support Team for each student that did not respond to Tier II Interventions or is needing additional intensive interventions at Tier III; 4th grade students requiring Intensive Intervention after Good Cause Exemption promotion; or, for intensive reading interventions for English Language Learners (ELs).*

Teachers are not required to develop an IRP if the student currently has an IEP with Reading goals. *However, if a student's IEP does not currently address reading difficulties and the student later develops a deficit in reading, then the general education and the special education teacher must collaborate to determine whether goals need to be added to the IEP or if an IRP is most appropriate. If a student has an IEP that only has Math goals and the student later begins to struggle in reading, then an IRP must be written for K - 4 students. The individual needs of the student should dictate the goals and the supports provided. The general education teacher and the special education teacher should work collaboratively to develop and implement the IEP and continue to progress monitor as indicated in the IEP.*

Instructions: Complete the End of the Year MTSS Information form for all students receiving Tier II or Tier III intervention supports. Be sure to place a copy in the student's cumulative folder.

Student		Teacher	
School		School Year	Grade
Counselor		Interventionist	
Previous Grades Repeated		Promoted/Retained	
Recommended Tier Placement for the School Year	Reading	Math	Behavior

UNIVERSAL SCREENER/BENCHMARK				DYSLEXIA SCREENER	
	Fall BOY Scores	Winter MOY Scores	Spring EOY Scores		Pass/Fail
READING				K (SPRING)	
MATH				1 st GRADE (FALL)	
BEHAVIOR					

ATTENDANCE	END OF YEAR GRADES				BEHAVIOR	
TOTAL DAYS ABSENT FOR THE YEAR	ELA	MATH	SCIENCE	SOCIAL STUDIES	OSS	
					ISS	
					Office Referrals	

COMPREHENSIVE EVALUATION	INTERVENTION PROGRAM
Has the student ever received a comprehensive evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Describe intervention program/strategies utilized.
OUTSIDE TESTING Is there any documentation of previous, outside testing and/or medical documentation in the cumulative records? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Diagnosis: _____	

TIERED LEVEL OF SUPPORT AT CLOSE OF SCHOOL YEAR					
TIER I		TIER II		TIER III	
Reading		Reading		Reading	
Math		Math		Math	
Behavior		Behavior		Behavior	

WALTHAM COUNTY SCHOOL DISTRICT – SPECIAL SERVICES

COGNITIVE AND ACADEMIC CONCERNS

Please attach any applicable academic records available that highlight your concerns about the child's cognitive and/or academic progress such as State and/or districtwide assessment data (MCT scores), grade reports, universal screening data, Tier intervention records, progress monitoring charts, work samples, etc.

Cognitive Concerns

Can the child understand and follow directions? Yes No
 If yes: *Indicate:* One-step directions only Two-step directions Multi-step directions
 If no: *Describe any additional support the child requires to understand and follow directions.*

Describe any concerns you have about the child's cognitive abilities (e.g., memory, problem-solving, imagination, etc.).

Academic Concerns

Indicate any academic areas in which the child is having difficulties:

<input type="checkbox"/> Listening comprehension	<input type="checkbox"/> Basic reading skills	<input type="checkbox"/> Mathematics calculation
<input type="checkbox"/> Oral expression	<input type="checkbox"/> Reading fluency skills	<input type="checkbox"/> Mathematics reasoning
<input type="checkbox"/> Written expression	<input type="checkbox"/> Reading comprehension	<input type="checkbox"/> Other: _____

Describe the specific problems the child is having in any area(s) indicated.

Does the child know learning expectations (e.g., learning goals and demonstration of mastery)? Yes No
Describe how you communicate these expectations to the child.

Indicate all instructional methods that engage the child and support his/her successful learning:

- | | | |
|--|---|--|
| <input type="checkbox"/> independent seatwork | <input type="checkbox"/> whole class instruction | <input type="checkbox"/> cooperative/small group learning |
| <input type="checkbox"/> independent reading | <input type="checkbox"/> whole class discussions | <input type="checkbox"/> small group activities/projects |
| <input type="checkbox"/> child-directed activities | <input type="checkbox"/> highly-structured activities | <input type="checkbox"/> one-on-one/peer-assisted learning |

Describe how the child participates in the classroom.

Can the child complete classroom assignments with typical instruction and guidance? Yes No

Describe the child's learning needs (compared to other children his/her age):

- | | | | |
|---|---|---|---|
| How much explanation does s/he need? | <input type="checkbox"/> less than most | <input type="checkbox"/> about the same | <input type="checkbox"/> more than most |
| How much guided practice does s/he need? | <input type="checkbox"/> less than most | <input type="checkbox"/> about the same | <input type="checkbox"/> more than most |
| How much independent practice does s/he need? | <input type="checkbox"/> less than most | <input type="checkbox"/> about the same | <input type="checkbox"/> more than most |
| How much feedback does s/he need? | <input type="checkbox"/> less than most | <input type="checkbox"/> about the same | <input type="checkbox"/> more than most |

Describe the child's learning behaviors (compared to other children his/her age):

- | | | | |
|---|---|---|---|
| How much initiative does s/he demonstrate? | <input type="checkbox"/> less than most | <input type="checkbox"/> about the same | <input type="checkbox"/> more than most |
| How conscientious or attentive to detail is s/he? | <input type="checkbox"/> less than most | <input type="checkbox"/> about the same | <input type="checkbox"/> more than most |
| How much persistence does s/he demonstrate? | <input type="checkbox"/> less than most | <input type="checkbox"/> about the same | <input type="checkbox"/> more than most |
| How often does s/he ask for assistance? | <input type="checkbox"/> less than most | <input type="checkbox"/> about the same | <input type="checkbox"/> more than most |

Describe any additional support(s) and/or modification(s) the child requires to complete classroom assignments.

WALTHALL COUNTY SCHOOL DISTRICT – SPECIAL SERVICES

ADAPTIVE CONCERNS

Describe any concerns you have about the child's adaptive functioning and daily living skills.

MEDICAL / PHYSICAL CONCERNS

General Health

Has the child had any significant medical conditions and/or accidents? Yes No (skip to next question)

Describe any concerns.

Does the child take any regular medications? Yes No (skip to next question)

Describe any impacts noted.

Does the child receive physical or occupational therapy? Yes No (skip to next question)

PT - frequency: _____

OT - frequency: _____

Hearing and Vision

Has the child been screened for hearing and/or vision? Yes No (skip to next question)

Hearing only

Vision only

Hearing and vision

Hearing results: _____

Vision results: _____

Does the child use devices to assist with hearing or vision? Yes No (skip to next question)

Hearing aids (when acquired: _____) Glasses (when acquired: _____)

Describe any concerns you have about the child's hearing or vision.

Motor Skills

Describe any concerns you have about the child's gross motor skills, fine motor skills, and/or physical development.

COMMUNICATION CONCERNS

Does the child receive speech or language therapy? Yes No (skip to next question)

Frequency: _____

Does the child seem to understand what is said to her/him? Yes (skip to next question) No

Explain:

Does the child express his/her wants/needs/ideas/feelings appropriately for her/his age?

Yes (skip to next question) No

Explain:

Does the child misarticulate speech (e.g., omissions, substitutions, distortions, additions)?

Yes No (skip to next question)

Explain:

Describe any additional concerns you have about the child's language or speech development and skills (e.g., voice is always hoarse/harsh/breathy, voice is too loud/soft, speaks too fast/slow, stuttering, etc.).

WALTHALL COUNTY SCHOOL DISTRICT – SPECIAL SERVICES

SOCIAL, EMOTIONAL, AND BEHAVIORAL CONCERNS

Please attach any applicable behavioral records that highlight your concerns about the child's social/emotional/behavioral progress such as attendance records, office referrals, disciplinary actions, universal screening data, Tier intervention records, progress monitoring charts, behavior intervention plans, etc.

Does the child know the classroom rules and behavior expectations? Yes No
Describe how you communicate these rules and expectations to the child.

Does the child receive social skills instruction or counseling services? Yes No (skip to next question)
 social skills instruction - frequency: _____
 counseling services - frequency: _____

Indicate if the child has had any of the following difficulties:

<input type="checkbox"/> Difficulty making friends	<input type="checkbox"/> Being a victim of teasing/bullying	<input type="checkbox"/> Engaging in teasing/bullying behavior
<input type="checkbox"/> Aggression/fighting	<input type="checkbox"/> Anxious in groups of people	<input type="checkbox"/> Fearful of speaking in social settings
<input type="checkbox"/> Withdrawn or keeps to self	<input type="checkbox"/> Inflexible/difficulty compromising	<input type="checkbox"/> Insensitive to others' emotions/needs
<input type="checkbox"/> Does not speak in class	<input type="checkbox"/> Refrains from physical contact	<input type="checkbox"/> Does not interact well in groups

Describe any concerns you have about the child's ability to get along with peers.

Indicate if the child has had any of the following difficulties:

<input type="checkbox"/> Extremely fearful or nervous	<input type="checkbox"/> Cries easily or whines frequently	<input type="checkbox"/> Frequently complains of aches/pains
<input type="checkbox"/> Depressed or very unhappy	<input type="checkbox"/> Easily frustrated	<input type="checkbox"/> Explosive/angry outbursts
<input type="checkbox"/> Self-injurious (e.g., cutting)	<input type="checkbox"/> Suicidal thoughts	<input type="checkbox"/> Obsessive/compulsive behaviors
<input type="checkbox"/> Unwarranted self-blame/criticism	<input type="checkbox"/> Out of touch with reality	<input type="checkbox"/> Repetitive behaviors (e.g., rocking)

Describe any concerns you have about the child's emotional functioning.

Describe the child's behavior (compared to other children his/her age):

How active is the child?	<input type="checkbox"/> less active than others	<input type="checkbox"/> about the same	<input type="checkbox"/> more active
How well does the child pay attention?	<input type="checkbox"/> less distracted than others	<input type="checkbox"/> about the same	<input type="checkbox"/> easily distracted
How does the child handle change?	<input type="checkbox"/> handles change easily	<input type="checkbox"/> about the same	<input type="checkbox"/> resists change
How does the child respond to new things?	<input type="checkbox"/> readily accepts new things	<input type="checkbox"/> about the same	<input type="checkbox"/> resists new things
How strongly are the child's emotions?	<input type="checkbox"/> passive/indifferent	<input type="checkbox"/> about the same	<input type="checkbox"/> very intense
How moody is the child?	<input type="checkbox"/> very easygoing	<input type="checkbox"/> about the same	<input type="checkbox"/> very changeable
How predictable is the child?	<input type="checkbox"/> unpredictable	<input type="checkbox"/> about the same	<input type="checkbox"/> rigid routines

Indicate if the child has had any of the following difficulties:

<input type="checkbox"/> Stealing or lying	<input type="checkbox"/> Suspected gang involvement	<input type="checkbox"/> Defiance/oppositional behavior
<input type="checkbox"/> Suspected drug/alcohol abuse	<input type="checkbox"/> Abusive to others	<input type="checkbox"/> Destructive behavior
<input type="checkbox"/> Denies mistakes/blames others	<input type="checkbox"/> Cheating on assignments/tests	<input type="checkbox"/> Truancy/cuts classes

Describe any additional concerns you have about the child's behavior.

Disciplinary Actions

Has the child ever:

been suspended from school (*indicate the reason for each suspension and the total days of each suspension*)

- reason: _____	days: _____
- reason: _____	days: _____
- reason: _____	days: _____
- reason: _____	days: _____

been expelled from school (*indicate the reason for expulsion and the amount days of expulsion*)

- reason: _____	days: _____
- reason: _____	days: _____

ADDITIONAL INFORMATION

Please attach any additional information that would help us understand the child and his/her difficulties better.

Form completed by _____

Date completed _____

STUDENT NAME:		CURRENT GRADE:		DATE:	
MSIS Number/ID:		Date of Birth:		Gender:	Race:
Teacher:		School/Site:		District:	
Parent/Guardian Name:			Phone:	Email:	
Street Address:					

COLLEGE AND CAREER READINESS ANCHOR STANDARDS PERFORMANCE

Indicate the total number of performance standards that were indicated as code 1 (needs development) in each domain on the *The Mississippi Early Learning Standards for Classrooms Serving Four-Year-Old Children: An Observational and Performance-Based Checklist*. [Development Checklist for Four-Year-Old Students](#)

Academic Area	Fall	Winter	Spring
Approaches to Learning			
Social/Emotional			
English Language Arts			
Mathematics			
Science			
Social Studies			
Physical Development			
The Arts			

ATTENDANCE

CURRENT SCHOOL YEAR	DAYS ABSENT	DAYS PRESENT
PREVIOUS SCHOOL YEARS	DAYS ABSENT	DAYS PRESENT

List last 3 schools attended and dates.

1. _____
2. _____
3. _____

KINDERGARTEN READINESS ASSESSMENT SCORES

Fill in the chart below based on student scores on the MKAS² Assessment.
Recommended Score: 498

	SCORE	DATE (MM/DD/YYYY)
Fall		
Spring		

HEARING AND VISION SCREENER

HEARING		VISION	
Date		Date	
Pass/Fail		Pass/Fail	

AREAS OF CONCERN

- ELA MATH
 SPEECH AND/OR LANGUAGE
 MOTOR SKILLS:
 FINE (ATTACH HANDWRITING SAMPLE)
 GROSS
 BEHAVIOR/DISCIPLINE (**APPENDIX Q**)
 SOCIAL EMOTIONAL (**APPENDIX Q**)
 OTHER: _____

SPECIAL POPULATION

Check if applicable to student.

- Special Education/IEP
 Initial Eligibility Date: _____
 Eligibility Category: _____
 504
 EL (**Appendix B**)
 Other: _____

SCREENER(S)

Indicate the name of each screener used in the classroom and the screener's recommended cut score. Indicate the date of the screener and the student's score.

SCREENER NAME	RECOMMENDED CUT SCORE
Date	
Score	

SCREENER NAME	RECOMMENDED CUT SCORE
Date	
Score	

SCREENER NAME	RECOMMENDED CUT SCORE
Date	
Score	

STUDENT NAME:		CURRENT GRADE:		DATE:	
MSIS Number/ID:		Date of Birth:		Gender:	Race:
Teacher:		School/Site:		District:	
Parent/Guardian Name:			Phone:		Email:
Street Address:					

COURSE PERFORMANCE						AREAS OF CONCERN			
Indicate recent term grades in the table below.						<input type="checkbox"/> ELA <input type="checkbox"/> MATH <input type="checkbox"/> SPEECH AND/OR LANGUAGE <input type="checkbox"/> MOTOR SKILLS: <input type="checkbox"/> FINE (ATTACH HANDWRITING SAMPLE) <input type="checkbox"/> GROSS <input type="checkbox"/> BEHAVIOR/DISCIPLINE (APPENDIX Q) <input type="checkbox"/> SOCIAL EMOTIONAL (APPENDIX Q) <input type="checkbox"/> OTHER: _____			
Academic Area	T1	T2	T3	T4	Final				
Reading									
Mathematics									
Science									
Social Studies									
Language Arts									

ATTENDANCE			GRADE RETENTION		SPECIAL POPULATION											
CURRENT SCHOOL YEAR	DAYS ABSENT	DAYS PRESENT	If applicable, indicate grade(s) and school year(s) below. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">GRADE</th> <th style="width: 50%;">SCHOOL YEAR</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		GRADE	SCHOOL YEAR									Check if applicable to student. <input type="checkbox"/> Special Education/IEP Initial Eligibility Date: _____ Eligibility Category: _____ <input type="checkbox"/> 504 <input type="checkbox"/> EL (Appendix B) <input type="checkbox"/> Other: _____	
GRADE	SCHOOL YEAR															
PREVIOUS SCHOOL YEARS	DAYS ABSENT	DAYS PRESENT														
List last 3 schools attended and dates.																
1. _____	_____	_____														
2. _____	_____	_____														
3. _____	_____	_____														

LITERACY-BASED PROMOTION ACT			DYSLEXIA SCREENER		UNIVERSAL SCREENER																																										
Complete this section only if the student completed 3 rd grade after implementation of Literacy-Based Promotion Act (2014-2015). <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">ATTEMPTS</th> <th style="width: 25%;">DATE</th> <th style="width: 25%;">SCORE</th> </tr> </thead> <tbody> <tr> <td>First Attempt</td> <td> </td> <td> </td> </tr> <tr> <td>First Retest</td> <td> </td> <td> </td> </tr> <tr> <td>Second Retest</td> <td> </td> <td> </td> </tr> </tbody> </table> (If the student fails all three attempts, reference Appendix F to see if student qualifies for Good Cause Exemptions.)			ATTEMPTS	DATE	SCORE	First Attempt			First Retest			Second Retest			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">K (SPRING)</th> </tr> </thead> <tbody> <tr> <td>Date</td> <td> </td> </tr> <tr> <td>Pass/Fail</td> <td> </td> </tr> <tr> <th colspan="2" style="text-align: center;">1ST GRADE (FALL)</th> </tr> <tr> <td>Date</td> <td> </td> </tr> <tr> <td>Pass/Fail</td> <td> </td> </tr> </tbody> </table>		K (SPRING)		Date		Pass/Fail		1 ST GRADE (FALL)		Date		Pass/Fail		Indicate score and screener used for each. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 16.6%;">Fall</th> <th style="width: 16.6%;">Winter</th> <th style="width: 16.6%;">Spring</th> </tr> </thead> <tbody> <tr> <td>READING:</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>MATH:</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>BEHAVIOR:</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> If additional district screener(s) were used, please attach student score reports.				Fall	Winter	Spring	READING:				MATH:				BEHAVIOR:			
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K-READINESS ASSESSMENT		HEARING AND VISION				STATE ASSESSMENT	
RECOMMENDED SCALE SCORE	STUDENT SCALE SCORE	HEARING		VISION		<input type="checkbox"/> Attach previous years' state assessment score reports for review by the TST.	
Fall: 530		Date		Date			
Spring: 681		Pass/Fail		Pass/Fail			

STUDENT NAME:		CURRENT GRADE:		DATE:	
MSIS Number/ID:		Date of Birth:		Gender:	Race:
Teacher:		School/Site:		District:	
Parent/Guardian Name:			Phone:		Email:
Street Address:					

COURSE PERFORMANCE						AREAS OF CONCERN	
Indicate recent term grades in the table below.						<input type="checkbox"/> ELA <input type="checkbox"/> MATH <input type="checkbox"/> SPEECH AND/OR LANGUAGE <input type="checkbox"/> MOTOR SKILLS: <input type="checkbox"/> FINE (ATTACH HANDWRITING SAMPLE) <input type="checkbox"/> GROSS <input type="checkbox"/> BEHAVIOR/DISCIPLINE (APPENDIX Q) <input type="checkbox"/> SOCIAL EMOTIONAL (APPENDIX Q) <input type="checkbox"/> OTHER: _____	
Academic Area	T1	T2	T3	T4	Final		
Reading							
Mathematics							
Science							
Social Studies							
Language Arts							
Indicate recent SATP course grades.							
Academic Area	T1	T2	T3	T4	Final		
Algebra I							
English II							
Biology							
U.S. History							

ATTENDANCE			GRADE RETENTION		SPECIAL POPULATION																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">CURRENT SCHOOL YEAR</th> <th style="width: 33%;">DAYS ABSENT</th> <th style="width: 33%;">DAYS PRESENT</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr> <th>PREVIOUS SCHOOL YEARS</th> <th>DAYS ABSENT</th> <th>DAYS PRESENT</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			CURRENT SCHOOL YEAR	DAYS ABSENT	DAYS PRESENT				PREVIOUS SCHOOL YEARS	DAYS ABSENT	DAYS PRESENT										If applicable, indicate grade(s) and school year(s) below. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">GRADE</th> <th style="width: 50%;">SCHOOL YEAR</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		GRADE	SCHOOL YEAR									Check if applicable to student. <input type="checkbox"/> Special Education/IEP Initial Eligibility Date: _____ Eligibility Category: _____ <input type="checkbox"/> 504 <input type="checkbox"/> EL (Appendix B) <input type="checkbox"/> Other: _____	
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PREVIOUS SCHOOL YEARS	DAYS ABSENT	DAYS PRESENT																																
GRADE	SCHOOL YEAR																																	

REPEATED COURSEWORK						REQUIRED ASSESSMENTS			
Indicate course name, school year and final grade for failed courses. Indicate course recovery method (summer school, credit recovery, etc.) and the school year and final grade for the course.						ALGEBRA I			
COURSE	SCHOOL YEAR	FINAL GRADE	METHOD OF RECOVERY	SCHOOL YEAR	FINAL GRADE	Date		Pass/Fail	
						Retest Date		Pass/Fail	
						ENGLISH II			
						Date		Pass/Fail	
						Retest Date		Pass/Fail	
						BIOLOGY			
						Date		Pass/Fail	
						Retest Date		Pass/Fail	
						U.S. HISTORY			
						Date		Pass/Fail	
						Retest Date		Pass/Fail	
						WORK KEYS			
						Date		Level	

DIPLOMA OPTIONS		HEARING AND VISION																			
<input type="checkbox"/> Traditional <input type="checkbox"/> Alternate <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">TRADITIONAL DIPLOMA ENDORSEMENTS</th> </tr> <tr> <td><input type="checkbox"/> Career & Technical</td> <td><input type="checkbox"/> Academic</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Distinguished Academic</td> </tr> </table> <p style="text-align: center;">Projected Graduation Date</p>		TRADITIONAL DIPLOMA ENDORSEMENTS		<input type="checkbox"/> Career & Technical	<input type="checkbox"/> Academic	<input type="checkbox"/> Distinguished Academic		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">HEARING</th> </tr> <tr> <td>Date</td> <td></td> </tr> <tr> <td>Pass/Fail</td> <td></td> </tr> <tr> <th colspan="2" style="text-align: center;">VISION</th> </tr> <tr> <td>Date</td> <td></td> </tr> <tr> <td>Pass/Fail</td> <td></td> </tr> </table>		HEARING		Date		Pass/Fail		VISION		Date		Pass/Fail	
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Instructions: **TEACHERS** should complete this form for each student that did not respond to high quality Tier I core instruction. For students receiving more than one intervention in multiple academic or behavioral areas, teachers can duplicate this form. Visit <https://mdek12.org/OAE/OEER/InterventionServices> for additional resources.

DETAILS OF INTERVENTION			DATE
Student Name:	Describe supplemental and/or small group strategies utilized – should be evidence-based:	Provide specific evaluation criteria, in <i>measurable</i> terms, utilized to determine effectiveness and monitor progress:	
Describe target deficit area of intervention(s) – identify if academic and/or behavioral and explain:			
INTERVENTION START DATE	FREQUENCY OF INTERVENTION PER WEEK	NUMBER OF MINUTES PER SESSION	FREQUENCY OF PROGRESS MONITORING (Section 2C):
	DAYS	MINUTES	MDE RECOMMENDATION: 2x per month
Name(s) and role(s) of individual(s) responsible for delivering intervention(s):		Based on progress monitoring data (Section 2C) student progress will be cumulatively reviewed on:	
		MDE POLICY: no later than 8 weeks after start date	

PARENTAL NOTIFICATION (For parent letter template, see Appendix D)	
Parent(s) notified of Tier II intervention (select one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:

Instructions: TST MEMBERS, CLASSROOM TEACHERS, AND INTERVENTIONISTS should work together to complete this form for each student that did not respond to Tier I or Tier II interventions, for 4th grade students requiring Intensive Intervention after a Good Cause Exemption promotion, for Intensive Reading Interventions for Special Education students (K-4), or English Learners (ELs). Visit <https://mdek12.org/OAE/OEER/InterventionServices> for additional resources.

DETAILS OF INTERVENTION			
Student Name:	Describe intensive intervention strategies utilized – should be evidence-based:		Provide specific evaluation criteria, in <i>measurable</i> terms, utilized to determine effectiveness and monitor progress:
Describe target deficit area of intervention(s) – identify if academic and/or behavioral and explain:			
INTERVENTION START DATE	FREQUENCY OF INTERVENTION PER WEEK	NUMBER OF MINUTES PER SESSION	FREQUENCY OF PROGRESS MONITORING (Section 3D)
	DAYS	MINUTES	MDE RECOMMENDATION: weekly
Name(s) and role(s) of individual(s) responsible for delivering intervention(s):		Based on progress monitoring data (Section 3D), student progress will be cumulatively reviewed on:	
		MDE POLICY: no later than 16 weeks after start date	

PARENTAL NOTIFICATION (For parent letter template, see Appendix D)

Parent(s) notified of Tier III intervention (select one): Yes No Date Notified:

Teacher Packet: Student Behavior/Discipline Summary Form

Student Name: _____ Grade: _____ DOB: _____ Age: ___yrs ___m

Teacher completing this form: _____ Date: _____

1. Describe the specific expectations you have for this student that are not being met: _____

2. Do you think the student ___ **cannot** (is unable to) **OR** ___ **will not** (is unwilling to) demonstrate the appropriate behavior? Why? _____
3. What have you already tried to help the student meet the behavioral expectations?

Technique/Intervention	How Long Tried? <i>beginning/end dates</i>	Outcome
PREVENTATIVE ACTIONS		
___ Explicitly <i>taught</i> classroom rules, procedures and expectations and have them posted for the whole class		
___ Consistently utilize school and classwide PBIS to reinforce desired behavior(s)		
___ Offered choices		
___ Used pre-teach/pre-correction		
___ Positive verbal reinforcement		
___ Rearrange physical setting		
___ Teacher/student contract		
___ Other (specify):		
CONSEQUENCES		
___ Ignored behavior		
___ Provide immediate and specific feedback for inappropriate behavior		
___ Notes/phone call to parent/guardians		
___ Detention	___ times in ___ weeks	
___ Referral to office	___ times in ___ weeks	
___ Other (specify):		

Instructions: Classroom teachers or counselors should complete this checklist to aid in the collection of information to determine if student is in need of Tier II or Tier III behavioral interventions.

NOTE: This worksheet is not a behavioral screener. For behavioral screening resources, visit <https://mdek12.org/OAE/OEER/InterventionServices>.

STUDENT NAME _____

DATE _____

STUDENT HAS

- been on runaway status
- been caught stealing at school
- left class without permission
- cursed school personnel
- threatened to harm school personnel or wished school personnel harm
- been suspended for fighting
- attempted suicide
- received tobacco violations at school
- received drug/alcohol violations at school

STUDENT IS DISRUPTIVE IN CLASS

- fidgets
- is overly active
- does not remain in seat
- talks out of turn
- disturbs others when they are working
- constantly seeks attention
- overly aggressive with others (i.e., physical fights)
- belligerent towards teachers and others in authority
- defiant or stubborn
- impulsive
- can't wait his/her turn
- acts without thinking of the consequences

CLASSROOM INTEREST

- High
- Average
- Low
- Other, please specify: _____

STUDENT IS WITHDRAWN

- shy, timid
- has difficulty making friends sits alone in cafeteria
- does not join in classroom group activities
- overly conforms to rules
- appears to daydream or be out of touch with the class
- has difficulty expressing feelings

CLASSROOM PARTICIPATION

- almost always
- frequently
- occasionally
- seldom

STUDENT IS ANXIOUS

- appears depressed
- rarely smiles
- appears to be tense
- appears frightened or worried
- cries easily
- does not trust others

CLASSROOM PREPAREDNESS

- always brings necessary supplies
- usually brings supplies
- seldom comes to class with supplies
- never comes to class with supplies

OTHER SOCIAL/EMOTIONAL BEHAVIORS

- lacks self-confidence
- says "can't do" even before attempting
- reacts poorly to disappointment
- is overly sensitive to disappointment
- depends on others
- clings to adults
- pretends to be ill
- has poor grooming or personal hygiene

MOTIVATION

- completes homework
- completes about half of the assignment
- tends to give up easily
- has difficulty getting started on assignments

TO THE BEST OF YOUR KNOWLEDGE

- This student is involved with the court system.
- This student is in counseling.
- This student is on medication.

**Walthall County School District
Speech and Language Screening
Parent Permission Form**

Dear Parent,

Some concerns have been noted regarding your child, _____'s speech and/or language communication skills in the school setting. We would like your permission to conduct a screening to assess their current skill level. This screening will be conducted by the Speech Language Pathologist at your child's school.

Child's Name: _____ Date of Birth: _____

School: _____ Grade: _____

	I agree to allow my child to be screened in the school setting. This screening may include screenings in voice, fluency, articulation and/or language and usually only takes 15-20 minutes.
	I do not agree to allow my child to receive a screening by the school's Speech Language Pathologist.

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date

**Walthall County School District
Classroom Observation
Parent Permission Form**

Dear Parent,

Some concerns have been noted regarding your child, _____'s social, adaptive, or behavior skills in the school setting and we would like your permission to conduct an observation(s) to assess their current skill level.

Child's Name: _____ Date of Birth: _____

School: _____ Grade: _____

	I agree to allow my child to be observed in the school setting. This screening may include multiple observations across different settings (i.e., classroom, lunchroom, recess) and meeting with my child directly for behavior analysis to get a clear picture of current skill level, perception and need.
	I do not agree to allow my child to receive a screening by observation or interview.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature

Date