Watson Chapel School District

Preparing Today’s Students for Tomorrow’s Opportunities

2018-2019

DYSLEXIA & RESPONSE TO INTERVENTION (RTI) POLICIES

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Dr. Jerry Guess, Superintendent
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Introduction

Watson Chapel School District recognizes that not all children learn the same. Our desire is to provide all students with highly trained educators, an appropriate curriculum, informational and communication technologies (ICT), and researched based interventions to address their needs - especially those with IEPs, specific learning disabilities and dyslexia. Watson Chapel School District (WCSD) will follow the Arkansas Department of Education rules concerning addressing the educational needs of students suspected or diagnosed with dyslexia.

_These rules set forth the procedures outlined in Ark. Code Ann. §§ 6-41-601 through 6-41-610 regarding screening, evaluation, and services for students with dyslexia or characteristics of dyslexia who may or may not otherwise qualify for special education services under the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §§1400 et seq._

WCSD has implemented a policy that correlates with Arkansas Department of Education’s dyslexia policy 1268 to addresses the needs of all children who demonstrate characteristics of dyslexia. We will ensure that all students receive multi-sensory, explicit, researched-based, and systematic interventions delivered by a highly trained certified teacher/specialist or dyslexia interventionist. Services will be provided according to the program guidelines designed to address the educational, social and emotional needs of the dyslexic student.

Students of all abilities may experience learning difficulties similar to those identified as having dyslexia. Periodically a student’s cognitive skills will exceed their literacy skills. Research evidence suggests that approximately 80% of dyslexic students have problems with phonological processing. Phonological skills attainment plays a vital role in the advancement of reading, writing and spelling. A student’s placement for interventions will not be based solely on phonological skills. Teachers will ensure differentiation of the core curriculum to address the various abilities of all students.

In order to identify students displaying characteristics of dyslexia, a battery of reading ability tests must be administered which may include DIBELS Next, DSA, collecting a writing sample, and STAR Reading at the beginning of the school year. Once an assessment depicts the student as possibly having characteristics of dyslexia, the interventionist shall be notified, and further testing will be administered to the student.
Defining Dyslexia

Dyslexia is defined in Ark. Code Ann. 6-41-602 as a learning disability that is neurological in origin, characterized by difficulties with accurate and fluent word recognition, poor spelling and low decoding abilities that typically result from the phonological component of language. These characteristics are often unexpected in relation to other cognitive abilities. This definition is borrowed from the most widely accepted current definition of dyslexia that is used by the International Dyslexia Association:

*Dyslexia is a specific learning disability that is neurological in origin. It is characterized by students experiencing difficulties with accurate and/or fluent word recognition and by poor spelling and ability to de-code. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge.*

What is NOT dyslexia?

Dyslexia is *NOT*:

- a sign of poor intelligence
- the result of laziness or of not caring
- cured with pills, diets, or medical treatment
- an eye (visual) problem
- outgrown, although individuals with dyslexia can be taught how to learn
- writing letters and words backwards

*"While it is true that children with dyslexia have difficulties attaching the appropriate labels or names for letters and words, there is no evidence that they actually see letters and words backwards."* (Overcoming Dyslexia, Sally Shaywitz, M.D., 2003.)

The good news is that with appropriate education, understanding and time, many individuals with dyslexia learn to read and write and to develop their special abilities and talents. Many successful scientists, artists, athletes, and world leaders are people with dyslexia.

COMMON MISCONCEPTIONS ABOUT DYSLEXIA

A. “Students outgrow dyslexia.”

**FACT:** Dyslexia is neurological in origin and is a lifelong learning disability. Students with dyslexia can overcome some of their academic difficulties with early identification and intervention but they will always have dyslexia.

B. “Students with dyslexia see letters and words backwards.”

**FACT:** Dyslexia does not cause students to see letters and words backwards. Some students may confuse similar letters, misread similar words, and have trouble forming letters due to their lack of phonological skills (Louisa Moats, 1999). “They have difficulty attaching appropriate labels and names to letters and words; they do not see them backwards.” (Shaywitz, 2003)

C. “Dyslexia is very rare.”

**FACT:** The prevalence of dyslexia is between 10% and 15% of any population.

D. “There is a test for dyslexia.”

**FACT:** There is no single test for dyslexia. A comprehensive battery of tests should be administered. This battery should assess phonological processing, oral language, alphabet knowledge, decoding, word recognition, reading fluency, reading comprehension, spelling, written expression, and cognitive functioning. A “dyslexia screener” can be used to identify students with characteristics of dyslexia.

E. “Dyslexia is a medical problem, so only medical doctors can diagnose dyslexia.”

**FACT:** The problem is educational; therefore, the diagnosis is educational, although evaluation may involve pediatricians or other members of the medical community. Assessment can be administered by educators who are knowledgeable of the characteristics of dyslexia and also are familiar with the instruments and procedures for identifying the characteristics of dyslexia.

F. “Dyslexia cannot be identified until 3rd grade.”

**FACT:** Early intervention is critical to the success of students with dyslexia. Educators need to assess kindergarten students’ phonemic awareness, letter knowledge, and speed of naming and sound-symbol matching because these skills predict reading success in first and second grade. Dyslexia can definitely be identified by the mid-point of first grade after students have been exposed to effective scientific research-based reading instruction.
G. “Dyslexia is a general, catch-all term.”

**FACT:** Dyslexia is a specific term for a learning disability that is neurological in origin and is specific to print language. The research-based definition of dyslexia adopted by the International Dyslexia Association and supported by the National Institutes of Health provides a clear delineation of the characteristics of dyslexia.

H. “Dyslexia is a newly discovered disorder.”

**FACT:** The concept of this type of developmental reading disability was first recognized in 1877 by Adolph Kussmaul and confirmed by J. Pringle Morgan in 1896. The disability was termed “dyslexia” and came into general use in the 1960s.

I. “Students with dyslexia do not understand phonics, so they cannot be taught to read” and/or “Students with dyslexia do not understand phonics, so they should be taught using whole word methods that avoid phonics.”

**FACT:** Although these students may not have the natural intuitive ability in phonics, they can learn decoding and spelling rules if taught directly and explicitly. With early identification and effective research-based, intensive, systematic, and multisensory, structured-language intervention designed specifically for students with dyslexia, these students can be successful in learning to read and write.

J. “Dyslexia is caused by poor teaching or exposure to whole word methods.”

**FACT:** Poor instruction does not cause dyslexia but can exacerbate the reading difficulty. Conversely, effective instruction promotes reading success and alleviates many difficulties associated with dyslexia. Louisa Moats (1999) states, “Studies have shown that whole word method are generally the least successful for students with reading disabilities. Words, sentences, and discourse are the most effective treatment for dyslexia, regardless of the student’s apparent learning style.”

K. “If dyslexic students would just try harder they would succeed.”

**FACT:** Dyslexia is the result of a neurological difference beyond the control of the student. Motivation is not usually the primary problem for the student with dyslexia but may become a secondary problem because of continued lack of success in academic endeavors.

L. “Dyslexia is caused by brain damage.”

**FACT:** The exact causes of dyslexia are not completely clear, but anatomical and brain imagery studies show differences in the way the brain of a dyslexic person develops and functions. The neurological difference associated with developmental dyslexia is genetic rather than the result of brain injury, damage, or disease.
FACT: The crucial factor for students with dyslexia is to have early identification followed by effective, scientific research-based instruction designed for dyslexia. Dyslexia intervention is most effectively provided within the school’s general education program as a Tier 2 or Tier 3 intervention. The key to success is to provide students with an educator who has been well trained in a specialized curriculum designed specifically for dyslexia.

Who is dyslexic?

Research is ongoing and some results vary. The National Institute of Health and other reputable agencies estimate that between 10% and 15% of the men, women, and children in this country are dyslexic. Nancy Mather and Barbara Wendling report recent estimates suggesting that approximately 5% to 8% of the school age population is dyslexic. Some people may have severe problems, in several areas, such as reading, spelling, remembering, listening, and sequencing. Other people may have less severe or even mild difficulty in just one or two areas. Dyslexia occurs among all groups of the population, from young children to adults. Dyslexia is NOT related to race, age, or income.


Arkansas Dyslexia Resource Guide (October - 2015)

The primary difficulties of a student identified as having dyslexia occur in phonemic awareness and manipulation, single-word decoding, reading fluency, and spelling. Secondary consequences of dyslexia may include difficulties in reading comprehension and/or written expression. These difficulties are unexpected for the student's age, educational level, or cognitive abilities. Additionally, there is often a family history of similar difficulties.

Primary reading/spelling characteristics of dyslexia:

• Difficulty reading real words in isolation
• Difficulty with accurately decoding nonsense words
• Slow, inaccurate, or labored oral reading (lack of reading fluency)
• Difficulty with learning to spell

_The reading/spelling characteristics are the result of difficulty with the following:_

• The development of phonological awareness including segmenting, blending and manipulating sounds in words
• Learning the names of letters and their associated sounds
• Phonological memory (holding information about sounds and words in memory)
• Rapid naming of familiar objects, colors, or letters of the alphabet

_Secondary consequences of dyslexia may include the following:_

• Variable difficulty with aspects of reading comprehension
• Variable difficulty with aspects of written composition
• A limited amount of time spent on reading activities

_WCSD’s GOALS_

➢ to ensure all parents’ questions are answered as it pertains to the Dyslexia Policy and serving the student with dyslexia
➢ to train teachers and staff how to identify students with characteristics of dyslexia
➢ to view dyslexia as a “specific learning difference”, which incorporates a range of strengths and weaknesses, as well as different learning styles and preferences as identified by the Dyslexia Foundation:

_Dyslexia is a brain-based learning disability that specifically impairs a person’s ability to read. These individuals typically read at levels significantly lower than expected given their overall intelligence. Although the disorder varies from person to person, common characteristics among people with dyslexia are difficulty with phonological processing (the manipulation of sounds), spelling, and rapid visual-verbal responding._

➢ to recognize that learning problems will arise if dyslexia is not identified and teaching is not appropriate
➢ to meet the diverse needs of dyslexic students through appropriate provisions within a mainstream setting. Students’ differences in learning styles will be noticed and teaching adjusted accordingly.
➢ to provide high-quality support for dyslexic pupils by:
  • raising awareness and an understanding of dyslexia within the district
• establishing clear assessment and intervention procedures which enable early intervention and ongoing monitoring
• providing a needs-based combination of teaching adjustments, in-class support and intervention programs
• ensuring that parental concerns are acknowledged and addressed
• increasing training opportunities for teaching and non-teaching staff, and administrators

Watson Chapel School District will draw upon advice from a range of support services available from Arkansas Department of Education and the Arkansas River Education Service Cooperative Dyslexia Specialist. This policy recognizes that research evidence continues to present fresh ideas about literacy difficulties and dyslexia. We will continue to update information in the district’s policy on serving students with dyslexia.

Common Evidence of Dyslexia
The following may be associated with dyslexia if they are unexpected for the individual's age, educational level or cognitive ability:

Pre-school
• May talk later than most children
• May have difficulty with rhyming
• May have difficulty pronouncing words (busgetti for spaghetti, mawnlower for lawn mower)
• May have poor auditory memory for nursery rhymes and chants
• May be slow to add new vocabulary words
• May be unable to recall the right word
• May have trouble learning numbers, days of the week, colors, shapes, and how to spell and write his/her name

Kindergarten through Third Grade
• Fails to understand that words come apart; for example, that snowman can be pulled apart into snow and man and, later on, that the word man can be broken down still further and sounded out as /m/ /a/ /n/
• Has difficulty learning the letter names and their corresponding sounds
• Has difficulty decoding single words (reading single words in isolation)—lacks a strategy
• Has difficulty spelling phonetically
• Reads choppy and labored (without fluency)
- Relies on context to recognize words

Fourth Grade through High School
- Has a history of reading and spelling difficulties
- Avoids reading aloud
- Reads most materials slowly; oral reading is labored, not fluent
- Avoids reading for pleasure
- May have an inadequate vocabulary
- Has difficulty spelling; may resort to using less complicated words in writing that are easier to spell

Sources for Common Evidence of Dyslexia: Common Signs, (nd.) from The International Dyslexia Association Website.

Initial Screening

Initial screening is the first step in identifying the students who are at risk for learning difficulties. Initial screening measures consist of short, informal probe(s) given to all students to identify those at risk or at some risk for not meeting grade-level standards. Screeners will be administered with fidelity, which include: phonological awareness, sound symbol recognition, alphabet knowledge, decoding skills, rapid naming skills, and encoding (A.C.A. 6-41-603). While results of the initial screening will identify struggling learners, they may not provide all of the information needed to develop an instructional plan, including appropriate interventions. Additional information may be needed to pinpoint areas of basic early reading skills that need acceleration.

According to Ark. Code Ann. 6-41-603, a school district will screen:

1) Each student in kindergarten through grade two (K-2)
2) Kindergarten through grade 2 (K-2) students who transfer to a new school and have not been screened
3) Kindergarten through grades 2 (K-2) students who transfer from another state and cannot present documentation that the student has had similar screening
4) A student in grade three or higher experiencing difficulty, as noted by a classroom teacher

Exemptions:
1) Students with an existing dyslexia diagnosis
2) Students with a sensory impairment

Initial screening is not required for all students in grades three and higher. However, Ark. Code Ann. 6-41-603 states that a student in grades three or higher experiencing difficulty, as noted by a classroom teacher, in phonological and phonemic awareness, sound symbol recognition, alphabet knowledge, decoding skills, and encoding skills should be screened using
assessments chosen by the school. The school-based decision-making team should meet to review student initial screeners to determine whether or not characteristics of dyslexia exist.

**Level 1 - Characteristics of Dyslexia Screening**

Once it is determined that the initial screener indicates a student is at-risk or at some risk for reading failure and a student does not adequately respond to the intervention, a screening process shall begin to determine if characteristics of dyslexia are present (Ark. Code Ann. 6-41-603). The Level I Dyslexia Screening is a process of gathering additional information.

**Data Gathering:**

Information will be used to evaluate the student’s academic progress and determine what actions are needed to ensure the student’s improved academic performance. This information should include data that demonstrates the student was provided appropriate instruction and data-based documentation of repeated assessments of achievement at reasonable intervals (progress monitoring), reflecting formal assessment of student progress during instruction.

Additional information to be considered includes the results from some or all of the following:

- Teacher reports of classroom concerns
- Classroom reading assessments
- Accommodations or interventions provided
- Academic progress reports (report cards)
- Samples of classwork
- K-6 reading instruments
- State student assessment program
- Teacher observations of student
- Outside evaluations
- School attendance
- Curriculum-based assessments
- Instructional strategies provided and student’s response to the instruction
- Universal Screening

The school-based decision-making team will meet to review student records and progress, inform parents of concerns, and obtain parental consent when additional assessments are
needed to determine if characteristics of dyslexia exist. The determination of existing characteristics will be based on multiple sources of data.

**Practices**

Watson Chapel School District will adopt the following ADE policy addressing screening students suspected of having dyslexia:

1. **A school district shall screen all students in kindergarten, grade one, and grade two using Dynamic Indicators of Basic Early Literacy Skills (DIBELS) as an initial screener no later than September of each year.**

DIBELS results indicate possible signs of dyslexia after the following assessments are administered:

- 4.02.1 Phonological and phonemic awareness
- 4.02.2 Sound symbol recognition
- 4.02.3 Alphabet knowledge
- 4.02.4 Decoding skills
- 4.02.5 Rapid naming skills
- 4.02.6 Encoding skills

Once initially screened, if the student’s results indicate a level of reading difficulties, the classroom teacher will place the student in Tier I intervention groups and apply researched based strategies directed at the student’s deficits. After being placed in Tier I intervention for four weeks with no signs of improvement, the student’s teacher will refer the student to the RTI Team. Through written notification, the RTI team chair will notify the parent of the student’s lack of progress with the Tier I intervention. A meeting will be held with the parent, classroom teacher, and the school’s RTI team to discuss classroom interventions attempted with the student, initial screening results, student’s classroom performance, and behavior.

The RTI team will consider the following questions to ascertain the type of Tier I interventions applied in the classroom and the effectiveness of the interventions:

1. Has the child received effective classroom instruction?
2. Does the student have adequate intelligence and the ability to learn at expected level?
3. Is the lack of progress due to sociocultural factors such as language differences, irregular attendance, mobility, or background experiences?

The classroom teacher will submit to the RTI Team the following items to be considered for student placement in RTI Tier II dyslexia placement:

1. Student’s most recent spelling test
2. Sample of the student’s unedited writing (journal entry, creative story, etc.)
3. Student’s most recent progress report or report card
4. Copy of most recent literacy screeners for Tier II placement
5. Documentation of interventions by classroom teacher and aide

After reviewing the student’s initial assessments as well as assessments of classroom intervention, the RTI team will determine if the student should be referred for Level II dyslexia assessments. The RTI Chair will obtain permission from the parent to assess the student using Level II assessments. Intervention plans are developed along with the parent and the RTI Team’s input to plan Level II interventions.

Watson Chapel School District promotes parental participation by addressing concerns regarding their child's progress. Issues will be acknowledged and investigated. Relevant evidence will be collected to inform discussions, and further assessment may be carried out within the school. Parents will be invited to regular reviews of progress pertaining to their child's targeted goals associated with reading difficulties.

It is recognized that good progress in literacy skills is often linked to structured, systematic teaching programs that occur regularly and frequently. Watson Chapel School District students with characteristics of dyslexia will be met by a corresponding continuum of resources linked to best practices associated with educating students with dyslexia. It is important to acknowledge that students may struggle in learning to read for many reasons, including lack of motivation and interest, weak preparation from the pre-school home environment, weak English language skills, or low general intellectual ability (Snow, Burns, & Griffin, 1998).

**Adjusting Teaching Strategies**

The district regards dyslexia as a national issue that affects a student’s ability to read beginning in preschool. Teachers’ instruction addressing the need of a dyslexic will need to be adjusted throughout a student’s educational career. Students with dyslexia difficulties will be provided with a broad, balanced and relevant curriculum, which is differentiated by the presentation, pace, level, and outcome of meeting individual needs. The curriculum will include differentiated materials and tasks to suit the dyslexia student learning profile.

The classroom teacher’s responsibility will focus mainly on facilitating access to the curriculum, with advice from the district dyslexia interventionist/specialist, who will have overall responsibility for ensuring that students are provided with structured, systematic teaching as appropriate to help develop their reading, writing and spelling skills. Some pupils with dyslexia difficulties will require particular arrangements from the district’s special education department after RTI -Tier III interventions show a lack of progress towards the student’s goals.
Monitoring & Exit Criteria

Upon successful completion of the Watson Chapel School District’s Characteristics of Dyslexia program(s), as measured by program mastery checks (assessments), students will be exited from the program(s). Students that have exited the Watson Chapel School District’s dyslexia program will receive regular monitoring during the first year. Students qualifying for dyslexia services that are identified as 504 or special education will follow monitoring / re-evaluation requirements outlined in federal law.

Monitoring may include, but is not limited to the collection/evaluation of:

- Progress reports
- Report cards
- State assessment data
- Teacher reports/checklists
- Parent reports/checklists
- Other program reports
- Additional assessment data

No one factor is sufficient to warrant exiting a student from dyslexia services. Dismissal is determined by a committee. The committee considers the following factors when recommending exiting or reduction of characteristics of dyslexic services:

- Completion of the district characteristics of dyslexia program
- The reevaluation and/or post-testing of student showing student’s growth to be closer to grade level proficiency standards
- The student demonstrates self-monitoring/self-correction behaviors as evidenced through informal observation by teacher and/or interventionist
- The student passed the reading portion of the state assessment
- Teacher recommendation
- Parents request in writing that the student exit the program

If a student has shown substantial progress and the committee determines the student is ready to be dismissed completely from the program, the committee may recommend monitoring services instead of direct services. When a child is exited from the dyslexia program, a dismissal form will be completed and placed in the student's permanent folder.
Dyslexia

FORMS
Dyslexia Assessment Letter

Dear Parent(s) / Guardian, Caregiver,

The Watson Chapel School District is directed by Act 1268 to inform you of assessments your child or children will be administered to assist the district in identifying students with characteristics of dyslexia. Watson Chapel School District teachers will administer all students in grades K-2 initial one-three minute screeners, DIBELS, (Dynamic Indicators of Basic Early Literacy Skills), DSA, (Diagnostic Spelling Assessment), STAR, RAN (Rapid Name Calling), and PAST (Phonological Assessment Screener Test) assessments to help identify the student’s needs. The results from the screeners are not intended or designed to give absolute confirmation that dyslexia is present at this stage.

If the results from the initial screener administered to all students at the beginning of the school year show a deficit in reading, the students will be delivered the next level of screeners after Tier I interventions are met with your written permission to rule out characteristics of dyslexia. The Dyslexia Screener is not a full diagnostic assessment but a screener. Its’ purpose is to identify children who are experiencing reading, spelling and comprehension difficulties associated with dyslexia that may require further investigation. When all the necessary assessments are completed, you will receive the results and an appointment to meet with the RTI Team to discuss the results. During the RTI meeting, the RTI chairperson will explain your rights and your responsibility to have your child tested by a psychological examiner, speech pathologist or a certified Dyslexia Specialist of your choice.

Dyslexia refers to a pattern of specific learning difficulties which mainly affects the development of reading and spelling skills. An estimated 5%-8% of the school’s population is affected by dyslexia. The level to which dyslexia may cause reading and spelling difficulties depends on various factors. Many people with dyslexia go on to achieve and succeed in life. Therefore dyslexia should not be a barrier if it is properly recognized and addressed. Research has shown that the earlier children at risk of dyslexia are identified, the better their needs can be met.

According to Arkansas law, parents are responsible for paying to have their child tested after the school’s level two screeners are administered and characteristics of dyslexia have been identified. Watson Chapel School District will not pay for your child to obtain further testing associated with dyslexia identification. The law only holds the district responsible for screening.

If you have questions concerning this letter, please contact the principal at your child’s school or the Reading Interventionist.

Respectfully,
Dear Parent(s), Guardian, Caregiver,

Listed below are the results of reading/math screeners administered to all students in grades K-2 in the Watson Chapel School District. Your child’s results show signs or characteristics of dyslexia. We are not informing you that your child has dyslexia, just characteristics of dyslexia. As required by law, we are requesting your permission to screen your child with Level II dyslexia screeners that will give us more in-depth information concerning your child’s reading abilities. Please sign the bottom of this letter indicating your selection as to whether you would like for the school’s personnel to screen further for dyslexia.

<table>
<thead>
<tr>
<th>DIBELS</th>
<th>RAN</th>
<th>PAST</th>
<th>STAR</th>
<th>Hand Writing</th>
<th>DIBELS Math</th>
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<tr>
<td>ORF</td>
<td>NWF</td>
<td>LNF</td>
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Respectfully,

Please SIGN on the line below and return to your child’s school

Student Name              Teacher              Date

___I give my permission for the school’s certified personnel to screen my child with Level II dyslexia screeners.

___I do not give my permission for the school’s certified personnel to screen my child with Level II dyslexia screeners.

Parent/Guardian/Caregiver’s Signature              Date
**Characteristics Profile of Dyslexia**

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<th>NAME:</th>
<th>DATE:</th>
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<tr>
<td>DATE of TEST:</td>
<td>DOB:</td>
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<td>AGE:</td>
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<th>Standards Scores</th>
<th>Scores</th>
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<th>Average</th>
<th>Above Average</th>
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<tr>
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<td></td>
<td>&lt; 90</td>
<td>90-109</td>
<td>109+</td>
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<th>Phonological Awareness</th>
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<td>Blending Words</td>
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<td>Phonemes</td>
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<tr>
<td>CTOPP-2</td>
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<th>Rapid Naming</th>
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<tr>
<td>CTOPP-2</td>
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<tr>
<th>Letter Name Writing/Reciting Alphabets</th>
<th>Scores</th>
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**Characteristics Of Dyslexia**

- Decoding K-4 WRM 5th up WIAT III
- Word Recognition K-4 WRM 5th up WIAT III
- Oral Reading Fluency RATE – GORT
- GORT ACCURACY
- Spelling-TWS-5 (Test of Written Spelling - 4th edition)

**OUTCOMES:** Variable Impact
- Reading Comprehension WIAT III
- Written Expression: orthographic patterns

**COGNITIVE/ACADEMIC ABILITY**
- Listening comp WIAT III

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**COEXISTING Complications or Assets**

- Oral Language
- Attention
- Mathematics
- Handwriting
- Behavior/Emotions

**COMPLICATION** | **ASSET**
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Adapted from the Characteristic Profile of Dyslexia – Revised
2007, Texas Scottish Rite Hospital for Children
Review the profile sheet considering the questions below.

1. Is there a deficit in one or more of the primary characteristics of dyslexia? (Is there an indicator documented in the below average range?)
   - Accurate word recognition
   - Fluent word recognition
   - Poor decoding
   - Poor written spelling
   **No:** You may still consider phonological processing.

2. Is there a deficit in phonological processing?
   - Phonological awareness
   - Phonological memory
   - Rapid naming
   **Still No:** The student likely does not meet Arkansas guidelines for identification.
   - Has the student received interventions that may have normalized the score? If so, there should be evidence of a prior weakness in phonological awareness.

3. Is there evidence of unexpectedness?
   - Are the deficits unexpected in relation to the student’s listening comprehension, intellectual functioning, or strong math skills in comparison to reading skills?
   **No:** The student likely does not meet guidelines for identification.

Committee Decision - based on ALL data reviewed and gathered during the assessment process
- The student qualifies for dyslexia identification.
- The student does not qualify for dyslexia identification.
- The data is inconclusive with regards to dyslexia.

**Additional comments including programming decisions:**
Committee Members:

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<tr>
<th>Signature</th>
<th>Position</th>
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<td>Principal</td>
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<td>Chair/Facilitator</td>
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<td>Resource Teacher</td>
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<td>Math Specialist</td>
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Adapted from the Characteristic Profile of Dyslexia – Revised 2007, Texas Scottish Rite Hospital for Children
Parent / Guardian / Teacher Questionnaire for Signs of Dyslexia

_______________________  ___________  ___________  _______  _______  
Student Name           Grade          Age              Date

Below are lists of warning signs of dyslexia. Please check all signs which apply to your child.

FAMILY HISTORY:

☐ Other family members experienced learning problems (Father, Mother, Sibling(s))
☐ Irregular school attendance
☐ More than 2 changes of schools or districts
☐ Concerns or challenges that you have observed as a parent:

____________________________________________________________________________________

____________________________________________________________________________________

PHONOLOGICAL PROCESSING AREAS:

Phonological Awareness:

☐ Difficulty recognizing or producing rhyming words
☐ Difficulty isolating sounds in the beginning, final, and/or medial position
☐ Difficulty segmenting individual sounds in a word
☐ Difficulty blending sounds into a word

Phonological Memory:

☐ Difficulty learning temporal sequences (alphabet, days of week, months of the year by the end of Kindergarten/first grade)
☐ Difficulty following multi-step directions
☐ Difficulty learning rote auditory information (math facts, phone number)
☐ Difficulty with sequencing that persists

Oral Language:

☐ Difficulty understanding verbal directions
☐ Difficulty understanding stories read to him/her
☐ Difficulty correctly pronouncing phonemes or syllables of words in sequence; persistent baby talk (busgetti for spaghetti, mawnlower for lawn mower, fibe for five) after first grade
☐ Substitutes words with the same meaning for words in the text he/she cannot pronounce, such as “car” for “automobile”
☐ Difficulty acquiring new vocabulary
☐ Difficulty finding the right words
☐ Unable to find the exact word; Speech that is not fluent; Pauses, hesitates when speaking; Frequent use of “um”
Imprecise language, such as vague references to “stuff” or “things” instead of the proper name of an object

Unable to find the exact word; confusing words that sound alike: saying “tornado” instead of “volcano,” substituting “lotion” for “ocean,” or “humanity” for “humidity”

Difficulty speaking in grammatically correct sentences

Difficulty explaining ideas or elaborating on thoughts

**ORTHOGRAPHIC PROCESSING AREAS:**

**Alphabet:**

- Difficulty learning or recalling the names of letters
- Difficulty learning or recalling the sounds of letters

**Decoding and Word Recognition:**

- Difficulty sounding out unfamiliar or nonsense words
- Difficulty reading words in isolation (lists)
- May confuse small words - at - to, said - and, does - goes

**Fluency:**

- Difficulty with reading accuracy in context
- Difficulty reading grade level text at expected rate

**Spelling:**

- Difficulty memorizing words for spelling tests
- Difficulty spelling words in context, even after spelling them correctly on a spelling test
- Difficulty spelling words phonetically
- Often spells same word several ways (even if word is provided)
- Difficulty spelling/reading and understanding the meaning of homophones (made/maid)

**Comprehension:**

- Difficulty with reading comprehension, but not when read to
- Better understanding of words in context than words isolated in lists

**Handwriting:**

- Slow with handwriting tasks
- Overall poor quality/illegible handwriting on written assignment
- Awkward, fist-like, or tight pencil grip

**Written Expression:**

- Difficulty constructing sentences
- Difficulty organizing grade appropriate written compositions
- Difficulty producing sufficient written output
Written expression does not match verbal expression (content, organization, vocabulary)

(Note: Some children with only orthographic challenges (not dyslexia) read much better than they spell, and benefit from explicit instruction in how to form, retain, and recall mental images of print.)

Rapid Automatic Naming Areas:
- Poor reading fluency
- Difficulty keeping up with the volume of reading and writing work
- Misreads or leaves out grammar words (of, from, she, this) and drops or changes suffixes from words and yet reads complex words like auditorium
- Difficulty recalling the names of letters (Pre-K and K)
- Difficulty naming familiar objects and known colors (Pre-K and K)

Other Areas Impacting Performance:

Cognitive/Academic Ability:
- Student appears to have intellectual ability equal to or above grade level peers.
- Student has reading difficulties that are unexpected compared to other abilities.
- Student requires many repetitions to learn something new.
- Student compensates by memorizing stories or words but cannot keep up as demands increase
- Student exhibits strength in thinking skills: conceptualization, reason, imagination, abstraction when demonstrated orally.
- Student exhibits strength in areas not dependent on reading, such as math, computers, and visual arts, or excellence in more conceptual areas.

Social/Emotional/Behavioral:
- Shows frustration and anxiety, as he realizes he is lagging behind his peers
- Exhibits health or behavior problems, emotional difficulties or wants to avoid school

Attention:
- Difficulty attending to tasks involving print
- Difficulty organizing time and materials
- Is easily distracted
- Does many things too quickly
- Is often overactive or fidgety
- Is inconsistent with production of written classwork and homework

Student’s Academic Development:
- English is a second language.
- The student was retained in ____ grade.
- The student has been/is in special programs. (Special Education, Tiered Interventions, etc.)
NOTICE OF CHARACTERISTICS OF DYSLEXIA IDENTIFICATION

A COPY OF THIS FORM IS TO REMAIN IN THE CUMULATIVE FOLDER AND THE STUDENT’S INDIVIDUAL AT RISK FOLDER.

The following student has been identified as exhibiting characteristics of dyslexia which includes lack of reading fluency, difficulty reading real words in isolation, in accurately decoding nonsense words, written spelling, and phonological processing. Because this student has reflected one or more of the primary characteristics of dyslexia in the area of reading, the student has been recommended to the Reading and Spelling Program at Watson Chapel School District.

Student:__________________________  DOB:_____________________

Campus:__________________________  Grade:_____________________

Form completed by:_____________________________________________

Title:__________________________  Date:_____________________

Committee member: __________________________________________

Title:__________________________  Date:_____________________

Committee member: __________________________________________

Title:__________________________  Date:_____________________

Committee member: __________________________________________

Title:__________________________  Date:_____________________

Committee member: __________________________________________

Title:__________________________  Date:_____________________

Committee member: __________________________________________
WATSON CHAPEL SCHOOL DISTRICT

Characteristics of Dyslexia Instructional Program
Permission for Placement

Date: _____________________

Dear Parents of _______________________,

Your child has been selected to participate in the Characteristics of Dyslexia Instructional program. Watson Chapel School District uses programs that are designed to improve phonics and reading skills. These programs place your child in a one-on-one or small group instructional setting. Children who experience difficulty with reading and spelling need a solid phonics approach that is systematic, structured, sequential, cumulative, and success oriented. We will conduct ongoing assessments to monitor what your child has mastered. Most importantly, your child will acquire concepts that will be beneficial to them in the classroom.

Please check the appropriate space(s), sign the form and return it to your child’s school as soon as possible.

___ I (We) wish to have my / our child participate in the Characteristics of Dyslexia Instructional Program.

___ I (We) do not wish to have my / our child participate in the Characteristics of Dyslexia Instructional Program.

________________________  _____________
Signature of Parent / Guardian  Date

________________________  _____________
Program Interventionist  Date

We appreciate your support of the program as we strive to build a community of skilled readers. If you have any questions regarding the program, please feel free to email or call your child’s school.

Sincerely,
Your child has been recommended to exit the Watson Chapel School District’s Characteristics of Dyslexia Program. The considerations for exiting include: reevaluating and post-testing of student that shows growth to be closer to grade level proficiency standards. The student may also demonstrate self-monitoring/self-correction behaviors as evidenced through informal observation by his/her teacher and interventionist. Students that exit the Watson Chapel School District Characteristics of Dyslexia Program will receive regular monitoring. At anytime during monitoring that grade level proficiency is not being met, the student may be reconsidered for placement into the program.

Please check YES if you agree that the statements are correct. If the statements are not correct, check NO. When you have finished, please sign and date.

YES _____  NO _____ I have been notified that my child has shown appropriate progress in reading and/or writing in the Characteristics of Dyslexia Program.

YES _____  NO _____ I give my permission for my child to exit the Characteristics of Dyslexia Program to the regular classroom reading program.

_________________________________  ________________________
Signature of Parent or Guardian     Date

_________________________________  ________________________
Program Interventionist            Date

_________________________________  ________________________
Committee Member                   Date

_________________________________  ________________________
Teacher                         Date
Dyslexia Screening Procedures

The following procedure has been developed to help schools meet legislative requirements to screen for dyslexia and provide a suitable evidence-based intervention. This process shall be completed no later than the student’s completion of the first semester (end of 2nd marking period) of the second grade.

1. **Parent or teacher suspects the student have dyslexia**
2. **Teacher and/or parent complete the IDA checklist**
3. **Student exhibits 3 or more characteristics that persist over time (14 weeks) and interfere with the student's learning.**
   - Run the DIBELS Class Report. Does the Student’s DIBELS score fall in the “low” range in foundational skills subtest in K-2?
     - **YES**
       - Administer the Dyslexia Screeners Level I. Did the student get a score of between 0-29 on three of the subtests, one of which is either Working Memory or Phonological Awareness?
     - **NO**
       - Refer to School’s RTI Team. Include all assessment data, RAN, PAST, DIBELS, DSA, STAR< and IReady Scores.
4. **Student exhibits 2 or less characteristics that persist over time (14 weeks) and interfere with the student's learning.**
   - Implement Tier Two Intervention Program. Minimum 30 min. 3 times a week. Retest at next DIBELS/AIMSWEB window.
     - **Does the Student’s DIBELS score continue to fall in the “Low” range on Foundational Skills subtest?**
       - **YES**
         - Discontinue Tier 2 Interventions
       - **NO**
         - Increase interventions to minimum of 20 min. daily. Retest at next AIMS/DIBELS window. Does the Student’s DIBELS score continue to fall in the “Low” range on Foundational Skills subtest?
5. **Administer Classroom Based Remediation or Refer to Intervention and Referral Services.**

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**Legend:**
- **YES**
- **NO**
**Dyslexia Identification Process**

**Step 1: Initial Screening**

**Students in Grades Kindergarten and First Grade**
- All K-1 Students will receive a battery of early literacy assessments (DIBELS) including initial letter fluency.
- Students who score below the 25th percentile are considered AT-RISK and are given high priority for intervention services.
- Students who score between the 25th and 50th percentiles in more than 4 categories are considered a moderate risk and given next priority for intervention services.

**Students in Second Grade and Above:**
- Students in grades 2 and above who score below the 30th percentile on the DIBELS assessment or through a teacher recommendation, will be given a battery of literacy assessments.
- Students who score below the 25th percentile in more than 2 categories are considered AT-RISK and are given high priority for intervention services.
- Students who score between the 25th and 50th percentiles in more than 2 categories are considered a moderate risk and given next priority for intervention services.

**Step 2: Intervention Placement and Services**
- The school-based RTI Team determines placement for interventions. Students will receive two-four week cycles of intervention instruction.
- Progress will be monitored twice monthly. Students who are not responding to the intervention will then receive a Level I Dyslexia Screening to gather more information.

**Step 3: Level 1: Dyslexia Screening**

The Level I Dyslexia Screening is a process of gathering additional information that includes progress monitoring data, work samples, and other formative literacy assessments. The RTI team will consider the following factors:
- The child has received effective classroom instruction.
- The student has adequate intelligence or the ability to learn.
- The lack of progress is not due to sociocultural factors such as language differences, irregular attendance, or background experiences.
Once those factors are ruled out as a cause of the reading difficulties, parents are informed of the concerns and additional dyslexia screening tools will be administered.

**Step 4: Response to Intervention Team (RTI) Meeting**

The RTI team will meet to review the Level I Dyslexia screening results. Parents will be invited to attend. The team will then determine next steps for treatment.

- Acceptable progress: continue intervention
- Limited Progress: adjust intervention
- Minimal Progress: move to Level II Dyslexia screening

**Step 5: Level 2 Dyslexia Screening**

The Level II Dyslexia Screening is a more detailed process for identifying a pattern of strengths and weaknesses, documenting the characteristics of dyslexia. This determination may include reviewing of performance criteria data (i.e. cut-points, benchmarks) on the chosen Level II Dyslexia screening tools. It may also include norm-referenced, diagnostic assessments. The specific skills to be tested at this level include phonological awareness, rapid naming, word reading, decoding, fluency, spelling and reading comprehension. Screening may include the following questions:

1. Does the student demonstrate one or more of the primary reading characteristics of dyslexia in addition to a spelling deficit?
2. Are the reading and spelling difficulties the result of a phonological processing deficit?
3. Are the reading, spelling, and phonological processing deficits unexpected? Does the student demonstrate cognitive ability to support age level academic learning?
4. Are there secondary characteristics of dyslexia evident in reading comprehension and written expression?
5. Does the student have strengths that could be assets? Are there coexisting deficits that may complicate identification and the response to intervention and may deserve further testing and assessments?

- If the Level II Dyslexia Screening conducted indicates that a student exhibits characteristics of dyslexia; the student shall be provided intervention services using a dyslexia program.
- If it is determined that the student has functional difficulties in the academic environment due to characteristics of dyslexia, the necessary accommodations for the student shall be provided under Section 504.
Step 6: RTI Dyslexia Intervention Placement

Students with characteristics of dyslexia will receive an appropriate, specialized instructional program that:

● provides systematic, research-based instruction

● includes instruction that is multisensory addressing two or more sensory pathways during instruction or practice

● provides instruction in the essential components of reading in a small-group or individual setting that maintains fidelity of the program

Step 7: Special Education Placement

A student suspected of having dyslexia who is unable to make adequate academic progress may be referred to special education for evaluation and possible identification as a child with a disability within the meaning of IDEA 2004. It should be noted, that the district RTI assessment team will make the decision as to whether or not an evaluation for special education is warranted, and what assessments are needed based on the child’s suspected disability.
Recommended Accommodations

Listed below are recommended accommodations to be considered for a student exhibiting the characteristics of dyslexia. Specific accommodations should be selected based on individual student needs.

**Reading**
- Allow audio books and/or text-to-speech software
- Utilize outlines, summaries
- Preview questions and vocabulary
- Allow shared reading or buddy reading

**Writing**
- Grade for content rather than spelling
- Allow students to dictate work to an adult
- Substitute alternative projects for written reports
- Utilize speech-to-text software
- Reduce written work
- Minimize copying
- Accept oral responses, reports, and presentations

**Testing**
- Provide extra time
- Review directions orally
- Read tests orally
- Allow dictated responses

**Homework**
- Reduce reading and writing requirements
- Limit time spent on homework
- Provide extra time

**Instruction**
- Break tasks into small steps
- Give directions in small steps
- Give examples and model behavior
- Emphasize daily review
- Provide copies of lecture notes

**Classroom**
- Post schedules and maintain routines
• Chart assignments on a calendar
• Use color-coding to organize materials and information
• Incorporate multisensory activities
• Coordinate preferential seating
• **Avoid** requiring student to read aloud in front of a group
References


Characteristic Profile of Dyslexia Form – Revised 2014, Texas Scottish Rite Hospital for Children. Texas Scottish Rite Hospital for Children 1995-2015, Gladys Kolenovsky, M. A.


Sources for Dyslexia Screening Procedures:

http://w2.mabankisd.net/dyslexia/Forms/CharProfile.pdf
RESPONSE TO INTERVENTION
Response to Intervention (RTI) is a framework meant to ensure all students are receiving appropriate instructional support. Professional Learning Communities (PLCs) are meant to foster a team approach among groups of teachers to answer four basic but powerful questions while utilizing student work and assessment as the basis for carrying out RTI.

The questions are:

- What do we want each student to learn?
- How will we know when each student has learned it?
- How will we respond when a student hasn’t learned it?
- What will we do for the student who has already learned it? (DuFour, 2008)

Response to Intervention (RTI) is a multi-component, general education model, designed to identify students who may be at risk for learning or behavior challenges, offer support, and monitor progress.

The Individuals with Disabilities Education Act (IDEA, 2004) allows for the use of a student’s response to intervention for identifying specific learning disabilities, including dyslexia. Most importantly, the IDEA law requires a student be provided high-quality, education to ensure a student’s difficulties are not the result of inadequate instruction.

The district utilizes the core principles of the Response to Intervention (RTI) process which combines systematic assessment, discussion, and a multi-tiered services delivery model to
improve educational and behavioral outcomes for all students. The district’s process identifies students’ challenges early and provides appropriate instruction by ensuring that students are successful in the general education classroom. In implementing the RTI process, the district will:

- apply scientific, research-based interventions in the general education setting.
- measure the student’s response to intervention.
- utilize RTI data to inform instruction.

Watson Chapel School District will implement student interventions that consist of three levels of assistance that increase in intensity. The three levels will include:

A. Screening and classroom interventions
B. Targeted small group intervention
C. Intensive interventions

The RTI process begins with high-quality instruction and universal screening of all children in the general education classroom. Struggling learners are provided with interventions at increasing levels of intensity to accelerate their rate of learning. Progress is closely monitored to assess both the learning rate and level of performance of individual students. Educational decisions about the intensity and duration of interventions are based on individual student response to the instruction. RTI is designed for use when making decisions in both general education and special education, creating a well-integrated system of instruction and intervention guided by child outcome data.

In order for RTI implementation to be successful, the following essential components will be implemented with fidelity and in a rigorous manner:

- **High-quality, scientifically based classroom instruction** - All students receive high-quality, research-based instruction in the general education classroom.
- **Ongoing student assessment** - Universal screening and progress monitoring provide information about a student’s learning rate and level of achievement, both individually and in comparison with peer groups. These data are then used when determining which students need closer monitoring or intervention. Throughout the RTI process, student progress is monitored frequently to examine student achievement and gauge the effectiveness of the curriculum. Decisions made regarding students’ instructional needs are based on multiple data points taken in context over time.
- **Tiered instruction** - A multi-tiered approach is used to efficiently differentiate instruction for students. The model incorporates increasing intensities of instruction offering specific, research-based interventions matched to student needs.
• **Parent involvement.** Watson Chapel School District Schools will provide parents information about their child’s progress, the instruction and interventions used, the staff who are delivering the instruction, and the academic or behavioral goals for their child.

**Parent Involvement in the RTI Process**

The district will inform parents regarding the use of scientific, research-based interventions, including: a) the state’s guidelines regarding the amount and nature of students’ performance data collected and the general education services provided; b) strategies used to increase the student’s rate of learning; and c) the parents’ right to request a special education evaluation.

**The Goals of RTI:**

- Integrate all the resources to minimize risk for the long-term negative consequences associated with poor learning or behavioral outcomes.
- Strengthen the process of appropriate disability identification.

**Tier I: Core Instruction**

As part of Tier I, all students are screened on reading measures to determine instructional needs and identify students with risk factors or reading deficits. Effective Tier I Core Instruction is the first line of defense. It is critical that classroom teachers build skills in reading instruction that includes the five essential components (phonemic awareness, phonics, comprehension, fluency, and vocabulary) and provides differentiated instruction to meet the needs of all students.

**(First step: Identification)** The teacher completes beginning of year testing, and notices there is a child whose scores are lower than expected, and his/her previous teacher may have voiced concern.

**(Second step: Investigate)** The teacher will talk to the child’s previous teachers, gather previous grades, results of testing, and previous progress monitoring. The teacher will also speak with intervention teachers to find out if the child received services in previous years, and how they progressed. An additional option will include the teacher talking to Special Education and Resource teachers to see if the child had previously been tested, and what the results were. Finally, the teacher will check to see if the child was retained.
Tier I – Core Instruction

- **Focus:** All students (should meet the needs of approximately 80 to 90% of the students)
- **Interventionist:** General education teacher
- **Setting:** General education classroom
- **Grouping:** 3 to 6 students
- **Curriculum:** Scientific, research-based math and reading instruction aligned to state standards and differentiated based on student need and ability.
- **Duration:** Year-long
- **Time:** Involves a significant block of uninterrupted ELA and math instruction each day.
- **Assessment:** Screening 3 times a year (Fall, Winter, Spring) plus a combination of informal measures to inform instruction and identify students who may be at-risk for math and reading failure
- **Progress Monitoring:** Students who are just below or a few points above the recommended benchmark score on universal screening are progress monitored every (3) weeks.
- **Behavior:** Attention to behavior factors (absenteeism, inattention) that impact performance.

*(Third step: Begin RTI)* RTI is Response to Intervention. Teachers will identify the areas of weakness and focus on remediating specific skills. Next, teachers will develop a plan, and involve the parents at this point. Parents will be invited for a conference to discuss the areas of weakness, and a plan to remediate the child. Others who work with the child will also attend this conference, such as principal, intervention teacher, counselor, and RTI designee. Tier I is typically a 4-6 week process with intervention taking place (3) times a week for 15 to 30 minutes per session. Small group instruction may be carried out during regular class. **RTI is NOT:** just working “one-on-one”, “peer tutoring”, “help from volunteers”, or “seated near the teacher”. While these things may be helpful, they are **NOT INTERVENTIONS.** Intervention is direct, specific instruction in an area of weakness.

*(Fourth step: Document)* The teacher will record data on a progress monitoring form. This will be necessary if the child is referred for special education evaluation at a later date.

*(Fifth step: Review data)* The teacher will review data and progress weekly. The principal meets with the RTI team at least every (2) weeks to review progress and adjust plan to better serve the child.

Tier II – Supplemental Instruction (5 to 15% of students)

If the team finds that the child is not showing significant progress after 4 to 6 weeks – move to Tier II.
• **Focus:** Students considered at-risk as determined by universal screening, progress monitoring data, and additional validated measures of student performance.

• **Interventionist:** Trained, skilled and knowledgeable school personnel which may include classroom teachers, paraprofessionals, etc.

• **Setting:** Variable, can occur in and/or outside of general education classroom.

• **Grouping:** Small, homogenous grouping (1:3 – 1:5) based on similar instructional needs

• **Curriculum:** Research based - explicit instruction

• **Duration:** Varies (12 to 18 weeks minimum)

• **Time:** 20 to 30 minutes, 3 to 4 times per week or consistent with intervention research

• **Assessment:** Combination of informal and formal measures

• **Progress Monitoring:** Every 3 weeks examine rate and level of performance for the purpose of determining student response to supplemental instruction / intervention.

• **Behavior:** Attention to behavior factors (absenteeism, inattention) that impact performance

Tier II intervention is in addition to Tier I instruction. For many students, a supplemental, Tier II intervention provides the necessary support to improve reading achievement to grade-level expectations and maintains reading growth without further intervention. If a student continues to make insufficient progress or fails to respond to intervention, the RTI committee may consider further screening, a Level II: Dyslexia Screener, to determine the nature of the reading problem and the severity of the reading difficulty. The best practice would be to obtain written parental consent before this specialized evaluation takes place.

If screening indicates characteristics of dyslexia exist, then the student shall be provided dyslexia Intervention services. Dyslexia intervention may occur at Tier II or Tier III. Dyslexia intervention is a general education component of RTI. In Tier II and Tier III, teachers continue to track student learning, establish goals, plan instruction, and make appropriate adjustments to instruction based on student progress toward achievement of state standards.

**Tier III: Intensive Intervention (1 to 5% of students)**

• **Focus:** Students not responding appropriately to Tier I and Tier II interventions

• **Interventionist:** Highly trained, skilled and knowledgeable school personnel

• **Setting:** Most often takes place outside of general education classroom

• **Grouping:** Small, homogenous grouping (1:1 to 1:3)

• **Curriculum:** Customized, intensive, systematic, research-based instruction

• **Duration:** Varies

• **Length of Sessions:** 30 to 60 minutes (3 to 5) times per week

• **Progress Monitoring:** One time per week
- **Behavior:** Attention to behavior factors (absenteeism, inattention) that impact performance
- **SPECIAL NOTE:** Referral for Special Education may occur if a student fails to make adequate progress.

**Warning signs for moving to Tier III**

- Student moves in from another district or area with interventions/services provided in the past
- Student moves in and appears to have had very different instruction or has significant gaps in learning
- More specialized assessment data is needed to determine the cause of the problem
- Student has been referred to IST in the past a number of times and specific strategies have been provided.
- Functioning below the 15th percentile on multiple assessments
- Student has had significant medical trauma or mental health concerns or issues
- Student does not meet grade level standards and benchmarks in more than one academic area
- Student is potentially harmful to self or others
- Student appears unable to successfully participate in any academic activities
- Behavior consistently interferes with self-learning or others in the classroom, even with consistent Tier II Interventions
- Behavior significantly disrupts classroom functioning
- Severe behavior problems have been observed over time

**Frequently Asked Questions**

**Who is responsible for RTI?**

Since the focus of RTI is strengthening the effectiveness of core curriculum for all students, ALL teachers are responsible for Response to Intervention. It involves good instructional practices that are expected in all classrooms for all students. Teachers at all levels will use progress monitoring data to inform their instruction for all students. Monitoring of the RTI Process is the responsibility of the RTI Support Team working in conjunction with teachers and administrators at each school.

**Is a retained student automatically Tier II or III?**

No. However, retained students should be monitored carefully to assure that they make the necessary progress to be successful in later years and to score at the proficient level on mandated tests. Retention is one indicator on the *Watch List.* Just repeating the same program
with the same type of instruction is often not enough to positively impact a student’s long term achievement. Therefore, care must be taken to assure appropriate diagnosis and intensity of intervention for these students. Retained third grade students must be monitored through RTI. At the first sign that a retained student is not making adequate progress, the student’s data should be reviewed by the data team for a possible referral to RTI.

What if a parent request that a student is tested?

If parent requests testing for a student, the teacher should explain that we are mandated to use the Response to Intervention/Multi-Tiered System of Supports model. The student is assigned to an RTI tier based on his/her level on need ascertained by reviewing the student’s data. The parent must be involved in this process. If the parent continues to request testing, the parent should be referred to the district LEA Supervisor for further explanation and services.

What happens when a new student is enrolled who was Tier II or Tier III in another district?

The student records will be reviewed. The student will be brought to the Intervention Support Team (RTI) and they will determine what data is needed. The RTI process will continue with the student based on diagnostic and progress monitoring information. Data from another district may not be usable in its entirety.

If a teacher completes a Tier I Plan, delivers the intervention, and the student shows enough improvement to be back on track, do the student proceed with RTI?

No. This is good news! The student is ready to progress with the rest of the class. There is no need for RTI involvement.

What happens if a child struggles, we begin intervention with a Tier I Plan, they improve, we discontinue, and the student falters again?

A student may struggle in the fall, improve, then begin to have difficulty again due to the rigor of the content. If this happens, teachers will begin another Tier I Plan to address the problem. Discontinuing a Tier I Plan due to success does not guarantee that the student will never struggle again.

Who determines when to convert a child’s RTI to consider Special Services?

The RTI Support Team makes this decision collaboratively. The decision is based upon the data indicating the student’s response to intervention and the layering of support the student is receiving.
How does RTI fit with the Progress Monitoring?

RTI is our Progress Monitoring Plan. The Tier I, Tier II, and Tier III Intervention Plans document the progress monitoring on targeted students. Other students are monitored through Universal Progress Monitoring (DIBELS, STAR Reading and Math, etc.).
Accommodations and Modifications

*Accommodations* are changes to *the way* a child is expected to learn on how he/she is tested.

*Modifications* are changes to *what* a child is expected to learn.

Accommodations involve many kinds of techniques and support systems. Accommodations help works around limitations related to their disability. Students who are blind may need to use braille textbooks-on-tape. Students who use wheelchairs may need a ramp to move independently in the school building. Students who are deaf or hard-of-hearing may need a sign language interpreter. Accommodations are really “whatever it takes” to make sure that students with a disability can participate as fully as possible in the general curriculum and ultimately earn a standard high school diploma. Goals for learning in school do not have to change when accommodations are used. Students with a disability can be challenged to meet the same requirements as students without disabilities. Most can take the same tests, pass the same kinds of courses, and earn the same high grades to graduate with a standard diploma.

Accommodations can be provided for;

- Instructional methods and materials
- Assignments and assessments
- Learning environment
- Time demands and scheduling
- Special communication systems

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<thead>
<tr>
<th>Accommodations</th>
<th>Modifications</th>
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<tr>
<td><em>Eliminates obstacles that would interfere with a student’s ability to perform or produce at the same standard of performance expected of general education students.</em></td>
<td><em>A Change that actually lowers the standards of performance (What is expected to be known?)</em></td>
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- Reading a test to a student (with no additional help) - This does not apply to a reading test.
- Allowing extra time to take the same test of complete the same assignments
- Signing an assignment notebooks
- Breaking down work into small segments, but still expecting all elements to be completed
- Staying after school for homework help
- Preferential seating
- Providing an extra set of books at home
- Home-School Connection Journal
- Books on CD

- Reading the test and rewording, explaining questions on the test
- Changing multiple-choice answers from 4 to 3 options
- Shortening a spelling test or other assignment
- Using a different grading scale for a student
- Reducing homework/number of assignment to be completed
Documenting Tier I Interventions:

When students begin to struggle with academic or behavioral issues, the classroom teacher selects and implements one or more research-based intervention strategies to assist those students. This could include, but not be limited to: additional small group time, more targeted instruction during small group time, short-term individualized assistance, more frequent conferencing for goal setting, checking work more frequently during independent work time, etc. A strong intervention plan requires more than just well-chosen interventions. According to Wit, VanDer Heyden, and Gilbertson, 2004, four additional components include:

1) Student concerns (targeted area) should be clearly and specifically defined.
2) One or more methods of formative assessment should be used to track the effectiveness of the intervention.
3) Baseline student data should be collected prior to the intervention.
4) A goal for student improvement should be determined at the beginning of the intervention to decide whether that intervention is ultimately successful.

*If one of the above is missing, the intervention fails to meet minimum RTI Standards.*

The Intervention Support Team

The Response to Intervention Support Team (RTI/IST) is a school level team utilized to provide teachers with support when students are not successful in the classroom setting. An IST shall exist in each school and serve as the primary problem solving team for all types of academic and behavioral learning issues.

Goals of the Intervention Support Team

- **Prevention** - The IST is accessible to all school personnel to prevent student learning problems or resolve them in their early stages.
- **Problem Solving** - The IST will apply a problem solving approach by clearly defining the problem, determining the root cause and identifying the needs of the students who are experiencing difficulties.
- **Intervention** – The IST will develop and assist the teacher in implementing, based on the defined problem, appropriate interventions and will monitor progress to evaluate the results.
- **Collaboration/Consultation** – The IST will coordinate school and community resources to help meet the individual needs of identified students.
- **Training** – The IST will facilitate training for school personnel and parents regarding Multi-Tiered System of Supports and the role of the Intervention Support Team.
Membership

While membership on the Intervention Support Team may vary from school to school the following individuals should be considered:

Administrator – Principal or designee, required

Student’s Classroom Teacher(s) – This is the person or person(s) bringing the student information to the ISTs.

Parent(s), Guardian or Caregiver – Although parents may not be involved in the first IST on a student, they MUST be invited to subsequent meetings. IDEA 2004 legislation requires that parents be involved with the intervention process.

Guidance Counselor – Required

Staffing Specialist - Math and Literacy Interventionist

Speech Therapist

Reading Coach

Other classroom or resource teachers or support personnel - as needed

Intervention Support Team Member Responsibilities

Student’s Classroom Teacher:

- Completes the Student Progress Profile, Student Data Form, Tier I Intervention Plan (with parent input), and request for IST Meeting Form prior to the meeting
- Documents parent contact and input
- Follow up with parent after the first meeting if parent is not present

Administrator:

- Arranges for teachers’ classes to be covered
- Provides adequate meeting space and time for meeting
- Secures resources for intervention
- Assures fidelity of the intervention implementation through classroom observations

Parent(s):

- Provides relevant home/community information
- Provides relevant medical/social information
- Collaborates with school personnel in implementing intervention

Guidance Counselor:

- Administers, or arrange for, screening test and report findings to the IST
• Assist the teacher in data collection for presentation to the IST
• Available for consultation, particularly on behavioral interventions

**Literacy/ Math Specialist:**
• Administers academic diagnostic assessment and report to IST/RTI
• Pulls reports from DIBELS and other universal screeners
• Provide intervention information and support to the teacher
• May assist with some intervention implementation
• Available for consultation on interventions
• May provide some resources or help teacher organize data collection
• May provide training on intervention implementation or data collection techniques

**RTI/Dyslexia Specialist:**
• Provides screening and diagnostic information
• Serves as a liaison with student services and helps monitor the IST Process
• Provide input on intervention implementation
• Contributes information regarding instructional methodologies and curriculum
• Assists in developing interventions from their area of expertise
• Provide support for interventions to the students’ classroom teacher
• May manage the paperwork generated by the IST process

**Assigned Roles and Duties of Team Members**
The following are suggested roles to assure smooth implementation of the RTI/IST process. They may overlap or vary depending on the organization of the team.

**IST/RTI Chairperson:**
• Non-rotating role
• Coordinates completion of required IST documentation, providing support to referring teacher when necessary
• Assures teacher has copy of sample agenda prior to meeting
• Maintains calendar and notifies members of dates and times as necessary
• Coordinates completion of referral paperwork if a Special Service referral is necessary

**Facilitator:**
• Establishes and maintains a supportive atmosphere
• Keeps the meeting goal oriented by following agenda
• Pays special attention to group problem solving process issues
• Attempts to elicit appropriate level of agreement during the process
• Points members back to available resources in the meeting
• Works to assure understanding of issues
Recorder:
- Keeps an accurate and concise record of the RTI/IST meeting using the appropriate forms
- Asks for clarification about key information
- Assures that the classroom teacher has a copy of the required interventions and progress monitoring requirements

Time Keeper:
- Monitors how far a team has progressed
- Prompts the team to remain focused on the issue at hand
- Helps the team come to closure when time is running out

Implementation Liaison:
- The teacher must know where to direct questions in case of difficulty with the implementation of the intervention(s) and progress monitoring.
RTI

FORMS
### Overview of Forms Supporting the Response to Intervention Process

<table>
<thead>
<tr>
<th>TIER I Before 1st Meeting</th>
<th>TIER 2</th>
<th>TIER 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tier I Intervention Plan completely filled out</td>
<td>• Intervention Support Team Folder Checklist</td>
<td>• Intervention Support Team Participation Notes (Maintain)</td>
</tr>
<tr>
<td>• Student Progress Profile</td>
<td>• Intervention Support Team Participation Notes</td>
<td>• Tier III Intervention Plan</td>
</tr>
<tr>
<td>• Student Data Form</td>
<td>• Tier II Intervention Plan</td>
<td>• Classroom Observation (Form #2)</td>
</tr>
<tr>
<td>• Parent Notification of Intervention Activities/Screening Form</td>
<td>• Intervention Calendar/Progress Monitoring Data</td>
<td>• Intervention Calendar/Progress Monitoring Data</td>
</tr>
<tr>
<td>• Any Progress Monitoring Data-not a form</td>
<td>• Classroom Observation Form #1</td>
<td>• Tier III Parent Conference Form</td>
</tr>
<tr>
<td>• Intervention Support Team Meeting Request</td>
<td>• Updated Student Progress Profile</td>
<td>• Review of Current Performance Comparison Data</td>
</tr>
<tr>
<td></td>
<td>• Tier II Parent Conference Form</td>
<td>• Tier II Parent Notification of Increasing Intervention and Problem Solving (If necessary)</td>
</tr>
<tr>
<td></td>
<td>• Intervention Support Team Meeting (RTI) Invitation</td>
<td></td>
</tr>
</tbody>
</table>

Forms noted in **italics** are the responsibility of the classroom teacher with support from the Literacy Specialist. Forms not in italics will be completed during Intervention Support Team Meetings.

Tier I is the classroom teacher’s responsibility. Teachers will complete everything on the Tier I Intervention Plan before you signing up for IST- which includes conducting two parent conferences.
## Intervention Support Team Sample Meeting Agenda – First Meeting on a Student

<table>
<thead>
<tr>
<th>TIME</th>
<th>TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>~1 min.</td>
<td>Introductions as necessary, facilitator reviews the agenda as necessary</td>
</tr>
<tr>
<td>~2 min.</td>
<td>Inventory student strengths and talents, (This information is taken from the Tier I Plan. It is not a general discussion.) Team discusses student’s strengths and positive qualities. Team identifies rewards or incentives that help motivate the student.</td>
</tr>
</tbody>
</table>
| ~3-5 min. | Assess Concerns - Why is this student being brought to IST? Does data indicate that the student is performing more poorly than at least 80% of the class?  
  - Chair, facilitator, or teacher summarizes referral concerns  
  - Team members share any additional concerns  
  - Team members review relevant background information (Student progress profile, Student Data Form, Tier I Intervention Plan) |
| ~3-5 min. | Review Baseline and Intervention Data:  
  - Teacher summarizes interventions implemented prior to IST meeting and discusses parent contacts  
  - Teacher reviews student response to Tier I intervention and any baseline data collected  
  - Available personnel record data on Progress Monitoring Data Form  
  - Team discusses:  
    - What appears to be the root cause of the student’s problem? What, if any, additional data is needed to make this determination? |
| ~5 min. | Set Academic and/or Behavioral Goals:  
  - Team selects and defines the top 1-2 concerns in easily observable and measurable terms (Long-Term Goal)  
  - Team sets an ambitious but realistic, observable, and measureable goal that is attainable in 4-6 weeks (Short Term Goal) |
| ~5-10 min. | Design an Intervention Plan:  
  - Team develops at least one intervention to address the concern(s)  
  - Team selects at least one method or tool to monitor student progress for each intervention  
  - Recorder documents the plan, including series of specific teacher-friendly intervention steps, when and where it will be implemented, materials required, measures to monitor student progress, frequency of progress data collected, and person(s) responsible for intervention and progress monitoring. |
Sample Follow-Up Meeting Agenda

<table>
<thead>
<tr>
<th>TIME</th>
<th>TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>~ 2 min.</td>
<td>Review Intervention Plan</td>
</tr>
<tr>
<td></td>
<td>• Recorder reviews main points and asks attendees to sign participation notes</td>
</tr>
<tr>
<td></td>
<td>• Facilitator elicits any final concern; assures that teacher understands plan and whom to go to for help</td>
</tr>
<tr>
<td></td>
<td>• Chairperson schedules follow-up meeting and reminds teacher to follow up with parent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIME</th>
<th>TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>~ 1 min.</td>
<td>Introduction as necessary</td>
</tr>
<tr>
<td></td>
<td>• Facilitator reviews the agenda as necessary</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIME</th>
<th>TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>~ 3 min.</td>
<td>Review Initial Concerns</td>
</tr>
<tr>
<td></td>
<td>• Recorder briefly reviews initial first meeting documentation</td>
</tr>
<tr>
<td></td>
<td>• Facilitator elicits any updated background information since the initial meeting occurred</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIME</th>
<th>TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>~5 - 10 min.</td>
<td>Debrief on Implementation of Intervention Plan</td>
</tr>
<tr>
<td></td>
<td>• Teacher and Team Members discuss implementation issues and progress monitoring data.</td>
</tr>
<tr>
<td></td>
<td>• Team members ask any questions necessary to clarify information.</td>
</tr>
<tr>
<td></td>
<td>• Administrator confirms the fidelity of implementation by initialing the plan.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TIME</th>
<th>TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>~ 5 min.</td>
<td>Evaluate Plan Effectiveness</td>
</tr>
<tr>
<td></td>
<td>• Team members evaluate academic and/or behavioral progress by comparing program monitoring data collected to the goals set in the initial IST meeting</td>
</tr>
<tr>
<td></td>
<td>• Available personnel record data on Progress Monitoring Data Form and graph information for review</td>
</tr>
<tr>
<td></td>
<td>• Team members determine if student progress indicates the potential to close the learning and/or behavioral gap by the end of the school year</td>
</tr>
<tr>
<td></td>
<td>• Does it appear that the root cause has been identified and is being appropriately addressed?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIME</th>
<th>TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>~ 5 -10 min.</td>
<td>Decide on Next Steps:</td>
</tr>
<tr>
<td></td>
<td>• Team members make decision for continuation, modification, or intensification based on student’s progress</td>
</tr>
<tr>
<td></td>
<td>• Determine if additional screening, materials, and/or support is necessary and plan accordingly</td>
</tr>
<tr>
<td></td>
<td>• Follow-up meeting scheduled based on decision made</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIME</th>
<th>TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>~ 2 min.</td>
<td>Review Decision:</td>
</tr>
<tr>
<td></td>
<td>• Assure understanding of decision and next steps; Parent follow-up (If absent)</td>
</tr>
</tbody>
</table>
## Tier I Intervention Plan

### A. Student’s Performance Profile

<table>
<thead>
<tr>
<th>Strength(s):</th>
<th>Evidence or (Data or Observation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area(s) of Need:</th>
<th>Evidence by (Data or Observation)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. Intervention Plan for Targeted Area of Need:

1. What area of need does this plan address?

2. **Current Performance** *(baseline data) in area of Targeted Need (DIBELS, Star Math, Star Reading, etc.)*

3. **Date of data (Grade Level/Department) Team meeting** Strategies Suggested by the Team:

4. **The student will** *(describe observable, measurable behavior)*:

5. **How will you determine if the student is making progress?**

<table>
<thead>
<tr>
<th>Baseline Data:</th>
<th>Goal by Check up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. **Aligned Intervention** *(Describe the differentiation; how often the intervention will occur)*:

7. **Parent Support:**
Parent Signature: ____________________________________________

Date: _____________________________

Teacher will follow-up on ____________ with a ☐ Conference ☐ Phone Conference

8. Second Parent contact date: ____________________________ Type:

9. Item(s) Discussed during Second Contact:

Evaluate Progress (At the time of second parent contact):

Student is making adequate progress with Tier I Intervention ☐ Yes ☐ No

Tier I Intervention will be modified ☐ Yes ( adjust Tier I Intervention Plan) ☐ No

Student will be referred to Intervention Support Team (IST) ☐ Yes ☐ No

If the student is being referred to IST:

• Update Student Progress Profile Form
• Complete Student Data Form
• Have parent sign Parent Notification of Intervention Activities/Screening Form
# Intervention Support Team Participation Notes

<table>
<thead>
<tr>
<th>Student</th>
<th>School</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Grade</th>
<th>Initial Meeting Date</th>
<th>Teacher</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Team Member Role</th>
<th>Signature</th>
<th>Meeting Dates/Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guidance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Literacy Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairperson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resource Teacher</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Teacher will invite parent to attend the meeting.*
## Intervention Support Team Meeting Request

<table>
<thead>
<tr>
<th>First Request: Yes or No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Student Name:</strong></td>
<td><strong>Teacher:</strong></td>
</tr>
<tr>
<td><strong>B. Parent Contact Information:</strong></td>
<td><strong>Grade:</strong></td>
</tr>
<tr>
<td>Name: ____________________</td>
<td>Specify Grade Level(S)</td>
</tr>
<tr>
<td>Address: ________________</td>
<td></td>
</tr>
<tr>
<td>Phone: _________________</td>
<td></td>
</tr>
<tr>
<td><strong>C. DOB:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>D. Attendance - Last Year</strong></td>
<td>Attendance – Current Year</td>
</tr>
<tr>
<td>Days Present ____________</td>
<td>Days Present ____________</td>
</tr>
<tr>
<td>Days Absent _________</td>
<td>Days Absent _______</td>
</tr>
<tr>
<td><strong>E. Area(s) of Concern – Why are you referring this student to the RTI Team?</strong></td>
<td>(Attach any available documentation)</td>
</tr>
</tbody>
</table>

Vision and Hearing Screening Information will be added at the RTI Meeting
F. Date of Vision Screening (must be w/in past 12 months)

Results: Within Normal Limits __Yes    __No

Date of Hearing Screening (Must be w/in the past 12 months); This Must be filled in no later than the 1st meeting:

Results: Within Normal Limits __Yes    __No

G. Rate the following characteristics as: (1) Never (2) Sometimes (3) Frequently

<table>
<thead>
<tr>
<th>Classroom Teacher Interaction with Teacher</th>
<th>Work Behavior</th>
<th>Classroom Interaction With Peers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demands Teacher Attention</td>
<td>Difficulty following directions in sequence</td>
<td>Interacts with peers appropriately</td>
</tr>
<tr>
<td>Appears inattentive, easily distracted</td>
<td>Performs inconsistently from day to day</td>
<td>Disturbs others</td>
</tr>
<tr>
<td>Excessive concern with achievement</td>
<td>Working one or more grade levels behind in a subject area</td>
<td>Leads or joins others in appropriate behavior</td>
</tr>
<tr>
<td>Participates in class discussion/activities</td>
<td>Difficulty completing assignments</td>
<td>Appears withdrawn</td>
</tr>
<tr>
<td>Responds appropriately to praise/corrections</td>
<td>Unprepared for class (materials/assignments)</td>
<td>Engages in destructive and/or aggressive behavior</td>
</tr>
<tr>
<td>Impulsive- talks out-difficulty waiting turn</td>
<td>Difficulty in whole group</td>
<td>Picked on others</td>
</tr>
<tr>
<td>Misinterprets verbal questions and directions</td>
<td>Difficulty in small group</td>
<td>Is picked on my others</td>
</tr>
<tr>
<td>Makes inappropriate responses to conversation and questions</td>
<td>Difficulty working independently</td>
<td>Low frustration tolerance</td>
</tr>
<tr>
<td>Refuse to follow directions</td>
<td>Appears to try hard</td>
<td>Poor judgment in interpersonal relations</td>
</tr>
</tbody>
</table>

H. Attach Tier I Intervention Plan documenting parent conferences.

I. Services Received:

___Speech/Language       _____ESL          ___Tutoring
I request a meeting of the Intervention Support Team to assist in providing interventions for the above named student. All Tier I documents are complete and attached.

- Tier I Intervention Plan
- Student Progress Profile – or spreadsheet showing required information
- Intervention Calendar with Progress Monitoring Data
- Student Data Form
- Parent Notification of Intervention/Screening

I have observed problems that interfere with his/her educational progress in the following area(s): Please check all that apply.

- Academic performance
- Behavior and/or discipline –Specifically ________________________________
- Other – Specifically ________________________________

Parent Conference Held:
Attach Completed Tier I Plan
Intervention Support Team Meeting Scheduled for: ____________________________

Date       Time
Parent Notification of Intervention Activities / Screening

Watson Chapel School District

Teacher ____________________________________________

Student ___________________________ Date of Birth: __________

School: ___________________________ Teacher: ____________________ Grade __________

Date(s) Sent Home: ___________________________

Dear Parent or Guardian,

In an effort to maximize individual student success, our school has an Intervention Support Team (ICT). The mission of the Intervention Support Team is to:

- Identify the needs of students who are struggling with their academics and who may be at risk of school failure
- Recognize those students who are achieving at high academic levels who may need additional enrichment experiences
- Provide students with the academic, behavioral and social support need to succeed in school by implementing various strategies and interventions within the classroom as well as pull-out services with a highly-trained Interventionist that will provide individualized instruction tailored to the student’s need.

This team is comprised of administrators, teachers, and other school personnel who are involved with your child’s learning.

At this time, it is believed that this process will be helpful for your child. The Intervention Support Team will collect data relevant to your child’s learning and monitor his/her progress. The following activities can be completed as part of the Intervention Support Team process:

- Vision Screening
- Speech Screening
- Classroom Observations
- Develop/Review Intervention Plan
- Curriculum Assessments
- Language Screening

___________________________________                                __________________________
Intervention Support Team Designee                                                               Phone Number

____________________________________                               ___________________________
Parent Signature                                                                                   Date
Watson Chapel School District Brief Social History

Child’s Full Name:_________________________ Age:_____ DOB:__________

Information provided by:_______________________________ Date:__________

List one or two things that your child does well:__________________________

Check if your child has problems related to ☐Behavior ☐Attention ☐Learning ☐Language

Explain any concerns that you have regarding your child: ____________________________

List all members in your household and their relationship to the child:

Have there been recent changes in your family that may affect your child? ____________

What is your primary language spoken in the home? ______________________________

1. PRENATAL HISTORY:
Length of pregnancy______________________Complications? _____________________
Normal delivery?_______________________Complications? _____________________
Birth weight___________ Length:_________ Feeding difficulties?___________________

2. MILESTONES: To what extent did your child meet the following milestones: Developmental (sit without support, crawling, walking, talking, toilet training) ☐Met ☐Not Met,
Explain______________________________________________________________

Language (babbling, spoke single words, spoke in short sentences)? ☐Met ☐Not Met

Does your child understand simple directions? ☐Yes ☐No

3. HEALTH HISTORY: Check if your child has had problems with any of the following:
☐Allergies ☐High Fever ☐Swallowing ☐Asthma ☐Seizures ☐Chewing
☐Ear Infections ☐Frequent Colds ☐Sore Throat

Other health concerns:_________________________________________________________

Medical History:
Has your child ever hospitalized?  ☐ Yes  ☐ No

Is there a family history of genetic problems?  ☐ No  ☐ Yes, Explain:____________

Is there a family history of learning problems?  ☐ No  ☐ Yes, Explain:____________

Is there a family history of speech/language problems?  ☐ No  ☐ Yes, Explain:_______

Are there any diagnosed medical conditions?  ☐ No  ☐ Yes, Explain:____________

List current or previous medications:___________________________________________

Does your child have assistive devices (glasses, hearing aid, private therapy, mental health, leg brace)  ☐ No  ☐ Yes Explain:_____________________________________________________

Has your child ever received services from an outside agency (mental health, private therapy)  ☐ No  ☐ Yes

4. OTHER: Please provide any additional concerns or information that you wish to share regarding your child:
**Watson Chapel School District Progress Monitoring**

Student___________________________ Date Intervention Began____________________

Grade/Tier ________________________ Teacher______________________________

Targeted Area of Need________________________________________________

Intervention Provided By ___________________ Title__________________________

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Frequency</th>
<th>Duration</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Score (%)</th>
<th>Goal (%)</th>
<th>Date</th>
<th>Note any changes in Intervention</th>
<th>Progress of Peer Group/Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Point</td>
<td>Score (%)</td>
<td>Goal (%)</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<td>4.</td>
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<td>5.</td>
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</tbody>
</table>

Add more data points if appropriate

| Note: Minimum of four data points and baseline required for Progress Monitoring. Attach Intervention Calendar specifying when intervention occurred. |
### Required for Tier III Referral

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Teacher</th>
<th>Date</th>
</tr>
</thead>
</table>

#### Subject Observed  (please check one subject)
- [ ] Reading Workshop
- [ ] Writing Workshop
- [ ] Word Study
- [ ] Reading Workshop
- [ ] Library
- [ ] Mathematics

#### Learning Situation  (please check all that apply)
- [ ] Regular classroom
- [ ] Whole class instruction
- [ ] Small group instruction
- [ ] Single teacher
- [ ] Direct instruction (lecture)
- [ ] Independent work
- [ ] One-on-one instruction

#### Student Behaviors Observed  (please check all that apply)
- [ ] Aggressive toward children
- [ ] Asks for help
- [ ] Attentive
- [ ] Avoids eye contact
- [ ] Avoids groups
- [ ] Careless mistakes
- [ ] Completes work on time
- [ ] Constantly out of seat
- [ ] Contributes to class discussion
- [ ] Controls discussions
- [ ] Daydreams
- [ ] Demands excessive attention
- [ ] Difficulty copying from board
- [ ] Disorganized work habits
- [ ] Displays leadership ability
- [ ] Disruptive
- [ ] Does not complete tasks
- [ ] Does not follow directions
- [ ] Easily distracted
- [ ] Easily frustrated
- [ ] Friendly
- [ ] Immature behavior
- [ ] Neat appearance
- [ ] Obscure /speech
- [ ] Overactive, restless
- [ ] Perseverates /repeats behavior
- [ ] Short attention span
- [ ] Sits quietly
- [ ] Speech problems
- [ ] Talks excessively
- [ ] Talks out of turn
- [ ] Trouble finding place
- [ ] Unusual language
- [ ] Works well by self
- [ ] Works well with others

#### Learning Environment  (please check only one description for each environmental factor)
- [ ] Classroom design: Traditional four-walls
- [ ] Classroom lighting: Bright
- [ ] Seating arrangement: Rows facing front
| Facing front |  
|---------------------------------|---|
| Student placement: Back / middle of room | Front of room | Near teacher’s desk |
| Temperature: Hot / stuffy | Comfortable | Chilly |
| Noise levels: Quiet | Moderate | Noisy |
| Were there hallway noises or other distractions? yes no |
| Did visitors interrupt the lesson? yes no |
| Student Responses to Teacher and Peers (all that apply) | Student Communication with Teacher (all that apply) |
| Fast | Well organized | Frequently | Infrequently |
| Moderate | Clear and understandable | Voluntary | Teacher-initiated |
| Slow | Difficulty expressing self | Interrupts teacher | Interrupts peers |
| With prompting | Spoke softly | Ignores teacher | Ignores peers |
| Blurted out-of-turn | Off the subject of discussion | Attention-seeking | Enjoys argument/goading |

*Other Significant Student Behaviors or Student / Teacher Interactions (use back of this form if necessary)*

Notes:
Watson Chapel Intervention System (WCIS) Tier I Teacher Documentation Form

- Note: This form is to be completed during the intervention phase and presented to the Support Team.

Student: ________________________________

Subject Area: ___________________ Grade: _______________ Date: __________

Alternative strategies and interventions for improvement of the student’s skills have been implemented and the student has/has not made progress. (Documentation of student’s performance).

<table>
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<tr>
<th>Skill</th>
<th>Strategies/Interventions</th>
<th>Results</th>
<th>Dates: From/To</th>
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Examples of intervention modalities for Tier I may include:

- Explicit and systematic small group instruction within the general education classroom
- Instruction that has been broken down into manageable steps
- Instruction that has been provided using a different teaching strategy
- Instruction was provided using a different response mechanism
- Student has been provided with additional practice activities.
- Student has been provided with immediate and specific feedback.

______________________________ _______________________
Signature of Classroom Teacher Implementing Tier I Date
Parent Notification Letter
Response to Intervention (RTI) – Tier II Referral

Date: ______________________

Dear Parent/Guardian of ______________________________________, 

As part of district-wide efforts to improve student achievement, all Watson Chapel Public School students are given brief assessments, or universal screenings, three times per year (fall, winter, spring) to measure their progress in the curriculum over time. Interventions (extra support) will be provided as needed to all students who did not meet expected levels of achievement in reading, writing, math, and/or behavior. This system of providing intervention based on individual student needs is called Response to Intervention (RTI).

Earlier this year, your child did not meet the expected range for his/her grade level for one of these benchmark, and was referred to Tier II supplemental intervention and/or small group instruction in the following area(s): Reading          Math       Writing       Behavior

Your child’s teacher(s) have monitored his/her success, and the obtained data indicates the need for more intensive intervention, referred to as Tier III. Using these more intensive interventions, the teacher(s) track your child’s progress over time to monitor his/her success, and you will be periodically notified about your child’s performance.

Respectfully,

__________________________

RTI Team Member

If you have any questions about this process, please do not hesitate to contact the school.
Parent Notification Letter
Response to Intervention (RTI) – Tier III Referral

Date: ____________________________

Dear Parent/Guardian of ____________________________,

As part of district-wide efforts to improve student achievement, all Watson Chapel School District Elementary students are given brief assessments, or universal screenings, three times per year (fall, winter, spring) to measure their progress in the curriculum over time. Interventions (extra support) will be provided as needed to all students who did not meet expected levels of achievement in reading, writing, math, and/or behavior. This system of providing intervention based on individual student needs is called Response to Intervention (RTI).

Earlier this year, your child did not meet the expected range for his/her grade level for one of these benchmarks, and was referred to Tier II supplemental intervention and/or small group instruction in the following area(s): reading, math, writing or behavior. Your child’s teacher(s) have monitored his/her success, and the obtained data indicates the need for more intensive intervention, referred to as Tier III. Using these more intensive interventions, the teacher(s) track your child’s progress over time to monitor his/her success, and you will be periodically notified about your child’s performance.

_____________________________

RTI Team Member

If you have any questions about this process, please do not hesitate to contact the school.

Respectfully,