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| **Letcher County Schools**  **Headstart/Pre-School** |
| *Response to Intervention (RTI) School Wide Assistance Team (S.W.A.T.) Document*  ***Pre-referral/Referral*** |

Describe any Existing Medical Health Condition Below:

Is Student Currently on Medication?  Yes  No Specify type and dosage:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name *(Last, First, M.I.):* | |  | | | M  F | | DOB: | |  |
| Student ID: |  | | | | Grade: | | | | |
| Parent/Guardian: |  | | | | Phone: | | | | |
| Referral Source: | | |  | | School: | | | | |
| Screening Information (MUST BE COMPLETED UPON IMPLEMENTATION OF INTERVENTIONS) | | | | | | | | | |
| Hearing Screening Date: | | | | Pass | | Fail | | Referral to Audiologist | |
| Vision Screening Date: | | | | Pass | | Fail | | Referral to Optometrist | |
| Speech/Language Screening Date: | | | | Pass | | Fail | | Intervention Needed | |
| Motor Screening Date:  (Classroom teacher Completes Prior To Any Referral Meeting) | | | | Pass | | Fail | | Intervention Needed | |

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| TIER 1 INFORMATION  Identification Method:  Screenings Formative/Summative Assessment  Work Samples  Classroom Progress/Grades  Observations  Behavioral Data Collection  Other: | | |
| Area(s) targeted for intervention including performance data(check area and identify scores in percentage): | Developmental Skills (Personal/Social, Cognitive, Motor,  Communication, Adaptive)  Baseline Percentage Score:  Target Percentage Score:  Ending Percentage Score: | Communication (check specific focus of interventions)  Articulation  Language  Voice  Fluency  Baseline Percentage Score:  Target Percentage Score:  Ending Percentage Score: |

Tier Level One Area of Concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(one chart per area of concern)**

(Tier One interventions are utilized to assist students in the normal course of instruction. These interventions are not as frequent, but data must be collected and analyzed).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Start Date for **EACH** Intervention | End Date for **EACH** Intervention | Baseline Score for **EACH** Intervention | Ending Score for **EACH** Intervention | **Intervention Strategy Administered** | Analysis of Intervention(s) and outcome. (Relevant work samples/data must be provided as evidence with data point chart) |
|  |  |  |  |  |  |
| **Interventionist:** \_\_\_\_General Education Teacher \_\_\_\_ Instructional Assistant | | | | | | |
| **Frequency of Services:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Amount of Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

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| **Tier two parent notification** |
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**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Parent/Guardian:

Your child has been provided Tier I interventions in the classroom in the following area(s):

|  |  |  |
| --- | --- | --- |
| **Area(s) Targeted for Intervention:** | Developmental Skills (Personal/Social, Cognitive, Motor, Communication, Adaptive) | Communication (check specific focus for interventions)  Articulation  Language  Fluency  Voice |

Based on your child’s progress, we feel that further interventions are needed. These interventions will be implemented more frequently and monitored at least weekly and will begin on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Thank you for your time and your help. I look forward to working together to help your child get the education and support needed. As always, do not hesitate to contact your child’s teacher if you have questions or concerns.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Principal/Counselor*

|  |  |  |
| --- | --- | --- |
| TIER 2 INFORMATION  Identification Method:  Screenings Formative/Summative Assessment  Work Samples  Classroom Progress/Grades  Observations  Behavioral Data Collection  Other: | | |
| Areas targeted for intervention including performance data(check area and identify scores in percentage): | Developmental Skills (Personal/Social, Cognitive, Motor, Communication, Adaptive) | Communication (check specific focus of interventions)  Articulation  Language  Voice  Fluency  Baseline Percentage Score:  Target Percentage Score:  Ending Percentage Score: |

Tier Level Two Area of Concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(one chart per area of concern)**

(Tier Two interventions are utilized to assist students in the normal course of instruction. These interventions are not as frequent, but data must be collected and analyzed).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Start Date for **EACH** Intervention | End Date for **EACH** Intervention | Baseline Score for **EACH** Intervention | Ending Score for **EACH** Intervention | **Intervention Strategy Administered** | Analysis of Intervention(s) and outcome. (Relevant work samples/data must be provided as evidence with data point chart) |
|  |  |  |  |  |  |
| **Interventionist:** \_\_\_\_General Education Teacher \_\_\_\_ Instructional Assistant | | | | | | |
| **Frequency of Services:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Amount of Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tier 2 Weekly Progress Montoring Letter** | | | | | | | |
|  | | | | | | | |
| **Name** *(Last, First, M.I.):* | | |  | | M  F | **DOB:** |  |
| **Student ID:** |  | | | **Date:** | | | |
| **Interventionist:** | |  | | **School:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Area Being Targeted:** | **Intervention Results:** | **Weekly % Score:** | **Target % Score:** |
| Developmental Skills (Personal/Social, Cognitive, Motor, Communication, Adaptive) | Making adequate progress towards benchmark  Making some progress, but data is inconsistent  Making little or no progress |  |  |
| Communication (check specific focus for interventions)  Articulation  Language  Fluency  Voice | Making adequate progress towards benchmark  Making some progress, but data is inconsistent  Making little or no progress |  |  |

**Behavior Report:**

\_\_\_\_\_\_Stays focused and engaged.

\_\_\_\_\_\_Needs improvement staying focused and engaged.

\_\_\_\_\_\_Interventions are hindered due to disruptive behavior(s).

If you have any questions or concerns, please feel free to contact me.

Thank You,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Interventionist*

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| --- |
| **meeting notice to begin tier iii** |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Parent/Guardian:

Your child has been provided Tier I and Tier II interventions in the following area(s):

|  |  |  |
| --- | --- | --- |
| **Area(s) Targeted for Intervention:** | Developmental Skills (Personal/Social, Cognitive, Motor, Communication, Adaptive) | Communication (check specific focus for interventions)  Articulation  Language  Fluency  Voice |

Based on recorded data, your child has not shown adequate progress. To ensure your child is provided the best opportunity for success, we are inviting you to a meeting on (**date**: \_\_\_\_\_\_\_\_\_\_\_) at

(**time** :\_\_\_\_\_\_\_\_\_\_). We will discuss Tier III interventions and develop a plan to implement the interventions. We need your input and encourage you to attend this meeting.

Thank you for your time and your help. I look forward to working together to help your child get the education and support needed. As always, do not hesitate to contact your child’s teacher if you have questions or concerns.

We look forward to seeing you at the meeting.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Principal/Counselor*

|  |  |  |
| --- | --- | --- |
| **team Meeting Notes to Begin Tier 3** | | |
|  | | |
| Date of meeting: | Student: | DOB: | |

|  |
| --- |
| **Tier 3 intervention areas to be implemented** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Reading |  | Behavior (Social Competence) |
|  | Writing |  | Communication (check specific focus for interventions)  Articulation  Language  Fluency  Voice |
|  | Mathematics |  |  |

As a member of this team, I understand that it is my responsibility to fully respect the right to privacy of students and families who are served. I understand that the information disclosed about any participant in this conference is strictly confidential and may not be released without the expressed written consent of the parent/guardian.

Meeting Minutes (discuss student progress):

Parent Input:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Principal/Counselor* |  | *Parent* |
|  |  |  |
| *Special Education Teacher* |  | *Other* |
|  |  |  |
| *General Education Teacher* |  | *Other* |

|  |  |  |
| --- | --- | --- |
| TIER 3 INFORMATION  Identification Method:  Screenings Formative/Summative Assessment  Work Samples  Classroom Progress/Grades  Observations  Behavioral Data Collection  Other: | | |
| Areas targeted for intervention including performance data(check area and identify scores in percentage): | Developmental Skills (Personal/Social, Cognitive, Motor, Communication, Adaptive) | Communication (check specific focus of interventions)  Articulation  Language  Voice  Fluency  Baseline Percentage Score:  Target Percentage Score:  Ending Percentage Score: |

Tier Level Three Area of Concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(one chart per area of concern)**

(Tier Three interventions are utilized to assist students in the normal course of instruction. These interventions are not as frequent, but data must be collected and analyzed).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Start Date for **EACH** Intervention | End Date for **EACH** Intervention | Baseline Score for **EACH** Intervention | Ending Score for **EACH** Intervention | **Intervention Strategy Administered** | Analysis of Intervention(s) and outcome. (Relevant work samples/data must be provided as evidence with data point chart) |
|  |  |  |  |  |  |
| **Interventionist:** \_\_\_\_General Education Teacher \_\_\_\_ Instructional Assistant | | | | | | |
| **Frequency of Services:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Amount of Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tier 3 Weekly Progress Montoring Letter** | | | | | | | |
|  | | | | | | | |
| **Name** *(Last, First, M.I.):* | | |  | | M  F | **DOB:** |  |
| **Student ID:** |  | | | **Date:** | | | |
| **Interventionist:** | |  | | **School:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Area Being Targeted:** | **Intervention Results:** | **Weekly % Score:** | **Target % Score:** |
| Developmental Skills (Personal/Social, Cognitive, Motor, Communication, Adaptive) | Making adequate progress towards benchmark  Making some progress, but data is inconsistent  Making little or no progress |  |  |
| Communication (check specific focus for interventions)  Articulation  Language  Fluency  Voice | Making adequate progress towards benchmark  Making some progress, but data is inconsistent  Making little or no progress |  |  |

**Behavior Report:**

\_\_\_\_\_\_Stays focused and engaged.

\_\_\_\_\_\_Needs improvement staying focused and engaged.

\_\_\_\_\_\_Interventions are hindered due to disruptive behavior(s).

If you have any questions or concerns, please feel free to contact me.

Thank You,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Interventionist*

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| --- |
| **Final Meeting Notification** |
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**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Parent/Guardian:

During the last several weeks our staff implemented interventions on your child. Each week the interventionist provided you with the progress monitoring data collected on your child. Our tier three intervention period is nearing an end and we would like to meet with you to discuss the results and make any needed recommendations.

We will be meeting in my office on (**date**: \_\_\_\_\_\_\_\_\_) at (**time:** \_\_\_\_\_\_\_\_\_). If you cannot attend and would like to have this meeting rescheduled please call my office. We need your input and encourage you to attend this meeting. If limited progress was made during interventions, your child may be considered for further evaluation and services.

Thank you for your time and your help. I look forward to working together to help your child get the education and support.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Principal/Counselor*

|  |  |  |
| --- | --- | --- |
| **Final Meeting Notes** | | |
|  | | |
| Date of meeting: | Student: | DOB: | |

Meeting Minutes (discuss student progress):

Parent Input:

|  |  |  |  |
| --- | --- | --- | --- |
| **TIER 3 Intervention Areas** | | | |
| **Area Being Targeted:** | **Intervention Results:** | **Target Met:** |
| Developmental Skills (Personal/Social, Cognitive, Motor, Communication, Adaptive) | Made adequate progress towards benchmark  Made some progress, but data is inconsistent  Made little or no progress | Yes  No |
| Communication (check specific focus for interventions)  Articulation  Language  Fluency  Voice | Made adequate progress towards benchmark  Made some progress, but data is inconsistent  Made little or no progress | Yes  No |

As a member of this team, I understand that it is my responsibility to fully respect the right to privacy of students and families who are served. I understand that the information disclosed about any participant in this conference is strictly confidential and may not be released without the expressed written consent of the parent/guardian.

|  |
| --- |
| **Team Decision:** |
| Terminate interventions due to successfully meeting set targets. |
| Refer to the Admissions and Release Committee for an Individual Evaluation to determine if the child presents with a disability. |
| Parent/guardian declined the referral to the Admissions and Release Committee for further evaluations. |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Principal/Counselor* |  | *Parent* |
|  |  |  |
| *Special Education Teacher* |  | *Other* |
|  |  |  |
| *General Education Teacher* |  | *Other* |

Additional Comments, If Needed:

**Description of BDI-2 Domains & Sub-Domains**

**Adaptive**

* Self-Care- eating, dressing, toileting, grooming, and preparing for sleep
* Personal Responsibility- initiate play/activities, carrying out tasks with minimal prompting, avoiding common dangers, and demonstrating care/caution

**Personal Social**

* Adult Interaction
* Peer Interaction-shares toys and plays cooperatively
* Self-Concept- social role and coping skills

**Communication**

* Receptive Communication- responds to different tones of voice, answers who/what questions, associates pictures with words, and identifies initial sounds
* Expressive Communication-uses 5-6 word sentences and uses words to relate information

**Motor**

* Gross Motor- locomotion skills (walking) and coordinated movements (throwing)
* Fine Motor- picking up small objects, tracing, cutting, and being able to tie
* Perceptual- stacking clocks, rings on pegs, copying circles/squares

**Cognitive**

* Attention/Memory- visually/auditorily attend to stimuli and retrieve information when given clues.
* Reasoning/Academic Skills- critical thinking skills, problem solving, analyzing, judging/evaluating ideas, and scholastic abilities
* Perception & Concepts- comparing, relating, bringing together parts of a whole, grouping & sorting similar objects, and making comparisons(similarities and differences).