2017-2018

Response to Intervention/ Student Support Team Manual

DEPARTMENT OF PSYCHOLOGICAL SERVICES

Richmond County School System

Learning today...Leading tomorrow

Preface

One of the primary objectives of Psychological Services is to provide supportive assistance to the instructional program while encouraging positive mental health for the students, faculty, and administration.

Our department has been actively involved in the implementation process of the Response to Intervention/Student Support Team (RtI/SST) process in Richmond County. We have been diligently working on making the process easier for teachers and administrators by creating this manual. At this point, the manual is an evolving document to assist with RtI/SST implementation. As more information is available from the Georgia State Department of Education, this manual will be updated.

Department of Psychological Services

Mission Statement

Our mission is to become a preeminent department of psychological services working proactively and cooperatively with schools, families and the community; to aid in the development of healthy, productive, and self-sufficient students; and to promote the delivery of comprehensive and ethical psychological services within the school environment.

Acknowledgements

During the development of this manual the Psychological Services Department of the Richmond County School System would like to thank the following for their numerous contributions:

John McCook

Georgia State Department of Education

Oregon State Department of Education

Washington State Department of Education

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Vision Statement

Create a world-class school system where all students graduate college and career ready and globally competitive

Mission Statement

The mission of the Richmond County School System is to build a world-class school system through education, collaboration and innovation.

Motto

Learning Today…Leading Tomorrow

Dr. Angela D. Pringle
Superintendent of Schools

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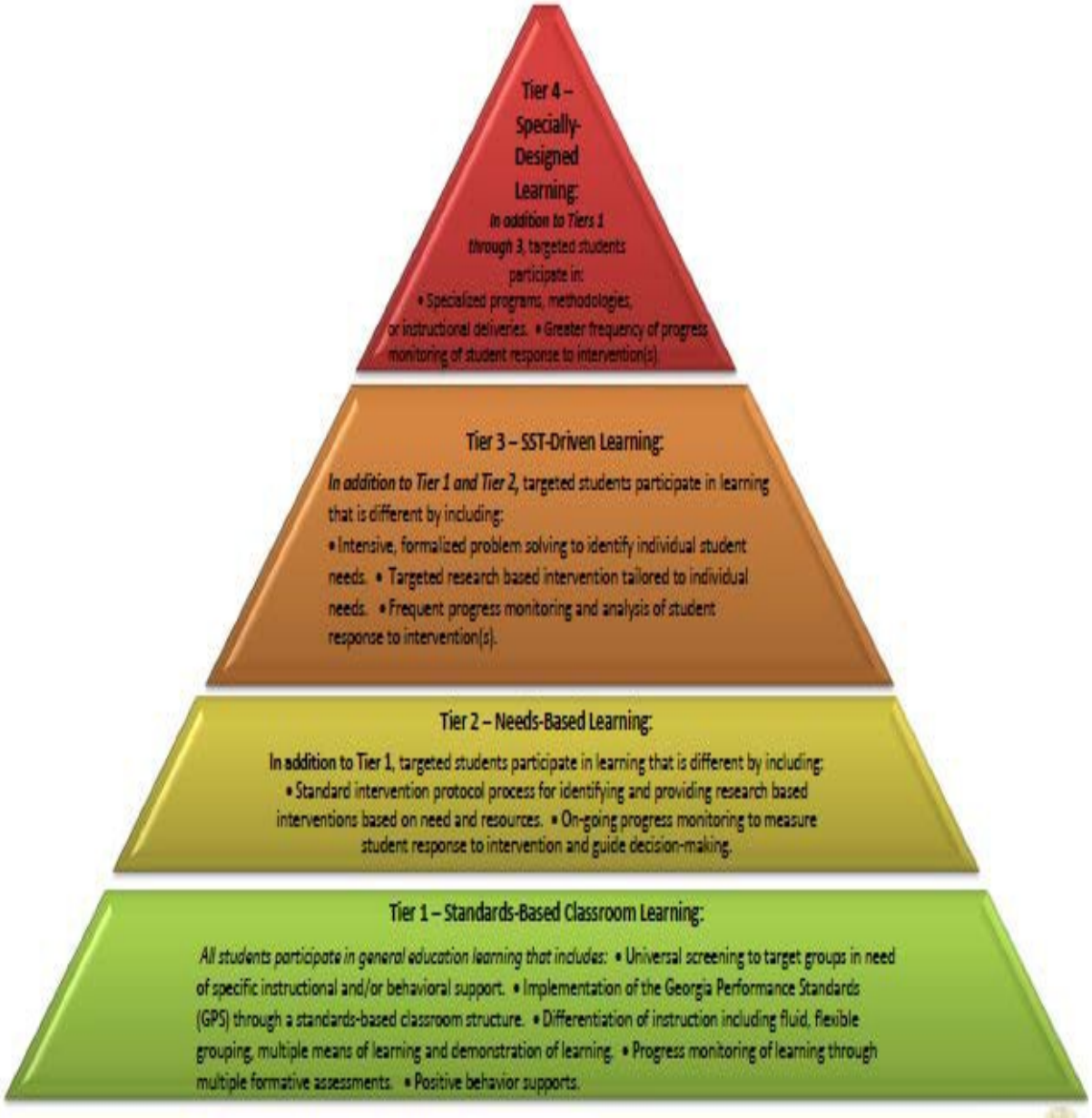
Response to Intervention
The Georgia Student Achievement Pyramid of Interventions



Georgia Department of Education
Dr. John D. Barge, State School Superintendent
October 2011
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Response to Intervention/Student Support Team (RtI/SST) Manual

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

While RtI has evolved into a nationally accepted problem solving approach, one fact remains constant in Georgia: SST is mandated by a federal judicial order to be in every public school. This has been the law since 1984 and is not likely to change. In Georgia model, RtI is the process and SST provides the structure. The Response to Intervention/Student Support Team (RtI/SST) manual in the Richmond County School System (RCSS) is designed to: (a) explain the principles and components of the RtI/SST process, (b) provide guidelines related to decision making within an RtI/SST system, (c) recommend how to use RtI/SST data in identifying specific learning disabilities as well as other disabilities, (d) answer common questions, and (e) identify additional resources that the school may use.

Chapter 1
Overview

Child Find

Child Find is a federal mandate which requires that all children suspected of having a disability and who are in need of special education and related services, are identified, located and evaluated. This includes all children in Richmond County through the age of 21. The Georgia Department of Education has written the following law (160-4-7-.03) establishing child find procedures for school districts in Georgia.

(1) GENERAL

(a) Each LEA must have in effect policies and procedures to ensure that all suspected children with disabilities, including those who are homeless, are wards of the State or are attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located and evaluated. [34 C.F.R. § 300.111]

(b) Each LEA shall ensure that before conducting any significant activity that is designed to identify, locate or evaluate children, annual notice must be published or announced in newspapers or other media, or both, to notify parents of this activity. [34 C.F.R. § 300.612 (b)]

(c) These policies and procedures shall provide for the screening and evaluation of all children with suspected disabilities birth through age 21 to include:

1. Children birth through age three. An LEA may fulfill its child find responsibility through referral to the Babies Can't Wait early intervention program operated by the Department of Community Health.

2. Preschool children, ages 3-5, not yet eligible for state-funded kindergarten.

3. Children enrolled in the LEA schools including public charter schools.

(i) Children who are suspected of being children with disabilities and in need of special education, even though they are progressing from grade to grade. [34 C.F.R. § 300.111(c)(1)]

(ii) Highly mobile children, including migrant children. [34 C.F.R. § 300.111(c)(2)]

4. Children who are detained or incarcerated in city/county operated jails or correctional facilities.

5. Children who reside in the LEA and are enrolled in home school/study programs.

6. Parentally-placed private school children. [34 C.F.R. § 300.131(a)]

(i) Children enrolled by their parents in private, including religious, elementary and secondary schools located in the LEA's jurisdiction. [34 C.F.R. § 300.130]

(d) A practical method is developed and implemented to determine which children are currently receiving needed special education and related services. [34 C.F.R. § 300.111 (a)(ii)]

1. Each LEA shall submit to the Georgia Department of Education (GaDOE), in an electronic format specified by GaDOE, data requested by the GaDOE on all children ages three through twenty-one who have been found eligible for special education and related services.

2. All data shall be accurate and timely. [34 C.F.R. § 300.645]

(2) INTERVENTIONS PRIOR TO REFERRAL

(a) The screening of children by a teacher or specialist to determine appropriate instructional strategies for curriculum implementation shall not be considered to be an evaluation for eligibility for special education and related services. [34 C.F.R. § 300.302]

(b) Prior to referring a student for consideration for eligibility for special education and related services, a student must have received scientific, research or evidence based interventions selected to correct or reduce the academic, social or behavioral problem(s) the student is having.

1. Student referrals must be accompanied by documentation of scientific, research or evidence based academic and/or behavioral interventions that have been implemented as designed for the appropriate period of time to show effect or lack of effect that demonstrates the child is not making sufficient rate of progress to meet age or State-approved grade-level standards within a reasonable time frame.

2. Exceptions may be made in circumstances where immediate evaluation and/or placement is required due to a significant disability that precludes access to instruction.

3. The exception noted in (2)(b)2 should be an infrequent and rare occurrence, and the circumstances evidencing the need for the LEA's use of the exception must be clearly documented in the eligibility decision.

Child Find and RtI. When the Child Find obligation is triggered, we must evaluate the student within a "reasonable time". We must also ensure that evaluations are not delayed or denied because of RtI/SST. The United Stated Department of Special Education's Office of Special Education and Rehabilitative Services send out a memorandum on January 21, 2011. It stated the following regarding RtI:

"The provisions related to child find in section 612(a)(3) of the Individuals with Disabilities Education Act (IDEA), require that a State have in effect policies and procedures to ensure that the State identifies, locates and evaluates all children with disabilities residing in the State, including children with disabilities who are homeless or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services. It is critical that this identification occur in a timely manner and that no procedures or practices result in delaying or denying this identification…States and LEAs have an obligation to ensure that evaluations of children suspected of having a disability are

not delayed or denied because of implementation of an RTI strategy."

RtI Defined

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. (pp. i.2)"

RtI is an integrated approach to provide services in a multi-tiered process for all children who are experiencing difficulties in areas of speech, academic, behavior, health, social, and emotional development. 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 according to the Washington Office of Superintendent of Public Instruction (as cited in National Association of State Directors of Special Education; NASDSE, 2005). RtI practices are proactive, incorporating both prevention and intervention, and are 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. Schools can provide interventions to students as soon as a need arises.

RtI: Big Ideas

RtI is comprised of seven core principles that represent recommended RtI practices (Mellard, 2003). These principles represent systems that must be in place to ensure effective implementation of RtI systems and establish a framework to guide and define the practice.

Use all available resources to teach all students. RtI practices are built on the belief that all students can learn. One of the biggest changes associated with RtI is that it requires educators to shift their thinking from the student--- to the intervention. This means that the initial assessment no longer focuses on "what is wrong with the student." Instead, there is a shift to an examination of the curricular, instructional, and environmental variables that may result in learning progress. Once the correct set of intervention variables have been identified, schools must then provide the means and systems for delivering resources so that effective teaching and learning can occur. In doing so, schools must provide resources in a manner that is directly proportional to students' needs.

Use scientific, research-based interventions/instruction. The critical element of RtI systems is the delivery of scientific, research-based interventions with fidelity in general, remedial and special education. This means that the curriculum and instructional approaches must have a high probability of success for the majority of students. By using research-based practices, schools efficiently use time and resources and protect students from ineffective instructional and evaluative practices. Since instructional practices vary in efficacy, ensuring that the practices and curriculum have demonstrated validity is an important consideration in the selection of interventions.

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.

Conduct universal screening/benchmarking. School staff should conduct universal screenings 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 an 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." Universal screening data that can be analyzed to determine students at-risk may include results of criterion referenced tests, standardized test, benchmark assessments, or discipline referrals. For example, third grade teachers may use a three-minute math fluency teacher-made assessment to determine grade level norms.

Use a multi-tier model of service delivery. An RtI approach incorporates a multi-tiered model of service delivery in which each tier represents an increasingly intense level of services associated with learner needs. The system described in this manual reflects a four-tiered design. In an 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, may be found in Tiers 1, 2, or 3. Important features, such as universal screening, progress monitoring, fidelity of implementation and problem solving occur within each tier. The basic tiered model reflects what we know about students in school; their instructional needs will vary. Thus, the nature of the academic or behavioral intervention changes at each tier, becoming more rigorous as the student moves through the tiers. The Georgia Pyramid of Interventions illustrates layers of instruction that can be provided to students according to their individual needs (See page 1).

Tier 1 represents the largest group of students, approximately 80-90%, who are performing adequately within the core curriculum. Tier 2 comprises a smaller group of students, typically 10-20% of the student population. These students will need strategic interventions in addition to Tier 1 standards based instruction to raise their achievement to proficiency or above based on a lack of response to interventions at Tier 1. Tier 3 usually contains 10-15% of students. These students will need intensive interventions if their learning is to be appropriately supported (Tilly, 2006). Tier 4 represents the fewest number of students: approximately 1% to 5%. Tier 4 includes gifted students and students who receive special education services. Students who are not successful after Tier 3 intensive interventions may be considered for a referral for special education evaluation and/or other long-term planning (e.g., 504 plan, additional Tier 3 cycle, etc.).

Make data-based decisions. Decisions within the Richmond County RtI system are made using standard treatment protocol techniques and problem solving by a team. The purpose of these teams is to find the best instructional approach for a student with an academic or behavioral

problem. Problem solving and standard treatment protocol decision making provides a structure for using data to monitor student learning so that good decisions can be made at each tier with a high probability of success. When using the problem solving method, teams answer four interrelated questions: (1) Is there a problem and what is it? (2) Why is it happening? (3) What are we going to do about it? (4) Did our interventions work? (NASDSE, 2005). Problem solving and standard treatment protocol techniques ensure that decisions about a student's needs are driven by the student's response to high quality interventions.

Monitor progress frequently. In order to determine if the intervention is working for a student, the decision making team must establish and implement progress monitoring. Progress monitoring is the use of assessments that can be collected frequently and are sensitive to small changes in student behavior. Data collected through progress monitoring will inform the decision making team whether changes in the instruction or goals are needed. Informed decisions about students' needs require frequent data collection to provide reliable measures of progress. Various curriculum-based measurements are useful tools for monitoring students' progress.

Approaches to RtI

An RtI approach incorporates a multi-tiered system of service delivery in which each tier represents an increasingly intense level of services. Students can move from tier to tier in either direction. A multi-tiered concept aligns all available resources to support and address students' needs regardless of their eligibility for other programs. It is important to note that RtI is not a placement model; it is a flexible service model. In implementing an RtI approach, there are two models that can be followed. Georgia recommends a mixed model, in which the standard protocol model is used at Tier 2 and the problem solving model is used at Tier 3.

Standard protocol model. Two major models of Response to Intervention have evolved with empirical support for success. One is the Standard Protocol Model developed by Deno and Mirkin (Shores and Chester, 2007). Tier 2 of the Georgia Pyramid of Interventions answers the question, "What are teachers prepared to do when students do not learn?" At Tier 2, Standard Protocol interventions are suggested to answer the questions about what students need in the classroom. These interventions may be developed at the school level based on student's needs or based on pre-designed, or scripted, interventions. Students with similar problems may be grouped together to work on skill deficits. This approach has evidence based support within the area of reading, particularly at the elementary level. The approach may also be used individually or in combination with the problem solving model.

Problem solving model. The second model of RtI is referred to as the Problem Solving Model and emerged from the Bergan consultative model (Batsche, et al., 2006). The Problem Solving Model is the model Georgia recommends for Tier 3. According to Batsche (2007), it is a process that uses the skills of professionals from different disciplines to develop and evaluate intervention plans that improve the school performance of students. Participants in the Problem Solving Model may include the following: the principal, assistant principal, school psychologist, speech/language pathologist, academic specialists, special education teachers as consultants, paraprofessionals, general education staff, and parents. Individuals who work with a student in the community could also be involved. The model usually involves defining the problem, analyzing the cause and developing, implementing and evaluating a plan.

Define the problem. The team should review all data and determine the nature of the problem. The data should reveal specific deficits for intervention. These deficits could be related to phonemic awareness, problem solving skills, coping skills, math calculation, vocabulary development, reading comprehension, social skills, etc.

Step 1. Provide a behavioral description of problem (including baseline data) to specifically address the frequency, intensity, and duration

Step 2. Provide a behavioral statement of desired goal or outcomes

Analyze the cause. The team needs to develop a hypothesis about why the problem is occurring and continuing. This involves looking at what instructional variables can be altered. Instruction is the key to addressing the problem. The team also needs to look at the student's rate of learning compared to his peers. In analyzing the data, the student's trend line (rate of progress) needs to be compared to the progress of peers over time.

Step 3. Analyze the problem(s) by generating and testing hypotheses about why the behavior is occurring

Step 4. Hypothesize a reason for the problem(s) and brainstorm possible interventions

Develop a plan. Once the problem is analyzed, the team develops a plan that includes the following: implementation timeline; the frequency of the interventions (how often and how much time per week); who will provide the intervention; and the timeframe for evaluation of intervention. Data is used to plot an aim line to indicate desired level of progress needed to meet goal from the baseline data.

Step 5. Evaluate alternatives and select interventions

Step 6. Clarify the intervention and develop action plan, goal, monitoring procedure, and review data

Implement the plan. Interventions need to be implemented with fidelity (integrity). Interventions must be delivered as specified and within the planned timeframe to ensure fidelity. This means documentation needs to be done with a variety of sources (student data, observation notes, observation of intervention implementation, checklists, student work, etc.)

Step 7. Implement the intervention and provide for long-term follow up as needed

Evaluate the plan. Collection of data using progress monitoring will provide results which reflect the student's progress toward the goal line. The frequency of progress monitoring depends on the problem and the situation. According to the Georgia guidelines for Special Education, four progress monitoring events need to be recorded with dates and reported to the parents. If progress over three or four of the progress monitoring situations reflects problems, the team needs to review the intervention and decide how to continue.

Step 8. Evaluate the intervention

RtI/SST Roles and Responsibilities

Response to Intervention requires changes in roles and responsibilities to address the students' needs. Because RtI/SST is an integrated approach to service delivery, general education teachers, parents, school personnel, and other educators, such as psychologists, reading specialists, must work together to provide specific interventions to target students' learning areas that are documented to be falling below classroom and Common Core Georgia Performance Standards (CCGPS) expectations. The focus moves from the failure of the student to learn, to how to create a series of interventions that empower learning. Utilizing scientific or evidence based interventions, the student is supported in the classroom, and then by the RtI/SST team if necessary. This team usually consists of an administrator, educators, specialists, and the parent of the identified student. This team meets in a problem solving, collaborative environment and identifies targeted interventions to be monitored for effectiveness. Each member has a role in the process which requires a new or modified set of skills. Each tier requires that members serve a multifaceted role based on the goals, duration, and intensity of the intervention. Each tier is designed to provide increasing levels of support from a variety of individuals. Below is a sample of roles and responsibilities of each tier.

Administrator Roles. Administrators are critical leaders in implementing RtI procedures in their schools. The administrators serve as the leaders for the RtI team, and as facilitators to provide resources within the school. They monitor classrooms to ensure differentiated instruction that focuses on the CCGPS is applied. Administrators monitor interventions at all tiers. They create opportunities for collaboration, consultation, and professional learning. They utilize appropriate screening tools and benchmark assessments to aid in educational planning and interventions. They monitor methods to analyze, record, and communicate student progress. Administrators collaborate to collect a series of educational, behavioral, and social interventions that can be shared with teachers and used during the learning process. Administrators use measures that ensure all students receive appropriate instruction within the classroom. Administrators ensure that there is a well-integrated and seamless system of instruction and intervention guided by student data. They help create and monitor high quality instructional and behavioral supports as part of each classroom. They ensure that a scientific- based intervention is delivered by qualified personnel with experience in the intervention used and in the area of student difficulty.

Teacher Roles. Teachers play an integral part of the RtI/SST process. Their roles vary based on the Tier at which they are providing assistance.

Tier 1. Teachers use formative assessment results and analyze student work to guide instruction. Assessment measures, including screening and benchmark results, provide additional data to guide Tier 1 interventions for students who are struggling educationally, behaviorally, or socially. They consult with other educators and specialists in determining appropriate interventions and methods of progress monitoring. Teachers may seek the assistance of psychologists and other specialists in the screening and benchmarking process depending on the level and need. Teachers utilize colleagues and other specialists to assist in gaining information on the child and possible interventions that can be implemented. Technology plays a substantial role in the process and teachers should be fluent in utilizing websites and other resources to assist in selecting and progress monitoring interventions.

Teachers communicate and meet with parents throughout the learning process. Parents become partners in providing extra support for their child at home, and when appropriate in the classroom. Teachers utilize differentiated instruction and peer groups to facilitate classroom interventions. Teachers review the fidelity of their interventions, evaluate the effectiveness, and plan future interventions if needed. They record data and collect work samples that can be utilized for future interventions.

Tier 2. Teachers review the fidelity of their interventions, progress monitor, and serve as evaluators to determine the effectiveness of Tier 1 interventions. If it is clear that the child is not benefiting from Tier 1 interventions, the teacher reviews the intervention and either changes the intervention or modifies the duration and intensity of the intervention. Teachers continue to rely on parents, colleagues, and other specialists to assist in problem solving and implementing new interventions or changing the Tier 1 intervention.

Tier 3. Teachers utilize the RtI/SST process to problem solve and create an intervention or multiple interventions aimed at the same goal. Teachers at this level will be responsible for more detailed progress monitoring and increased levels of interventions. Teachers continue to be the facilitator, communicator, and monitor of the interventions although other specialists and individuals are involved.

Tier 4. Teachers work with special education personnel to deliver accommodations in materials, presentation, and evaluations. The child may be receiving services in the classroom and there may be multiple models of curriculum delivery as the teacher becomes part of the inclusion model. The teacher works with the special education team to fully maximize the IEP. Because Tier 4 is also designed for gifted children, additional interventions and modifications of presentation, materials, and evaluations may also be implemented by the classroom teacher.

Specialist Roles. Specialists such as speech therapists, psychologists, inclusion teachers, augmented teachers, counselors, and social workers play an important role in the RtI/SST process by collaborating with teachers to implement interventions, modifications and accommodations.

Tier 1. Specialists utilize skills to assist teachers in early identification of learning and behavioral needs. This requires close collaboration with teachers, parents, and other specialists. Locating resources and assisting teachers in implementing Tier 1 interventions is considered an important part of this process. Providing teachers with teaching tools and high quality interventions as well as assisting in implementing benchmarking, screening, and progress monitoring is an important role. Specialists may work with administrators in overall planning and implementation of the RtI/SST process.

Tier 2. Specialists consult and meet with school personnel to assist classroom teachers in using the most appropriate interventions for children identified at the Tier 2 level. Classroom observations and other methods of monitoring interventions may also be effective to assist classroom teachers in specific areas. Specialists may provide progress monitoring tools or other resources requested by a teacher or school personnel for specific students.

Tier 3. Specialists participate on the Student Support Team within each of their schools. This is an important role. Assessments are part of the process at this tier. Observations and other

required information from previous tiers are reviewed for fidelity and completeness. Eligibility meetings which take place at this tier are supported by specialist participation. Specialists communicate and work collaboratively with school personnel throughout this process.

Tier 4. Specialists may be the facilitators and providers of services for children in Tier 4. They deliver accommodations in materials, presentation, and evaluations both in and out of the classroom. Additional meetings with parents and other personnel are considered important roles for monitoring the IEP. Reviewing the success of each program may require additional monitoring or evaluations that are performed by the specialists noted on the IEP. Program effectiveness is reviewed at least annually and specialists may be part of the educational planning meeting.

Chapter 2
Tier 1: Standards-Based Classroom Learning

Features of Tier 1

In the RtI framework, all students in Tier 1 receive high quality scientific, research based instruction from general education teachers in the CCGPS. The core curriculum provides the foundation for instruction upon which all strategic and intensive interventions are formulated. While Tier 1 instruction occurs in the general education setting, it is not necessarily grade level instruction. Instruction at Tier 1 includes all developmental domains such as behavioral and social development along with instruction in academic content areas. Tier 1 instruction must be both differentiated and culturally responsive to serve all of the student body and is effective for the vast majority (80%-90%) 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, instruction delivery and progress monitoring. There are several procedures that may be used to assess the fidelity of the intervention being implemented, including direct observation, behavior rating scales, self-report, permanent products, manualized or scripted interventions, and interviews post-intervention (See Appendix A).

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 initially suspected as having a deficit but may need specific interventions at Tier 1 to meet the CCGPS. At Tier 1, 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 must examine whether it is occurring school-wide or whether it is a class-specific problem. If, for example, a school has a high percentage of students with a particular risk factor for low achievement (e.g., low passing rates on the CRCT) this does not automatically mean it is acceptable to refer a higher proportion of students in that school for special education services. Instead, consideration should be given to redesigning the core program so that it meets the needs of the school's core student population. When the core curriculum is effective, interventions within the core will need to be made for at-risk students in accordance with their individual needs based on universal screening/benchmarking data, followed by progress monitoring.

While a variety of universal screening tools are available, schools are encouraged to choose tools that are easy to administer and analyze. Schools may utilize multiple convergent sources for screening students, including: district-wide assessments, existing data, classroom data, CBMs, and other measurements. To ensure valid and reliable results, directions for

administering screening tools and scoring the results should be explicitly followed. Teachers and staff administering and scoring screening tools should receive ongoing professional development to ensure fidelity of administration and reliability of scores. Schools should identify a standard procedure with specified criteria or benchmarks for identifying students "at-risk" (e.g., create a table of cut points or patterns of performance, etc.). However, a cut score alone does not necessarily warrant movement to Tier 2 when Tier 1 interventions have been tried and proven to be unsuccessful.

Progress monitoring documents student growth over time to determine whether the student is progressing as expected in the core curriculum. In Tier 1, progress monitoring is recommended in addition to general screening/benchmarking measures for those at-risk students that were not performing in accordance with standards.

CBMs are primarily used as a method for progress monitoring and are characterized as brief, easy to administer and score, and 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 1 for 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 1 will need more strategic interventions at Tier 2.

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. Four 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 1. The decision to advance to Tier 2 is based upon an analysis of the progress monitoring data and a determination of a lack of responsiveness at Tier 1.

Instruction and Intervention at Tier 1

All students participating in the general education setting receive:

- Instruction through the Georgia Performance Standards (CCGPS) using research-based practices and curriculum
- Differentiation of instruction such as flexible grouping and varied instructional strategies
- Progress Monitoring of learning through multiple formative assessments and analysis of student work

According to McCook (2008), interventions at Tier 1 should focus on all students using scientifically-based curricula. Multiple grouping formats should be used in order to meet the students' needs. Students should be provided instruction for 90 minutes per day or more by general education teacher in the general education classroom setting. Benchmark assessments should be used at the beginning, middle, and end of the academic year to measure student performance.

Table 1. Key Components and Guiding Questions for Tier 1

Key Components of Tier 1	Guiding Questions in Implementing Tier 1
Rigorous curriculum that meets CCGPS standards and is based on evidence-based research	Is classroom instruction based on the right-level CCGPS? Are instructional materials and methodologies based on scientific research and linked to the CCGPS?
Differentiated instruction for all students that is research-based and is delivered with fidelity and integrity to the standards	Is differentiation used to create an accessible learning environment for all students in the classroom? Do teachers use frequent progress monitoring to adjust instruction?
Established school-wide system progress monitoring that uses a variety of measures including curriculum-based measurements	Who is responsible for managing and reporting assessment data?
Established school-wide system of behavior interventions	How will the information from the data be used to determine which students are in need of additional assistance?

Adapted from: Georgia Department of Education (2007). *Special Education Rules Implementation Manual*

Table 2. What does Tier 1 look like?

Examples of Tier 1	Non-examples of Tier 1
Fifth grade students work on the Revolutionary War. Teachers use a variety of instructional approaches to support struggling readers, support English Learners, and support advanced learners within the classroom.	Kindergarten teachers give colleagues copies of weekly activities and center projects.
Sixth grade Mathematics teachers use short term flexible grouping to support students struggling with function tables. Students are identified based on a common assessment. Students move between rooms during a class period for a predetermined amount of time. Further common assessments are used to determine progress.	First grade teachers administer a running record three times a year. Results of first running record are used to create reading groups. Reading groups progress through the basal. Second running record at mid-year is used to reorganize reading groups for continued basal work.
Biology teachers collaboratively create common assessments. Data from common assessments is shared to identify students needing support. Data from common assessments is used as a springboard for teacher discussions about instruction and learning.	Accelerated Math II teachers administer county benchmarks and report results to department chair. Students are not informed of progress. Teaching team does not review data.

Examples of Tier 1	Non-examples of Tier 1
Eighth grade students participate in a writing universal screening in August to help teachers identify individuals not meeting predetermined expectations and those surpassing predetermined expectations.	Seventh grade Science teachers assign a five page written report on human genetics. Evaluation rubric assesses content only.

Adapted from: Georgia Department of Education (2011). *Response to Intervention: Georgia's Student Achievement Pyramid of Interventions Manual*

Chapter 3
Tier 2: Needs-Based Learning

Features of Tier 2

At Tier 2, needs based intervention protocols are provided to students who are not achieving the desired standards through the core curriculum alone. Tier 2 typically consists of
10-20% of the student body. Standard intervention protocols supplement the instruction in the core curriculum provided in Tier 1 and should be targeted at identified student needs and stated in an intervention plan. Decisions about selecting the appropriate standard intervention protocols should be made when a student enters Tier 2 and then reviewed through progress monitoring at appropriate intervals after interventions are implemented. Standard intervention protocols are intended to be short-term in duration and are in place for immediate implementation. Interventions are generally provided in small groups of three to six students and may occur in the main classroom or in other settings. It is recommended that interventions at Tier 2 consist of three to four sessions per week at 30-60 minutes per session. Instructions must be provided by trained staff and supervised by individuals with expertise in the interventions chosen by the decision making team. Students may benefit from more than one Tier 2 intervention cycle.

Schools set up and deliver standard intervention protocols that are designed to address common problems exhibited by students. When selecting materials for standard intervention protocols, districts and schools are encouraged to identify 2-3 programs, or fewer, per academic area to utilize on a district-wide or school-wide basis for behavior. Districts or schools can identify additional programs, however limiting programs to two or three prevents redundancy and a lack of coordination across or among programs. It also reduces the amount of professional development that would be required to implement standard intervention protocols.

At Tier 2, progress monitoring involves reviewing existing data of the student's performance and progress using CBM tools. Progress monitoring is done more frequently at Tier 2 than Tier 1, usually occurring every two to three weeks, or more frequently as determined by the decision making team, with a minimum of three data checks (Georgia Department of Education, 2007). Data gathered through Tier 2 progress monitoring informs teams of modifications needed to student intervention plans. For example, if progress monitoring data reflects student performance below the goal line over three consecutive periods of data collection, the amount and frequency of the intervention should be increased, or new strategic interventions should be added. Students who are successful at Tier 2 may be reintegrated into Tier 1. However, for a small percentage of students, Tier 2 interventions will not be enough. If a student is not meeting proficiency after it is determined that Tier 2 standard intervention protocols have been implemented with fidelity, the student will require Student Support Team driven intervention at Tier 3.

Instruction and Intervention at Tier 2

In addition to Tier 1, targeted students participate in learning that is enhanced by

including:

- Specialized, more intense, evidence-based interventions
- Greater frequency of progress monitoring may be done through formative assessments and analysis of student work

After interventions have been implemented with fidelity, progress monitoring and documentation of Tier 1 strategies, accommodations, and evidence-based interventions has been completed and the student fails to demonstrate progress academically and/or behaviorally he/she is moved to Tier 2. At Tier 2, the Tier 1 strategies, accommodations, interventions, etc. continue and more intense interventions are added, descriptively documented and monitored. At this point it is helpful to remember that intensity is more important that quantity. Only one or two intense interventions are chosen for each problem area. Interventions put into place for a student at Tier 2 may also be used with more than one student having similar learning and/or behavioral problems, such as in a small group.

The following are suggestions for Tier 2 instruction:

Who	For students identified with marked difficulties who have not responded to Tier 1 efforts
Program	Research/evidence-based interventions designed to target skill deficits in groups of students
Grouping	Homogeneous small group instruction (no more than 1:7)
Time	To be determined by the intervention program
Progress Monitoring	Bi-weekly or weekly on target skill; this is dependent on intervention and corresponding PM tool
Interventionist	Personnel determined by the school
Setting	Appropriate setting designed by the school

RtI Meetings at Tier 2

At tier 2 meetings can be held on individual students, most often for behavior and/or speech concerns. **However, a data team approach is strongly recommended.**

Data Teams. Using a data team approach, the team would use the universal screeners to identify the bottom 10-25% of students. The team would then group students according to their skill deficits and identify appropriate intervention and progress monitoring tools. A case manager and an interventionist would be assigned to each group of students. The individuals assigned to the groups are then responsible for implementing and monitoring the intervention and progress
of the students. Parents are to be informed of the interventions put into place for their child. They should also be informed regularly of the results of such interventions and the student's progress.

Check points should be conducted approximately every 4 weeks to determine if the intervention is being successful based on the expected goals and growth rates. If a student is not making adequate progress, the intervention should be changed. If the student is making progress, the intervention should continue. For students who have made significant progress, the intervention may need to be changed or the student may need to be exited

from the process.

Approximately every 12 weeks, the data team should re-meet to determine the status of the students in Tier 2. As with the check points, the set interventions will either continue or change and the student groups will likely be adjusted. The team will also determine if there are students that require Tier 3 interventions. Although this can happen at an earlier point, it is likely that Tier 2 interventions will be implemented for a set amount of time before a Tier 3
intervention plan is needed. If a student requires a Tier 3 meeting, the appropriate parties will be informed (See Chapter 4). See Appendix B for Data Team Process and Forms.

Individualized RtI Meetings**.** There are a few ways in which individualized RtI teams may be established: 1) if a student is referred to the RtI team that is not using the Data Team approach, 2) there is a parent or teacher referral for a student not identified using the academic screeners, or 3) there are other concerns, such as behavior or speech that do not have a universal screener for identifying at-risk students. If an individualized meeting is needed, there are a few forms that MUST be completed prior to a meeting being scheduled, unless the meeting is requested by a parent. These forms will provide the team with background information about the student's education, as well as the current problem and the strategies and interventions that have been provided to the student up to this point. The forms are presented in the table below (See Appendix C).

Form	Description
Problem Identification Checklist	This form is completed to analyze the student's continuing difficulties and progress using the Tier 1 interventions, accommodations, and modifications.

In addition to having these forms completed and turned in to the facilitator/administrator, there are some other materials needed for the meeting. These may include, but are not limited to:

- Documentation of Tier 1 performance and any additional intervention provided
- Benchmarks (County assessments, DIBELS, easyCBM, mClass Math, etc.)
- Progress monitoring
- Current grades (teacher grade book & current report card)
- Discipline records
- Cumulative folder
- Analyzed work samples

Student work should be analyzed using the work sample analysis forms (See Appendix

D). In analyzing student work samples, itisimportanttoannotatetheaccommodationused, provide a description of the student's use of the accommodation, describe the effects of the accommodation and collect data from all areas/classes in which the accommodation is used (Bowen, 2008).

At the meeting, the team will review the information presented by the referring person and determine the intervention(s) needed by the student. The team will document the intervention(s) on the Tier 2 Interventions and Results form. Each section should be completed in detail so that it is documented when the intervention will occur, who will implement it, and how it will be
monitored. The interventions should be implemented for a set number of weeks with fidelity and progress monitoring data should be collected for review at the next meeting. **A minimum of 4-6 weeks of instruction and intervention should occur before interventions are reviewed**. Minutes or a summary of the meeting should be recorded on the Summary Sheet. This form allows for notes and documents the final decision of the meeting. Team members should sign this form if in agreement with the meeting decision(s).

After the interventions have been implemented for the set number of weeks, the team should meet to review the results of the intervention. Results should be reviewed and summarized on the Tier 2 Interventions and Results form. Data supporting the results should be attached/included. The team should decide if the intervention was successful, requires alteration, or should be discontinued.

Table 3. Key Components and Guiding Questions for Tier 2

Key Components of Tier 2 :	Guiding Questions in Implementing Tier 2:
Target students who do not achieve at the expected rate with Tier 1 instruction Interventions are pre-planned, formalized and systematically delivered based on areas of need Interventions are clearly defined at school level and staff and materials needed for the interventions are identified and available	How will student data be reported and analyzed? How will this data be used to identify students who need supplementary assistance? Are the interventions pre-planned and implemented at the school level based on areas of difficulty compared to other students in the school?
Progress monitoring is pre-planned more frequently than in Tier 1, and is based on a comparison of student progress to designated Baseline performance is established and progress is charted and reviewed according to pre-determined timelines benchmarks	Are all timelines and specific criteria designated for provided interventions? Who is responsible for the delivery, monitoring, and recording of the intervention results?

Adapted from: Georgia Department of Education (2007). *Special Education Rules Implementation Manual*.

Table 4. What does Tier 2 look like?

Examples of Tier 2	Non-examples of Tier 2
Mathematics I Support Class implemented with dedicated time for Support Class teacher and Mathematics I teacher to routinely collaborate.	Mathematics I: Algebra/Geometry/Statistics Support Class taught in isolation with no connection to Mathematics I: Algebra/Geometry/Statistics general classroom instruction.
Sixth grade students needing support in application of reading skills to content material attend a Reading Connection class. Pre-identified strategies are reinforced by Connections teachers and supported by classroom teachers. Assessments are used to determine evidence of application of skills to content reading.	Third grade students are placed in a reading group outside the classroom. This reading group is the student's only access to reading instruction during the school day.
EIP second graders receive additional support on targeted skills during independent learning center work time.	Data from eighth grade math students' computer based Connections class remains in the Connections room.
Fourth grade small group math students take frequent assessments. Data is used to show student growth or lack of growth. Continued use of a particular intervention is based on student performance.	Second grade student's additional interventions are determined by the teacher's observations only.

Adapted from: Georgia Department of Education (2011). *Response to Intervention: Georgia's*
Student Achievement Pyramid of Interventions Manual

Chapter 4
Tier 3: Student Support Team (SST) Driven Learning

Background of SST

The following background information concerning SST is taken directly from the Georgia Department of Education manual Student Support Teams Structure and Process (p.4, 2011).

> It is important to know that Georgia SST teams had their origin in a federal lawsuit known as Marshall vs. Georgia (1984). It dealt primarily with disproportionate placement of minority students in Special Education. While the state prevailed in this case, a shortcoming in Georgia education became obvious: there was no standard process for students to obtain individualized help *in the regular classroom* for learning or behavior difficulties. Instead, the route to such help usually led to placement in Special Education, often involving removal from the general classroom.
>
> As part of its commitment to federal court to remedy technical violations found in the trial, the State of Georgia mandated that a Student Support Team would be established in every Georgia public school, K-12. The court accepted this commitment, thereby making the SST mandate a permanent injunction. Below is the exact text of the state's commitment regarding SST teams:
>
> "A. Student Support Teams
> "Each local agency shall develop a Student Support Team. The Student Support Team is a joint effort of regular education and special education to identify and plan alternative instructional strategies for children prior to or in lieu of a special education referral. Each building level team is comprised of such persons as administrator, classroom teacher, requesting teacher, special education teacher, counselor, school psychologist, special education resource person, school social worker or central office personnel. Parental involvement is also a critical part of the Student Support Team process.
>
> "This interdisciplinary group which plans for modification in a student's education program shall engage in a six step process to include: (1) identification of needs, (2) assessment, if necessary, (3) educational plan, (4) implementation, (5) follow-up and support, and (6) continuous monitoring and evaluation. The Student Support Team functions under the auspices of regular education curriculum services and is based upon the child study team concept.
>
> "Requests for service for the student from the Student Support Team may include curriculum modification, learning style assessment, behavior management techniques, achievement evaluation, home-school communication, or study skill assistance. Requests for special education services may also be made. Prior to consideration for special education referral, non-special education options should be considered, interventions used, documented, described, and discussed at the special education placement meeting. In limited instances, initial referral to the

Student Support Team prior to special education referral will not be necessary. These cases are those in which the necessity for special education is so clear that use of non-special education options would be non-productive or harmful to the child. In those cases where initial referral is not to the Student Support Team, the reasons therefor will be documented."

Features of Tier 3

SST Driven interventions at Tier 3 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 1 and Tier 2. SST Driven interventions at Tier 3 may support and enhance instruction provided at Tier 1 and supported by Tier 2. Tier 3 interventions may also be substituted for a portion of the Tier 1 and Tier 2 interventions if the interventions have been tried with increased frequency and duration and proven ineffective. Students at Tier 3 are those students who are performing significantly below standards and who have not adequately responded to high quality interventions provided at Tier 1 and Tier 2.

Tier 3 generally serves fewer than 10% to 15% of the student body. SST Driven interventions are usually delivered in groups of no more than three students. Progress monitoring at Tier 3 is completed more frequently, at least on a weekly basis (GADOE, 2007). An example of an intervention plan at Tier 3 may include two 30- minute sessions daily, in addition to the interventions the student is receiving in the core curriculum.

Prior to selecting SST Driven interventions, targeted assessments are typically conducted when a student enters Tier 3. 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 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, other standardized assessments, and/or functional behavioral assessments.

Students who are successful at Tier 3 may be returned to previous tiers and/or the core curriculum. Students who are not successful after multiple Tier 3/SST Driven interventions may be considered for a referral for special education evaluation and/or other long-term planning (e.g. additional Tier 3 cycle, psychoeducational screening, etc.). An evaluation includes procedures used to determine whether a child has a disability and the nature and extent of the special education and related services that a child needs. This may include a comprehensive psycho-educational evaluation.

Instruction and Intervention at Tier 3

In addition to Tier 1 and Tier 2, targeted students participate in learning that is differentiated by including:

- SST Driven instruction
- Individualized assessments
- Formal progress monitoring

- More intense evidence-based interventions
- Interventions tailored to the student's individual needs

The following are suggestions for Tier 2 instruction:

Who	For students identified with marked difficulties who have not responded to Tier 1 or Tier 2 efforts
Program	Sustained, intensive scientifically based interventions based on individual student deficits.
Grouping	Homogeneous small group instruction (1:1, 1:2, or 1:3)
Time	To be determined by the intervention program
Progress Monitoring	Recommended weekly on target skill; this is dependent on intervention and corresponding PM tool
Interventionist	Personnel determined by the school
Setting	Appropriate setting designed by the school

Georgia Requirements

Georgia state law makes the following requirements according to rule 160-4-2-.32 concerning Student Support Teams:

- Each school shall have a minimum of one SST and shall establish support team procedures.
    - It should be noted that in most settings, there are likely to be many more SST meetings than this.
- Before a referral is made for other supplemental or support services an evaluation and/or assessment shall be conducted.
    - Current prior evaluations and/or assessments of a student for a state or federal program shall be considered as having met this requirement.

Meetings at Tier 3

According to rule 160-4-2-.32 concerning Student Support Teams, Georgia's law states that the SST Team shall include at a minimum the referring teacher and at least two of the following participants, as appropriate to the needs of the student:

Principal
General education teacher
Counselor
Instructional Coach
School Psychologist
Subject area specialist
ESOL teacher
Special education teacher
School social worker
Central office personnel
Section 504 coordinator
Other appropriate personnel

Additionally, parents/guardians shall be invited to participate in all meetings of their child's SST and in development of interventions for their child. This is not optional. It should be noted that in Richmond County the RtI/SST chairperson (a school administrator) needs to be present at **ALL** Tier 3 level meetings.

There are a few forms that must be completed for a Tier 3 meeting. These forms will provide the team with background information about the student's education, as well as the current problem and the strategies and interventions that have been provided to the student up to this point. The forms are presented in the table below.

Form	Description
Problem Identification Checklist OR Pre-K Problem Identification Form	This form is completed to analyze the student's continuing difficulties and progress using the Tier 1/core instruction, accommodations, and modifications.
RtI Meeting Summary	This form is completed at the meeting. It should document present concerns and review data presented at the meeting. Interventions are to be documented here as well as the team's decision at the end of the meeting.

In addition to having these forms completed and turned in to the facilitator, there are some other materials needed for the meeting. These may include, but are not limited to:

- Documentation from previous tiers
- Benchmarks/Progress Monitoring (e.g., County assessments, DIBELS, i-Ready, etc.)
- Current grades
- Discipline records
- Cumulative folder
- Work samples

Student work should be analyzed using the work sample analysis forms (See Appendix D). In analyzing student work samples, it is important to annotate the accommodation used, provide a description of the student's use of the accommodation, describe the effects of the accommodation and collect data from all areas/classes in which the accommodation is used (Bowen, 2008).

At the meeting the team will review previous interventions and the documentation of the student's continuing difficulties. The team should operationally define no more than two problems to focus on and attempt to determine why the student is exhibiting difficulties (skill deficit, performance deficit, or lack of motivation).

The team should develop interventions and document them on the Tier 3 Interventions and Results form. A specific goal should be determined for Tier 3 interventions. The entire section should be completed in detail so that it is documented when the intervention will occur, who will implement it, and how it will be monitored. Interventions should be implemented with fidelity for a minimum of 4 to 6 weeks before being reviewed.

After the intervention has been implemented for the designated time period, results should be reviewed and summarized on the Tier 3 Intervention and Results form. Data supporting the results should be attached/included. The team should also decide if the intervention was successful, if it needs to be altered, or discontinued.

At each meeting a Summary of Meeting sheet should be completed. The summary sheet allows for notes to be taken during the meeting and a summary of the meeting outcomes to be documented. Additionally, this form documents the final decision of the meeting. Team members should sign this form if in agreement with the meeting decision(s).

Referrals for Special Education Consideration**.** If the SST determines that a student has made inadequate progress and is recommending a referral for Special Education, the RtI/SST Chairperson is required to complete **AND** collect all documents required on the Initial Referral Checklist (See Appendix C) in order for a consent for evaluation form to be disseminated for signature by the parent/guardian. There may be occasions in which a consent form may be given without all documentation. However, these will be rare and handled on a case-by-case basis (e.g., if a child requires immediate consideration for special education such as a student with Autism Spectrum Disorder or a student with a severe cognitive disability entering the district without an IEP).

Once a referral packet is completed, including parental consent for evaluation, the packet should be received at Psychological Services and Special Education within 5 business days of the consent being received by school personnel. Once a consent form is received, the school district has 60 calendar days to complete the evaluation inclusive of the eligibility meeting. Therefore, it is imperative that completed referral packets are turned in within the 5-day timeline. Although the school district has 60 days to complete the eligibility process, meetings are typically held prior to the 60th day to avoid penalty. This penalty could result in funding for special education being withheld from the district and/or disciplinary action.

Table 5. Key Components and Guiding Questions at Tier 3

Key Components of Tier 3	**Guiding Questions in Implementing Tier 3**
SST reviews the results of previous interventions and may obtain additional assessment data to support a more in-depth analysis of students' needs Individualized interventions are implemented with fidelity for at least a 12 week period for SLD consideration (may include interventions and data from Tiers 1 and 2).	Are additional, individualized assessment data needed to further analyze student's needs and plan appropriate interventions? Are interventions individualized based on student's unique needs? Are interventions evidence-based and implemented with fidelity? Are timelines and specific criteria designated for provided interventions? Who is responsible for the delivery, monitoring, and recording of the intervention results?

Frequent progress monitoring including varied assessments are implemented to determine the student's response to the interventions	Is frequent progress monitoring implemented according to pre-set timelines to determine responses to interventions?

Adapted from: Georgia Department of Education (2007). *Special Education Rules Implementation Manual*.

Table 6. What does Tier 3 look like?

Examples of Tier 3/SST	Non-examples of Tier 3 SST
Student is given additional drill and practice on specific area(s) of weakness in math which were targeted after an analysis of several formative assessments and interviews with the student. Progress toward goal is graphed on a weekly basis.	Student is given extra work in specific area(s) of math weakness.
Student is given a diagnostic reading test to determine specific instructional needs. A plan for the student is developed which recommends continuing the current Tier 2 reading intervention with the addition of tutoring sessions (3x a week) focused on his primary weakness. Progress monitoring established in Tier 2 is continued in Tier 3 with greater frequency.	Student is given additional reading assignments in lower level readers.
Data shared by teacher on the student's classroom behavior after trying several behavioral strategies led the team to develop an individualized student behavior management plan. After five days of gathering baseline data, the teacher will implement the plan as developed. SST member is assigned to follow-up with teacher to answer any questions on data time sampling and to check fidelity of implementation.	Misbehaving student is moved to front of class. Teacher is directed to increase eye contact with student in order to decrease behavior incidents. Teacher is asked to keep data.
Student homework notebook is created with sections for assignments, teacher signatures, parent signatures. Student is assigned a mentor who checks notebook at school each morning and at end of day. Mentor instructs student in the use of an organizational protocol for classroom work and homework. Protocol shared with parent. Together, student and mentor track (progress monitor) the effectiveness of the intervention.	Parent is instructed to make sure student completes homework assignments.
Team invites school psychologist to consult on case to discuss threshold for suspecting a disability as primary cause.	Team refers student for consideration of special education eligibility without involving school psychologist.

Adapted from: Georgia Department of Education (2011). *Response to Intervention: Georgia's Student Achievement Pyramid of Interventions Manual*

Exceptions to the Process

The Georgia Board of Education Rule 160-4-3.32 discusses the exceptions to the SST process. It states:

> "(a) School personnel and parents/guardians may determine that there is a reasonable cause to bypass the SST process for an individual student. Documentation in the student's record shall clearly justify such action, including whether the parent or guardian agreed with such a decision. In cases where immediate referral is sought, the SST shall still determine what interim strategies, interventions, and modifications shall be attempted for the student."
>
> "(b) It is not necessary for students who transfer into the local school system/state operated program with a current Individualized Education Program or Section 504 plan to go through the SST process."

Also, as noted at the beginning of the chapter, from the state SST Commitment to Federal Court after Marshall vs. Georgia, August 1984, "…Prior to consideration for special education referral, non-special education options should be considered, interventions used, documented, described, and discussed at the special education placement meeting. In limited instances, initial referral to the Student Support Team prior to special education referral will not be necessary. These cases are those in which the necessity for special education is so clear that use of non-special education options would be non-productive or harmful to the child. In those cases, where initial referral is not to the Student Support Team, the reasons therefor will be documented."

Chapter 5
Tier 4: Specially Designed Learning

Specially designed instruction and learning is developed specifically for students who meet the respective eligibility criteria for special program placement including English to Speakers of Other Languages (ESOL), gifted education and special education. With three effective tiers in place prior to specialized services, most struggling students will be successful and will not require this degree of intervention. Tier 4 will provide instruction that is targeted and specialized to meet student's needs. Tier 4 instruction would include formal Gifted Education services for students who qualify, but it may also include interventions suggested by the Gifted Eligibility Team for regular classroom curriculum modification for any student with advanced learning needs. Tier 4 also includes ESOL services as noted in the 2011 RtI guidance document put forth by the Georgia Department of Education. It may include special education and related services for eligible students, provided in the general education classroom, or in some cases, in a resource room. Tier 4 does not represent a location for services but indicates a layer of interventions that may be provided in the general education class or in a separate setting. Tier
4 is not a substitute for Tier 3, but is a layer upon Tier 2 and 3 interventions.

In order for a student to receive Tier 4 instruction, an eligibility meeting must be held to determine if the student is eligible for services. This determination is made by a team of individuals, inclusive of the parent/guardian. The parent/guardian must also sign consent for placement before any services can be rendered.

Speech and Other Special Education Services

For students receiving speech services or any other special education service, initial referrals for academic or behavior problems should be addressed through the student's Individualized Education Plan (IEP) team. At the meeting, the team should collaborate to develop interventions to address the targeted problems. The team should include the principal or designee, referring teacher, special education teacher/speech pathologist, parent, school psychologist, and other necessary personnel. RtI/SST paperwork should be completed in order to document interventions have been developed and implemented appropriately. It should also be noted in the IEP that an intervention process has begun for additional areas of difficulty. If an evaluation is deemed necessary by the IEP team after interventions have been implemented and reviewed for effectiveness, a *Parental Consent for Re-Evaluation* should be signed by the parent/guardian. All documentation (RtI/SST forms, data, analyzed work samples, and a copy of the current IEP) must be attached to the consent form to create a referral packet.

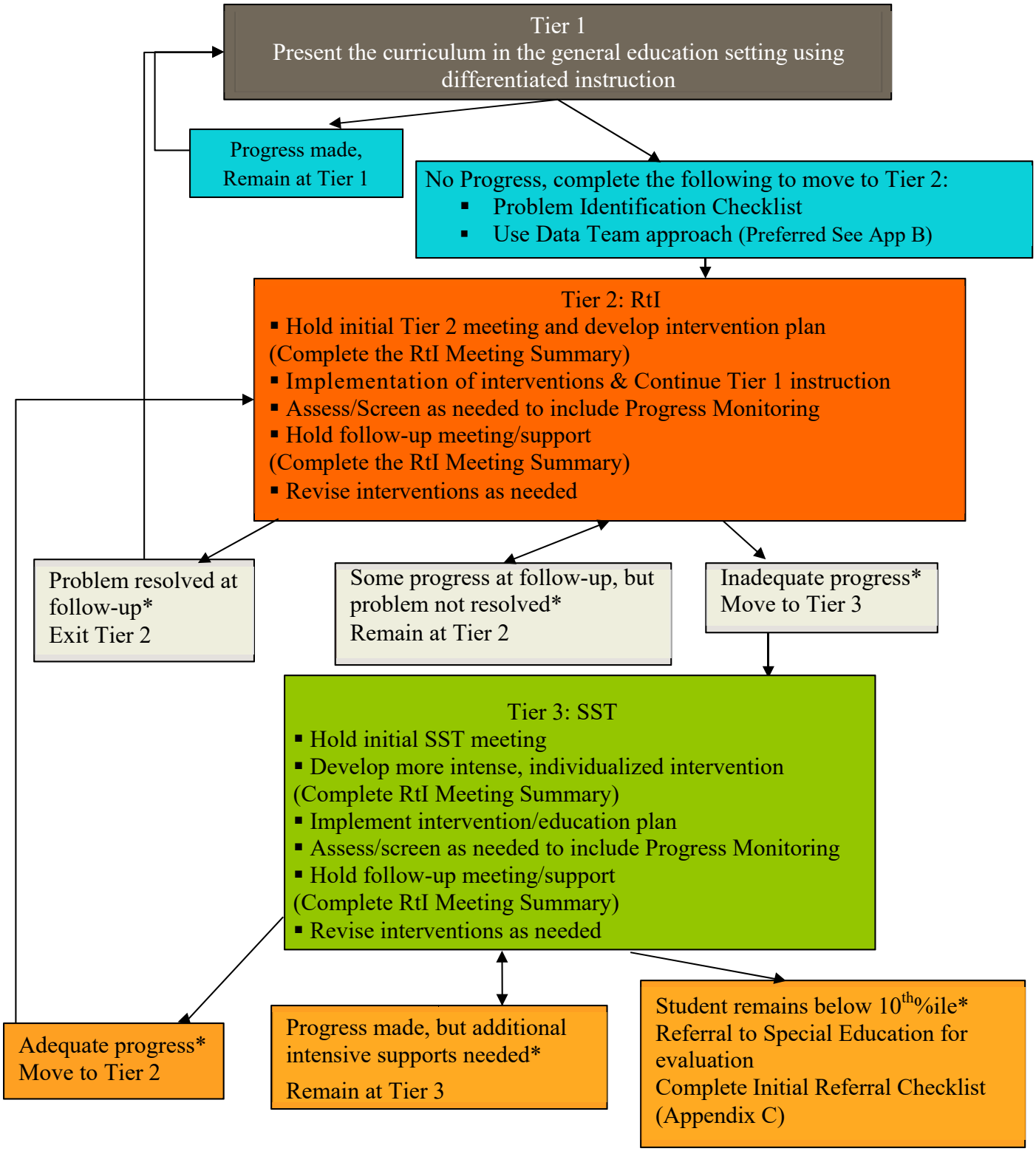
The Department of Special Education has developed interventions and procedures for speech and language RtI. Please refer to their materials for specific information.

Table 7. Key Components and Guiding Questions at Tier 4

Key Components of Tier 4 :	Guiding Questions in Implementing Tier 4:
Represents targeted and specialized instruction Does not represent a location of service May be provided in an educational setting or in a separate setting Includes adaptive content, methodology, or instructional delivery	Are only those students who need specially designed instruction placed in special education? Are data collection and progress monitoring clearly defined? Are goals for students clearly defined and measurable? Are services and methodology distinctly different from those provided in the general education environment? Is consideration given to ensuring placement in the least restrictive environment? Who is responsible for the delivery, monitoring, and recording of the intervention results?

Adapted from: Georgia Department of Education (2007). *Special Education Rules Implementation Manual*.

Steps of the RtI/SST Process



*At each review meeting, results should be attached and uploaded into Infinite Campus. A RtI Meeting Summary should be completed with the team's decision checked. All members in agreement should sign.

Chapter 6
Section 504 Education Plans

Congress prohibited discrimination against persons with disabilities in the Rehabilitation Act of 1973, in a segment most often referred to simply as "Section 504." It prohibits discrimination against individuals who display a physical or mental impairment which substantially limits one or more major life activity, including: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, and learning (GADOE, 2008).

For a student who may be in need of a 504 plan, the teacher and/or parent should complete the required 504 Documentation form. A *Medical Documentation Statement* should also be completed by the student's doctor. This form can be found on the Richmond County Board of Education website in the Section 504 Manual and is also available on the following pages. A team meeting should be held, at which time the Referral for Section 504: Team Meeting form is completed, in order to make a decision about the need for a referral for a 504 Plan. (Please refer to the RCSS Section 504 Manual, found on the District homepage, for more information about 504 referrals.)

Referral for Section 504

Student Name:			**Date:**
DOB:	**Age:**	**Ethnicity/Sex:**	
School:			**Grade:**
Parent Name:			
Address:			
Phone (h):		**Phone (work/cell):**	

Medical Diagnosis (attach Medical Statement):
How does the diagnosis impact the student's education (academic and/or behavior)?

List the modifications/accommodations that you have used to assist the student to this point with the difficulties the student is having related to the medical diagnosis.

Modification/Accommodation	**Dates**

What accommodations and/or modifications do you feel are needed in order to maximize the student's ability to engage in the school environment including the curriculum equal to his/her peers? (check all that apply)

Minimize environmental distractions (e.g., study carrels, room dividers, headphones)
Assistance with on-task behaviors (e.g., redirection, nonverbal cuing, timer, frequent questions)
Assist with organization (e.g., notebook/agenda checks, daily assignment sheets)
Repeat/Simplify/Paraphrase instructions
Tailored assignments (e.g., shortened classwork/homework)
Assign a peer "buddy" or mentor to assist with on-task behavior, work completion, etc.
Provide visual aids and/or cues (e.g., highlight important points, circle math signs)
Change visual layout of assignments (e.g., enlarged text, remove visual distractions)
Alternate textbooks (e.g., large print text, extra set)
Changes to test delivery (e.g., extended time, small group, oral presentation)
Allow use of technology (e.g., computer programs, tape recorder, calculator)
Provide modified/altered writing tools (e.g., word processor, pencil grip, raised line paper)
Alternate note-taking or copies of notes/study guides, etc.
Modifying non-academic time (e.g., lunch, recess, P.E.)
Adjusting schedules (e.g., work, class, exams, projects)
Behavior management (e.g., behavior contract, reinforcement system, time-out area)

Decision of the team:

Additional information is requested by the team in order for the team to proceed for eligibility.
Specify needed information: _____

The team considered that sufficient information has been provided. Refer for Section 504 eligibility.

Other: _____

Team Members Present:

	NAME	TITLE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

RICHMOND COUNTY SCHOOL SYSTEM

864 Broad Street
Augusta, Georgia 30901
706-826-1000

Medical Documentation Statement

STUDENT NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ GRADE: _____

DATE OF MOST RECENT MEDICAL EXAMINATION: _____

MEDICAL DIAGNOSIS/PROGNOSIS: _____

_____

Based on my examination, the above named student _____DOES _____DOES NOT demonstrate a long-term illness and/or health disorder or impairment which results in limited strength, vitality, and/or alertness and adversely affects his/her educational performance. Examples may include, but are not limited to, tuberculosis, asthma, diabetes, cancer, heart condition, epilepsy, leukemia, nephritis, sickle cell anemia, cystic fibrosis, rheumatic fever, lead poisoning, seizure disorder, ADHD, and Tourette Syndrome.

This student's medical problems are considered to be of a _____Mild _____Moderate _____Severe nature.

EDUCATIONAL IMPLICATIONS OF HEALTH PROBLEMS: Check those which apply.
_____Extended school absences
_____Inability to attend full academic schedule
_____Inability to attend to tasks the same length of time as peers.
_____Unable to function physically and/or academically with peers of the same age and grade expectancy

Please briefly describe any special health care procedures, special diet, activity restrictions and/or any other recommended modifications: _____

_____

_____

Medications currently prescribed: _____

_____

Is medication to be administered at school? _____ YES _____NO

Is the child receiving any outside services?
_____ Physical Therapy _____Occupational Therapy _____Speech _____Counseling

---

_____ _____ _____
Name of Licensed Physician (PRINTED) Signature of Licensed Physician Date

Physician Contact Information: _____
Address (Street, City, State, & Zip Code)

_____ _____
Phone Number Fax Number

Chapter 7
RtI and Behavior

Beyond the changes made to federal law and the identification of students with Specific Learning Disabilities, the area of behavior must also be addressed. Students who demonstrate learning problems often have accompanying behavioral difficulties. Whether behavioral problems coexist with academic difficulties, or appear to stand alone, these behavioral difficulties can further negatively impact academic progress as well as contribute to social emotional problems and poor educational outcomes.

Many schools use a systems approach, such as *Positive Behavior Support* (PBS), in order to address and prevent behavior issues and concerns. " Positive Behavioral Interventions and Supports (PBIS) is an evidenced-based, data-driven framework proven to reduce disciplinary incidents, increase a school's sense of safety, and support improved academic outcomes (GADOE, 2017)." This is the framework used in Georgia. Richmond County is in the process of expanding Positive Behavior Intervention and Supports to all schools in the district. Systems such as PBIS are proactive, attempting to prevent inappropriate behaviors from occurring through applied interventions based on the students' level of need(s).

According to the RtI approach, in order to assess and make decisions concerning behavior, behavioral data must be systematically collected using tools such as observations, analysis of office discipline referrals, rating scales, etc. This is done through a multi-tiered structure, similar to the intervention approach used for academic difficulties.

Tier 1

Just as high quality of curriculum and instruction is necessary for academic progress in the

general classroom setting, behavior skills also require a set of school-wide expectations, rules, and procedures that comprise a behavior curriculum. There is a strong need to teach students how to manage their own behavior, including instructing them on social skills and conflict resolution. Further, students need instruction on strategies for attending, tuning out distractions, staying on task, and completing work in a timely manner. Sandomierski, Kincaid, and Algozzine (2008) state, "By teaching and reinforcing expected behaviors, teachers and other professionals using positive behavioral supports increase the probability that the majority of students will act according to the expectations, and (positive behavior support) acts as a proactive intervention for students with a history of problem behavior."

Both RTI and systems approaches, including PBS and EBIS, support a preventative approach to teaching academic and social behavior, beginning at the Tier 1 level. Tier 1 interventions for behavior, as with interventions for academic progress, are universal, meaning that they are to be delivered to every student across all settings. Behavior must be taught in the same manner as academics are taught, with supports provided for all students including systems of positive reinforcement to increase students' display of positive behaviors. Horner, Suguai, and Lewis (2015) define the core elements of Tier 1 interventions for behavior as 1) defining behavioral expectations, 2) teaching behavioral expectations, 3) utilizing a reward system for appropriate behavior, 4) using a continuum of consequences for problem behavior, and 5) collecting behavioral data for use in decision-making.

When universal behavioral systems, such as EBIS, are put in place and carried out with fidelity for all students, schools can begin to identify students in need of additional supports for behavior. One method for identifying students needing behavioral supports is to analyze records including office discipline referrals and anecdotal records/written observations of a student's demonstration of problematic behaviors. Sandomierski, Kincaid, and Algozzine (2008) cite research, however, that states analysis of office discipline referrals and teacher records will not be sufficient for identifying all students needing additional supports. Students who have internalizing behaviors (e.g., depression, anxiety) may not demonstrate behaviors that result in referrals or that are problematic within the classroom environment; however, students who have these social-emotional problems may still be at-risk for educational difficulties including academic failure. Thus, another method is to incorporate a screening measure(s) to assist in identifying students who are at-risk for behavioral and social- emotional difficulties. Sandomierski, Kincaid, and Algozzine (2008, pp. 3-4) note that "no screening or identification measure has been widely investigated or implemented for the behavioral side of RTI; however, teacher nomination processes appear to have merit for identifying students who are at-risk of exhibiting significant problem behaviors."

Based on analysis of student records and universal screening data collected from Tier 1, students whose positive or negative behaviors remain unchanged or whose negative behaviors increase in frequency will be targeted as needing additional supports and interventions through Tier 2 processes. Sandomierski, Kincaid, and Algozzine (2008) emphasize that high-quality academic and behavioral instruction and interventions must be established at both the school-wide and classroom levels before schools can conclude that a student has a need for additional services (through Tier 2 interventions).

Tier 2

Once a student has been identified as needing additional support, RtI dictates the use of

evidence-based interventions and progress monitoring of students receiving those interventions. The U.S. Department of Education (2003) cites research regarding evidence-based interventions for challenging behaviors including contingency management programs (e.g., use of positive reinforcement, response cost systems, token economies) and cognitive-behavioral techniques (e.g., self-monitoring, development of problem-solving strategies). Sandomierski, Kincaid, and Algozzine (2008) state other possibilities for Tier 2 interventions including social skills groups, group counseling, and/or mentoring programs.

Progress monitoring for Tier 2 interventions for behavior can be achieved using various measures including brief teacher ratings of behavior (e.g., behavior trackers, daily behavior report cards), observational data (used to document frequency and/or duration of the behavior(s) within a certain time period), and self-monitoring data, in which the student is taught to monitor his/her own behavior and document his/her own progress. As with progress monitoring of academic interventions, progress monitoring of behaviors should be documented in writing no less than on a weekly basis. When behavior problems are suspected, documentation of the duration, frequency, and intensity of the behaviors is required. These can be documented using materials such as an antecedent-behavior- consequence observation form, daily behavior report cards, and observations by an outside observer using peer comparison (See Appendix E).

As with Tier 1 interventions, behavior interventions in Tier 2 must be carried out with fidelity before it is decided that a student has had "an adequate or insufficient response to intervention" (Sandomierski, Kincaid, and Algozzine, 2008). Forgatch, Patterson, and DeGarmo (2005) define fidelity as adhering to an intervention's core components and competently implementing the intervention. Thus, fidelity includes executing the intervention as planned on a consistent basis (e.g., daily, weekly). Checks should be conducted on the fidelity/integrity of an intervention. These checks should be done by an outside observer to be sure the intervention(s) is being implemented appropriately. Feedback should be given to the interventionist in order to assist with implementation. In order to conduct an integrity check, a checklist may be developed that is specific to the intervention to be sure that all parts of the intervention are being executed correctly.

A functional behavior assessment (See Appendix E) is defined by Steege & Watson (2008, p. 338) as:

> "…a set of procedures that allows for the identification of the relationship between the unique characteristics of the individual and the contextual variables that trigger (antecedents) and reinforce (consequences) behavior."

Use of functional behavior assessments is one recommended approach to assist in determining the causes and identifying possible effective interventions to address problem behaviors (Quinn, Gable, Rutherford, Nelson, & Howell, 1998). A functional behavior assessment is a process in which the problem behavior(s) is/are identified and given operational definition(s). Operationally defining a behavior means that behavior can be observed and measured. Once behavior(s) are defined, antecedents and consequences to the behavior are observed and analyzed in order to determine the function, or purpose, of the behavior. Functional behavior assessments generally consist of both direct assessments (e.g., behavioral observations) and indirect assessments (e.g., rating scales, structured interviews). Results of assessment techniques are used to hypothesize the purpose of the student's behavior(s) and thus can target interventions which may be effective in managing or preventing those problem behaviors (Quinn, Gable, Rutherford, Nelson, & Howell, 1998).

As Tier 2 interventions are implemented and the results of interventions are documented through progress monitoring, RtI teams are required to analyze data to determine if a student is making sufficient

progress towards his/her behavioral goals. A student's rate of progress will determine if the interventions are effective, need to be modified or changed, or if a more intense level of interventions (Tier 3) is needed.

Tier 3

At Tier 3, all components of the RtI process previously described are continued at an individualized and more intensive level. Data from progress monitoring, which is more frequent and yields more precise information, is analyzed by the SST team and those students who have not responded to Tier 1 and Tier 2 interventions are identified. Tier 3 intervention is typically necessary for only a small percentage of students. That is, only 1 to 5 percent of students should require Tier 3 interventions (Casbarro, 2008).

If an analysis of data regarding a student's response to school-wide intervention at Tier 1 and targeted group intervention at Tier 2 indicates that a student exhibits persistent and/or severe behavior problems, the SST team utilizes a problem-solving process aimed at generating an effective, individualized intervention. At this point, a functional behavior assessment should be conducted, if it has not already been done, in order to target the behaviors and more specific interventions that may be used. A detailed behavior intervention plan is developed which is based on the results of a functional behavior assessment. The behavior intervention plan should include goals and objectives and a chain of consequences to be followed based on the antecedents and targeted behaviors identified. A behavior intervention plan should be more of a discipline rather than a punishment model. By using the term discipline, it is recommended that the plan be proactive and focus on positive behaviors. All individuals needed for implementation should be familiar with the plan, including the student. As with other interventions, the behavior intervention plan should be monitored and evaluated in order to be effective. At the Tier 3 level, a behavior intervention plan should involve school personnel and parents/family as well as related service providers and outside agencies as necessary. Sattler (2002) supports an interdisciplinary approach to behavior intervention plans.

Discipline: Protections for Children Not Yet Eligible for Special Education Services

Georgia law 160-4-7-.10 regarding discipline indicates the following concerning services for students who are not yet eligible for special education and related services:

(a) A child who has not been determined to be eligible for special education and related services and who has engaged in behavior that violated a code of student conduct, may assert any of the protections provided for in this Rule if the LEA had knowledge (as determined in accordance with this Rule) that the child was a child with a disability before the behavior that precipitated the disciplinary action occurred. [34 C.F.R. §300.534(a)]

1. An LEA must be deemed to have knowledge that a child is a child with a disability if before the behavior that precipitated the disciplinary action occurred –

(i) The parent of the child expressed concern in writing to supervisory or administrative personnel of the appropriate educational agency or a teacher of the child, that the child is in need of special education and related services;

(ii) The parent of the child requested an evaluation of the child pursuant to Rule 160-4-7-.04 Eligibility Determinations and Criteria; or

(iii) The teacher of the child or other personnel of the LEA expressed specific concerns about a pattern of behavior demonstrated by the child directly to the director of special education of the LEA or to other supervisory personnel of the LEA. [34 CFR §300.534(b)(1) - (3)]

2. An LEA would not be deemed to have knowledge that a child is a child with a disability if the parent of the child has not allowed an evaluation of the child or has refused services or the child has been evaluated and determined not to be a child with a disability as described in Rule 160-4-7-.04 Eligibility Determinations and Criteria. [34 C.F.R . § 300.534(c)(1) -(2)]

3. If an LEA does not have knowledge that a child is a child with a disability prior to taking disciplinary measures against the child, the child may be subjected to the disciplinary measures applied to children without disabilities who engaged in comparable behaviors. [34 C.F.R. § 300.534(d)(1)]

4. If a request is made for an evaluation of a child during the time period in which the child is subjected to disciplinary measures, the evaluation must be conducted in an expedited manner. Until the evaluation is completed, the child remains in the educational placement determined by school authorities, which can include suspension or expulsion without educational services. If the child is determined to be a child with a disability, taking into consideration information from the evaluation conducted by the agency and the information provided by the parents, the agency must provide special education and related services. [34 C.F.R. § 300.534(d)(2)(i) -(iii)]

Change in Placement

If students are in the RtI/SST process and are suspected of having a disability, the team should treat the student as if they were a child with a disability. Georgia law 160-4-7-.10 regarding discipline notes the following in regards to change in placement:

(a) For purposes of removals of a child with a disability from the child's current educational placement under this Rule, a change in placement occurs if:

1. The removal is for more than 10 consecutive school days, or

2. The child has been subjected to a series of removals that constitute a pattern –

(i) Because the series of removals total more than 10 school days in a school year;

(ii) Because the child's behavior is substantially similar to the child's behavior in previous incidents that resulted in the series of rem ovals, and;

(iii) Because of such additional factors as the length of each removal, the total amount of time the child has been removed, and the proximity of the removals to one another. [34 C.F.R. § 300.536(a)]

(b) The LEA determines on a case-by-case basis whether a pattern of removals constitutes a change of placement. [34 C.F.R. § 300.536(b)(1)]

1. This determination is subject to review through due process hearings and judicial proceedings. [34 C.F.R. § 300.536(b)(2)]

Referral to and Action by Law Enforcement and Judicial Authorities

The Georgia law 160-4-7-.10 regarding discipline notes the following in regards to referral to and action by law enforcement and judicial authorities concerning students with disabilities.

> (a) Nothing in this Rule prohibits a LEA from reporting a crime committed by a child with a disability to appropriate authorities or prevents State law enforcement or judicial authorities from exercising their responsibilities with regard to the application of Federal and State law to crimes committed by a child with a disability. [34 C.F.R. § 300.535(a)]
>
> (b) An LEA reporting a crime committed by a child with a disability must ensure that copies of the special education and disciplinary records of the child are transmitted for consideration by the appropriate authorities to whom the agency reports the crime. [34 C.F.R. § 300.535(b)(1)]
>
> (c) A LEA reporting a crime under this Rule may transmit copies of the child's special education and disciplinary records only to the extent that the transmission is permitted by the Family Educational Rights and Privacy Act. [34 C.F.R. § 300.535(b)(2)]

Chapter 8
Information for Parents and Guardians

This part of the manual will help guide educators and parents in the RtI/SST process. It is composed of information that can be copied and distributed to parents as a resource.

Parents are essential in helping students develop into strategic learners. Parents should be well-informed and equipped with information to best help their children be life-long learners. It is the educator's responsibility to provide detailed explanations with appropriate documentation so parents are well aware of the progress of their children. Involving parents in the RtI process will maximize educational outcomes for their children. This approach is proactive and focuses on intervening when students are struggling in academic areas, communication, and/or behavior. RtI assists educators in introducing strategic interventions to address students' needs across all areas.

According to the Georgia Department of Education Implementation Manual (2007), implementation of the Georgia Pyramid of Interventions requires educators to evaluate how their class is progressing in the curriculum and to become creative problem solvers, when they identify those students who are struggling. Pinpointing the specific weaknesses which require additional interventions and then selecting evidence-based strategies and interventions which support student progress is paramount. Parents should be notified about meetings and included as important members of the RtI Team.

It is essential that parents have a basic working knowledge of RtI and its benefits, especially parents whose children may be involved in Tier 2 and Tier 3 interventions (GADOE, 2007). GADOE states this understanding can best be accomplished through:

- Dissemination of written materials explaining RtI to parents
- Formal or informal presentation to the PTA and/or other parent groups
- Brief overview at parent/teacher conferences where it can be explained how RtI works for a given child
- Addressing RtI on report cards and/or other progress reports sent home to parents
- Parent conferences and participation in the RtI process

Effective home-school collaboration includes open communication and involvement of parents in all stages of the learning process. Keeping parents informed about your school's RtI process is the first step to their becoming an active partner. Both the National Center of Learning Disabilities and the National Joint Committee on Learning Disabilities advise parents to ask the following questions (Canter & Klotz, 2007):

- Does our school use an RtI process? (Be aware that your child's school may call their procedures a "problem solving process," or may have a unique title for their procedures, e.g., Instructional Support Team, and not use the specific RtI terminology.)
- Are there written materials for parents explaining the RtI process? How can parents be involved in the various phases of the RtI process?
- What interventions are being used, and are these scientifically based as supported by research?

- What length of time is recommended for an intervention before determining if the student is making adequate progress?
- How do school personnel check to be sure that the interventions were carried out as planned?
- What techniques are being used to monitor student progress and the effectiveness of the interventions? Does the school provide parents with regular progress monitoring reports?
- Does the Team use a variety of measures to evaluate processing strengths and weaknesses (i.e., screening)?
- At what point in the RtI process are parents informed of their due process rights under IDEA 2004, including the right to request an evaluation for special education eligibility?
- When is informed parental consent obtained and when do the special education evaluation timelines officially commence under the district's RtI plan?

There are four essential ingredients to building healthy, open communication between schools and families (Goals 2000: Educate America Act, 1994). These ingredients are the Four P's:

POSITIVE

Too often students and parents are wary of a note or call from the teacher. Sending home words of praise and encouragement can change this perception and improve communication with the family. Remember students and parents need a pat on the back too!

PERSONALIZED

Parents can be overwhelmed by impersonal memos, which seem less relevant to their child. To avoid the "junk mail syndrome," jot a quick personal note on letters home or have students decorate to draw parental attention.

PROACTIVE

Keep parents informed of your class rules, expectations and current activities. Provide plenty of notice for special events. Let parents know immediately if you have a concern and work together to prevent problems from developing.

PARTNERSHIP

When well informed, parents can work as partners in their children's education. Encourage parents to respond to your notes by leaving space for comments or including a few quick questions to encourage a return. Teachers often use calendars, newsletters and online spaces to communicate and assist parents with understanding the curriculum and process.

What are the ways to get parents involved?

Joyce Epstein, a leading national researcher of family, school and community partnerships, reinforces the importance of school, homework, and activities that build student skills and feelings of

success. The following are Epstein's six standards of involvement (Epstein, Sanders, Simon, Salinas, Jansorn, & Van Voorhis, 2002):

Communication. Communication between school and home should be consistent, two-way and meaningful. School personnel and parents should be respectful of one another and accept that each has an important, but different, expertise about the student. Schools should create welcoming environments where the parent's input is valued.

Parenting. Schools are encouraged to support parenting skills by offering workshops on a variety of topics relevant to the school and community. In addition, a parent center can be located within the school building where parents can check out books and other informational materials. Schools should be aware of community resources that may assist parents.

Student Learning. Student learning increases when parents are involved in the process by helping their children at home. Most parents are willing to assist their child in learning, but may not be sure how to go about it. Parents should have a good understanding about curriculum standards at each grade level. Grade level standards are available at each school and can be accessed online at www.gadoe.org. Children's homework should require discussion and interaction with their parents. Schools can offer workshops to help parents encourage their children in using everyday skills such as shopping and cooking to learn math and problem solving skills.

Volunteering. The presence of parents at the school sends a message to children that, "We care about what you do here". When parents volunteer, families and schools benefit. Volunteer work should be meaningful to parents. When possible, capitalize on the strengths of the parent. Even if a parent cannot volunteer during the day, there are many ways they can assist after school and on weekends.

Decision Making and Advocacy. Studies show that schools where parents are involved in decision-making and advocacy have higher levels of student achievement and greater public support. Schools and programs actively seeking parent participation and input communicate that parents are valued as full partners in their child's education. Schools should include and give equal representation to parents on decision-making and advisory committees. Parents should be provided current information regarding school policies and practices and how the school is performing.

Collaborating with Community. When schools and communities work together, both are strengthened in ways that neither could do on its own. Families accessing community resources more easily, businesses connecting education programs with the realities of the workplace, and children serving and learning about their communities beyond the school building help increase positive student outcomes. Schools should give information on community resources that serve the cultural, recreational, academic, health, social, and other needs of families. Partnerships with local businesses and community organizations should be developed to help with student learning. Children should also be encouraged to participate in community service.

Educators and parents should keep in mind that partnering together leads to significant results for children. Schools cannot do it alone. Parents need to find ways to get involved in their child's learning. Opportunities for learning are abundant in everyday life. As stated earlier, the attitude of the parent about school and learning is the most important element to student success. Moreover, studies show when parents are visible in the school building, their child does even better. Parents should ask their schools about ways they can assist their child at home in different subject areas. Most importantly, families should hold high expectations for their child and insist everyone else do the

same. All children are capable of learning and being successful. Parents and schools, working together, can ensure the success of all children.

On the pages that follow in this chapter, there are informational pages that can be copied and used as handouts for parents.

"The more parents understand RtI's value, the greater their support of the school's efforts."
~Casbarro (2008)

A Parent's Guide to RtI & SST

A major concern for parents as well as teachers is how to help children who experience difficulty in school. All parents want to see their child excel, and it can be very frustrating when a child falls behind in learning to read, achieving as expected in math and other subjects, or getting along socially with peers and teachers. Some new federal laws have directed schools to focus more on helping all children learn by addressing problems earlier, before the child is so far behind that a referral to special education services is warranted. These laws include the No Child Left Behind Act of 2001 and the Individuals with Disabilities Education Improvement Act of 2004.

What Are the Essential Components of RtI & SST Processes?

Response to Intervention (RtI) is a multi-step approach to providing services and interventions to struggling learners at increasing levels of intensity. RtI allows for early intervention by providing academic and behavioral support rather than waiting for a child to fail before offering help. The elements of an RtI approach are: providing scientific, research-based instruction and interventions in general education; monitoring and measuring student progress in response to the instruction and interventions; and using these measures of student progress in response to the instruction and interventions; and using these measures of student progress to shape instruction and make educational decisions.

The SST process, now known as Tier 3, most often occurs after the student has not been successful in Tier 2 interventions. Just as with the RtI process, key elements within Tier 3 include identifying learning/behavior problems, developing and implementing research-based interventions and instruction, assessing/progress monitoring, providing follow-up and support, and making data- based decisions. Parent participation is also an essential part of Tier 3, as the interventions are more individualized at this level.

How Can Parents Be Involved in the RtI/SST Process?

The hallmarks of effective home-school collaboration include open communication and involvement of parents in all stages of the learning process. Being informed about your school's RtI process is the first step to becoming an active partner.

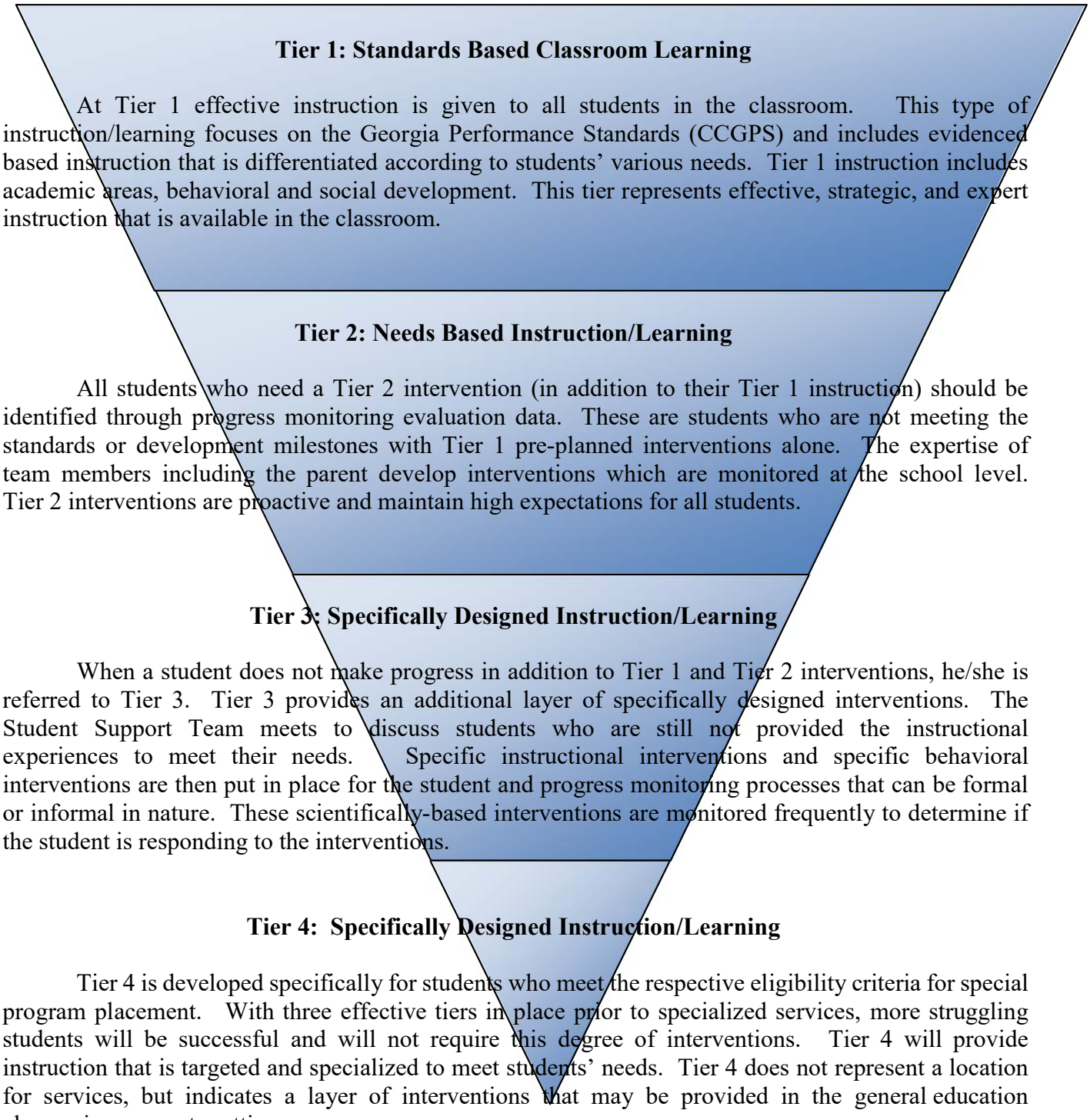
The state of Georgia requires that parents be invited to all SST meetings. Taking the opportunity to participate in these meetings and your child's intervention/educational plan is an important part of its success.

What Are the Potential Benefits of RtI?

The most common benefit of an RtI approach is that it eliminates a "wait to fail" situation because students get help promptly within the general education setting. Secondly, an RtI approach has the potential to reduce the number of students referred for special education services while increasing the number of students who are successful within regular education.

Adopted from the National Association of School Psychologists;
Response to Intervention (RtI): A Primer for Parents 2007
www.nasponline.org

Explanation of the Georgia Pyramid of Interventions



Tier 1: Standards Based Classroom Learning

At Tier 1 effective instruction is given to all students in the classroom. This type of instruction/learning focuses on the Georgia Performance Standards (CCGPS) and includes evidenced based instruction that is differentiated according to students' various needs. Tier 1 instruction includes academic areas, behavioral and social development. This tier represents effective, strategic, and expert instruction that is available in the classroom.

Tier 2: Needs Based Instruction/Learning

All students who need a Tier 2 intervention (in addition to their Tier 1 instruction) should be identified through progress monitoring evaluation data. These are students who are not meeting the standards or development milestones with Tier 1 pre-planned interventions alone. The expertise of team members including the parent develop interventions which are monitored at the school level. Tier 2 interventions are proactive and maintain high expectations for all students.

Tier 3: Specifically Designed Instruction/Learning

When a student does not make progress in addition to Tier 1 and Tier 2 interventions, he/she is referred to Tier 3. Tier 3 provides an additional layer of specifically designed interventions. The Student Support Team meets to discuss students who are still not provided the instructional experiences to meet their needs. Specific instructional interventions and specific behavioral interventions are then put in place for the student and progress monitoring processes that can be formal or informal in nature. These scientifically-based interventions are monitored frequently to determine if the student is responding to the interventions.

Tier 4: Specifically Designed Instruction/Learning

Tier 4 is developed specifically for students who meet the respective eligibility criteria for special program placement. With three effective tiers in place prior to specialized services, more struggling students will be successful and will not require this degree of interventions. Tier 4 will provide instruction that is targeted and specialized to meet students' needs. Tier 4 does not represent a location for services, but indicates a layer of interventions that may be provided in the general education class or in a separate setting.

Adopted from Georgia Department of Education; Special Education Rules Implementation Manual August 2007

General Homework Tips for Parents

Make sure your child has a quiet, well-lit place to do homework.
Avoid having your child do homework with the television on or in places with other distractions, such as people coming and going.

Make sure the materials your child needs, such as paper, pencils and a dictionary, are available.
Ask your child if special materials will be needed for some projects and get them in advance.

Help your child with time management.
Establish a set time each day for doing homework and it should not be just before bedtime. Think about using a weekend morning or afternoon for working on big projects, especially if the project involves getting together with classmates.

Be positive about homework.
Tell your child how important school is. The attitude you express about homework will likely be the attitude your child acquires.

When your child does homework, you do homework.
Show your child that the skills they are learning are related to things you do as an adult. If your child is reading, you read something too. If your child is doing math, let them see you balance your checkbook.

When your child asks for help, provide guidance, not answers.
Giving answers means your child will not learn the material. Too much help teaches your child that when the going gets rough, someone will do the work for him.

When the teacher asks that you play a role in homework, do it.
Cooperate with the teacher. It shows your child that the school and home are a team. Follow the directions given by the teacher.

If homework is meant to be done by your child alone, stay away.
Too much parent involvement can prevent homework from having some positive effects. Homework is a great way for kids to develop independent, lifelong learning skills.

Stay informed.
Talk with your child's teacher. Make sure you know the purpose of homework and what your child's class rules are.

Help your child figure out what is hard homework and what is easy homework.
Teach your child to prioritize. Have your child do the hard work first. This will mean he will be most alert when facing the biggest challenges. Easy material will seem to go fast when fatigue begins to set in.

Watch your child for signs of failure and frustration.
Let your child take a short break if he/she is having trouble keeping their mind on an assignment. After the break, determine the source of frustration and help your child to problem solve through the difficult aspects of the task.

Reward progress in homework.
If your child has been successful in homework completion and is working hard, celebrate that success with a special event or special time with parent (e.g., a walk, a trip to the park, a story with parent) to reinforce the positive effort.

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Appendix

Fidelity

The following are procedures which may be used to assess the integrity or fidelity of an intervention (Lane & Beebe-Frankenberger, 2004):

Direct Observation
Direct observations are conducted by a trained observer who watches the intervention in the classroom or watches a video of the intervention and then codes behavior. Direct observation is a three step process. First, the tasks of the intervention are analyzed. Next, the observer records the parts of the task analysis which are completed. Finally, the level of integrity is computed.

Percentage (%) = number of parts present divided by total number of components times 100

Behavior Rating Scales
In this method the entire intervention is observed. A checklist using a likert scale can provide ratings of low to high integrity.

Self-Report
This is an indirect method in which the teacher can rate the degree of implementation based on a series of questions tied to a likert scale.

Permanent Products
In this procedure, components of the intervention are saved. For example, notes of a meeting, target behaviors defined, note cards created, weekly report notes, point system, lists of reinforcers, and collected reports. These products illustrate steps of the intervention of a home-school report card.

Manualized or scripted interventions
In this approach there are step by step directions which can be used by the interventionist. The manuals or scripts can also be used. It is recommended that this approach be combined with direct observation.

Interview
Post Intervention the teacher or interventionist is interviewed using a series of questions which will suggest whether the intervention was implemented as planned.

Observation Fidelity Checklist

Date _____ Observer _____

Teacher _____ Resources _____

Teacher Behavior	Most of the Time 3	Some of the Time 2	Rarely 1	Not at all 0
Intervention (specify)				
Teacher follows script/directions sufficiently to ensure fidelity of implementation.				
Teacher implements each step of the intervention to ensure fidelity of implementation.				
Instruction (Script/Materials)				
Teacher maintains brisk pace.				
Teacher provides corrective feedback immediately as needed.				
Teacher talk is kept to a minimum and is characterized with short requests "What answer?" "How many?"				

Adapted from Shores, C. and Chester, K. (2007). *Improving Schools Through Instructional Pyramids: Utilizing Response to Intervention to Raise Student Achievement.* Cartersville, GA: Wesley Educational Services.

Self-Report Integrity Check

Date_____ Teacher_____

Intervention:_____

Directions: Please complete this form each day after the period in which the intervention has been implemented in your classroom.

Strongly Disagree Agree
1 2 3 4 5

I described the intervention.	1	2	3	4	5
I showed the rewards which the child could earn.	1	2	3	4	5
I described consequences for inappropriate behaviors.	1	2	3	4	5
I rewarded the child each time the behavior occurred.	1	2	3	4	5
I delivered the consequence each time the inappropriate behavior occurred.	1	2	3	4	5
I reviewed daily performance and sent DRC home.	1	2	3	4	5

I described the intervention.	1	2	3	4	5
I showed the rewards which the child could earn.	1	2	3	4	5
I described consequences for inappropriate behaviors.	1	2	3	4	5
I rewarded the child each time the behavior occurred.	1	2	3	4	5
I delivered the consequence each time the inappropriate behavior occurred.	1	2	3	4	5
I reviewed daily performance and sent DRC home.	1	2	3	4	5

I described the intervention.	1	2	3	4	5
I showed the rewards which the child could earn.	1	2	3	4	5
I described consequences for inappropriate behaviors.	1	2	3	4	5
I rewarded the child each time the behavior occurred.	1	2	3	4	5
I delivered the consequence each time the inappropriate behavior occurred.	1	2	3	4	5
I reviewed daily performance and sent DRC home.	1	2	3	4	5

I described the intervention.	1	2	3	4	5
I showed the rewards which the child could earn.	1	2	3	4	5
I described consequences for inappropriate behaviors.	1	2	3	4	5
I rewarded the child each time the behavior occurred.	1	2	3	4	5
I delivered the consequence each time the inappropriate behavior occurred.	1	2	3	4	5
I reviewed daily performance and sent DRC home.	1	2	3	4	5

I described the intervention.	1	2	3	4	5
I showed the rewards which the child could earn.	1	2	3	4	5
I described consequences for inappropriate behaviors.	1	2	3	4	5
I rewarded the child each time the behavior occurred.	1	2	3	4	5
I delivered the consequence each time the inappropriate behavior occurred.	1	2	3	4	5
I reviewed daily performance and sent DRC home.	1	2	3	4	5

Data Teams Process & Forms
(Tier 2 only)

1. Data team meets and identifies bottom 10th- 25th percentile at each grade level.

2. Data team completes Data/RtI Team Referral form & Summary sheet. a. Group students according to skill area deficits.

b. Identify intervention and progress monitoring tools to be used, set goals, and expected growth rates. c. Identify case manager and interventionist for each group of students.

d. Principal will sign and accept responsibility for monitoring fidelity of intervention.

e. Case manager takes to interventionist and has interventionist sign to acknowledge prescribed intervention and progress monitoring plan.

f. Parents of all students' receiving Tier 2 interventions are notified.

3. At 4 weeks & 8 weeks, a Check Point meeting is held

a. The team will gather progress monitoring data and determine if the intervention is being successful based on the expected growth rates identified previously.

b. Team will complete the Tier 2 Progress Monitoring Check Point Data form for each intervention group identified.

c. If No Progress is selected, change the specific student's intervention and document using the Tier 2 Intervention & Results sheets from the RtI Manual.

4. Data team will meet at 12 weeks to review the progress of all students and determine whether or not to continue or change interventions and/or move students to Tier 3.

a. The Data/RtI team will identify any students requiring Tier 3 interventions and provide the facilitator with a list of students and all Tier 2 documentation.

b. The facilitator will provide the appropriate teachers with RtI paperwork (Problem Identification Checklist) to be completed.

c. Tier 3 meetings are to be held with the SST team (student's teacher, principal, parents, school psychologist, and any additional members requested) and continue as necessary.

- Parents MUST be invited to all Tier 3 meetings and provided with written notice.
- A written summary of the meeting and documentation of student progress must be sent home whether or not the parent/guardian attends the meeting.

5. Conduct Check Point meetings as required until results of Benchmark 2 or 3 are available.

6. Repeat process.

RtI/Data Team Referral
Tier 2 Intervention & Documentation

Grade: _____ Subject: _____ Teacher: _____

Intervention Tool(s):

- ☐ Start-Up/Build-Up/Spiral-Up
- ☐ My Sidewalks
- ☐ Voyager
- ☐ Destination
- ☐ Reader's Theater
- ☐ SRA
- ☐ 95% Group Chip Kits
- ☐ Soar to Success
- ☐ Harcourt/Holt Math OR Carnegie Learning
- ☐ mClass activities
- ☐ enVision
- ☐ v-Math
- ☐ Cover-Copy-Compare
- ☐ Passport to Reading/Journeys
- ☐ Road to the Code
- ☐ Phonological Awareness for Children
- ☐ Writer's Workshop
- ☐ Computer-based instruction (specify):_____
- ☐ i-Ready Instruction: _____
- ☐ Other: _____

Progress Monitoring Tool(s):

- ☐ i-Ready Reading
- ☐ i-Ready Math
- ☐ Other (specify): _____

Intervention Period: ___/____/___ - ___/____/___ **Review Date: _____**

	Student Names	Level	Baseline	ROI	Goal	Progress Monitoring (date/score)						Decision Making: Exit	Cont.	T3
1.												☐	☐	☐
2.												☐	☐	☐
3.												☐	☐	☐
4.												☐	☐	☐
5.												☐	☐	☐
6.												☐	☐	☐

Significant progress/Met Goal Exit/Change Intervention

Some progress (10^{th}-24^{th}%ile) Continue Intervention

No progress & Below 10^{th}%ile Change Intervention

Validity Statement: I certify that the above noted intervention will be conducted as described for the group of students identified and parents/guardians were notified regarding the intervention plan.

RtI Facilitator Date

Interventionist Date

Case Manager Date

Decision Points

The following decision points are to be used to determine movement of students between the Tiers of intervention. Decision points are based on the results of Universal Screeners conducted throughout the county. School norms are best to use. However, if they are not available county norms may be used. If the county norms have not yet been established, the national norms provided by the program may be used.

Decision Point for Tier 2

Student:

Is at or below 10th Percentile & Growth rate is less than expected

- Proceed to Tier 3

Achieves 25th percentile or above

- Exit Tier 2

Makes some progress and is above 10th percentile

- Continue Tier 2

Decision Point for Tier 3

Student:

Continues to be at or below 10th percentile & Growth rate less than expected

- Proceed to Tier 4 (evaluation requested)

Student making progress and above 10th percentile

- Continue Tier 3 or Return to Tier 2

Student achieves 25th percentile

- Exit Tiers

RICHMOND COUNTY SCHOOL SYSTEM

864 Broad Street
Augusta, GA 30901

Parent Information Letter – Tier 2

Date: _____

Dear Parent or Guardian,

The Mission of the Richmond County School System is to educate students to become lifelong learners and productive citizens. Our mission is to help your child become a successful student. At Tier 1, _____, your child's teacher, used different strategies and/or materials with _____and collected data to determine if this differentiated instruction was assisting with his/her success in the classroom. Based on the results of data collected at the school, the Data/Response to Intervention Team has recommended additional interventions for your child. We will begin the Tier 2 intervention on _____. At Tier 2, we will provide additional focused instruction for a minimum of 6 – 8 weeks.

The intervention that will be used is _____

Current Score(s): _____ Goal(s) to be reached: _____

Person(s) who will provide the intervention: _____

If you have any questions about the Data Team/Response to Intervention process, or questions regarding your child's skill area(s) that we will address through this intervention plan, please contact_____ at _____.

Please sign below to acknowledge that you have been informed about your child's intervention plan. Cut on the line and send the bottom part back to the school. Keep this letter for your record

----------cut here and return the bottom part----------

I have read this letter and understand that the school has identified my child as needing Tier 2 intervention.

Parent/Guardian: _____ Date: _____

PROBLEM IDENTIFICATION CHECKLIST

Student Name:		DOB:	Age:
School:	Grade:	Retained? NO YES, when?_____	
Referring Teacher:		Date Referred:	

(CHECK ALL AREAS OF DIFFICULTY)

	READING
	Letter names/sounds
	Phonemic awareness (e.g., rhyming, beginning sounds)
	Phonics (e.g., segmenting/blending)
	Vocabulary
	Fluency
	Reading comprehension
	WRITING
	Sentence structure
	Spelling
	Grammar/mechanics
	Producing clear and coherent writing
	Letter formation/spacing
	MATHEMATICS
	Number identification
	Counting and Cardinality
	Numbers and Operations (e.g., base ten, regrouping, fractions)
	Fluency with math facts (+,-,×,÷)
	Algebra/Algebraic Thinking
	Geometry
	Measurement and Data
	Problem-Solving (e.g., word problems, pattern identification, etc.)
	LISTENING COMPREHENSION
	*Understanding spoken language
	***F**ollowing verbal directions
	ORAL EXPRESSION
	*Expressing thoughts and ideas
	*Limited speaking vocabulary
	Non English speaker; Language:_____
	SPEECH
	*Difficulty articulating speech sounds
	*Stutters/Clutters
	*Other: e.g., voice
	PROCESSING
	Retaining information over time
	Remembering what is seen/Visual memory
	*Remembering what is heard/Auditory memory
	Other (e.g. sequencing*)
	Copying from the board/book

	MOTOR SKILLS
	Gross Motor Skills (e.g., gait, coordination)
	Fine Motor Skills (e.g., cutting, buttoning, zipping)
	Body space awareness
	ATTENTION AND ORGANIZATION
	Difficulty with organization
	Easily distracted
	Difficulty beginning a task
	Difficulty completing a task
	Under-active/lethargic
	Loses or forgets work/materials
	Overactive/excessive motor movements
	Difficulty following classroom routines
	Homework not completed and/or turned in
	ADAPTIVE SKILLS
	Following daily schedules and routines
	Self-care (e.g., eating, toileting, dressing)
	SOCIO-EMOTIONAL/BEHAVIOR
	Motivation
	Self-control/Behavioral outbursts
	Easily frustrated
	Frequent psychosomatic complaints/nurse visits
	Sudden change(s) in mood
	Anxious/Nervous
	Verbally aggressive toward others
	Physically aggressive toward others
	Peer relationships (e.g., frequent conflicts, teasing, bullying, gets picked on)
	Adult relationships (e.g., asking for help)
	Accepting responsibility for behavior
	Easily influenced by others
	Self-concept/Self-esteem
	Sleeps in class/lethargic
	Poor hygiene or deterioration in appearance
	Expresses thoughts of harming self/others
	*Frustrated due to communication deficits
	*Interpreting social cues
	OTHER DIFFICULTY NOT LISTED

*Consult with your school Speech-Language Pathologist

Pre-K Problem Identification Form

Student Name:_____ DOB:_____ Age:_____

School:_____ Ethnicity/Sex: _____

Parent Name: _____ Phone (h): _____

Address:_____ Phone (c):_____

Check the presenting problems, including what makes it difficult to teach this student and what factors may be impeding his/her learning.

Adaptive
- □ Toileting
- □ Feeding/Drinking
- □ Avoids dangers/cautious
- □ Organizes own activities

Cognitive
- □ Labels colors/shapes
- □ Matches/sorts by one attribute
- □ Recognizes some letters
- □ Rote counts
- □ Attends to activities 5-7 minutes
- □ Attends/answers simple questions from a story
- □ Describes own pictures
- □ Identifies big and little

Communication*
- □ Follows 1 and 2 step directions
- □ Speaks in sentences
- □ Labels common objects
- □ Responds to "wh" questions
- □ Speaks clearly
- □ Carries on a conversation over 3-2 turns

Motor Development
- □ Imitates fine motor movements
- □ Imitates gross motor movements
- □ Draws simple shapes
- □ Draws a person
- □ Colors simple shapes
- □ Cuts with scissors

Social/Emotional Development
- □ Interacts with peers/adults
- □ Has friends
- □ Follows rules
- □ Shares with peers
- □ Transitions between activities
- □ Knows and responds to name
- □ Participates in large and/or small group verbally
- □ Accepts teacher directions in a reasonable time frame

Other difficulty not listed above (please describe): _____

_____

Behavior: Absences/Tardies:_____/_____ Discipline referrals:_____ Conduct grade:_____

Medical history (significant health concerns, major childhood illness/disease, diagnosed syndrome, adaptive, motor, medication):_____

Previously evaluated by school? _____ **Private evaluator? _____**

Is the student currently receiving the following services? (check all that apply)

- □ Speech
- □ Special Education
- □ 504 Plan
- □ OT
- □ PT
- □ ESOL
- □ Community Services (e.g. Transitional Family Services, Able Tree, Families Forward)
- □ Previously in Babies Can't Wait

*Consult with your school Speech-Language Pathologist

RICHMOND COUNTY SCHOOL SYSTEM

864 Broad Street
Augusta, GA 30901

Parent RtI/SST Meeting Notification

Student: _____ Today's date: _____

School: _____ Tier Level: ☐ 2 ☐ 3

Dear Parent or Guardian,

The mission of the Richmond County School System is to build a world-class school system through education, collaboration, and innovation**.** We work diligently to ensure that every student has this opportunity.

At this time, your child is having difficulties and a Response to Intervention (RtI) team/Student Support Team meeting has been scheduled. The meeting will be conducted using a "team approach" to problem solving, and you are an important member of this team. At this meeting, we will create home and school interventions that will help improve academic and behavioral outcomes. The members at this meeting may be a variety of educators such as: specialists, teachers, administrators, the school psychologist, a speech pathologist, and other support staff.

Please attend and share your concerns and views with us. The meeting is been scheduled for:

_____ at _____AM/PM.

If you **cannot attend**, please contact _____, the RtI Facilitator, at 706-_____ **before** the meeting so that we can send you a copy of your child's intervention plan. Sincerely, _____, RtI Building Facilitator

Keep this for your records

************************** **Detach and return to school** ****************************

Student's name: _____

_____Yes, I will attend

_____ I would like to participate via phone. Please call me at (_____)_____-_____

_____ No, I will not attend

_____ Please reschedule my child's meeting for: _____@ _____AM/PM

Parent/Guardian Name (print): _____

Signature: _____ Date:_____

RtI Meeting Summary

Student's Name: _____ **Grade:** _____ **Date:** _____
School: _____ **Teacher:** _____

Present concerns: _____

_____

_____

_____

Data Review/Summary of Results: _____

_____

_____

_____

_____

Interventions: (*Provide documentation of results)*

Tier ☐ 2 ☐ 3

Intervention:			
Goal:			
Frequency:		Person(s) Responsible:	
Start Date:		End Date:	
PM Tool:		PM Frequency:	

Tier ☐ 2 ☐ 3

Intervention:			
Goal:			
Frequency:		Person(s) Responsible:	
Start Date:		End Date:	
PM Tool:		PM Frequency:	

Meeting Decisions: **Next Meeting Date:** _____

	Implement Tier 2 interventions
	Problem resolved; Exit
	Progress made but problem not resolved, remain at: _____ Tier 2 _____ Tier 3
	Additional data needed: _____ remain at Tier 2 _____ move to Tier 3 _____ remain at Tier 3
	Inadequate progress made: _____ move to Tier 3 _____ refer to Special Education
	Adequate progress made, move back to Tier 2
	Request screening
	Refer for a 504 Eligibility
	The child's disability requires immediate consideration of special education. (requires psychologist) Specify reason: _____

Team Members Present:

Name	Title	Name	Title

Additional Intervention Documentation

Student's Name: _____ Grade: _____ Date: _____

School: _____ Teacher: _____

Please complete the following information to provide documentation of any additional interventions implemented. Be sure to provide results for each intervention noted including the dates and results of progress monitoring.

Tier ☐ 2 ☐ 3			
Intervention:			
Goal:			
PM Tool:		PM Frequency:	
Start Date:		End Date:	
Person(s) Responsible:			

****Provide documentation of intervention results****

Tier ☐ 2 ☐ 3			
Intervention:			
Goal:			
PM Tool:		PM Frequency:	
Start Date:		End Date:	
Person(s) Responsible:			

****Provide documentation of intervention results****

Tier ☐ 2 ☐ 3			
Intervention:			
Goal:			
PM Tool:		PM Frequency:	
Start Date:		End Date:	
Person(s) Responsible:			

****Provide documentation of intervention results****

RtI INITIAL REFERRAL CHECKLIST

(Items required to submit packet to SPED)

Student Name: _____ **School:** _____

DATE SUBMITTED	DOCUMENTATION	COMMENTS
	Printed student information from **Infinite Campus** to include: SLDS, current grades/report card, attendance, behavior/discipline, etc.	
	Problem Identification Checklist	
	Work Samples & Analysis of Student Work At least **3 analyzed work samples for each area** that indicate: student's name, date of assignment, numeric grade, with commentary (on/below grade level, done with assistance, 1 on 1, extended time, modified assignment, etc.). *These should support what was noted as an area of difficulty on the Problem Identification Checklist and during intervention*	
	RCSS Test Results: CogAt, i-Ready, GA Milestones,	
	Progress Monitoring reports/data *This should match the intervention plan information.*	
	Behavior data *(if applicable)* Data should include baseline information that collected within 30 days of collecting the first progress monitoring data point. Behavior data should document frequency, duration and intensity. Examples: contracts, scatterplots, point sheets, behavior report cards, etc.	
	RtI Summary of Meeting forms	
	Hearing & Vision Screening results	
	Permanent Record: Copy of 4 pages of cumulative folder, birth certificate, legal documents, etc.	
	Medical Documentation Statement or other information *(if applicable)*	
	504 documentation *(if applicable)*	
	Outside resources documentation such as private evaluations, reports, therapy notes, etc.	
	Student observation to be completed by:_____(*person responsible*)	

NOTE: Continue interventions and collecting data until the eligibility meeting is held

DO NOT HOLD PACKETS WHILE AWAITING OBSERVATION DOCUMENTATION

A copy of the referral packet is to be submitted to Psychological Services & Special Education within 5 days from the date it was received.

Packet submitted by: _____ Date: _____

Packet reviewed by: _____ Date: _____

Analysis of Student Work
(Attach this sheet to a variety of student's classroom work samples)

Student's name: _____ Grade: _____ Teacher's name: _____

Verify: (Check to indicate verification)
____3 or more work samples for reading are attached and labeled
____3 or more work samples for math are attached and labeled
____3 or more work samples for language are attached and labeled
____All work samples are dated at the top
____All work samples have a numeric grade
____All work samples indicate if the work is on or below grade level
____Work samples indicate if completed with help or independently
____Work samples indicate how work completed (e.g., whole group, small group)
____Additional information included on work samples (e.g., extended time given, modified assignment)

Indicate weaknesses (if any) and provide comments for each of the relevant academic areas:

Reading: (Check areas of difficulty – attached samples should support)
_____Letter recognition (B.R.)
_____Letter/sound correspondence (B.R.)
_____Blending (B.R.)
_____Sight word recognition (B.R.)
_____Using phonetic strategies for decoding (B.R.)
_____Reading sentences/passages with adequate accuracy (R.F.)
_____Reading sentences/passages with adequate rate (R.F.)
_____Remembering facts/details from a reading passage (R.C.)
_____Understanding vocabulary/terms in stories/text (R.C.)
_____Answering comprehension questions from reading (R.C.)

Comments:_____

_____

Math: (Check areas of difficulty – <u>attached samples should support</u>)
_____Number recognition (M.C.)
_____Counting with one-to-one correspondence (M.C.)
_____Math facts (M.C.)
_____Understanding place value (M.C.)
_____Solving computation problems (M.C.)
_____Difficulties recognizing basic shapes (M.R.)
_____Understanding math vocabulary (M.R.)
_____Solving math word problems (M.R.)

Comments:_____

_____

Oral and Written Language: (Check areas of difficulty – <u>attached samples should support</u>)
_____Speaks in short, choppy phrases (O.E.)
_____Limited vocabulary in speaking (O.E.)
_____Conveying ideas verbally (O.E.)
_____Word retrieval (O.E.)
_____Following aurally provided directions (L.C.)
_____Answering "wh" questions (O.E.)
_____Understanding spoken vocabulary (L.C.)
_____Letter formation, spacing, etc. (W.E.)
_____Spelling (W.E.)
_____Writing in complete sentences (W.E.)
_____Use of writing conventions (e.g., syntax, grammar) (W.E.)

Comments:_____

_____

Antecedent – Behavior – Consequence Chart

Student Name: _____ Teacher: _____

Date	Time	Place	Antecedent	Behavior	Consequence

Daily Behavior Report Card

Student Name: _____ Teacher: _____ Date: _____

Dear Parent,

This daily report card indicates how positive your child's behavior was today in the classroom. Ratings of **4 to 5** indicate good classroom behavior, **3** suggests fair behavior, and ratings of **1 to 2** indicate inappropriate classroom behaviors. Please discuss this report card with your child and return a signed copy to me at school. Thank you.

– – – –

Teacher Behavior Log

Student Name: _____ **Teacher:** _____

Date: _____ **Time:** _____ **am/pm** **Setting:** _____

Description of incident: (what happened, who was involved, during what activity, what triggered it, what was the outcome). _____

_____

_____

Duration: _____ # of minutes. **Intensity:** low med. high

Was Time-out required: Yes No; If so how long _____

Comments:

==========

Date: _____ **Time:** _____ **am/pm** **Setting:** _____

Description of incident: (what happened, who was involved, during what activity, what triggered it, what was the outcome). _____

_____

_____

Duration: _____ # of minutes. **Intensity:** low med. high

Was Time-out required: Yes No; If so how long _____

Comments:

==========

Date: _____ **Time:** _____ **am/pm** **Setting:** _____

Description of incident: (what happened, who was involved, during what activity, what triggered it, what was the outcome). _____

_____

_____

Duration: _____ # of minutes. **Intensity:** low med. high

Was Time-out required: Yes No; If so how long _____

Comments:

==========

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Behavioral Scatterplot

Directions: Place an "X" in the space that corresponds to the time and date of each observed behavioral incident. Superimpose the student's daily schedule on the scatter plot and look for clusters of behavioral incidents suggesting meaningful patterns. Attempt to match behaviors to possible influences related to time of day, settings, academic tasks, level of adult supervision, and other instructional or environmental variables.

Student: _____ Setting: _____

Date/Time: _____

Dates:

	Monday	Tuesday	Wednesday	Thursday	Friday
Comments					
8:00					
8:15					
8:30					
8:45					
9:00					
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Behavior Scatterplot

Student: _____ **Teacher:** _____

OS = Out of Seat – Student leaves assigned seat
MA = Motor Activity – Student plays with objects or displays repetitive motor movement
CO/V = Calling out/Verbalization – Student calls out without using procedures or makes noises that fall outside of accepted academic discourse
OT-P = Off-task Passive – Student is off task but does not engage in motor behaviors

Dates:	Monday				Tuesday				Wednesday				Thursday				Friday			
TIME	OS	MA	CO/V	OT-P	OS	MA	CO/V	OT-P	OS	MA	CO/V	OT-P	OS	MA	CO/V	OT-P	OS	MA	CO/V	OT-P
:00																				
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Behavior Scatterplot

Student: _____ **Teacher:** _____

Behavior 1: _____

Behavior 2: _____

Dates:										
	Monday		Tuesday		Wednesday		Thursday		Friday	
TIME	1	2	1	2	1	2	1	2	1	2
:00										
:15										
:30										
:45										
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Interval Sampling Recording Form

Student: _____ Date/Time: _____
Teacher: Observer:
_____ _____

Observation Activity:_____

DIRECTIONS:
WhiteBoxes - Momentary time sampling procedures will be used to code on-task (+) or off-task (-) behavior. Using a stopwatch, observe target student and a same-sex peer and record the observed behavior atthebeginning of each 20 second interval. (Record target student observation data first.) Compute the percentage of time on task by adding the number of +'s divided by 30 and multiplying by 100 (+'s/30x100).

ShadedBoxes – Partial or Whole interval recording will be used to code additional specific behaviors of interest. It is recommended that the observer develop a coding system prior to beginning the observation (e.g., Non-compliance – C, Negative Peer Interaction – P), and that the number of behaviors (codes) be limited to those of greatest interest. If using wholeinterval recording, the code is marked in the interval if the behavior occurs throughouttheentire 20 second interval. If using partialinterval recording, the code is entered if that behavior occurs atanypoint during the interval. Indicate the behavior codes at the bottom as well as the number of times each occurred for the target and peer.

Interval	1		2		3		4		5		6		7		8	
Target																
Peer																

Interval	9		10		11		12		13		14		15		16	
Target																
Peer																

Interval	17		18		19		20		21		22		23		24	
Target																
Peer																

Interval	25		26		27		28		29		30	
Target												
Peer												

Summary:_____
_____
_____
_____

http://www.oswego.edu/~mcdougal/web_site_4_11_2005/interval_sampling.htm

Behavior Observation
Event Recording

Student: _____ Observer:_____

Date:_____ Time of Day _____ Class/Activity: _____

Directions: Make a slash through the corresponding number each time the target behavior is observed.

Target behavior(s): _____

_____

_____

Target Student

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Total number of occurrences: _____

Peer Comparison

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Total number of occurrences: _____

Teacher-Student Interactions

Directions: Make a slash through the corresponding number each time the teacher interacts with the student positively or negatively.

Target Student

Positive Interaction when student is behaving (praise, greeting, compliment, positive reinforcement, etc.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Negative Interaction when student is misbehaving (reminder, reprimand, corrections, warning, etc.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Ratio of teacher-student interactions: _____ positive vs. _____ negative

Peer Comparison

Positive Interaction when student is behaving (praise, greeting, compliment, positive reinforcement, etc.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Negative Interaction when student is misbehaving (reminder, reprimand, corrections, warning, etc.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Ratio of teacher-student interactions: _____ positive vs. _____ negative

Functional Behavioral Assessment

Student: _____ DOB: _____

School: _____Grade: _____Case Manager: _____

Data Source:

☐Observation ☐Student Interview ☐Teacher Interview

☐Parent Interview ☐Rating Scales ☐Testing

Description of Behavior (Antecedent):

Function of Behavior (What does the student get or escape from as a result of the behaviors?):

Frequency:

Intensity (Consequences of problem behavior on student, peers, instructional environment):

Duration:

Describe Previous Interventions:

Educational Impact:

Decision Making Along the Continuum of the Pyramid of Intervention

Tier 1

1. Universal screening or benchmarking conducted at school level

2. Evidence-based curricula and strategies in place for all students

3. Differentiation is documented by general education teachers through the general education environment

4. At risk students identified in an area of instructional delay (language, academics, behavior)

5. A student identified as at risk is monitored for at least a grading period with progress monitoring tool or curriculum-based measures (CBM) in order to determine instructional effectiveness

6. Data included and analyzed by classroom general education teacher for decision-making indicate if Tier 1 universal interventions should be continued or if there is a need to proceed to the increased intensity of Tier 2 interventions

Tier 2

1. Parent notified that additional small group instruction may be needed for student

2. Contact parent through a conference or call and written documentation is sent home with strategies that will be attempted

3. Small group instruction in addition to core curriculum provided to student for at least one grading period

4. Progress monitoring administered at least every 2-3 weeks to determine if a change in delivery or strategy is required

5. If data after 3 progress monitoring checks indicate regression or no progress, the problem solving team of general education should meet to determine if more intensity in delivery time or instruction is required

Tier 3

1. Hearing and vision screenings completed for students requiring Tier 2 interventions

2. Student remains at lowest 25% of performance in area of deficit and additional interventions deemed necessary by teachers, parent, or others are initiated with a referral to Student Support Team (SST)

3. Baseline and progress monitoring data from Tier 2 are analyzed to create specific goal(s) for student improvement

4. SST may determine the need for additional information on student including the use or administration of informal or formal measures to gather individual data on the area of concern

5. Members of SST collaborate to identify no more than 2 specific interventions to utilize with student, a timeline detailing how long the intervention will be implemented and dates for progress monitoring

6. If the student is making progress using the SST interventions, the interventions are continued for a minimum of 12 weeks or if progress toward goal is minimal, SST members will revise or change the intervention.

The intervention plan should be implemented for at least 4 weeks before changes are made

If the intervention plan is successful, the SST will create a plan for reducing the level of support needed by the student to the Tier 2 level which includes a realistic timeframe for accomplishing this goal.

7. The SST may make a referral to special education (Tier 4) if the intervention plan and its revisions are not successful in helping the student meet the goals identified by the SST

Frequently Asked Questions

The answers to the questions below are not intended to be absolute. They are merely brief, general guidelines. Always consider applicable state and federal laws, as well as local school district policies.

What is Response to Intervention (RtI)?
RtI is an integrated approach to provide services in a multi-tiered process for all children who are experiencing difficulties in areas of speech, academic, behavior, health, social, and emotional development. In Georgia, RtI is operationalized through the Georgia Pyramid of Interventions.

Why is Georgia adopting Response to Intervention?
Two federal laws are responsible for the implementation of RtI, No Child Left Behind and Individuals with Disabilities Improvement Act (IDEIA). No Child Left Behind is the requirement that *all* students reach academic proficiency by 2014. The Individuals with Disabilities Improvement Act (IDEIA) allows students to be identified with learning disabilities for special education services through the RtI process.

Isn't RtI just a special education pre-referral system?
No. Special Education eligibility decisions can be a by-product of an RtI model, but identification for Special Education is not the primary goal.

Does the term "research-based" refer to curricula or interventions?
The term research-based refers to both curricula and interventions. In an RtI system, research-based curricula and interventions are mandated though laws.

Will I have to begin the RtI process each year?
No. For those students who completed the school year by receiving either Tier 2 or Tier 3 support, it is expected that they will begin the current school year with the same support. The data from the previous school year and the current school year should be reviewed to determine if there was a positive response to the interventions.

How will we know if the process is working?
The indicators of success include increased achievement and benchmarks, progress monitoring scores that are moving toward the goal line, or positive changes in behavior.

Where do parents fit in this process?
It is recommended that parents be involved at all levels of the response to intervention process. The RtI process helps parents understand that the school is doing something for their child and that their child is not being left behind. If their child is falling below an expected level, parents need to be informed and involved in the RtI process.

How does a school district implement interventions if a parent requests immediate referral for special education evaluation, and there is no data on interventions or results of progress monitoring?
In Richmond County, parents can request an evaluation at any time, and the school district will investigate the request on an individual basis at the school level. The RtI team, including the parent, will begin the process. If a full evaluation is deemed necessary, during the 60-day timeline, the RtI team/SST shall begin interventions, collect data and report progress to the parents.

I have speech-language and/or behavioral concerns about a child in my class. I have filled out the paperwork and I am documenting information on the forms provided. How do I go about getting a meeting scheduled?

Typically, you need to contact the RTI chairperson (the principal or assistant principal). From that point, the chairperson will schedule the meeting and let you know the date/time, or request that you schedule the meeting and let them know the date/time. Your school will typically let you know the procedure that is used. If the RTI chairperson typically schedules RTI meetings, it is probably best to email with a request for a meeting so that you have written documentation of your request(s).

I have a student with serious speech articulation problems and have been told to try Tier 2 interventions to address this; however, I am not a Speech Therapist and I don't know how to do this! Can't the Speech Therapist come in and just work with this child?

A speech therapist can consult with you about a child (or children) and give you suggestions as to how to intervene and how to collect the data; however, the answer is "no" in terms of the therapist pulling the child out to work with him/her. Speech therapists generally have many students that they are responsible for serving and have more than one school in which they work. They cannot take time away from students who have been identified as needing therapy to work with students who have not yet been identified. However, the interventions that you will be asked to do are generally easy to conduct (e.g., modeling correct sounds) and take only a few minutes at a time to do. You will not be expected to conduct speech interventions that would require formal training.

I have a student with speech problems, but he/she does very well academically and there are no behavior concerns. Do I really need to fill out all of this paperwork (Tier 1 forms) and bring work samples, report cards, etc., to a meeting?

Yes. All of the paperwork is necessary to complete and a referral for testing will not be processed without this paperwork included. This paperwork is necessary in order to provide support that the student is not having other difficulties besides speech and to ensure that any other possible problems are not overlooked by the team.

One of my student's parents has come in for a conference and insists that his/her child needs to be tested for a learning disability; however, according to the data team this child is in "Tier 2." How do I handle this with the parent?

Often, parents just want to be reassured that their children are receiving help for problems. Explaining that we use a "tiered" process and that children in Tier 2 are getting a higher level of support for their difficulties may be sufficient. If a parent is adamant that testing is required, however, then scheduling a formal RTI meeting is appropriate in this case. This is not to say that the team will "bypass" the RTI process…it is to provide additional support to you, as the classroom teacher, that the intervention process is appropriate. In a few cases that a parent insists on an evaluation, the evaluation process will be initiated; however, as the state regulations are very clear in the requirement that RTI has been conducted and documented, having a child tested is not a guarantee of special education eligibility. In other words, testing is only one component, of many, that a team considers when making an eligibility decision.

One or more of my students who have been identified by the data team as needing Tier 2 academic interventions also have significant behavioral difficulties. Can I schedule a meeting to discuss the child's behavior even if he/she hasn't gone through several weeks of intervention in Tier 2 for academics?

Absolutely, yes you can. If there are significant behavior problems, you want to be sure to put interventions in place for behavior ASAP. Remember, however, that you are not required to have a

meeting for behavior problems if you are able to put your own strategies in place that are effective. If you document interventions and document the student's response to these interventions, the student can be in Tier 2 for behavior without having had a meeting.

The "data" from DIBELS and MClass indicates that my student is meeting the benchmarks; however, his/her grades and test scores in my classroom are very poor. Can this student be in an intervention group?

Yes. Any student that is not doing well should receive interventions. The caution here is that you are thoughtful in identifying what type of intervention is appropriate. For example, a 5th grade child who reads 145 words per minute with 99% accuracy, but performs poorly on reading tests does not need to be placed in an intervention group that is focusing on phonics or fluency. It is more likely that this student may have a reading comprehension problem. Still, there are many factors that can cause students to perform poorly and often these are behavioral in nature (e.g., poor motivation, lack of attention/focus, poor study skills). In this type of situation, the best first steps are to conference with the student and with the parent to try to identify what is going on before determining what intervention(s) will be appropriate.

The data team gave me a list of students identified as needing Tier 2 interventions for reading and/or math, but I have concerns about one or more other students who aren't on this list. How did the data team generate this list? What about the students that I have concerns about?

The data team generates lists based on our universal screening measures including DIBELS, MClass, and Aimsweb, as well as previous CRCT results in reading and math and other types of data such as EIP checklists. Generally speaking, the students who are identified will be those with basic reading and/or reading fluency problems, math calculation problems, and math reasoning problems. As the data team is not using universal screeners to factor in children who may have reading comprehension or writing skill deficits, there may be students who are not identified by the screening measures (or by CRCTs, etc.) but still need intervention. The short answer is this…if students need intervention, provide it to them. Just make sure that you are also providing interventions to the students identified by the data team. Also, document what interventions you provide and make sure you are progress monitoring with appropriate measures. In other words, if you are concerned with a child's reading comprehension, the DIBELS is not typically going to be the appropriate tool for progress monitoring b/c the only measure of "comprehension" for DIBELS is retell fluency. You will probably need to find another way to measure comprehension such as weekly vocabulary/comprehension tests ("End of Selection" tests) or STAR testing.

One of my students recently enrolled from another school in the district and he/she is struggling significantly. When I looked at his/her cumulative file, I didn't see any RTI paperwork; however, his/her parent indicated that he/she thought there may have been some meetings at the other school. What do I do? Do I have to start the process all over again from Tier 1?

Contact the child's previous teacher by email or phone and ask if he/she has kept a separate file for interventions. Also, contact your school psychologist or instructional coach to see if one of us can get these records. If there truly are no records of RTI data, you may have to "start over;" however, be sure to talk with someone about your concerns and get advice as to what needs to be done.

I feel overwhelmed with the amount of students in my classroom who need interventions. I just don't feel that I can provide all of these to everyone in need. Can I send home interventions for the parents to do in the evenings and/or on the weekends?

It is always a great idea to send materials home to parents so that they have resources available to work with their children at home. This type of "intervention," however, is not sufficient to say that the child has received interventions for his/her deficits. Interventions, in terms of the RTI process, primarily need

to be taking place at school. Only in some situations, when the parent has paperwork documenting services such as at Sylvan Learning Center, etc, are outside interventions included in the child's RTI process. Very rarely, however, are these outside interventions sufficient to stand alone.

I have just looked through one of my student's cumulative file (a student in which I have significant concerns) and I see SST and RTI paperwork all throughout his/her file. Surely this student is in Tier 3 already, right?

Not necessarily, unless there is written documentation of interventions provided and progress monitoring data attached for the area(s) of deficit. Having multiple meetings on a child, year after year, does not mean that interventions have been implemented and monitored. If there is insufficient documentation and data on the child's interventions and progress (or lack thereof), this student may effectively still be in Tier 1 of the RTI process. In this case, ask for the school psychologist or instructional coach to review the paperwork to see what Tier the child is in.

We have just had a meeting and my student is supposed to be "screened" by the school psychologist (and/or the speech pathologist). What does this mean?

A screening means that the child will be tested to look at his/her strengths/weaknesses. It is not testing to look at special education services and will not be looked at by anyone in the special education department. Screenings are usually suggested when the team isn't sure why a student is having difficulties or when the team feels that they don't have enough information just from classroom data. The purpose of a screening is to be able to meet at a later date and use the data from the screening to help guide interventions.

We have just had a meeting and my student is being "evaluated" by the school psychologist to look at special education services. What happens now? Do I need to do anything?

The school psychologist will follow up, at this point, to work with the child by pulling him/her out of class usually at least one to two times to conduct testing. The evaluation process has a 60-day timeline, which means that the school psychologist (and possibly speech therapist if he/she is involved) has 60 days to test the child, review records, get rating scales and other information from teachers and parents, and write up the results. A meeting to discuss whether the child is eligible to receive special education services will also be held within this 60-day timeline.

The school psychologist (and/or speech therapist) may ask that you complete one or more pieces of paperwork, such as rating scales or information forms, to get additional information about the child. Completing these ratings and/or forms in a timely manner is very important. In some cases, eligibility for special education services depend on whether these forms have been completed…in those cases, if the forms are not completed, the child could actually not be eligible for services because the forms are not available for review.

Additionally, during the evaluation process, it is important that the student continues receiving interventions and continues being progress monitored. In the majority of special education eligibility meetings, data from interventions and progress monitoring is of primary importance.

Definition of Terms

Accommodation: any change made to instruction and/or assessment that does not change the expectations for performance or change the construct that is being measured respectively. Accommodations provide access to buildings, curriculum, and assessments.

Baseline: data, collected prior to the initiation of an intervention that is utilized for comparison with data collected during and/or after an intervention has been implemented.

Behavioral Logs: are data collected on specific targeted behaviors over time. These logs can be easily charted to show "trend lines".

Content Area: Academic areas of study for which the Richmond County School System has developed content standards and benchmarks

Curriculum Based Measures (CBMs): curriculum based measures are direct assessments of student skills administered in standardized manner that are aligned to state content standards and benchmarks. They are typically discrete probes, which are brief, timed samples. CBMs can measure both fluency and accuracy of student responses. They can be teacher-developed, purchased, or found online, though reliability and validity of the CBMs must be attended to if developing CBMs independently. They can be administered quickly and frequently. Student level results are typically graphed and compared to classroom peers to determine the student's level of progress.

Differentiation: is a method of delivering instruction to meet the needs and learning styles of diverse learners in the classroom. Differentiation instruction does not include accommodations and modifications, but rather consideration of the adjustment to the content, process, product, and environment so that all students can learn.

Evaluation: procedures used to determine whether a child has a disability and the nature and extent of the special education and related services that a child needs. This may include a comprehensive psycho-educational evaluation.

Fidelity: refers to the intensity and accuracy with which instruction and intervention is implemented. Research studies follow an implementation protocol to ensure standardization. Teachers must follow this research design, as elaborated in the teacher's guide available from publishers, in order to attend to fidelity.

Formative Assessment: is a form of assessment intended to give students immediate feedback on their learning progress and to provide teachers with data regarding both what skills students have mastered and what skills are their areas of difficulty. Formative assessment is a system of classroom level assessments that may be teacher developed, such as unit tests and CBMs. Formative assessment is not used to assign marks or grades toward determining whether the student gains credit. It is used exclusively to drive appropriate instructional changes to meet individual student needs.

Intervention: a designed change in the manner and/ or degree in which a student is being instructed. An intervention can address academic and/or behavioral needs. Changes can be made in the areas of Program, Time, or Grouping.

Progress Monitoring: a scientifically-based practice to access ongoing student progress, as well as the effectiveness of the instruction/intervention plan.

Research-Based Instruction: instruction and intervention validated as "effective" through scientific studies.

Response to Intervention: (RtI) is an array of procedures that can be used to determine if and how students respond to specific changes in instruction. RtI provides an improved process and structure for school teams in designing, implementing, and evaluating educational interventions.

Screening: provides general information on student skills, behaviors and abilities. Its purpose is to identify potential "at-risk" students and/or to identify specific skill/behavior deficits to inform interventions. This may include brief measures/assessments given by a school psychologist or other specialized personnel.

Scientific, Research-based: the term defined by NCLB is "scientifically based research." You may also see some literature refer to this notion as "evidence based." We will use the NCLB definition for all of these terms:

> **Section 9101(37)** The term 'scientifically based research'-(A) means research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs; and (B) includes research that:
>
> (i) employs systematic, empirical methods that draw on observation or experiment;
>
> (ii) involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn;
>
> (iii) relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators;
>
> (iv) is evaluated using experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random assignment experiments, or other designs to the extent that those designs contain within-condition or across-condition controls;
>
> (v) ensures that experimental studies are presented in sufficient detail and clarity to allow for replication, or at a minimum, offer the opportunity to build systematically on their findings; and
>
> (vi) has been approved by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review. (NCLB Section 9101(37), 20 USC 7707 (b)(37)) (P.L.107-110, The No Child Left Behind Act of 2001 (2002, Jan. 8), 115 Stat. 1425)

Standardized Test Results: provide valuable comparative data on either a state-wide or national level. Some tests measure achievement, while others are more diagnostic.

Universal Screening: a means to access students who are "at risk" for falling below state or grade level standards. The screening can be accomplished through formal and/or informal methods.

Work Samples: are actual samples of students' work such as writing assignments, projects, homework, etc. Samples can provide great insight.

Appendix I

Resources

Differentiated Instruction

Differentiation through Learning Styles and Memory
The Differentiated Classroom: Responding to the Needs of All Learners
Differentiating Instruction in the Regular Classroom
Fulfilling the Promise of the Differentiated Classroom: Strategies and Tools for Responsive Teaching
Data Driven Differentiation in the Standards-Based Classroom
Differentiated Instructional Strategies: One Size Doesn't Fit All
Differentiating Instruction for Students with Learning Disabilities
The Teacher's Toolbox for Differentiating Instruction
Applying Differentiation Strategies: Teacher's Handbook for Secondary
Demystifying Differentiation in Middle School: Tools, Strategies, and Activities to Use NOW

Instructional Strategies & Interventions

I've DIBEL'd, Now What?
What Successful Math Teachers Do, Grades 6-12
Classroom Instruction That Works: Research-Based Strategies for Increasing Student Achievement
Catching Kids Up
How to Reach and Teach Children with ADD/ADHD
The Pre-Referral Intervention Manual
The Tough Kid Series
Whatever It Takes: How Professional Learning Communities Respond When Kids Don't Learn
School Based Interventions: The Tools You Need to Succeed
Interventions for Reading Success
Resilient Classrooms: Creating healthy environments for learning
90 Instructional Strategies for the Classroom

Behavior

Discipline in the Secondary Classroom: A Positive Approach to Behavior Management
CHAMPS: A Proactive and Positive Approach to Classroom Management
Relational Discipline: Strategies for In-Your Face Kids
The Teacher's Encyclopedia of Behavior Management: 100 problems/500 plans
A Handbook for Classroom Management that Works
Coaching Classroom Management
Practical Charts for Managing Behavior
Practical Ideas that Really Work for Students with Disruptive, Defiant, or Difficult behaviors

Disorders

Practical Ideas that Really Work for Students with Asperger Syndrome
Practical Ideas that Really Work for Students with Autism Spectrum Disorders
Practical Ideas that Really Work for Students with ADHD

Assessment

Qualitative Reading Inventory
The ABC's of CBM

Response to Intervention

Improving Schools through Instructional Pyramids: Utilizing Response to Intervention to Raise Student Achievement
Response to Intervention: A Practical Guide for Every Teacher
The RTI Guide: Developing and Implementing a Model in Your Schools
RTI Toolkit: A Practical Guide for Schools

Web-Based Resources

For Parents:

Topic/Title	Content	Website/Link
Discussing RTI with Parents and Students	Questions and Answers	http://www.nrcld.org/resource_kit/general/Q&AEducators2007.pdf
RTI A Primer for Parents	Useful information for parents on RTI	http://www.kupsplace.org/Parents/rtiprimer.html
IDEA Reauthorization Update	Articles & Resources	http://www.bridges4kids.org/SSI.html
Wrightslaw	Offers information about special education law and advocacy for children with disabilities	http://www.wrightslaw.com/
Family Education	Find school solutions, homework help, parenting, tips, and expert advice	http://www.familyeducation.com/home/
Middle School Students and School Life	Discipline resources	www.middleweb.com/
Parentpedia: Pre-teens and Teens	Educational information on parenting pre-teens and teens	http://family.go.com/parentpedia/preteen-teen/
101 Comebacks!	Bullying help and information website	http://www.bullystoppers.com/
Hoagies	Gifted Resources	http://www.hoagiesgifted.org/ and http://www.hoagiesgifted.org/parents.htm
Kids Hub	Free online learning activities for k-12 students	http://www.quizhub.com/quiz/quizhub.cfm
School Psychologist's Corner/For Parents	information on effective parenting techniques and child management practices	http://www.kupsplace.org/index.html
TeacherVision	Teacher-Parent Collaboration	http://www.teachervision.fen.com/education-and-parents/resource/3730.html
National Education Association	Getting Involved in Your Child's Education	http://www.nea.org/parents/index.html

Listed below are additional websites from the U.S. Department of Education for parents:

Topic	**Website/Link**
Especially for Parents	http://www.ed.gov/parents/landing.jhtml?src=fp
Homework Tips for Parents	http://www.ed.gov/parents/academic/involve/homework/index.html
Consejos prácticos para los padres sobre la tarea escolar	http://www.ed.gov/espanol/parents/academic/involve/tareaescolar/index.html
A Guide to the Tool Kit for Hispanic Families	http://www.ed.gov/parents/academic/involve/toolkit/index.html
Guía de recursos para las familias hispanas	http://www.ed.gov/espanol/parents/academic/involve/toolkit/index.html
Tips and Resources -- The Partnership	http://www.ed.gov/parents/academic/help/partnership-tips.html
Key Things Parents Can Do	http://www.ed.gov/parents/academic/involve/prepared.pdf
Reading Tips for Parents	http://www.ed.gov/parents/read/resources/guide/reading-parents.ppt
Resources for Parents and Families	http://www.cdc.gov/ncbddd/child/links.htm

Additional websites for educators and parents can be found on our RCBOE /Psychological Services department website (www.rcboe.org).

A resource book for parents: 401 Ways to get Your Kids to Work at Home

For Students:

www.apples4theteacher.com

A site for teachers and kids with learning games, quizzes, worksheets by subjects including arts, foreign language, language arts, math, science and social studies. It also contains articles and research for teachers.

www.honorpoint.com

Multiplication Madness! This site has a multiplication table, review, study, and drill activities, as well as tests. It will also print a personalized report card with the results of the tests.

www.aaamath.com

This site is for students K-8th grade. It has basic skills study material, interactive practice, explanations and examples, and challenge games. It also can print results.

www.maththatcounts.com

The math that counts website contains applets, games that teach, problem solving information, geometry, and rational numbers. There are also teacher resources including information on special education and power point presentations.

www.aplusmath.com

This website contains games, flashcards, a flashcard maker, a homework helper and worksheets.

www.starfall.com

This is a website for phonics and reading. It contains games and ABC printouts. It includes 4 areas: ABCs, Learn to Read, Its Fun to Read, and I'm Reading. The site is interactive and kid friendly.

www.abcya.com

K through 5th grade activities on the alphabet and numbers (multiples, counting, connect the dots). There are also mind speed games, which keep the brain working.

www.funbrain.com

Students can work on math or reading, go to the arcade or the playground on this site.

www.4kids.org

This site includes games, safe internet links related to academic activities, and other information. There are Ask Amy and Kids Quest.

www.nationalgeographic.com

The kids section of National Geographic provides information, stories, videos, games, and activities for children.

www.pppst.com

Pete's Powerpoint Station provides children with powerpoints on multiple topics.

www.multiplication.com

There are games, activities, resources, and teaching tools for the multiplication tables on this website.

For Teachers:

Reading

http://www.literacy.uconn.edu/compre.htm
http://www.readingquest.org/strat/
http://www.readingrockets.org/articles/c82
The Savvy Teacher's Guide to Reading Interventions that Work @ www.interventioncentral.org
www.ldonline.org

Writing http://writingcenter.unc.edu/
http://www.k8accesscenter.org/training_resources/languagearts.asp#Wbrief
Writing Skills Checklist @ www.interventioncentral.org

Math

www.k8accesscenter.org
http://maththatcounts.com
http://ies.ed.gov/ncee/wwc/reports/
http://www.ldonline.org/indepth/math

Hyperactivity

http://maxweber.hunter.cuny.edu/pub/eres/EDSPC715_MCINTYRE/AddStrats.html (strategies)
http://www.pb5th.com/selfmoni.shtml

Off-task/Inattention

http://www.chadd.org/AM/CustomPages/home/CHADD_Home.htm?CFID=5382746&CFTOKEN=32283138&jsessionid=f230172095119151994150 0 (FAQs)
http://www.aap.org/healthtopics/adhd.cfm (links to info)
http://www.ed.gov/rschstat/research/pubs/adhd/adhd-teaching_pg3.html

Organization/Study Skills

http://www.dartmouth.edu/~acskills/success/
http://www.studygs.net/
http://www.ucc.vt.edu/stdysk/stdyhlp.html

Other Web-Based Resources

Agency/Publication	Website	Area/Topic
Council for Exceptional Children	www.cec.sped.org	Special Education
What Works Clearinghouse	www.w-w-c.org	All subjects
Georgia Reading First	http://curry.edschool.virginia.edu/reading/projects/garf	Reading
Peer-Assisted Learning Strategies	http://kc.vanderbilt.edu/pals	Reading & Math
Learning Focused Schools	www.learningfocused.com	All subjects
Everything ESL	www.wverythingesl.net	English Language Learners
Learning Disabilities Online	www.ldonline.org	Learning Disabilities
Learning Disabilities Association of America	www.ldanatl.org	Learning Disabilities
Intervention Central	www.interventioncentral.org	Academics & Behavior
National Study of the Effectiveness of Reading Comprehension Interventions	http://readingcomp.mathematical??r.com	Reading
National Center on Student Progress Monitoring	www.studentprogress.org	Progress monitoring
Access Center	www.k8accesscenter.org	All subjects
International Reading Association	www.reading.org	Reading
The National Center for Culturally Responsive Education Systems	www.nccrest.org	English Language Learners
Scientifically-Based Research	www.gosbr.net	All subjects
The Literacy Web at the University of Connecticut	http://www.literacy.uconn.edu/compre.htm	Literacy
The Iris Center	http://iris.peabody.vanderbilt.edu	RtI and academic resources
National Center on Response to Intervention	www.rti4success.org	RtI information, tools/interventions, events and discussion
Research Institute on Progress Monitoring	www.progressmonitoring.org	Research, resources, and products for progress monitoring
Kansas University Center for research learning	http://www.kucrl.org	Reading programs for High School
IDEA Partnership	http://www.ideapartnership.org	Information and links to other organizations
Center for Applied Special Technology	http://www.cast.org	Universal Design Learning
U.S. Department of Education	http://www.ed.gov/rschstat/research/pubs/rigorousevid/index.html	Research Based Intervention

Florida Center for Reading Research	www.fcrr.org	Reading
Agency/Publication	**Website**	**Area/Topic**
Reading Rockets	www.readingrockets.org	Reading resources for teachers, parents and professionals
Center on Instruction	www.centeroninstruction.org	Scientifically based research and information on K-12 instruction
Edhelper.com	www.edhelper.com	Resource for teachers and school professionals with printable worksheets
Kidzone	www.kidzone.ws/	Activities and printable worksheets for kids
Positive Behavioral Interventions and Supports	www.pbis.org	PBS
Effective Behavioral & Instructional Supports	http://ebis.valdosta.edu/	Information on the EBIS program
National Association of School Psychologists	www.nasponline.org	Information available for teachers, parents, and professionals on a variety of topics
National Center for Educational Statistics	http://www.nces.ed.gov	Research and tools for teachers and professionals
Center for Disease Control and Prevention	http://www.cdc.gov/ncbddd/autism/	Information about Autism
Children and Adults with Attention Deficit/ Hyperactivity Disorder	http://www.chadd.org	Information, resources, and supports for individuals w/ ADHD
Tourette Syndrome Association, Inc.	http://www.tsa-usa.org	Information and resources on TS
RTI Action Network	http://www.rtinetwork.org	Information and networking for RTI