

This letter needs to be sent by the Principal/Counselor when a student is identified

PARENT INFORMATION LETTER

for interventions!

Date: _____

School: _____

Dear Parent/Guardian:

The Letcher County Public School District believes in providing the highest quality of education for all of our students. This letter is to provide you with information about a three-tiered instructional approach we are using to meet this goal, referred to as Response to Intervention (RTI).

For RTI, all students will participate in the core curriculum, with three levels (tiers) of interventions for students who demonstrate at-risk skills in general academics or behavior. Each tier provides additional support beyond the core curriculum. Students receiving interventions will be assessed in order to measure their progress to determine if they are performing at grade-level.

- **Tier One** – Teachers will use different strategies within the core curriculum to address all students' educational needs.
- **Tier Two** – Based on progress data, students who are unsuccessful in Tier One will be provided supplemental research-based interventions matched to their specific needs. The interventionist will track the student's progress and provide you with the ongoing progress data.
- **Tier Three** – Students who continue to struggle in Tier Two will receive more intensive interventions at this level. You will receive ongoing progress data. After Tier Three implementation, students who continue to display limited progress may then be considered for further evaluation and services.

Our school is excited to take part in this process to improve educational outcomes for all students. As always, do not hesitate to contact your child's teacher if you have questions or concerns.

Sincerely,

Principal/Counselor Must Sign

Principal/Counselor

Sample SWAT
Can be typed
or Handwritten (must be legible + free of errors)

Principal/Counselor schedules screenings and reg. ed teacher fills out on this form. Copies of screenings need to be attached.

LETCHER COUNTY SCHOOLS

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

first screening

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

Describe any Existing Medical Health Condition Below:

Is Student Currently on Medication? Yes No Specify type and dosage:
This info maybe found in cumulative folder or IC

TIER 1 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): 20% 80% 30%	<input checked="" type="checkbox"/> Reading Baseline Percentage Score: <i>Beginning Score</i> Target Percentage Score: <i>stays the same through</i> Ending Percentage Score: <i>ending score at end of TIER 1</i>	<input type="checkbox"/> Mathematics Baseline Percentage Score: Target Percentage Score: Ending Percentage Score:
	<input type="checkbox"/> Writing Baseline Percentage Score: Target Percentage Score: Ending Percentage Score:	<input type="checkbox"/> Behavior (Social Competence) Baseline Percentage Score: Target Percentage Score: Ending Percentage Score:
	<input type="checkbox"/> Communication (check specific focus of interventions) <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Voice <input type="checkbox"/> Fluency Baseline Percentage Score: Target Percentage Score: Ending Percentage Score:	

* If a child fails speech or motor screenings, interventions must be started in these areas.

Principal/Counselor should assist w/ this page of information - make sure complete

CUMULATIVE DATA

Standardized/Universal Screening Information: Most to Least Current - (Dibels, MAP, Easy CBM, Behavioral Data Collection, etc.) ATTACH COPIES:

Year:	Standardized/Screening Utilized:	Reading Score:	Math Score	Other Score:
Start from most current school year.				

Grades/Primary Progress: Most Current to Least Current - (must reflect four years, unless child is younger):

Year:	Reading:	Language:	Math:	Numeracy:	Writing:	Spelling:
Start from most current school year						

Attendance: Most Current to Least Current - (must reflect four years, unless child is younger):

Year:	Days Enrolled:	Absent Unexcused:	Absent Excused:	Tardy Unexcused:	Tardy Excused:

Years in school including current year: _____
 Years in primary program including current year: _____
 Repeated Grades: _____

Discipline:

Year:	Referrals on File:		Behavioral Concerns:		PBIS Utilized:		Counseling:		Further Intervention Needed:	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION HISTORY

Please indicate services the student currently has, or was provided in the past:

<input type="checkbox"/>	Extended School Services	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	
<input checked="" type="checkbox"/>	Title I	<input checked="" type="checkbox"/>	Current	<input type="checkbox"/>	Past	
<input type="checkbox"/>	Migrant	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	
<input type="checkbox"/>	Gifted & Talented	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	
<input type="checkbox"/>	Limited English Proficiency	<input type="checkbox"/>	Current	<input type="checkbox"/>	Past	
<input type="checkbox"/>	Special Education	<input type="checkbox"/>	Date:	Disability:	<input type="checkbox"/>	Reason for Dismissal:
<input type="checkbox"/>	504 Plan	<input type="checkbox"/>	Date:	Disability:	<input type="checkbox"/>	Reason for Dismissal:

To be completed by interventionist

Tier Level One

Area of Concern: Reading Comprehension
 (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)
8/13/19	8/20/19	20%	25%	Advance Story Map	___'s target was 80%. ___ did make progress, however it was not at a level comparable to peers. Interventions were changed.
8/20/19	8/27/19	25%	30%	Graphic Organizer	___'s target was 80%. After a second week of whole group instruction ___ used an organizer. He/She made minimal progress, therefore interventions were changed. * <u>OR</u> due to lack progress with whole group instruction ___ was moved to Tier 2.

Teacher Decision

Interventionist: General Education Teacher Instructional Assistant

Frequency of Services: 2 x weekly Amount of Time: 10 min

TIER TWO PARENT NOTIFICATION

Date: after ending date of TIER I intervention

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:	<input checked="" type="checkbox"/> Reading	<input type="checkbox"/> Mathematics
	<input type="checkbox"/> Writing	<input type="checkbox"/> Communication (check specific focus for interventions) <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Fluency <input type="checkbox"/> Voice
	<input type="checkbox"/> Behavior (Social Competence)	

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 or Counselor must sign here

Principal/Counselor

To be completed by general education teacher
Signed by principal/counselor, then
Sent home.

To be completed by interventionist

TIER 2 INFORMATION

Identification Method: Screenings Formative/Summative Assessment Work Samples Classroom Progress/Grades
 Observations Behavioral Data Collection Other:

Check only methods used to assess student progress

baseline score will be ending for TIER I

<p>Areas targeted for intervention including performance data (check area and identify scores in percentage): ing intervention score for TIER I</p>	<p><input checked="" type="checkbox"/> Reading Baseline Percentage Score: 30% Target Percentage Score: 80% Ending Percentage Score: 45%</p>	<p><input type="checkbox"/> Mathematics Baseline Percentage Score: Target Percentage Score: Ending Percentage Score:</p>
	<p><input type="checkbox"/> Writing Baseline Percentage Score: Target Percentage Score: Ending Percentage Score:</p>	<p><input type="checkbox"/> Behavior (Social Competence) Baseline Percentage Score: Target Percentage Score: Ending Percentage Score:</p>
	<p><input type="checkbox"/> Communication (check specific focus of interventions) <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Voice <input type="checkbox"/> Fluency Baseline Percentage Score: Target Percentage Score: Ending Percentage Score:</p>	

Tier Level Two

Area of Concern: Reading Comprehension
 (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).

This date should be after the ending date of Tier I

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)
8/28/19	9/5/19	30%	35%	Think Pair Share	_____ 's target was 80%. After one week of utilizing this intervention in a small group setting _____ increased his/her score. _____ did make progress, but only minimally. Another intervention will be implemented.
9/6/19	9/14/19	35%	35%	Q&A Questioning the Author	_____ 's target was 80%. She/he did not make any progress. Intervention will be changed.
9/17/19	9/21/19	35%	45%	Leveled Readers	_____ 's target was 80%. After working with leveled readers, _____ increased his/her score to 45%. _____ improved, although still did not meet target. Tier 3 intervention recommended.
Interventionist: <input checked="" type="checkbox"/> General Education Teacher <input type="checkbox"/> Instructional Assistant					
Frequency of Services: <u>2 x weekly</u> Amount of Time: <u>15 min</u>					

TIER 2 WEEKLY PROGRESS MONITORING LETTER

Name <small>(Last, First, M.I.):</small>	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Student ID:	Date: 9/5/19	
Interventionist:	School:	

Area Being Targeted:	Intervention Results:	Weekly % Score:	Target % Score:
Reading	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input checked="" type="checkbox"/> Making little or no progress	35%	80%
Writing	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Mathematics	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Behavior (Social Competence)	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Communication (check specific focus for interventions) <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Fluency <input type="checkbox"/> Voice	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> 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,

Send one letter home weekly. Keep a copy.

 Interventionist
 (must sign)

TIER 2 WEEKLY PROGRESS MONITORING LETTER

Name <i>(Last, First, M.I.):</i>	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Student ID:	Date: 9/14/19	
Interventionist:	School:	

Area Being Targeted:	Intervention Results:	Weekly % Score:	Target % Score:
Reading	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input checked="" type="checkbox"/> Making little or no progress	35%	80%
Writing	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Mathematics	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Behavior (Social Competence)	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Communication (check specific focus for interventions) <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Fluency <input type="checkbox"/> Voice	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> 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
 (Must Sign)

TIER 2 WEEKLY PROGRESS MONITORING LETTER

Name <i>(Last, First, M.I.):</i>	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Student ID:	Date: 9/21/19	
Interventionist:	School:	

Area Being Targeted:	Intervention Results:	Weekly % Score:	Target % Score:
Reading	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input checked="" type="checkbox"/> Making little or no progress	45%	80%
Writing	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Mathematics	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Behavior (Social Competence)	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Communication (check specific focus for interventions) <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Fluency <input type="checkbox"/> Voice	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> 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
 (Must sign)

MEETING NOTICE TO BEGIN TIER III

9/21/19

Date: Date should be same as ending date of TIER 2.

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:	<input checked="" type="checkbox"/> Reading	<input type="checkbox"/> Mathematics
	<input type="checkbox"/> Writing	<input type="checkbox"/> Communication (check specific focus for interventions) <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Fluency <input type="checkbox"/> Voice
	<input type="checkbox"/> Behavior (Social Competence)	

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: 9/24/19) at (time: 9:00 am). 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

(Must sign)

*Principal/Counselor
sends this notice
& informs SWAT members
of upcoming meeting to
begin TIER III*

TEAM MEETING NOTES TO BEGIN TIER 3

Date of meeting: 9/24/19

Student:

DOB:

TIER 3 INTERVENTION AREAS TO BE IMPLEMENTED

<input checked="" type="checkbox"/> Reading	<input type="checkbox"/>	Behavior (Social Competence)
<input type="checkbox"/> Writing	<input type="checkbox"/>	Communication (check specific focus for interventions) <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Fluency <input type="checkbox"/> Voice
<input type="checkbox"/> 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):

_____ did not make adequate progress after implementing multiple interventions, therefore, it is recommended that the student proceed to TIER 3 interventions

Parent Input:

Parent agreed with decisions.

(* Parent does not have to attend if not in attendance note why & that they were informed of the Meeting information)

These 3 must attend & Sign

* Principal/Counselor

* Special Education Teacher

* General Education Teacher

Parent

Other

Other

To be completed by interventionist

TIER 3 INFORMATION

Identification Method: Screenings Formative/Summative Assessment Work Samples Classroom Progress/Grades
 Observations Behavioral Data Collection Other:

Check only methods used to assess student progress

Baseline score should be

Areas targeted for intervention including performance data (check area and identify scores in percentage):

Ending score from ←
TIER 2

Reading

Baseline Percentage Score: 45%
 Target Percentage Score: 80%
 Ending Percentage Score: 60%

Mathematics

Baseline Percentage Score:
 Target Percentage Score:
 Ending Percentage Score:

Writing

Baseline Percentage Score:
 Target Percentage Score:
 Ending Percentage Score:

Behavior (Social Competence)

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 Three

Area of Concern: Reading Comprehension
 (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)
9/24/19	10/15/19	45%	60%	Ask - Read - Tell	After one week of implementing this intervention _____ increased his/her score to 50%, however, _____ was absent 2 days. The intervention will continue to be utilized another week. His/her second week score was 60%. She/he made steady progress, therefore intervention continued. After the third week his/her ending score was still 60%.
Interventionist: <input checked="" type="checkbox"/> General Education Teacher <input type="checkbox"/> Instructional Assistant					
Frequency of Services: <u>3x weekly</u> Amount of Time: <u>15 min</u>					

TIER 3 WEEKLY PROGRESS MONITORING LETTER

Name <i>(Last, First, M.I.):</i>	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Student ID:	Date: 10/1/19	
Interventionist:	School:	

Area Being Targeted:	Intervention Results:	Weekly % Score:	Target % Score:
Reading	<input checked="" type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input checked="" type="checkbox"/> Making little or no progress	50%	80%
Writing	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Mathematics	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Behavior (Social Competence)	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Communication (check specific focus for interventions) <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Fluency <input type="checkbox"/> Voice	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> 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
 (Must Sign)

TIER 3 WEEKLY PROGRESS MONITORING LETTER

Name (Last, First, M.I.):	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Student ID:	Date: 10/8/19	
Interventionist:	School:	

Area Being Targeted:	Intervention Results:	Weekly % Score:	Target % Score:
Reading	<input type="checkbox"/> Making adequate progress towards benchmark <input checked="" type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress	60%	80%
Writing	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Mathematics	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Behavior (Social Competence)	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Communication (check specific focus for interventions) <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Fluency <input type="checkbox"/> Voice	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> 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
 (Must sign)

TIER 3 WEEKLY PROGRESS MONITORING LETTER

Name (Last, First, M.I.):	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Student ID:	Date: 10/15/19	
Interventionist:	School:	

Area Being Targeted:	Intervention Results:	Weekly % Score:	Target % Score:
Reading	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input checked="" type="checkbox"/> Making little or no progress	60%	80%
Writing	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Mathematics	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Behavior (Social Competence)	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> Making little or no progress		
Communication (check specific focus for interventions) <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Fluency <input type="checkbox"/> Voice	<input type="checkbox"/> Making adequate progress towards benchmark <input type="checkbox"/> Making some progress, but data is inconsistent <input type="checkbox"/> 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,

 (Must sign)
 Interventionist

FINAL MEETING NOTIFICATION

Date: 10/15/19 → this date should be the same as the date of the ^{last} progress monitoring parent letter.

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: 10/22/19) at (time: 9:00 am). 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 or Counselor must sign

Principal/Counselor

* when scheduling meeting to discuss referral the special education must have at least 7 days notice in order for them to complete special education paperwork

FINAL MEETING NOTES

Date of meeting: 10/22/19 Student: _____ DOB: _____

TIER 3 INTERVENTION AREAS

Area Being Targeted:	Intervention Results:	Target Met:
Reading	<input type="checkbox"/> Made adequate progress towards benchmark <input checked="" type="checkbox"/> Made some progress, but data is inconsistent <input type="checkbox"/> Made little or no progress	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Writing	<input type="checkbox"/> Made adequate progress towards benchmark <input type="checkbox"/> Made some progress, but data is inconsistent <input type="checkbox"/> Made little or no progress	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mathematics	<input type="checkbox"/> Made adequate progress towards benchmark <input type="checkbox"/> Made some progress, but data is inconsistent <input type="checkbox"/> Made little or no progress	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavior (Social Competence)	<input type="checkbox"/> Made adequate progress towards benchmark <input type="checkbox"/> Made some progress, but data is inconsistent <input type="checkbox"/> Made little or no progress	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication (check specific focus for interventions) <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Fluency <input type="checkbox"/> Voice	<input type="checkbox"/> Made adequate progress towards benchmark <input type="checkbox"/> Made some progress, but data is inconsistent <input type="checkbox"/> Made little or no progress	<input type="checkbox"/> Yes <input type="checkbox"/> No

Meeting Minutes (discuss student progress):

After several weeks of interventions — did not meet his/her target. Based upon data it is recommended that student be referred to see if he/she presents with a disability.

Parent Input:

* If Parent is not in attendance note why & that they were informed of meeting information

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

* _____
 Special Education Teacher

* _____
 General Education Teacher

 Parent

 Other

 Other

must be in attendance

If parent is in attendance the 7 day ARC mailing notice can be waived and an ARC

Special education teacher will complete this

LETCHER COUNTY SCHOOLS
RTI Data Point Progress
Monitoring Data

NAME _____

DOB _____

DATE _____

Area Being Targeted:

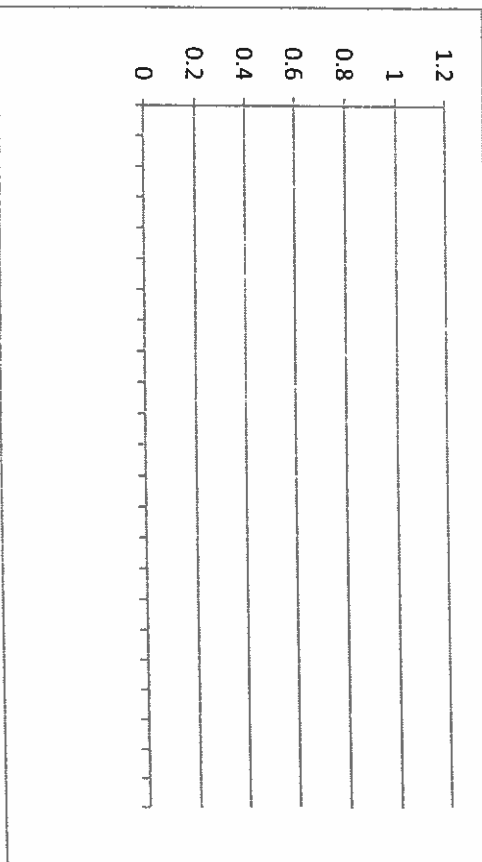
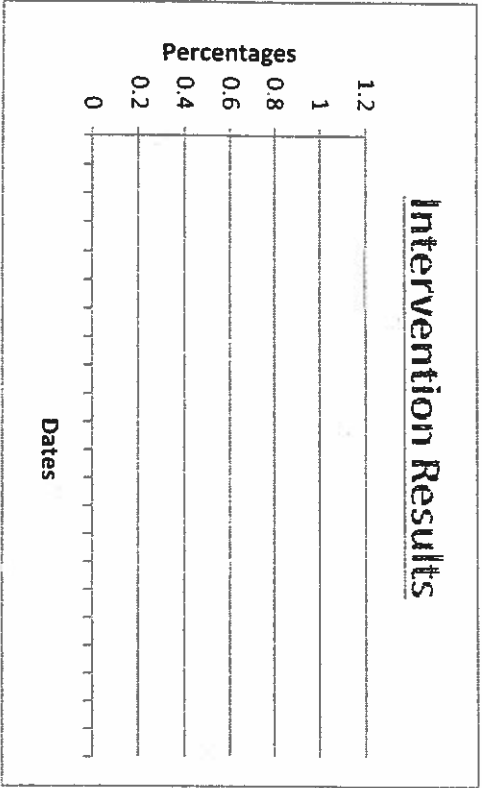
Target Score:

Intervention Dates:

Percentages:

Notes (if Needed):

Trend Data:



RESEARCH-BASED INTERVENTION RESOURCES

- “Classroom Strategies for Interactive Learning” by Doug Buehl
- “A Handbook for Classroom Instruction That Works” by Robert Marzano

If you do not have the above books, check with your principal

- Letcher County Schools home webpage:
 - Go to “Departments”
 - Then “Instruction” and “Special Education”
- www.interventioncentral.org
- <http://ies.ed.gov/ncee/wwc>
- <http://www.jimwrightonline.com/php/rti/rtiwire.php>