|  |  |  |
| --- | --- | --- |
| **LCS logo BFT 2003** | **Multi-tiered System of Supports Summary****Confidential** | ***8/2015*** |
| *1 of 5* |
|  ***Review of Exclusionary Factors (“Rule Outs”)*** |
|  |  |  |  |  |  |  |
| Name: |       | School: |       | Teacher: |       |  |
|  |  |  |  |  |  |  |
| Birthdate:  |       | Grade: |       | Date Completed: |       |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Student Characteristics** |

|  |  |  |
| --- | --- | --- |
| Does student have a history of poor attendance? [ ]  No [ ]  Yes*If yes, indicate how access to instruction/interventions has been ensured despite poor attendance.*  | Does this student have a history of frequent school changes? [ ]  No [ ]  Yes*If yes, indicate how access to instruction/interventions has been ensured despite frequent school changes.*  | Is this an English Language Learner?[ ]  No [ ]  Yes*If yes, indicate what services and supports have been provided to ameliorate the impact of ELL challenges.*  |
| Is this student eligible for free/reduced lunch? [ ]  No [ ]  Yes*If yes, indicate what services and supports have been provided to ameliorate the impact of SES factors.*  | Other educationally relevant medical, cultural, social, psychological, and/or other information:       |

|  |
| --- |
| **Sensory Screenings** *(Note: Current screenings (i.e., screenings conducted within the past calendar year) are required for all students referred to Student Services for formal evaluations (other than gifted) or “informal academic testing.”)* |
| Hearing Screening Instrument Used: |       | Date conducted:  |       |  |
|  |
|  | *1000 Hz**P or F* | *2000 Hz**P or F* | *4000 Hz**P or F* |  | [ ] Passed | [ ] NA (D/HOH student) |
| [ ] Failed  | [ ] Cannot be conditioned to respond  |
|  | *Right*  | *25 dB* |       |       |       |  | If failed or cannot be conditioned to respond,  |  |
|  | *Left*  | *25 dB* |       |       |       |  | date referred to audiologist: |       |  |
|  |  |  |  |  |  |  |
| Evaluator:  |  |  |       |  |       |  |
|  | Signature  |  | Printed Name |  | Title/Position |  |
|  |  |  |  |  |  |  |
| Vision Screening Instrument Used:  |       | Date Conducted: |       |  |
|  |
|  | Students Ages 5 and Younger |  | Students Ages 6 and Older (***both*** screening components required) |  |
|  | Far Point  |  | Far Point  |  | Near Point (w/plus lens) |  |
|  |  | *P or F* |  |  | *P or F* |  |  | *P or F* |  |
|  | *Right*  | *20/40* |       |  | *Right*  | *20/30* |       |  | *Right* | *20/30* |       |  |
|   | *Left*  | *20/40* |       |  | *Left*  | *20/30* |       |  | *Left* | *20/30* |       |  |
|  | *Both*  | *20/40* |       |  | *Both*  | *20/30* |       |  | *Both* | *20/30* |       |  |
|  |  |  |
|  | [ ] Passed | [ ] NA (VI student and/or wears corrective lenses) |
|  | [ ] Failed | [ ] Cannot be conditioned to respond |
|  | If cannot be conditioned to respond, date referred to ESE Director: |       |  |
|  | If failed, date parent notified:  |       |  |
|  | If student wears corrective lenses, lenses worn for:  | [ ] Distance | [ ] Near | [ ] Both |
| Evaluator: |  |  |       |  |       |  |
|  | Signature |  | Printed Name |  | Title/Position |  |
|  |
| **LCS logo BFT 2003** | **Multi-tiered System of Supports Summary****Confidential** | ***8/2015*** |
| *2 of 5* |
|  ***Review of Core Information***  |
|  |  |  |  |  |  |  |
| Name: |       | School: |       | Teacher: |       |  |
|  |  |  |  |  |  |  |
| Birthdate:  |       | Grade: |       | Date Completed: |       |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Core Program Information**  |
| Identify/describe the research- or evidence-based core academic or behavior program.

|  |
| --- |
|  Reading Wonders: English/Language Arts (ELA) Instruction  |
|  GoMath!: Mathematics Instruction  |

 |
| For this student, how long has the core program been implemented. What was the schedule of the core program?English/Language Arts (ELA): 120 minutes per day, 5 days per weekMath: 60 minutes per day, 5 days per week |
| Who has implemented the core program?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  Classroom teacher(s):  |  | [ ]  ESE teacher(s): |  | [ ]  Other: |  |

 |
| C:\Users\wengerj\Desktop\images.pngHas the core program been effective for 70% or more of all the students in the school, as well as in for all students in the student’s grade level, classroom, and subgroup(s)? [ ]  No  *and address core program issues.*  [ ]  Yes🡪*Continue to next item.*  |
| How has the core program fidelity been monitored in this student’s classroom? [ ]  Attendance [ ]  Principal/Assistant Principal Classroom Walkthroughs/Observations  |
| C:\Users\wengerj\Desktop\images.pngHas the core program been implemented with fidelity in this student’s classroom?[ ]  No  *and address fidelity issues.*  [ ]  Yes🡪*Continue to next item.*  |
| Summarize or attach benchmark and progress monitoring data comparing the student’s performance to that of students in his/her school, grade level, classroom, and subgroup(s).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Reading Wonders(ELA) | GoMath! | AIMSweb | STAR | Other |
| WRC\* | Percentile | GE\* | Percentile | ZPD\* |  |
| Student: |  |  |  |  |  |  |  |  |
| Class Average: |  |  |  |  |  |  | N/A |  |
| Grade Average: |  |  |  |  |  |  | N/A |  |
| Subgroup Average: |  |  |  |  |  |  | N/A |  |
| *\*WRC: Words Read Correct \*GE: Grade Equivalent \*ZPD: Zone of Proximal Development* |

[ ]  Student is showing a positive response to core program🡪*Continue core program and monitor progress.*[ ]  Student is showing a questionable or poor response to core program🡪*Complete observations reflecting area of concern and develop and implement supplemental intervention plan.*  |
| **Observations Reflecting Area of Concern**  |
|  |       |  |       |  | General classroom |  |       |  |
|  | Observer 1 |  | Title/Position |  | Setting 1 |  | Date of Observation |  |
| Observation information reflecting area of concern:       |
|  |       |  |       |  |       |  |       |  |
|  | Observer 2 |  | Title/Position  |  | Setting 2 |  | Date of Observation |  |
| Observation information reflecting area of concern:       |
| **Verification of Core Program Review** |
| Signature | Printed Name  | Title  | Date |
|  |       | Administrator |       |
|  |       | Teacher/Core Instructor  |       |
|  |       |       |       |
| **LCS logo BFT 2003** | **Multi-tiered System of Supports Summary****Confidential** | ***8/2015*** |
| *3 of 5*  |
|  ***Review of Supplemental Intervention Information***  |
|  |  |  |  |  |  |  |
| Name: |       | School: |       | Teacher: |       |  |
|  |  |  |  |  |  |  |
| Birthdate:  |       | Grade: |       | Date Completed: |       |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Supplemental Intervention Information** |
| Summarize or attach the pre-intervention/baseline data documenting the specific/targeted area of concern. *See page 2 & attached.* |
| Identify/describe the research- or evidence-based academic or behavior intervention to be implemented and summarize the intervention plan. [ ]  Wonders Small Group [ ]  SuccessMaker Reading/Math [ ]  Other: |
| Document parent contact(s) to provide information regarding the area of concern, student performance data, intervention plan, and student’s anticipated response to the intervention.  |
| Date of contact:  |       |  [ ]  Conference [ ]  Phone contact [ ]  Other |  |
|  |
| For this student, how long has the supplemental intervention been implemented? What was the schedule of the intervention?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Total Number of Weeks Implemented:  |  |  | Minutes Per Day: |  | Days Per Week: |  |

 |
| What was the size of the group the student participated in?       |
| Who has implemented the supplemental intervention?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  Classroom teacher(s):  |  | [ ]  ESE teacher(s): |  | [ ]  Other: |  |

 |
| What measure(s) were used for progress monitoring? What has been the progress monitoring schedule?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  AIMSweb:  |  | [ ]  Other: |  | [ ]  Weekly [ ]  Every Other Week [ ]  Monthly |

 |
| What data has been collected to evaluate the effectiveness of this intervention for all students receiving it and for applicable subgroups? What does this data show? Has the supplemental intervention been effective for most students? C:\Users\wengerj\Desktop\images.png[ ]  No  *and address supplemental intervention issues.*  [ ]  Yes🡪 *Continue to next item.*  |
| How has the supplemental intervention fidelity been monitored for this student’s intervention group?[ ]  Attendance [ ]  Principal/Assistant Principal Classroom Walkthroughs/Observations  |
| C:\Users\wengerj\Desktop\images.pngHas the supplemental intervention been implemented with fidelity? [ ]  No  *and address fidelity issues.*  [ ]  Yes🡪*Continue to next item.*  |
| Summarize progress monitoring data comparing the student’s performance with that of students in his/her grade, classroom, and subgroup(s). ***Attach progress monitoring data.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Reading Wonders(ELA) | Wonders Assessments | SM5 Reading | AIMSweb | STAR | Other |
| CL\* | SM\* | WRC | Percentile | GE | Percentile | ZPD |  |
| Student: |  |  |  |  |  |  |  |  |  |  |
| Average | Class: |  |  |  | N/A |  |  |  |  |  |  |
| Grade Level: |  |  |  | N/A |  |  |  |  |  |  |
| Wonders Group: |  |  |  | N/A |  |  |  |  |  |  |
| SM Group: |  |  |  | N/A |  |  |  |  |  |  |
| Other: |  |  |  | N/A |  |  |  |  |  |  |
| *\*CL: Current Level \*SM: Skills Mastered* |

[ ]  Student is showing a positive response to supplemental intervention🡪*Return to core program and monitor progress.* [ ]  Student is showing a positive response to supplemental intervention🡪*Continue supplemental intervention and monitor progress.*[ ]  Student is showing a questionable response to supplemental intervention🡪*Review and revise plan and monitor progress*. [ ]  Student is showing a poor response to supplemental intervention🡪*Complete intensive intervention plan.* |
| Document parent contact to provide information regarding the student’s response to intervention and future actions.  |
| Date of contact:  |  |  [ ]  Conference [ ]  Phone contact [ ]  Other |  |
|  |
| **Verification of Supplemental Intervention Review** |
| Signature | Printed Name  | Title  | Date |
|  |       | Administrator |       |
|  |       | Intervention Implementer |       |
|  |       |       |       |
| **LCS logo BFT 2003** | **Multi-tiered System of Supports Summary****Confidential** | ***8/2015*** |
| *4 of 5* |
|  ***Review of Intensive Intervention Information***  |
|  |  |  |  |  |  |  |
| Name: |       | School: |       | Teacher: |       |  |
|  |  |  |  |  |  |  |
| Birthdate:  |       | Grade: |       | Date Completed: |       |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Intensive Intervention Information** |
| Summarize or attach the pre-intervention/baseline data documenting the specific/targeted area of concern. *See page 3 & attached.* |
| Identify/describe the research- or evidence-based academic or behavior intervention to be implemented and summarize the intervention plan. [ ]  Wonders Small Group [ ]  Early Interventions in Reading [ ]  Reading Mastery [ ]  SM Learning Objectives [ ]  Other: |
| Document parent contact to provide information regarding the area of concern, student performance data, intervention plan, and student’s anticipated response to the intervention.  |
| Date of contact:  |       |  [ ]  Conference [ ]  Phone contact [ ]  Other |  |
|  |
| For this student, how long has the intensive intervention been implemented? What was the schedule of the intervention?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Total Number of Weeks Implemented:  |  |  | Minutes Per Day: |  | Days Per Week: |  |

 |
| What was the size of the group the student participated in?       |
| Who has implemented the intensive intervention?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  Classroom teacher(s):  |  | [ ]  ESE teacher(s): |  | [ ]  Other: |  |

 |
| What measure(s) were used for progress monitoring? What has been the progress monitoring schedule?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  AIMSweb:  |  | [ ]  Other: |  | [ ]  Weekly [ ]  Every Other Week [ ]  Monthly |

 |
| C:\Users\wengerj\Desktop\images.pngWhat data has been collected to evaluate the effectiveness of this intervention for all students receiving it and for applicable subgroups? What does this data show? Has the intensive intervention been effective for most students? [ ]  No  *and address intensive intervention issues.*  [ ]  Yes🡪*Continue to next item.*  |
| How has the intensive intervention fidelity been monitored for this student’s intervention group? [ ]  Attendance [ ]  Principal/Assistant Principal Classroom Walkthroughs/Observations  |
| C:\Users\wengerj\Desktop\images.pngHas the intensive intervention been implemented with fidelity for this student’s intervention group? [ ]  No  *and address fidelity issues.*  [ ]  Yes🡪*Continue to next item.*  |
| Summarize progress monitoring data comparing the student’s performance with that of students in his/her grade, classroom, and subgroup(s). ***Attach progress monitoring data.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Reading Wonders(ELA) | Wonders Assessments | SM5 Reading | AIMSweb | STAR | Other |
| CL | SM | WRC | Percentile | GE | Percentile | ZPD |  |
| Student: |  |  |  |  |  |  |  |  |  |  |
| Average | Class: |  |  |  | N/A |  |  |  |  |  |  |
| Grade Level: |  |  |  | N/A |  |  |  |  |  |  |
| Wonders Group: |  |  |  | N/A |  |  |  |  |  |  |
| EIR/RM Group: |  |  |  | N/A |  |  |  |  |  |  |
| Other: |  |  |  | N/A |  |  |  |  |  |  |

[ ]  Student is showing a positive response to intensive intervention🡪*Return to core instruction and monitor progress.*[ ]  Student is showing a positive response to intensive intervention🡪*Return to supplemental intervention and monitor progress.*[ ]  Student is showing a positive response to intensive intervention🡪*Continue intensive intervention and monitor progress.* [ ]  Student is showing a positive response to intensive intervention and additional resources are needed to continue intensive intervention🡪*Complete team review to request comprehensive evaluation.* [ ]  Student is showing a questionable response to intensive intervention🡪*Review and revise plan and monitor progress.*[ ]  Student is showing a poor response to intensive intervention🡪*Complete team review to request comprehensive evaluation.* |
| Document parent contact to provide information regarding the student’s response to intensive intervention and future actions.  |
| Date of contact:  |       |  [ ]  Conference [ ]  Phone contact [ ]  Other |  |
|  |
| **Verification of Intensive Intervention Review** |
| Signature | Printed Name  | Title  | Date |
|  |       | Administrator  |       |
|  |       | Intervention Implementer |       |
|  |       |       |       |
| **LCS logo BFT 2003** | **Multi-tiered System of Supports Summary****Confidential** | ***8/2015*** |
| *5 of 5* |
| ***Team Review to Consider Request for Comprehensive Evaluation*** |
|  |  |  |  |  |  |  |
| Name: |       | School: |       | Teacher: |       |  |
|  |  |  |  |  |  |  |
| Birthdate:  |       | Grade: |       | Date Completed: |       |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| **General Assurances**  |
| Have all the exclusionary factors on page 1 been ruled out as reasons for the student’s difficulties? | [ ]  Yes | [ ]  No |
| Were observations (one in the general classroom) conducted reflecting the area(s) of concern?  | [ ]  Yes | [ ]  No |
| Was the core program research-/evidence-based, implemented with fidelity, and effective for 70% or more of the students in the school and in applicable subgroups?  | [ ]  Yes | [ ]  No |
| Does data document the student’s poor response to the core program?  | [ ]  Yes | [ ]  No |
| Were the supplemental interventions research-/evidence-based, implemented with fidelity, and effective for most of the students receiving them?  | [ ]  Yes | [ ]  No |
| Does data document the student’s poor response to core program plus supplemental interventions? | [ ]  Yes | [ ]  No |
| Were the intensive interventions research-/evidence-based, implemented with fidelity, and effective for most of the students receiving them?  | [ ]  Yes | [ ]  No |
| Does data document the student’s poor response to core program plus supplemental interventions plus intensive interventions (or are additional resources needed to continue intensive intervention)?  | [ ]  Yes | [ ]  No |
| Was the parent given opportunities to review the concerns, student performance data, intervention plans, and the student’s response to the interventions implemented?  | [ ]  Yes | [ ]  No |

|  |
| --- |
| **Additional Assurances Required for Request for Evaluation Due to Emotional/Behavioral Concerns**  |
| Has a Functional Behavior Assessment (FBA) been completed? | [ ]  Yes | [ ]  No |
| Has a Behavior Intervention Plan (BIP) been developed and implemented with fidelity for a reasonable period of time?  | [ ]  Yes | [ ]  No |
| Does data document the student’s poor response to the BIP (or are additional resources needed to continue implementation of the BIP)?  | [ ]  Yes | [ ]  No |

|  |
| --- |
| **Recommendations (Note: All items above must be checked “yes” prior to requesting a comprehensive evaluation.)**  |
|         |

|  |
| --- |
| *Our signatures below indicate that all required general education problem solving/response to intervention processes and documentation have been completed:*  |
| Signature | Printed Name | Title | Date |
|  |       | \*Principal or APC |       |
|  |       | \*Referral Coordinator |       |
|  |       | \*General Education Teacher |       |
|  |       | \*ESE Program Specialist |       |
|  |       | \*School Psychologist |       |
|  |       | ESE Teacher |       |
|  |       | Speech/Language Pathologist |       |
|  |       | Parent  |       |
|  |       |       |       |

*\*Signature required prior to request for comprehensive evaluation*