Elementary

Multi – Tiered Instruction Handbook

Response to Instruction & Intervention

(RTI^2)

Procedures and Guidelines

Ontario School District 8C
www.ontario.k12.or.us

Revised: March 2018

Table of Contents

EBIS Overview..... 3
MTI Reading Framework..... 5
Early Identification Process..... 6
EBIS responsibility Chart..... 7
EBIS Meeting Guidelines..... 8
EBIS Flow Chart..... 11
OSD Standard Reading Protocol..... 12
EBIS Decision Rules- Kindergarten..... 14
EBIS Decision Rules- Grades 1-6..... 15
Planning for English Language Learners..... 16
Planning for English Language Learners Intervention Approaches by Area..... 17
OSD Standard Math Protocol..... 18
OSD Standard Behavior Protocol..... 19
Elementary Standard Behavioral Protocol- Decision Rules..... 20
Student Intervention Profile- Behavior..... 21
Options for Changes in Intervention..... 22
Developmental History- English..... 23
Developmental History- Spanish..... 28
Team Meeting Notice..... 33
Title One Parent Notification Letter..... 34

How the Effective Behavior and Instructional Support (EBIS) Team Process Works

The EBIS team has three purposes:

1. To review school-wide behavior and academic data in order to evaluate the effectiveness of core programs.
2. To screen and identify students needing additional academic and/or behavior support.
3. To plan, implement and modify interventions for these students. Depending on each student's "response to instruction & intervention," a formal referral for special education evaluation may result.

EBIS is intended to be a structured, systematic process involving the following features and activities: team membership, school-wide planning, planning for the 20%, monthly meetings, and individualizing-intensifying interventions.

Team Membership: Leadership by the principal is essential. EBIS Team membership also must include classroom teachers representing grade levels, the Literacy/Title I Specialist, School Counselor, and specialists from Special Education and ELL programs. Teams often also benefit from including a member from the classified staff.

Planning for the all students (School-wide): Three times a year, in fall, winter and spring, EBIS teams review data on student performance (e.g., EasyCBM, SWIS, attendance) in order to evaluate the effectiveness of the core programs. The EBIS model is predicated on the notion that all students can make adequate growth and that core programs should meet the needs of at least 80% of the student population. If this is not the case, the team needs to strategize to shore up the core. This means the School-wide EBIS Team must inspect Core Programs, foster difficult yet productive conversations about whether the core is meeting the needs of 80% of all students, and plan prevention/intervention activities that target areas which data analysis suggests need attention (e.g., professional development, re-teaching of basic skills, re-teaching school rules and expectations consistently, etc.). It is vital to have the building principal on the team to ensure that fundamental organizational decisions can be made, resources can be allocated, instructional delivery is effective, and the program is delivered with fidelity.

Planning for the 20% (Targeted groups): Students falling below the 20th percentile on EasyCBM and/or who have other, significant academic, behavioral or attendance problems, are listed on the EBIS Group Intervention & Planning Form. This is usually best accomplished by grade level teacher teams with core members of the EBIS team assisting them. These EBIS teams choose interventions from the appropriate Standard Protocol (Reading, Math, Writing, or Behavior) for groups of students with similar needs. They also decide on what progress data to collect and the person responsible for collecting the data. Begin the Student Intervention Profile that is found on the EasyCBM district secure site for all students in interventions. If a student's skill level is well below grade level, then the EBIS team may choose to progress monitor the student at his or her instructional level as well as at grade level; only grade level norms should be used in making high-stakes decisions.

Monthly EBIS team meetings: EBIS teams convene every 6-8 weeks to evaluate the progress of the students involved in group interventions as well as those students who receive services through Special Education. The team reviews progress monitoring data for each student, analyzing *aimlines* and *trendlines* (See Decision Rules). One of four different decisions may be made at this meeting for each student being reviewed:

1. the group intervention has been successful and the student no longer needs small group instruction,
2. the intervention appears to be working for the student and should be continued as is;
3. the group intervention is not working for the student and should be revised or refined; or,
4. the group intervention is highly unlikely to be successful for the student and therefore a more, individualized approach is needed.

Individualizing, Intensifying Intervention: If the student has failed to make progress or has made minimal progress after two group interventions, additional information must be gathered in order to select an intervention that is specifically targeted to the student's needs. At this point, EBIS teams should complete the following:

- EBIS Team Meeting Notice to parents inviting them to attend a meeting to gather information and begin planning for a more individualized intervention.

- Developmental History should be completed at this time.
- Parents should be given the RTI Parent Brochure describing how the Response to Intervention process works.
- If the student is an English Language Learner (ELL), the ELL teacher should obtain information about the child's language development and evaluate how the student's cohorts are progressing.
- Prior to the parent meeting, teams review each student's cumulative record using the Individual Problem Solving Worksheet. Although time consuming, this level of evaluation is typically necessary for only a small percentage of students. It provides detail on the student's history and needs and is important to designing an effective, individualized intervention.
- Another resource for students with behavioral issues is the brief Functional Behavior Assessment protocol, which can easily be completed by the team.

Based on the Developmental History, Individual Problem Solving Worksheet, ELL information, and progress monitoring data, the EBIS team will develop an intervention that specifically targets the student's individual needs.

At the individualized planning level, it is also necessary to assign a case manager for each student. The case manager's responsibility is to ensure that the intervention is implemented correctly and that progress is monitored according to the schedule agreed upon by the team. Case managers report back to the EBIS team on the progress of the students under their supervision on at least every 6-8 weeks.

Based on the developmental history, Individual Problem Solving Worksheet, and progress monitoring data, the EBIS team may determine that:

1. The student has improved substantially and no longer needs to be included in an intervention group.
2. The student has improved substantially and the team reduces the intensity of the intervention and continues to monitor progress.
3. The student continues to struggle, but his or her difficulties appear to be due to other factors such as behavior, attendance, or limited English Proficiency and interventions to help the students with these difficulties will be initiated.
4. A referral for a formal special education evaluation is appropriate. The information from the intervention profile, progress-monitoring information, developmental history, and individual problem solving worksheet should be included with the referral as they provide evidence regarding the student's responses to various interventions. While RTI is used only for Specific Learning Disability identification, the information collected may be useful for any special education referral. See the most current Special Education Procedures Manual for details on the special education process.

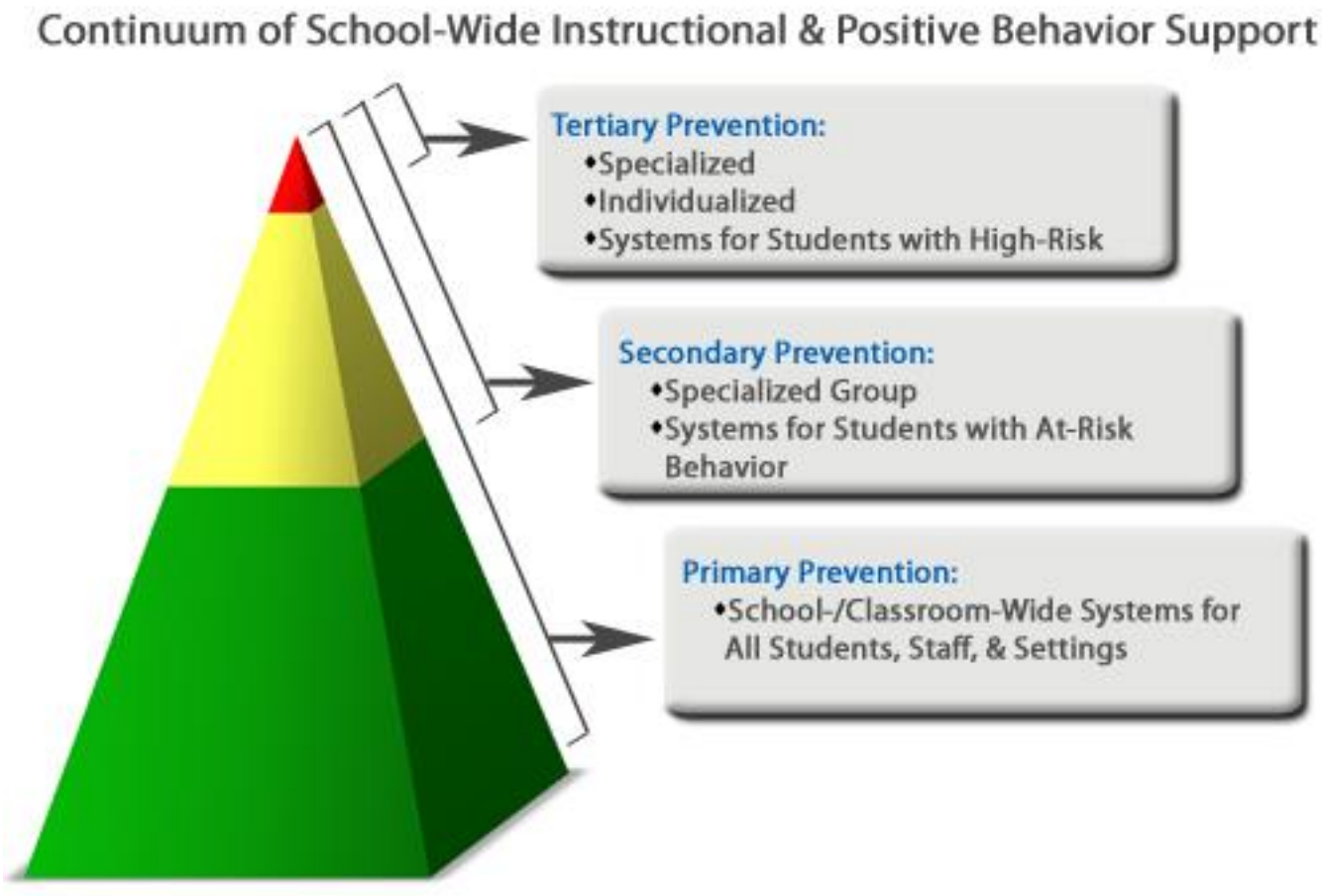
Multi-Tiered Instructional Framework

The district academic and behavioral program is a multi-tiered plan which includes three tiers of support designed to meet the instructional and behavioral needs of all children. Each level targets a specific group of learners, is supported by evidence based instructional materials, provides differentiated small group instruction, and routine progress monitoring. Instructional decisions regarding level of services is based on student performance outcomes on the EasyCBM assessment.

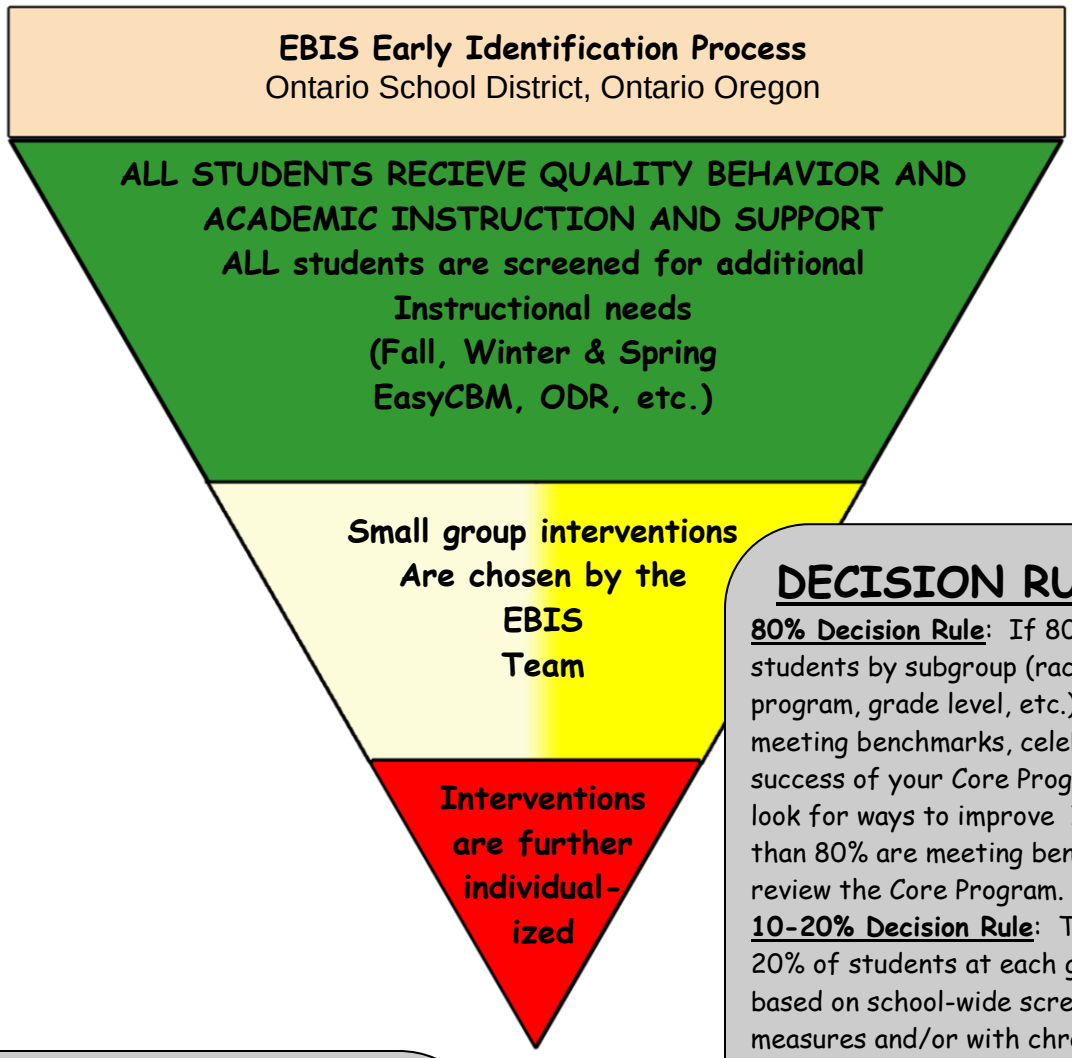
Tier One: Classroom Services include high quality instructional and behavioral supports. Students receive whole group and differentiated small group direct instruction from the district's adopted core programs. The classroom teacher is responsible for the instructional program and progress monitoring for students who make adequate progress and students who exceed grade level expectations.

Tier Two: Students at this level are behind their peers and require small group supplemental instruction in addition to the CORE curriculum provided in the classroom. Student performance on the EasyCBM assessment determines the intervention strategies that match student need and regular progress monitoring tracks student response to the prescribed intervention.

Tier Three: Students at this level require substantial support; have severe, sustained academic difficulties. Student performance on the EasyCBM and other appropriate assessments determine the intervention strategies prescribed for each student. Regular progress monitoring tracks student response to the prescribed intervention strategies. Instruction may be delivered in small groups or to the individual student, based on need.



EBIS Early Identification Process
Ontario School District, Ontario Oregon



DECISION RULES:

80% Decision Rule: If 80% of students by subgroup (race, special program, grade level, etc.) are meeting benchmarks, celebrate the success of your Core Program and look for ways to improve If less than 80% are meeting benchmark, review the Core Program.

10-20% Decision Rule: The lowest 20% of students at each grade level based on school-wide screening measures and/or with chronic behavior needs will receive strategic group intervention (s).

Change Small Group or Individual Interventions Rule: When progress data is below the aimline for 6 consecutive points or when the slope is flat or decreasing

Individualize Instruction Rule: When students fail to make expected progress after two (2) consecutive small group interventions gather appropriate data and move to the individual level.

Refer for Special Education Evaluation Rule: When students fail to make expected progress after 3 or more individually designed intervention.

TEAMWORK TIMELINES:

School-wide Core Review teams met fall, winter & spring to review data and make decisions about school-wide programs.

Intervention Placement/Review Teams teams met every 6-8 weeks to review data, plan and adjust interventions.

EBIS RESPONSIBILITY CHART

Building Administration	Classroom Teachers	Specialists (Instructional Coaches, Title 1 Teachers, Learning Specialists, Speech and Language, Counselors)	District Office	Parent/Guardian
Resource analysis: staffing, schedules and materials	Implement instruction with fidelity from core adopted programs	Consult/collaborate regarding academic/ behavior program development.	Collaborative District-wide EBIS Coordination- Departments of Curriculum, Instruction, Student Services & Federal Programs	Provide feedback and participates in decision making opportunities
EBIS Team Coordinator	Monitor student progress	Serve as a resource for teachers and IA's by assisting in the design of strategies to support the specific needs of individual students	Monitor and supports availability of evidence based programs	Helps support their child's learning and achievement goals and behavior
Observations & evaluations of programs and teachers	Provide additional classroom intervention as needed	Consult, collaborate and participate in SPED referrals and evaluations	Facilitate district-wide implementation of professional development	Communicates with staff regarding concerns
Provides professional development resources	Be an active member of data teams	Participate in team process for coordinating multi-tiered instruction	Facilitates EBIS District Leadership/ Implementation Team meetings	Attends student/ parent/ teacher conferences
Participates in district leadership team for evaluation and program improvement	Provide program improvement input	Implement evidence based intervention instruction with fidelity	Attends building team meetings when requested	Attends school events
			Completes annual review of project performance including LD Eligibility File reviews	

EBIS Meeting Guidelines

Note: This guide delineates meetings according to purpose. Depending on the frequency and length of EBIS meetings, it may be possible to consolidate multiple purposes into one meeting. Generally, the EBIS Leadership team meets with a different grade level team each week for approximately one hour.

Team Membership: Leadership by the team principal and the building Title One coordinator are essential. This team meets with the grade level team routinely. As applicable and appropriate other members of the team may include the special education teacher, ELL coordinator, school counselor, or speech therapist.

Meeting tips:

- Don't meet without the essential team members
- The focus is on general education – involve the sped teacher as appropriate
- Designate roles (timekeeper, facilitator, note taker)
- Review the purpose
- Stick to the agenda
- Organize the data before the meeting
- Celebrate successes

Core Review MEETING - Conducted after fall, winter & spring universal screening
Purpose: To determine the effectiveness of the core program and make necessary adjustments if it is not meeting the needs of most students.

Examine the data. Are 80% or more of your students meeting benchmark?
Yes: Celebrate! Are all students making growth? Have you set ambitious goals for the next trimester?
No: Discuss the following questions about the core program.

READING, MATH AND WRITING

- Are all teachers using the program with a high degree of fidelity?
- Is instructional time protected, or are there interruptions such as school assemblies, fire drills, etc.?
- Is the instructional block sufficient, or is more time needed?
- Are students grouped appropriately? (group with the lowest skills has the fewest members, group with the highest skills has the most members)

ATTENDANCE

- Is there a clearly articulated attendance policy? Is it being implemented?
- Is there sufficient outreach to families and a welcoming attitude toward all students?

BEHAVIOR

- Is there a schoolwide behavior policy, behavior curriculum and behavior team?
- Are behavior expectations posted, taught, practiced, and reinforced at the building and classroom level?
- Are support personnel such as bus drivers and playground attendants trained in positive behavior support?
- Is there a classroom behavior incentive system?

<u>Intervention Placement/Review MEETING</u> - Conducted after fall, winter & spring universal screening

Purpose: To determine which students are in need of intervention, select appropriate interventions, schedule intervention groups, and schedule progress monitoring. (NOTE: The 100% and 20% meetings can be conducted jointly and do not need to be separate meetings)

READING, MATH and WRITING

Use EasyCBM, other Curriculum Based Measures and classroom assessments (including report card information) to identify students with skills in the lowest 20% at a specific grade level.

- Using EasyCBM or other CBMs, is the skill deficit is fluency, accuracy, or both?
- Using core curriculum assessments and other classroom information, can the team identify other needs (comprehension, vocabulary, math concepts, writing organization)?

ATTENDANCE

Review attendance data and identify students with more than 5 absences in a 30 day period.

- Is there a group of students with a similar attendance issue?
- Would breakfast with the school counselor or daily check-ins improve the group's attendance?
- Do individual students need a point system for arriving on time each day, an "attendance buddy," a wake-up call, or home visits?
- Is an attendance plan appropriate?

BEHAVIOR

Review behavior data and identify students with 3 or more discipline or counseling referrals in a 30 day period.

- Do behavior expectations need to be retaught and reinforced to a select group of students?
- Are behavior prevention or intervention programs such as Second Step available?
- Does a group of students need a social skills lunch bunch?
- Do parents need more support with managing behavior and parenting skills at home?
- Does a student need a behavior plan with clearly defined skills to be taught and established supports and expectations?
- What other positive supports could be put in place to assist the student?
- Does a student need a Functional Behavior Analysis?
- Should a referral to DHS or an outside resource such as Mental Health be made?
- What other environmental issues should be considered?

GENERAL

Use standard protocols to determine which intervention program matches the group's needs, what group size is appropriate, and how much time per day is needed for that intervention. For behavior and attendance issues, it may be more appropriate to plan at the individual versus group level.

Determine which staff are trained (or need training) in the program and schedule the intervention time.

Determine what will be used to measure progress, how often, and who will be responsible for data collection. When will the grade-level team reconvene to review student progress?

Determine who will check fidelity of instruction and who will inform parents about team decisions.

DATA REVIEW MEETINGS (20% Meetings) - Conducted every 6-8 weeks per grade level
Purpose: To review progress monitoring for all students in interventions (10-20% group) and make decisions about whether to proceed with, discontinue, or change an intervention.

Before meeting:

Sort progress monitoring data into two groups (be sure to use decision rules to form the groups!):
1) Students making sufficient progress
2) Students who need a change in intervention

During meeting:
1) Quickly review students making sufficient progress, determine if any student(s) should discontinue intervention.
2) Discuss groups or individual students in need of an intervention change. Consider: more time, a new curriculum, or a significant reduction in group size.
3) Change students' graphs to indicate the intervention modifications.
4) If a student continues to not make progress or if the concerns go beyond the scope of this meeting, move toward an individualized intervention planning meeting

INDIVIDUAL INTERVENTION MEETINGS - Conducted after 2 group interventions have been unsuccessful or the team has additional concerns that would warrant further study of a student's needs. Additionally the team may meet to review an already established individual intervention.

Purpose: To review student information (progress monitoring, cumulative file, developmental history, attendance history, behavior history) and use it to plan an individually-designed intervention, or to review progress monitoring from individually-designed intervention to determine if referral is appropriate.

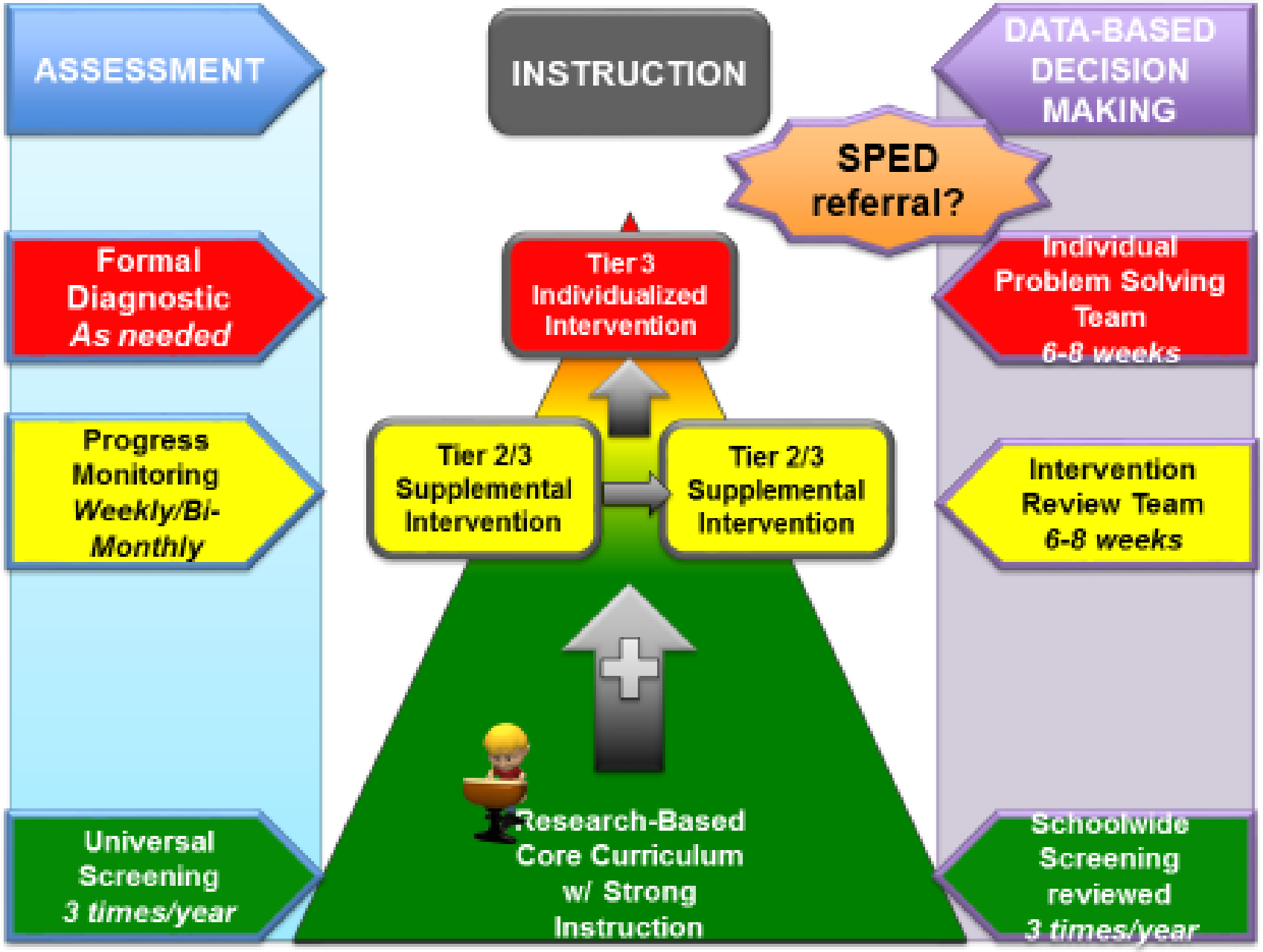
Note: Membership at this meeting includes the building principal, Instructional Coach/ Title One Coordinator, the classroom teacher for the student, the special education teacher, the parent and any other applicable member such as District Learning Specialist, ELL coordinator or speech pathologist.

Individually-Designed Intervention Planning:
Before meeting:
1) Use Individual Problem-Solving Worksheet to conduct file review
2) A team member (counselor, teacher, or learning specialists) uses *Developmental History* to interview parents
3) Invite parents to meeting (see parent invitation notice)

During meeting:
1) Review decision rules
2) Review data & add any new information to PSW that is provided by parents
3) Plan or if necessary modify intervention

Individually-Designed Intervention Review:
1) Review progress monitoring from all 3 intervention phases and other student data
2) Review decision rules

Team discussion: Has the student made sufficient progress? Determine if referral to SPED is appropriate.


ASSESSMENT
INSTRUCTION
DATA-BASED DECISION MAKING
SPED referral?
Formal Diagnostic As needed
Tier 3 Individualized Intervention
Individual Problem Solving Team 6-8 weeks
Progress Monitoring Weekly/Bi-Monthly
Tier 2/3 Supplemental Intervention
Tier 2/3 Supplemental Intervention
Intervention Review Team 6-8 weeks
Research-Based Core Curriculum w/ Strong Instruction
Universal Screening 3 times/year
Schoolwide Screening reviewed 3 times/year

OSD Standard Reading Protocol

Grade	Tier I All Students Core Curriculum		Tier II Core + Intervention		Tier III Core + Intervention	
	Time	**Program Options**	**Time, Add:**	**Program Options**	**Time, Add:**	**Program Options**
K	90 Minutes daily	Reading Street: Whole and Small Group	30 minutes	RTI Kit from Reading Street Sidewalks Reading Mastery Language for Learning	30 Minutes-90 Minutes	RTI Kit from Reading Street Sidewalks Reading Mastery Language for Learning ERI
1	90 Minutes daily	Reading Street	30 minutes	RTI Kit from Reading Street Sidewalks RM Classic RM + Fast Cycle Read Naturally Language for Thinking Language for Learning	30 Minutes-90 Minutes	RTI Kit from Reading Street Sidewalks RM Classic RM + Fast Cycle Read Naturally Language for Thinking Language for Learning
2 – 3	90 Minutes daily	Reading Street	30 minutes	RTI Kit from Reading Street Sidewalks RM Classic RM + Fast Cycle Read Naturally Language for Thinking Language for Learning	30 minutes-90 minutes	RTI Kit from Reading Street Sidewalks RM Classic RM + Fast Cycle Read Naturally Language for Thinking Language for Learning Horizons

4 –6	90 Minutes daily	Reading Street	30 minutes	RTI Kit from Reading Street Sidewalks RM Classic / RM + Read Naturally Rewards Language for Writing	30 minutes-90 minutes	RTI Kit from Reading Street Sidewalks RM Classic / RM + Read Naturally Rewards Language for Writing Horizons CD CR Decoding A, B1, B2, C

EBIS Reading Decision Rules- Kindergarten

Beginning of the Year – September

Universal Screening to identify students for intervention groupings by the end of September based on fall EasyCBM data

- Level 1 support (All Students): Receive 60-90 minutes of phonemic awareness instruction daily using approved research based intervention program. This is in addition to instruction in the core reading program. Targeted populations of students will also receive 30 minutes of Language for Learning and/or approved language based research based instructional program.
- Level 2 support (Strategic): Add 30 minutes of approved research based intervention program.
- Level 3 support (Intensive): Approved research based intervention program for 60 minutes daily.

Mid-Year – January

Regroup students after first Intervention Review Meeting have been completed.

- Revise the intervention by increasing time, change of program, and/or adjusting group size or instructor.

End of the Year – April/May

For those students still not making adequate progress:

- Revise and increase the intervention and continue with implementation and data collection

EBIS Reading Decision Rules- Grades 1-6

Place students in interventions and begin progress monitoring 2 x per month when:

- Academic skills fall below benchmark and place them in the lowest 10% compared to their peers on one or more of the following measures: EasyCBM, Reading curriculum based assessments, SBAC.
- Progress monitor data should be entered into the EasyCBM District secure site.
- For student whose reading skills are well below grade level, the EBIS team may choose to monitor progress at the student's instructional level as well as their grade level.
  - Only grade level data should be used in making high-stakes decisions (such as referrals to special ed.)
  - For students already in SPED, the team may determine that it is appropriate monitor less frequently in grade level material (i.e., monthly or 3 times per year).
  - For monitoring progress at the student's instructional level, the team will select the measures that best matches the instructional content and goals, allows the student to demonstrate success with skill acquisition, and the same time provides room for growth over time.

Change interventions when:

- Progress monitoring indicates 6 consecutive data points below the aimline.
- If data are highly variable (points are above and below the aimline), maintain the current intervention until 6-8 data points have been collected, analyze aimline and trendlines.
- Change intervention if the slope is flat or decreasing and the scores are below benchmark.
- Each time the intervention is changed, the new information needs to be entered into the EasyCBM district secure data system.
- For ELL Students who meet the above criteria, check the progress of the cohort group after each 6-8 week period to determine whether an individual student's progress is significantly different from the group. (Refer to explicit guidelines for intensifying interventions for ELLs).

Individualize interventions when:

- Progress is below the aimline for **TWO** consecutive intervention periods. Prior to individualizing the intervention, the EBIS team should select a case manager, complete the Individual Problem Solving Worksheet, complete a developmental history, and provide parents with the RTI Brochure. If the student receives ELL services, review ELL information.

Refer to Special Education when:

- After 3 or more highly structured, individualized interventions, progress continues below trendline. If the student is an English Language Learner, see the pages specific for ELL.

Consider Exiting student from interventions when:

- The student has met the EasyCBM grade level end of the year benchmark three times consecutively.
- Core reading assessments and intervention assessments indicate grade level proficiently.
- Student has met the benchmark goal on SBAC (for students in grades 3 to 6).

Planning for English Language Learners

When an ELL student who is receiving a reading intervention has 6 or more data points below the aimline or a treandline that is flat or decreasing, decide if the problem is an individual or group problem.

1. To what degree is the student struggling? Rate the student from 1 (minimal struggle) to 4 (serious struggle).

Area	Student	English Speakers	Cohort Group
English Language Development General		NA	
Social Language Development		NA	
Academic Language Development		NA	
Acculturation			
Reading			
Written Language			
Math			
Social and Classroom Behavior			

2. Intervene in the above areas either for the group or for the individual as appropriate. Do not wait for "language to develop" or for "acculturation to occur. " See Intervention Approaches on the next page.
    - **For Group Interventions:**
        - If you decide to intervene with the group, set up a progress-monitoring program in each area of concern. The program should involve monthly progress monitoring.
    - **For students in Individual Interventions:**
        - Monitor the student's progress in the areas of concern.
            - For students at language level 1-3, monitor for 8 to 10 weeks. If the student's trendline does not improve so that progress is similar to the cohort *, then the intervention should be changed.
            - For students at a language level of a "high" 3 and above, use the decision rules as for English only students.

If the student does not make progress after two interventions, move to the individualized stage.

3. For students who need an individualized intervention:
    - Complete, with the ELL teachers and parents, the Developmental History and the Individual Problem Solving Worksheet.
    - Use the information from these two documents to design intervention(s) in the area of concern.
        - For students at language level 1-3, monitor for 8 to 10 weeks. If the student's trendline does not improve so that the progress is similar to the cohort, then the intervention should be changed.
        - For students at language level of a "high" 3 and above, use the decision rules as for English only students.

* **Cohort Group**

A cohort group is defined as at least three students with similar language levels, educational experiences, and cultural backgrounds (such as length of time in country, language in the home, language of instruction, and length of time in ELL).

Planning for English Language Learners
Intervention Approaches by Area

For English Language Development:

1. Increase the amount of practice of target language.
    a) Have teacher "require" language output by student multiple times per day
2. Increase specificity of ELD instruction (e.g. use Language for Learning). If possible, add an additional language based intervention.

For Acculturation:

1. Consider how the student's culture may cause instruction to be "out of step" with the student. For example, if the student comes from a culture where girls are expected to not speak to boys, consider this in creating groupings. If the culture emphasizes co-dependence and teamwork, de-emphasize individual grades or competitive games. Review curriculum materials for examples, pictures, and vocabulary that may cause confusion.

2. Work with the parents. Find out what the family's expectation is for involvement in school, student independence in schoolwork, and understanding of the American school system. Increase home to school communication to help adapt the child's educational experiences to those understandings.

3. Be more explicit with the students about "how school works".

For Academics:

1. In general, follow the district protocols for Reading, Math, and Written Language.
2. To decide if a student should have a reading intervention:
    a) do your best to find out if the student has strong (Reading, Math, and Written Language) skills (check the records, talk to the parent, see if an adult native speaker can informally assess)
    b) if the student has good skills in native language, place in the core
    c) if the student does not have good skills, place in core AND start interventions.

OSD Standard Math Protocol

Grade Level(s)	Universal Screening Tools	Tier I All Students Core Curriculum	Tier II Core + Intervention	Tier III Core + Intervention
K	EasyCBM CCSS Benchmark and Progress Monitoring	Go Math 60 Minutes per day	15-20 minute block that focuses on number sense	5 minutes of additional guided practice per day
1	EasyCBM CCSS Benchmark and Progress Monitoring		15-20 minute block that focused on number sense	Core + Strategic Intervention + 15 or more minutes of additional guided practice per day
2– 6	EasyCBM CCSS Benchmark and Progress Monitoring		15-20 minute block that focused on number sense and explicit instruction in operations	Core + Strategic Intervention + 15 or more minutes of additional guided practice per day
Who does this work?	Grade Level/ Instructional Coaches/ lA's	Classroom Teachers	Classroom Teachers	EBIS Team Determines

Decision Rules:

Screening:

- All students are screened 3 x per year using the benchmark assessment for grades 1-6.
- All kindergarten students are screened 2 x per year using the benchmark assessment.

Progress monitoring:

- Math CCSS progress monitoring measures are only given 1 x per month.
- Additional measures will vary based on math maps for each grade level.

Intensify Interventions:

- if progress is below the expected rate after 12 weeks of strategic intervention, students move to an intensified intervention.
- If progress is below the expected rate after 6 weeks of intensive intervention, EBIS team makes a referral to special education.

OSD Standard Behavior Protocol

Grade Level(s)	Universal Screening Tools	Tier I All Students Core Curriculum	Tier II Core + Intervention	Tier III Core + Intervention
K-6	✈ Office Discipline Referrals ✈ Attendance Reports ✈ Suspension/ Expulsion Data ✈ Tiered Fidelity Inventory	✈ School rules & behaviors expectation are explicitly taught to **ALL** students ✈ All students regularly & consistently acknowledged for demonstrating behavior expectations ✈ All students reliably corrected when behavior expectations are not demonstrated. Positive behavior expectation retaught & reinforced immediately. ✈ School wide social/emotional curriculum delivery (e.g., Second Steps, Steps to Respect)	✈ Re-teach expectations ✈ Check-in Check-out Program ✈ Adult mentoring ✈ Peer Mentoring ✈ Targeted social skills groups, such as curriculum follow up with Second Steps or Steps to Respect	✈ Core + Strategic and..... ✈ Functional Behavioral Assessment & Behavior Intervention Plans ✈ Individualized Behavioral Goals ✈ Community wrap around meetings
Who does this work?	EBIS/PBIS Teams Staff	EBIS/PBIS Teams & ALL STAFF	Appropriate staff as determined by EBIS Team	Appropriate staff as determined by EBIS Team

Review the Core:

- ✈ Office Discipline Referral Data reviewed monthly. If more than 1 referral per day per month for every 300 students, revisit the CORE and look for patterns in location, time, grade, type, and frequency of incidents.
- ✈ If more than 20% of all students received 2 or more referrals: revisit the CORE.
- ✈ If more than 30% of referrals occur in a specific area of the school: re-teach specific common areas behavior expectations, acknowledge/reward positive behavior, & correct inappropriate behavior immediately.
- ✈ If more than 40% of referrals occur in classrooms: re-teach classroom expectations, increase professional development in classroom management strategies, and/or revisit CORE instruction in specific classrooms.

Elementary Standard Behavioral Protocol- Decision Rules

Decision Rules:

Place K-6 students in Strategic Intervention if:

- Student has two or more Office Discipline Referrals in the current school year.
- If more than 5 absences in a 30 day period: EBIS team reviews data to determine the appropriate interventions, which may include calls or letters to the family or a behavior plan.

K-6 Progress monitoring:

- Daily behavior data from Check in Check out programs.
- Progress on individual behavior goals or Behavior Intervention Plan.
- Monitor Office Discipline Referrals (ODRs) and absences.

Place students in Intensive Intervention AND refer to IPBIS team if:

- Progress is below the expected rate after 6 weeks of Strategic Interventions. Perform a Functional Behavior Assessment (FBA) and develop a Behavior Intervention Plan (BIP).
- Students receives 6 or more behavior referrals. Perform an appropriate Functional Behavior Assessment & develop a Behavior Intervention Plan **AND** consult with outside agencies if necessary.
- There is a significant concern regarding mental health issues or anti-social behavior
- Student's behavior poses a potential risk to self or others.

Student Intervention Profile- BEHAVIOR

Student Name: _____ Date: _____ ID Number: _____
Initial Grade Level: _____

Most recent OAKS/SBAC RIT scores and %iles: (grades taken _____): R/L _____ M _____ Wr. _____
Sci. _____
ELL Language Level : _____
Attendance Issues: _____ YTD Absences: _____ YTD Tardies: _____
Behavioral Issues: _____

(Attach: EasyCBM Reading and Math Individual Student Graphs; SWIS Individual Student Report or data on behavior plan; Attendance Report for all previous grades)

Intervention #1
Start Date: _____ Current Grade Level:_____
Targeted Skills: _____
Program/ Curriculum (from Behavior Protocol): _____
Group Size: Individual: ____ 2-3:_____ 5-8: _____
Frequency: Once/WK:_____ Twice/ WK: _____ Daily: _____ Other: _____
Duration: 10 min: _____ 15 min: _____ 20 min: _____ 30 min: _____ other: _____

End Date: _____ **Attach Progress Monitoring Data**
Number of intervention sessions attended during intervention period: _____ Total sessions possible: ____
Note: _____

Intervention #2
Start Date: _____ Current Grade Level:_____
Targeted Skills: _____
Program/ Curriculum (from Behavior Protocol): _____
Group Size: Individual: ____ 2-3:_____ 5-8: _____
Frequency: Once/WK:_____ Twice/ WK: _____ Daily: _____ Other: _____
Duration: 10 min: _____ 15 min: _____ 20 min: _____ 30 min: _____ other: _____

End Date: _____ **Attach Progress Monitoring Data**
Number of intervention sessions attended during intervention period: _____ Total sessions possible: ____
Note: _____

Intervention #3
Start Date: _____ Current Grade Level:_____
Targeted Skills: _____
Program/ Curriculum (from Behavior Protocol): _____
Group Size: Individual: ____ 2-3:_____ 5-8: _____
Frequency: Once/WK:_____ Twice/ WK: _____ Daily: _____ Other: _____
Duration: 10 min: _____ 15 min: _____ 20 min: _____ 30 min: _____ other: _____

End Date: _____ **Attach Progress Monitoring Data**
Number of intervention sessions attended during intervention period: _____ Total sessions possible: ____
Note: _____

Options for Change in Intervention:

Each of these changes constitutes a new intervention, and are decided upon by the EBIS team. These are the options available for academic and behavioral intervention changes.

Options for Students

- ☐ Increase motivation
  - Add incentives
  - Change incentives
  - Adjust behavior plan
  - Increase success level
  - Vary schedule of easy/hard tasks/skills
- ☐ Increase engagement
  - Number of responses per session
  - Teach, review and post standards of behavior
- ☐ Increase regular attendance
- ☐ Ensure student skill level matches instruction
  - Skill grouping
  - Differentiated instruction
- ☐ Increase types of cueing approaches
  - Visual
  - Auditory
  - Tactile

Options for Curriculum/Program

- ☐ Preteach components of the core program
- ☐ Check fidelity of implementation of program
  - Provide additional training
  - Add a coaching component
- ☐ Use extensions of the core program
- ☐ Move to a more structured intervention program
- ☐ Change the core program

Options for Instruction (Practices)

- ☐ Skill grouping – Differentiated instruction
- ☐ Increase pace of instruction
- ☐ Increase opportunities to respond
- ☐ Employ standard cueing correction procedures
- ☐ Pre-teach con concepts outside the group
- ☐ Build/activate prior knowledge

Options for Instruction (Logistics)

- ☐ Reduce size of instructional group
- ☐ Add additional instructional time
  - Double dosing
  - Different materials
- ☐ Change instructor
- ☐ Change seating within group
- ☐ Provide instruction in small units throughout the day
- ☐ Change physical environment

Note:

Under district decision rules, a substantial change is identified as one of the following:

- Time (increased by at least 15 minutes/day)
- Group size (reduced by at least 3)
- Program change
- Frequency: number of times a day

For a student who is at high risk, one and/or all three of these options should be done in the movement toward SPED referral.

Ontario School District 8C

Developmental History
(A questionnaire for school planning)

Date_____

Student Name: _____
Sex: M F
Last First MI
Address_____
Zip Code_____

Home Phone_____ **Work Phone**_____

School_____ **Grade**____ **Teacher**_____

Date of Birth_____/____/_____ Age_____/_____ **Language** _____/_____
Month Day Year Years Months Child Home

Questionnaire Completed by_____
Relationship_____

Informant_____Relationship_____
Name (if different from above)

Family:

Adult with whom the child is living:

Natural Mother	____	How long	____
Natural Father	____	How long	____
Stepmother	____	How long	____
Stepfather	____	How long	____
Adoptive Mother	____	How long	____
Adoptive Father	____	How long	____
Foster Mother	____	How long	____
Foster Father	____	How long	____

Other (Specify)

_____

Parent's Name _____**Age**

_____

Address _____ **Zip Code**

_____

Circle highest grade completed in school 6 7 8 9 10 11 12 College 1 2 3 4

Ages of children in family – first born to last

1._____M F Age____ 4._____M F Age____

2._____M F Age____ 5._____M F Age____

3._____M F Age____ 6._____M F Age____

Number of children at home_____

Describe how other children get along in school_____

_____

_____

Do other members of the family have similar problems?

_____

CIRCLE ONE

YES **NO** Has the child ever lived with someone or been in foster care for a period of time? If yes, explain: _____

_____

_____

YES **NO** Has either parent or any of the children had a problem (chronic major illness, mental illness, alcoholism, major surgery, unemployment, imprisonment, etc.) which may relate to the child's problems? If yes, explain_____

_____

_____

YES **NO** Have there been any major family incidents or tragedies (deaths, rapes, pregnancies) which may be related to the child's problems? If yes, explain_____

HISTORY OF PREGNANCY

While pregnant with this child, were you under a doctor's care? _____

_____

Check and describe any of the following you had during pregnancy:

- ❑ Anemia _____
- ❑ Bleeding _____
- ❑ Diabetes _____
- ❑ Drug Usage _____
- ❑ Elevated Blood Pressure _____
- ❑ Emotional Problems _____
- ❑ Flu _____
- ❑ German Measles _____
- ❑ Heart Disease _____
- ❑ Heavy Drinking _____
- ❑ Heavy Smoking _____
- ❑ Measles _____
- ❑ Medication during pregnancy _____
- ❑ Other Illnesses _____
- ❑ Other Virus _____
- ❑ Swollen ankles _____
- ❑ Threatened Miscarriage or Early Contractions _____
- ❑ Toxemia _____
- ❑ Vomiting _____

BIRTH HISTORY

Mother's age at time of this child's birth _____

Length of Labor _____

Baby's Weight _____ Baby's Length _____

CIRCLE ONE

Yes No Was baby premature? If yes, how early? _____
Yes No Did you have twins? If yes, which was born first? _____
Yes No Was labor induced? _____
Yes No Were you given medication during labor? If yes, what kind? _____
Yes No Did you have a natural childbirth? _____
Yes No Were you under anesthesia during childbirth? _____
Yes No Was the birth Caesarean? If yes, were there complications? _____
Yes No Was the delivery unusual in any way? If yes, explain. _____
Yes No Were forceps used in the delivery? _____
Yes No Did the baby have breathing problems? _____
Yes No Did the baby have the cord around the neck? _____
Yes No Was the baby quick to cry? _____
Yes No Was the baby's color abnormal? If yes, was it blue? _____ Was it yellow? _____
Yes No Was oxygen used for the baby? If yes, for how long? _____
Yes No Did you go home for the hospital before the baby? If yes, how much longer did the baby stay in the hospital? _____
Yes No Did you have problems feeding the baby? If yes, explain. _____

EARLY DEVELOPMENT

Please note the age at which the following activities occurred:

Sat up _____ Crawled _____ Walked _____
Fed him/her self finger foods _____ Used a spoon _____
Began to talk _____ Was toilet-trained _____

SOCIALIZATION

Socialization During Early Years: Check the box on any of the characteristics listed below which applied to your child during the infant and early years of development:

- ❑ Shy or timid
- ❑ Bed wetting
- ❑ Expressed lots of affection
- ❑ Breath holding
- ❑ Daredevil behaviors
- ❑ More interested in things than people
- ❑ Difficult to make him/her mind
- ❑ Very active, into things more than others, restless
- ❑ Verbalized and talked a lot when learned how
- ❑ Played well with others as he/she became older
- ❑ Less active than most children
- ❑ Seemed more inattentive than most children
- ❑ Highly interested and curious as a child
- ❑ Seemed immature when compared to other children
- ❑ Unusual fears
- ❑ Rocking
- ❑ Head bumping
- ❑ Cried more than others
- ❑ Wanted to be left alone
- ❑ Somewhat spoiled
- ❑ Hit, hurt, or was aggressive towards other children
- ❑ Didn't seem as aware to dangers as most children

VISION PROBLEMS

CIRCLE ONE

Yes No Have you ever had reason to think your child might have poor eyesight? If yes, explain. _____

Yes No Has your child ever been seen by an eye specialist? If yes, give results. _____

Yes No Does the child wear glasses? _____

HEARING PROBLEMS

CIRCLE ONE

Yes No Does the child wear a hearing aid? _____

Yes No Have you every reason to think your child might have a hearing problem? If yes, explain. _____

Yes No Has your child been seen by a hearing specialist? If yes, give results. _____

PHYSICAL & MEDICAL

CIRCLE ONE

Yes No Does the child have any physical problems? If yes, explain. _____

Yes No Does the child use crutches, wheelchair, or other device? If yes, explain. _____

Yes No Has the child had any chronic health problems, such as asthma, ear problems, etc? If yes, explain.

Yes No Has the child had high fevers? _____

Yes No Has the child had convulsions? _____

Yes No Has the child been attended to in a hospital emergency room, admitted to a hospital? If yes, explain.

Yes No Has the child ever had surgery? If yes, explain. _____

Yes No Has a physician ever diagnosed the child as hyperactive? If so, what medication was prescribed, if any?

Yes No Is the child currently under medication or treatment? If yes, explain. _____

Yes No Has the child had any unusual conditions or diseases? If so, explain. _____

SCHOOL HISTORY

CIRCLE ONE

Yes No Has the child always attended the same school?
If not, list other schools (including city and state) and grades completed.

Yes No Did the child attend preschool? _____

Yes No Did the child attend kindergarten? _____

Yes No Was the child ever retained? If yes, what grade. _____

Yes No Did the child ever miss school frequently during the same year or for an extended period of time?
If yes, explain? _____

CASE HISTORY

CIRCLE ONE

Yes No Did the child ever receive speech or language therapy services? If so, explain. _____

Yes No Was the child ever evaluated for special education before? If yes, explain. _____

Yes No Have other children in the family had difficulty in school? If yes, explain. _____

Yes No Is there any information in this questionnaire that you would not want to appear in a written report to the school? _____

Yes No Did either parent have difficulty in school? _____

What do you feel are the child's major problems in school? _____

List the service agencies that have had contact with your child, such as Mental Health, etc. _____

Comments: _____

Thank you for taking the time to complete this questionnaire. The information you have provided will help evaluators make the most appropriate recommendations for your child's educational program.

Distrito Escolar de Ontario 8C

Historial de Desarrollo
(Un cuestionario para la planificación escolar)

Fecha_____

Nombre de estudiante_____Sexo: M F
Apellido Primer Nombre Segundo Nombre
Domicilio_____**Código postal**_____

Número telefónico en casa:_____ **Número telefónico de empleo**_____

Escuela_____ **Grado**____ **Maestra(o)**_____

Fecha de Nacimiento_____/____/_____ Edad_____/_____ **Lenguaje** _____/_____
Mes Día Año Años Meses Niño(a) En Casa

Cuestionario completado por_____ Relación_____

Informante_____ Relación_____
Nombre (si es diferente al de arriba)

Familia:

Adulto con quien el niño vive:

Madre Biologica	____	Cuánto tiempo____
Padre Biologica	____	Cuánto tiempo____
Madrastra	____	Cuánto tiempo____
Padrastro	____	Cuánto tiempo____
Madre Adoptiva	____	Cuánto tiempo____
Padre Adoptivo	____	Cuánto tiempo____
Madre Temporal	____	Cuánto tiempo____
Padre Temporal	____	Cuánto tiempo____

Otro (especificar)

_____

Nombre de Padres _____ **Edad** _____

Domicilio _____**Código postal** _____

Circule grado más alto completado en la escuela 6 7 8 9 10 11 12 Colegio 1 2 3 4

Las edades de los niños en la familia – primer nacido al último

1._____M F Edad____ 4._____M F Edad____

2._____M F Edad____ 5._____M F Edad____

3._____M F Edad____ 6._____M F Edad____

Cuántos niños en el hogar_____

Describa cómo los otros niños se comportan en la escuela_____

_____

_____

¿Hay otros miembros de la familia que tienen problemas similares?

_____

CIRCULE UNO

SI **NO** ¿El niño ha vivido con alguien o ha estado en cuidado temporal por un período de tiempo? Si es sí, explique:

_____

SI **NO** ¿Cualquiera de los padres o alguno de los niños ha tenido un problema (enfermedad grave crónica, las enfermedades mentales, el alcoholismo, cirugía mayor, el desempleo, encarcelamiento, etc.), que pueden estar relacionados con los problemas del niño? Si es sí, explique:_____

_____

_____

SI **NO** Ha habido incidentes de importancia de la familia o tragedias (muertes, violaciones, embarazos) que pueden estar relacionados con los problemas del niño? Si es sí, explique:_____

_____

_____

ANTECEDENTES DE EMBARAZO

¿Mientras estaba embarazada de este niño, estaba bajo cuidado de un médico? _____

_____

Marcar y describir cualquiera de los siguientes que tenía durante el embarazo:

- ❑ Anemia _____
- ❑ Sangradura _____
- ❑ Diabetes _____
- ❑ El uso de drogas _____
- ❑ Presión arterial elevada _____
- ❑ Problemas emocionales _____
- ❑ La gripe _____
- ❑ Sarampión alemán _____
- ❑ Enfermedad del corazón _____
- ❑ Consumo excesivo de alcohol _____
- ❑ Fumar en exceso _____
- ❑ Sarampión _____
- ❑ Medicina durante el embarazo _____
- ❑ Otras enfermedades _____
- ❑ Otro virus _____
- ❑ Tobillos hinchados _____
- ❑ Aborto involuntario o contracciones tempranas _____
- ❑ Toxemia _____
- ❑ Vómitos _____

HISTORIAL DE NACIMIENTO

Edad de la madre cuando nació este niño _____

Duración del parto _____

Peso del bebé _____ Cuanto media el bebé _____

CIRCULE UNO

Sí No ¿Era el bebé prematuro? Si es así, qué tan temprano? _____
Sí No ¿Tuvo usted gemelos? Si es así, cual nació primero? _____
Sí No ¿Se indujo el parto? _____
Sí No ¿Le dieron medicación durante el parto? Si es así, qué tipo? _____
Sí No ¿Tuvo un parto natural? _____
Sí No ¿Estaba bajo la anestesia durante el parto? _____
Sí No ¿Fue el nacimiento por cesárea? Si es sí, hubo complicaciones? _____
Sí No ¿Fue el parto inusual de alguna manera? Si es sí, explique. _____
Sí No ¿Se utilizaron fórceps en el parto? _____
Sí No ¿Tuvo el bebé problemas de respiración? _____
Sí No ¿Tuvo el bebé el cordón alrededor del cuello? _____
Sí No ¿Lloro el bebé al nacer? _____
Sí No ¿Fue el color del bebé anormal? Si es sí, era azul? _____ Era amarillo? _____
Sí No ¿Se usó el oxígeno para el bebé? Si es sí, por cuánto tiempo? _____
Sí No ¿Fuiste a casa del hospital antes que el bebé? Si es sí, cuánto tiempo se quedó el bebé en el hospital? _____

Sí No ¿Tuvo problemas para alimentar al bebé? Si es sí, explique _____

DESARROLLO TEMPRANO

Por favor, tenga en cuenta la edad en que ocurrieron las siguientes actividades:

Se sentó _____ Gateó _____ Caminó _____
Empezó a comer comidas con los dedos _____ Usó una cuchara _____
Comenzó a hablar _____ Usó el baño _____

SOCIALIZACIÓN

Socialización durante los primeros años: Marque la caja en cualquier de las siguientes características que se aplican a su hijo durante los años infantiles y primeros años de desarrollo:

- ❑ Tímido
- ❑ Orinarse en la cama
- ❑ Expresó mucho cariño
- ❑ Contener la respiración
- ❑ Comportamientos de temor
- ❑ Más interesado en las cosas que las personas
- ❑ Difícil hacerlo obedecer
- ❑ Muy activo, se mete en las cosas más que otros, inquieto
- ❑ Verbalizó y habló mucho cuando de primero aprendió
- ❑ Jugó bien con los demás conforme fue creciendo
- ❑ Menos activo que la mayoría de los niños
- ❑ Parecía más desatento que la mayoría de los niños
- ❑ Muy interesado y curioso de niño
- ❑ Parecía inmaduro en comparación con otros niños
- ❑ Miedos inusuales
- ❑ Se mece
- ❑ Golpes de cabeza
- ❑ Lloraba más que otros
- ❑ Quería estar solo
- ❑ Un poco malcriado
- ❑ Golpeaba, heria, o era agresivo hacia otros niños
- ❑ No parecía tan consciente de los peligros como la mayoría de los niños

PROBLEMAS DE LA VISTA

CIRCULE UNO

Sí No ¿Alguna vez ha tenido razón para pensar que su hijo podría tener problemas de visión? Si se sí, explique.

Sí No ¿Ha visto su hijo un especialista de la vista? Si es sí, dar resultados.

Sí No ¿Usa su hijo anteojos?

PROBLEMAS DE AUDICION

CIRCULE UNO

Sí No ¿Usa el niño un aparato para oir?
Sí No ¿Tiene alguna razón para pensar que su hijo puede tener un problema de audición? Se es sí, explique.

Sí No ¿Ha visto su hijo un especialista de la audición? Si es sí, dar resultados.

FISICO Y MEDICAL

CIRCULE UNO

Sí No ¿Tiene el niño algún problema físico? Si es sí, explique.

Sí No ¿Usa el niño muletas, silla de ruedas, u otro dispositivo? Si es sí, explique.
Sí No ¿Ha tenido el niño problemas crónicos de salud, como asma, problemas del oído, etc.? Si es sí, explique.

Sí No ¿Ha tenido el niño fiebre alta?
Sí No ¿Ha tenido el niño convulsiones?
Sí No ¿Se ha atendido al niño en una sala de emergencias de un hospital, ingresado en un hospital? Si es sí, explique.

Sí No ¿Ha tenido el niño cirugía? Si es sí, explique.

Sí No Alguna vez un médico diagnosticado que el niño es hiperactivo? Si es sí, ¿qué medicamento se le recetó, si las hay?

Sí No ¿El niño está actualmente en la medicación o tratamiento? Si es sí, explique.

Sí No Ha tenido el niño condiciones o enfermedades inusuales? Si es sí, explique.

HISTORIA ESCOLAR

CIRCULE UNO

Sí No ¿Siempre ha asistido el niño a la misma escuela?
Si no es así, haga una lista de otras escuelas (incluyendo ciudad y estado) y grados completados.

Sí No ¿Asistió el niño a escuela preescolar?
Sí No ¿Asistió el niño al kinder?
Sí No ¿Fue el niño alguna vez retenido? Si es sí, en qué grado.

Sí No Faltó el niño a la escuela con frecuencia durante el mismo año o durante un período prolongado de tiempo? Si es sí, explique.

HISTORIA DEL CASO

CIRCULE UNO

Sí No ¿Ha recibido el niño servicios del habla o terapia del lenguaje? Si es así, explique.

Sí No ¿Fue el niño alguna vez evaluado para educación especial antes? Si es así, explique.

Sí No ¿Hay otros niños en la familia que tienen dificultades en la escuela? Si es así, explique.

Sí No ¿Hay alguna información en este cuestionario que usted no quiere que aparezca en un informe escrito a la escuela?

Sí No ¿Acaso alguno de los padres tuvo dificultades en la escuela?

¿Qué cree que son los principales problemas del niño en la escuela?

Enumerar las agencias de servicios que han tenido contacto con su hijo, como la salud mental, etc.

Comentarios:

Gracias por tomarse el tiempo para completar este cuestionario. La información que usted ha proporcionado ayudará a los evaluadores hacer las recomendaciones más apropiadas para el programa educativo de su hijo.

Team Meeting Notice

Dear: _____

Your child has been referred to the Effective Behavior and Instruction Support (EBIS) Team to develop an individual action plan based on your child's needs. The EBIS team's purpose is prevention of academic and behavior problems, and to support group and individual programs for all students. The referral is based on the following concerns:

_____

_____

_____

_____

The team will meet at school to discuss your child's needs and plan an EBIS program on:

_____

___

You are encouraged to attend this meeting.

Sincerely,

EBISS Team

Enclosed is a description of our Instructional Program. If you have questions regarding the EBIS program, please contact your school principal.

IMPORTANT NOTICE REGARDING SPECIAL EDUCATION: Sometimes students experience substantial on-going difficulties in school as the result of disabilities. If the school team or your child's teacher(s) have this concern, they will contact you to discuss it. If you are concerned that your child may have a disability and is in need of special education services, please contact the school principal.

Title One Parent Notification Letter

Dear Parent,

School recently completed screenings in the area of reading. Based on the results of the screening, your son or daughter will be receiving additional reading support. This support will be given within a small group, which will allow the instructor to adjust instruction to meet the skill levels of students in the group and will allow your child the opportunity to participate in the instruction more frequently. The intervention materials used are research based and of the highest quality. Your child's classroom teacher will also implement additional accommodations to ensure your child is successful.

We are required by state law to notify you of this additional instruction and provide you with information regarding state policies for student performance data that will be collected. Additionally, we have enclosed an informational brochure regarding Response to Intervention.

We know the ability to read is the single best skill to assure a student's success in school and as an adult. We look forward to continuing our work with you and your child.

Sincerely,

Intervention Specialist
Elementary