



Multi-Tiered System of Supports Documentation Packet



**Intervention Services
Office of Elementary Education and Reading
Published 2015**

The Mississippi Department of Education, with the support of the Intervention Services Advisory Panel, developed an All-Inclusive Intervention Documentation (AID) packet to assist districts, schools, and educators with the documentation and implementation of interventions. The AID packet provides the means to reflect on policies and practices at the classroom, school, and district level in order to continually improve student outcomes. The AID packet is organized according to the following sections:

- **Section 1A: Pre-K Student Profile or K-12 Student Profile** – Provides a means of collecting detailed student information that can be used to determine recommendations for interventions, screenings, assessments and classroom instruction. All students receiving academic or behavioral interventions must have a student profile completed.
- **Section 1B: Tier I High-Quality Classroom Observation** – Includes elements of Tier I instruction aligned to the M-STAR Teacher Evaluation Domains and Standards that should be observed and verified by a school administrator to ensure appropriate classroom instruction, classroom management, and differentiated instruction with the general education core curriculum as well as social/behavioral supports.
- **Section 2A & 2B: Tier II (Supplemental Instruction) Documentation** – Provides an efficient means of collecting and documenting information regarding classroom instruction, progress monitoring, parent notification, supplemental instruction, and social/behavioral interventions used to support and extend the critical elements of core instruction.
- **Section 3A: Teacher Support Team (TST) Referral and Meeting** – Provides an efficient means of requesting or recommending further supports needed due to the student's lack of progress with Tier II interventions, as well as documentation of meetings held and decisions made by the TST.
- **Section 3B & 3C: Tier III (Intensive Intervention) Documentation** – Provides an efficient means of collecting and documenting information regarding intensive interventions and progress monitoring for all students who fail to respond adequately to Tier I and Tier II instruction and supports.

Additional documents were added as an appendix to the AID packet to assist with the effective implementation, notification, and documentation of intervention services for all students. The appendix is organized according to the following sections:

- **Appendix A: Social/Emotional Worksheet** – Provides a checklist to aid in collecting information to identify potential deficit areas where Tier II or Tier III intervention may be needed.
- **Appendix B: Language Service Plan (for Students with Limited English Proficiency)** – Provides an efficient means of collecting information to determine student's knowledge and skills in their first language and then understanding their performance in their second language.
- **Appendix C: Dyslexia Checklist for Teachers and Parent Interview** – Provides a checklist for elementary, middle and high school teachers, as well as a Parent Interview Form that can be completed to aid in the decision making process of intervention selection.
- **Appendix D: Sample Parent Notification of Intervention Services** – Provides a sample letter that can easily be adapted by districts to inform parents of the intervention process, progress monitoring results, and decisions relevant to their individual child.
- **Appendix E: Literacy-Based Promotion Act Documentation** – Provides the required documentation of parent notification regarding deficiency, date read at home plan was shared, qualifying determination of good cause, adherence to process, and final decision of superintendent.
- **Appendix F: The Mississippi Early Learning Standards for Classrooms Serving Four-Year-Old Children: An Observational and Performance-Based Checklist** – Provides a checklist of competencies and objectives that are aligned to the College and Career Readiness Standards and Domains for four-year-old children. The checklist can be used in the fall, winter, and spring to track student progress and plan appropriate classroom instruction and intervention.

Recommendations for Documentation

The chart below provides recommended guidance for selecting the appropriate forms needed to document a Multi-Tiered System of Supports.

Special Population Served	Required Components	Recommended Data Collector
Students in General Education Tier II	1. Section 1A 2. Section 1B 3. Section 2A & 2B 4. Appendix A 5. Appendix D 6. Appendix F	1. Classroom Teacher/Counselor 2. School Administrator 3. Classroom Teacher/Interventionist 4. Classroom Teacher/Interventionist * NOTE: Complete social emotional/behavior checklist only if needed 5. Classroom Teacher/Interventionist 6. Classroom Teacher/Interventionist * NOTE: Complete checklist for Pre-K students only if needed
Students in General Education Tier III	1. Section 1A 2. Section 1B 3. Section 2A & 2B 4. Section 3A 5. Section 3B & 3C 6. Appendix A 7. Appendix D	1. Classroom Teacher/Counselor 2. School Administrator 3. Classroom Teacher/Interventionist 4. Classroom Teacher/Interventionist 5. Classroom Teacher/TST * NOTE: Skip IEP section 6. Classroom Teacher/Interventionist * NOTE: Complete social emotional/behavior checklist only if behavior is identified as deficit area. 7. Classroom Teacher/Interventionist
Students in Special Education Intensive Interventions K-4	1. Section 1A 2. Section 1B 3. Section 3B & 3C 4. Appendix D 5. Appendix E	1. Classroom Teacher/Counselor 2. School Administrator 3. Classroom Teacher/TST/IEP Team * NOTE: Include IEP section Template 4. Classroom Teacher/ TST/IEP Team 5. Classroom Teacher/Interventionist *Note: Complete only if 3 rd grade student applying for Good Cause Exemption
Students with Dyslexia	1. Section 1A 2. Section 1B 3. Section 2A & 2B 4. Section 3A 5. Section 3B & 3C 6. Appendix C	1. Classroom Teacher/Counselor 2. School Administrator 3. Classroom Teacher/Interventionist 4. Classroom Teacher/Interventionist 5. Classroom Teacher/TST 6. Teacher and Parent
English Language Learners (ELL)	1. Section 1A 2. Section 1B 3. Appendix B	1. Classroom Teacher/Counselor 2. School Administrator 3. ELL Teacher

Section 1A: Pre-K Student Profile

Student Name: _____

MSIS Number/ID: _____ School/Site: _____ District: _____

Date of Birth: _____ Teacher: _____ Gender: _____ Race: _____

Parent/Guardian Name _____ Phone: _____ Email: _____

Street Address: _____

College and Career Readiness Anchor Standards Performance

Instructions: Indicate the total number of performance standards that were indicated as **code 1** (needs development) in each domain on the College and Career Readiness Anchor Standards Observation Checklist for Four Year Old Children.

Academic Area	Fall	Winter	Spring
English Language Arts			
Mathematics			
Approaches to Learning			
Social/Emotional			
Science			
Physical Development			
Creative Expression			
Social Studies			

Behavior

Instructions: Check if documentation is applicable & available.

- ☐ Social Emotional Issues (explain using [Appendix A](#))
- ☐ Discipline Record
- ☐ Total Number of Discipline Reports: _____
- ☐ Total Number of Classroom Removals: _____
- ☐ Parent Conference(s): _____
- ☐ Date(s): _____

Additional behaviors that may impact performance : _____

Attendance

School Year Days Present / Absent

_____/_____
_____/_____
_____/_____

List last 3 schools attended and dates.

1. _____
2. _____
3. _____

Special Population

Instructions: Check if applicable to student.

- ☐ Special Education / IEP
- Initial Eligibility Date: _____
 - Eligibility Category: _____
- ☐ 504
- ☐ ELL (complete [Appendix B](#))
- ☐ Speech/Language
- ☐ Other: _____

Kindergarten Readiness Assessment Scores

Instructions: Fill in the chart below based on student scores on the MKAS² Assessment.

	Score	Date (MM/DD/YYYY)
Fall		
Spring		

Screeners(s)

Instructions: Indicate the name of each screener used in the classroom and the screener's recommended cut score. Indicate the date of the screener and the student's score.

Screener Name: _____

Recommended Cut Score: _____

Date			
Score			

Screener Name: _____

Recommended Cut Score: _____

Date			
Score			

Screener Name: _____

Recommended Cut Score: _____

Date			
Score			

Hearing/Vision Screener

Hearing		Vision	
Date		Date	
Pass/Fail		Pass/Fail	

Form Completed By: _____

Date of Completion: _____

Section 1A: K-12 Student Profile Student Name:

MSIS Number: _____ School: _____ District: _____

Date of Birth: _____ Grade Level: _____ Gender: _____ Race: _____

Parent/Guardian Name: _____ Phone: _____ Email: _____

Street Address: _____

Course Performance*Instructions: If student is elementary: Indicate recent term grades in this table.*

Academic Area	T1	T2	T3	T4	Final
Reading					
Mathematics					
Science					
Social Studies					
Language Arts					

Instructions: If student is secondary: Indicate recent SATP course grades.

Academic Area	T1	T2	T3	T4	Final
Algebra I					
English II					
Biology					
U.S. History					

Behavior*Instructions: Check if documentation is applicable & available.*☐ Social Emotional Issues ([Appendix A](#))☐ Discipline Record☐ Total Number of Office Discipline

Reports: _____

☐ Total Number of Suspensions _____☐ In School _____☐ Out of School _____☐ Parent

Conference(s): _____

☐

Date(s): _____

Additional behaviors that may impact performance : _____

Attendance

School Year Days Present / Absent

_____	_____ / _____
_____	_____ / _____
_____	_____ / _____

List last 3 schools attended and dates.

1.	_____	_____
2.	_____	_____
3.	_____	_____

Retention*Instructions: If applicable, indicate grade(s) and school year(s) below.*

Grade School Year

_____	_____
_____	_____
_____	_____

Special Population*Instructions: Check if applicable to student.*☐ Special Education / IEP

-Initial Eligibility Date: _____

-Eligibility Category: _____

☐ 504☐ ELL (complete [Appendix B](#))☐ Dyslexia☐ Speech/Language**Literacy-Based Promotion Act***Instructions: Fill in only if student completed 3rd grade after implementation of Literacy-Based Promotion Act (2014-2015)*

	Pass / Fail?	Date
1st Attempt		
1st Retest		
2nd Retest		

(If student fails all three attempts, see Appendix E to see if student qualifies for Good Cause Exemptions)

Dyslexia Screener*Instructions: Indicate pass/fail. If fail, begin tiered interventions*

K	
1st	

**Hearing/Vision
Screener**

DATE	PASS/ FAIL

HEARING

Universal Screener (K-12)*Instructions: Indicate score and screener used for each.***Reading**

Fall

Winter

Spring

Math

Fall

Winter

Spring

Behavior**Universal Screener
(Secondary)****Algebra 1**

Test Date: _____ Score: _____

English II

Test Date: _____ Score: _____

Biology

Test Date: _____ Score: _____

U.S. History

Test Date: _____ Score: _____

<p><u>K-Readiness Assessment</u> Recommended Score: 530</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Scale Score</td> <td style="width: 50%;">Date</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>	Scale Score	Date			<p style="text-align: center;"><u>Hearing/Vision Screener</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">DATE</td> <td style="width: 30%;">PASS/ FAIL</td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td rowspan="2" style="text-align: center; vertical-align: middle;">HEARING</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td style="text-align: center; vertical-align: middle;">VISION</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td style="text-align: center; vertical-align: middle;">RETEST</td> </tr> </table>	DATE	PASS/ FAIL				HEARING					VISION			RETEST	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; padding: 5px;"> <p>Reading</p> <p>Fall</p> <p>Winter</p> <p>Spring</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>Math</p> <p>Fall</p> <p>Winter</p> <p>Spring</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>Behavior</p> <p>Fall</p> <p>Winter</p> <p>Spring</p> </td> </tr> </table>	<p>Reading</p> <p>Fall</p> <p>Winter</p> <p>Spring</p>	<p>Math</p> <p>Fall</p> <p>Winter</p> <p>Spring</p>	<p>Behavior</p> <p>Fall</p> <p>Winter</p> <p>Spring</p>
Scale Score	Date																						
DATE	PASS/ FAIL																						
		HEARING																					
		VISION																					
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<p>Behavior</p> <p>Fall</p> <p>Winter</p> <p>Spring</p>																							
<p>Form Completed By: _____ Date of Completion: _____</p>																							

Reading

Test Date:	Score:

If additional school screener(s) were used, attach student score reports.

Section 1B: Tier I High-Quality Classroom Observation Form

Instructions: Prior to students entering Tier II, **School administrators** should complete this form by placing a check mark in only the boxes by the traits that are demonstrated upon observation. It is recommended that this form be completed a minimum of three (3) times per school year. This form may be reproduced as needed.

Teacher Name: _____ Grade/Subject: _____

Observed by: _____ Date of Observation: _____

Classroom Instruction	Differentiated Instruction	Classroom Management
<p><input type="checkbox"/> Students actively engaged in material. Domain 3, Standard 8</p> <p><input type="checkbox"/> Teacher communicates expectations of lesson. Domain 3, Standard 11</p> <p><input type="checkbox"/> Teacher questioning measures students' understanding of the prerequisite concepts. Domain 3, Standard 7</p> <p><input type="checkbox"/> Teacher questioning measures students' understanding of new concepts Domain 3, Standard 9</p> <p><input type="checkbox"/> Teacher encourages students to think critically concerning previous concepts. Domain 3, Standard 9</p> <p><input type="checkbox"/> Teacher encourages students to think critically concerning new concepts. Domain 3, Standard 9</p> <p><input type="checkbox"/> Teacher reviews prerequisite knowledge needed for the lesson. Domain 3, Standard 7</p>	<p><input type="checkbox"/> Teacher uses activities to support instruction (i.e., advanced organizer, intro to lesson, or closure). Domain 3, varies as the needs of the students differ. Domain 3, Standard 8</p> <p><input type="checkbox"/> Teacher provides guided practice and modeling in learning new concepts. Domain 3, Standard 10</p> <p><input type="checkbox"/> Teacher uses concepts to support instruction (i.e., broad based ideas or principles). Domain 3, Standard 7</p> <p><input type="checkbox"/> Teacher uses content to support instruction (i.e., incremental steps to an objective). Domain 3, Standard 7</p> <p><input type="checkbox"/> Teacher groups students to work on instructional component. Domain 3, Standard 8</p> <p><input type="checkbox"/> Teacher provides prompt feedback to students concerning performance. (Addressed in Domain 5 – not observed domain) Domain 3, Standard 9</p> <p><input type="checkbox"/> Teacher assists students in preparation for assignments, long-range projects, and tests. Domain 4, Standard 15</p>	<p><input type="checkbox"/> Use of smooth transitions: providing transition activities for students. Domain 4, Standard 14</p> <p>Rules are communicated in the ssroom. Domain 4, Standard 16</p> <p>Procedures are communicated in the ssroom. Domain 3, Standard 11</p> <p>Use of active supervision component: scanning to monitor student behavior. Domain 4, Standard 16</p> <p><input type="checkbox"/> Use of active supervision component: moving around the room to monitor student behavior. Domain 4, Standard 11 and 16</p> <p><input type="checkbox"/> Use of active supervision component: interacting to monitor student behavior. Domain 4, Standard 16</p> <p><input type="checkbox"/> Consequences for positive behavior. Domain 4, Standard 16</p> <p><input type="checkbox"/> Consequences for negative behavior. Domain 4, Standard 16</p>

Observation Summary

Instructions: [School Administrators](#), check the appropriate box below and identify changes/modifications to instruction (if needed).

- ☐ Teacher demonstrated all traits of high-quality classroom instruction.
- ☐ Teacher demonstrated some traits of high-quality classroom instruction, and should implement the following recommendation(s):

Description of recommendation(s):	Date to begin recommendation(s):
	Date to evaluate recommendation(s):

Section 2A: Tier II (Supplemental Instruction) Documentation

Instructions: [Teachers](#) should complete this form for each student that did not respond to Tier I instruction. For students receiving more than one intervention in multiple academic or behavioral areas, teachers can duplicate this form.

Details of Intervention:

Visit www.mde.k12.ms.us/intervention for suggestions of strategies.

Student Name:		Describe supplemental and/or small group strategies utilized – should be backed by scientifically-based research (SBR):	Provide specific evaluation criteria, in <u>measurable</u> terms, utilized to determine effectiveness and monitor progress:
Describe target deficit area of intervention(s) – identify if academic and/or behavioral and explain:			
Intervention start date:	Duration of intervention (in weeks):	Frequency of intervention:	Frequency of progress monitoring (track using Section 2B): (MDE recommendation: 2x per month)
Name(s) and role(s) of individual(s) responsible for delivering intervention(s):		Based on progress monitoring data (see Section 2B), student progress will be cumulatively reviewed on: (MDE policy: no later than 10 weeks after start date)	

Parental Notification:

Student's parent(s) notified of Tier II intervention (circle one): ☐ Yes / ☐ No Date of Notification: _____
(For parent letter template, see [Appendix](#))

Integrity Checks for Tier II Intervention(s)

Instructions: [School Administrators](#), check the box next to each trait of quality implementation demonstrated during observation. Complete at least two (2) integrity checks at equal intervals during course of intervention.

Integrity Check #1 Date: _____	Integrity Check #2 Date: _____
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated.	<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated.
<input type="checkbox"/> The intervention is being delivered in a manner which is	<input type="checkbox"/> The intervention is being delivered in a manner which is

consistent with the intervention details as described above.

- ☐ The intervention seems appropriate for the needs of this student.
- ☐ The individual(s) responsible for delivering intervention has the materials and support he/she needs.
- ☐ The student's attendance has not been a significant factor in hindering his/her progress.
- ☐ The parent/guardian(s) of student received notification of the intervention plan.

(Signature and Title of Person Completing Integrity Check)

Instructions: **Teachers** should complete progress monitoring for interventions. It is recommended that the teacher establish a baseline by administering three (3) probes or trials, selecting the median, and marking the baseline by placing a dot on the vertical axis. Teachers should determine the goal by determining the expected rate of progress and marking the target by placing a dot at the intersections. On the bolded line above each month, indicate the first result recorded that month; on the line to the right, indicate the second result of that month.

Supplemental Instruction

[illegible]

Name of Probe/Trial

August

September

~~October~~

November

December

January

February

~~March~~

~~April~~

~~May~~

NOTE: MDE policy requires two (2) Tier II documented reviews, with the first documented review conducted no later than five

(5) weeks after implementation and the cumulative documented review no later than 10 weeks after implementation.

Instructions: **Teachers**, use the graph above and documented reviews boxes below to evaluate the effectiveness of the intervention(s) and to determine the next steps of this student's intervention based on his/her progress.

1st Documented Review

Date: _____

Sufficient Progress Made? (check one): ☐ **Yes** ☐ **No**
(To be completed no later than 5 weeks after starting intervention)

(If no, an additional intervention form should be completed)

Cumulative Documented Review

Date: _____

Sufficient Progress Made? (circle one): ☐ **Yes** ☐ **No**
(To be completed no later than 10 weeks after starting intervention)

(Check one of the boxes below for final decision)

☐ Adequate progress was made; intervention was successful in meeting student's needs. This student will be returned to Tier 1 (Core instruction).

☐ Adequate progress was not made; intervention was somewhat successful in meeting student's needs. Intervention will continued and re-evaluated on:

☐ Adequate progress was not made; intervention was somewhat successful in meeting student's needs. Student will continue at Tier II and additional intervention will be attempted (additional form – both Sections 2A & 2B - should be completed).

☐ Adequate progress was not made; intervention did not meet student's needs. Student will be referred to Teacher Support Team (TST) for consideration. **Complete Section 3A (Teacher Support Team Referral and Meeting) and attach documentation.**

[Date]

Classroom Teacher Signature

Date

School Administrator Signature

Date

Section 3A: Teacher Support Team Referral and Meeting

Instructions: **Teachers**, complete this form if progress monitoring data does not show adequate student progress at the end of the scheduled Tier II intervention(s) and further support is needed. Attach completed Section 2A & 2B form(s) from this packet.

TO: Teacher Support Team Chair

I request that _____ be reviewed by the TST to assist in providing interventions to improve his/her overall performance. I have observed problems that interfere with his/her educational progress in the following area(s):

- ☐ Academic performance, low or failing grades
☐ Behavior and/or discipline
☐ Other specify _____

OR

Referral of the student is made based upon Mississippi State Board Policy 4300. These referrals must be made within the first 20 school days of a school year if the child failed the preceding year. Please indicate below:

- ☐ Grades 1–3: Student has failed one grade.
☐ Grades 4–12: Student has failed two grades.
☐ Student failed either of the preceding two grades and has been suspended or expelled for more than 20 days in the current school year.
☐ Student scored at the minimal level on any part of the grade 3 or grade 7 Mississippi Curriculum Test 3 (MCT3).
☐ A student is promoted from Grade 3 to Grade 4 under a good cause exemption of the Literacy-Based Promotion Act.

Signature of teacher
submitting referral:

Signature of TST Chair
acknowledging receipt:

Date of receipt
of referral:

Date of TST Meeting to
discuss referral
(must be within 2 weeks):

Referral Meeting Details:

NOTE: By signing here, TST members agree that all information discussed pertaining to the TST process will be held in strict confidence. They shall neither contact anyone outside the official function of this TST process nor make any notes or copies of any documents utilized during the process.

Summary of Discussion (continue on back if needed):

Signature of TST Members: Title:

		Principal

TST Recommendations:

<div><input type="checkbox"/> Contact parents</div> <div><input type="checkbox"/> Implement academic Tier III intervention in the area(s):<div><input type="checkbox"/> Reading <input type="checkbox"/> Math</div><div><input type="checkbox"/> Language Arts <input type="checkbox"/> Other _____</div></div> <div><input type="checkbox"/> Implement behavior Tier III Intervention</div> <div><input type="checkbox"/> Conduct student conference</div> <div><input type="checkbox"/> Perform behavior observation</div> <div><input type="checkbox"/> Intervention(s) not successful</div> <div><input type="checkbox"/> Modify current plan and continue intervention(s) in Tier II</div> <div><input type="checkbox"/> Other:</div>	<div><input type="checkbox"/> Return to Tier I general education classroom</div> <div><input type="checkbox"/> Continue instructional intervention(s) in General Education Classroom (Tier II)</div> <div><input type="checkbox"/> Administer additional screening (5 yr. old, in-school)</div> <div><input type="checkbox"/> Administer hearing/vision screening</div> <div><input type="checkbox"/> Request medical follow-up</div> <div><input type="checkbox"/> Refer to school counselor</div> <div><input type="checkbox"/> Refer to community agency</div> <div><input type="checkbox"/> Complete Teacher Narrative Packet</div> <div><input type="checkbox"/> Refer for Child Study (Multidisciplinary Evaluation Team chairperson will determine meeting date.)</div>
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Section 3B: Tier III (Intensive Intervention) Documentation

TST Referral Date:

Initial Eligibility Date

Instructions: [TST members](#), [classroom teachers](#), and [interventionists](#) should work together to complete this form for each student that did not respond to Tier II interventions or for 4th grade students requiring Intensive Intervention after a Good Cause Exemption promotion or for Intensive Reading Interventions for Special Education students (K-4) and English Language Learners (ELLs).

Details of Intervention:Visit www.mde.k12.ms.us/intervention for suggestions of strategies.

Student Name:		Describe supplemental and/or small group strategies utilized – should be backed by scientifically-based research (SBR):	Provide specific evaluation criteria, in <i>measurable</i> terms, utilized to determine effectiveness and monitor progress:
Describe target deficit area of intervention(s) – identify if academic and/or behavioral and explain:			
Intervention start date:	Duration of intervention (in weeks):	Frequency of intervention:	Frequency of progress monitoring (track using Section 2B): (MDE recommendation: weekly)
Name(s) and role(s) of individual(s) responsible for delivering intervention(s):		Based on progress monitoring data (see Section 2B), student progress will be cumulatively reviewed on:	
		(MDE policy: no later than 16 weeks after start date)	

Parental Notification:

Student's parent(s) notified of Tier II intervention (check one): ☐ Yes ☐ No Date of Notification: _____
(For parent letter template, see [Appendix D](#))

Integrity Checks for Tier II Intervention(s)

Instructions: [School administrators](#), check the box next to each trait of quality implementation demonstrated during observation. Complete at least two (2) integrity checks at equal intervals during course of intervention.

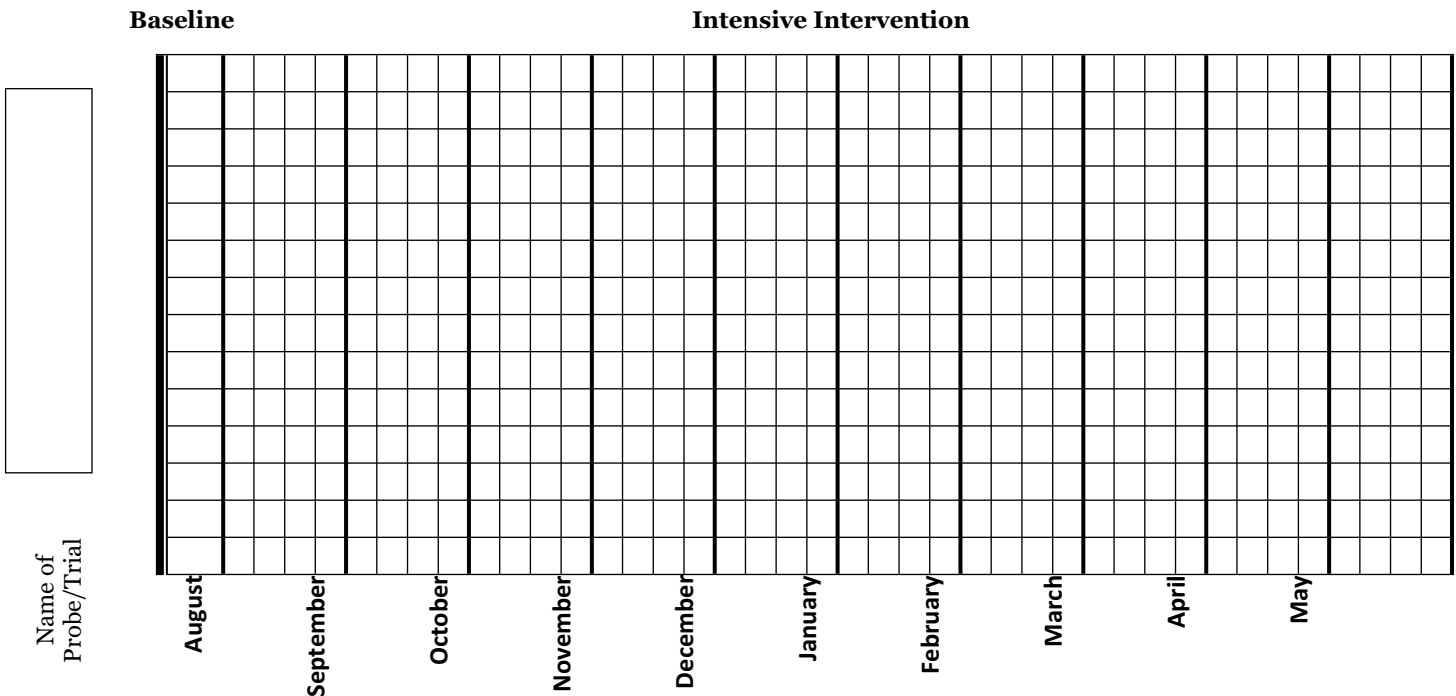
Integrity Check #1 Date: _____	Integrity Check #2 Date: _____
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated.	<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated.
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	<input type="checkbox"/> The intervention seems appropriate for the needs of this student.
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.

(Signature and Title of Person Completing Integrity Check)

(Signature and Title of Person Completing Integrity Check)

Section 3C: Progress Monitoring and Integrity Checks for Tier III Interventions

Instructions: Teachers should complete progress monitoring for interventions. It is recommended that the teacher establish a baseline by administering three (3) probes or trials, selecting the median, and marking the baseline by placing a dot on the vertical axis. Teachers should determine the goal by determining the expected rate of progress and marking the target by placing a dot at the intersections. On the bolded line above each month, indicate the first result recorded that month; on the line to the right, indicate the second result of that month.



Documented Reviews for Tier III

NOTE: MDE policy requires two (2) Tier III documented reviews, with the first documented review conducted no later than eight (8) weeks after implementation and the cumulative documented review no later than 16 weeks after implementation.

Instructions: TST members use the graph above and documented reviews boxes below to evaluate the effectiveness of the intervention(s) and to determine the next steps of this student's intervention based on his/her progress.

1st Documented Review

Date: _____

(To be completed no later than 8 weeks after starting intervention)

Sufficient Progress Made? (check one): ☐ **Yes** ☐ **No**
(If no, an additional intervention form should be completed)

Cumulative Documented Review

Date: _____

(To be completed no later than 16 weeks after starting intervention)

Sufficient Progress Made? (circle one): ☐ **Yes** ☐ **No**
(Check one of the boxes below for final decision)

☐ Adequate progress was made; intervention was successful in meeting student's needs. This student will be returned to the following tire:

☐ Tier I

☐ Tier II

And will be re-evaluated on:

Date: _____

☐ Adequate progress was not made; intervention was somewhat successful in meeting student's needs. Student will continue at Tier III and additional intervention will be attempted (additional form – both Sections 3B & 3C – should be completed).

☐ Adequate progress was not made; intervention was not successful in meeting student's needs. Referral to child study on (date):

Date: _____

☐ Student currently has an IEP. Complete the information in the box below.

Date Referred for Comprehensive Assessment: _____

Date of Assessment: _____

Student currently receiving SPED services (Check one): ☐ **Yes** ☐ **No**

Assessment Results (Check one): ☐ **Eligible** ☐ **Not Eligible**

Eligibility Category: _____

Appendix A: Social/Emotional Worksheet

Instructions: Classroom teachers or counselors should complete this checklist to aid in the collection of information to determine if student is in need of Tier II or Tier III behavioral interventions

NOTE: This worksheet is not a behavioral screener. For behavioral screening resources, visit www.mde.k12.ms.us/intervention.

STUDENT IS DISRUPTIVE IN CLASS:

- ☐ fidgets
- ☐ is overly active
- ☐ does not remain in seat
- ☐ talks out of turn
- ☐ disturbs others when they are working
- ☐ constantly seeks attention
- ☐ overly aggressive with others (i.e., physical fights)
- ☐ belligerent towards teachers and others in authority
- ☐ defiant or stubborn
- ☐ impulsive
- ☐ can't wait his/her turn
- ☐ acts without thinking of the consequences

STUDENT IS WITHDRAWN:

- ☐ shy, timid
- ☐ has difficulty making friends
- ☐ sits alone in cafeteria
- ☐ does not join in classroom group activities
- ☐ overly conforms to rules
- ☐ appears to daydream or be out of touch with the class
- ☐ has difficulty expressing feelings

STUDENT IS ANXIOUS:

- ☐ appears depressed
- ☐ rarely smiles
- ☐ appears to be tense
- ☐ appears frightened or worried
- ☐ cries easily
- ☐ does not trust others
- ☐ reports fears or phobias (such as fear of coming to school)

OTHER SOCIAL/EMOTIONAL BEHAVIORS:

- ☐ lacks self-confidence
- ☐ says "can't do" even before attempting
- ☐ reacts poorly to disappointment
- ☐ is overly sensitive to disappointment
- ☐ depends on others
- ☐ clings to adults
- ☐ pretends to be ill
- ☐ has poor grooming or personal hygiene

STUDENT HAS:

- ☐ been on runaway status
- ☐ been caught stealing at school
- ☐ left class without permission
- ☐ cursed school personnel
- ☐ threatened to harm school personnel or wished school personnel harm
- ☐ been suspended for fighting
- ☐ attempted suicide
- ☐ received tobacco violations at school
- ☐ received drug/alcohol violations at school

CLASSROOM INTEREST:

- ☐ High ☐ Average ☐ Low ☐ Other, Please Specify _____

CLASSROOM PARTICIPATION:

- ☐ almost always
- ☐ frequently
- ☐ occasionally
- ☐ seldom

CLASSROOM PREPAREDNESS:

- ☐ always brings necessary supplies
- ☐ usually brings supplies
- ☐ seldom comes to class with supplies
- ☐ never comes to class with supplies

MOTIVATION:

- ☐ completes homework
- ☐ completes about half of the assignment
- ☐ tends to give up easily
- ☐ has difficulty getting started on assignments

TO THE BEST OF YOUR KNOWLEDGE:

- ☐ This student is involved with the court system.
- ☐ This student is in counseling.

Appendix B: Language Service Plan (for Students with Limited English Proficiency)

Instructions: This form should be completed by the individual responsible for providing the instruction program for the LEP students and the classroom teacher.

Language First Spoken _____ Language Spoken In Home _____ Additional Languages _____
Date Of Entry Into U.S. _____ Immigrant Status (< 3 Years) _____
Parent/Guardian Name _____
Phone(s): Home _____ Work _____ Cell _____
Home/School Communication to Parent/Guardian Requested In: ☐ English ☐ Native ☐ Language ☐ Oral ☐ Written

Academic History Prior to Entering Current District

Age Started School	_____	Years in Preschool/K	_____	Years in 1-5	_____	Retained in Grades	_____	
Last Grade Completed	_____	Interrupted Education	_____	Limited Schooling	_____	No Formal Schooling	_____	
Has the student been referred for Special Education?				_____	Does the child have an IEP?			_____

Academic Achievement Level History

Subject	Below Level	On Or Above Level	Method Used To Determine Level	Information Not Available
Math				
Reading				
Writing				

Language Proficiency Test Information

Test	Date	Score	Level	Date	Score	Level	Date	Score	Level	Date	Score	Level	Date	Score	Level
ACCESS Speaking															
ACCESS Listening															
ACCESS Reading															
ACCESS Writing															
Composite SCORE															

ELL Service

Date Identified LEP _____	Date Entered ELL Program _____
<input type="checkbox"/> Student will receive Direct ELL Pull-out Services for _____ Minutes _____ Days a week	
<input type="checkbox"/> Student will be placed in an ELL English Class for on Credit (Grades 6-12 only) Year _____ Semester _____	
<input type="checkbox"/> Student will be placed on monitoring Status _____	Comments: _____
<input type="checkbox"/> Parents Declined Services _____	Comments: _____
With regular school attendance and parental support it is anticipated that the student will exit from services for Limited English Proficiency to monitoring status in _____ years.	

Comments:

Date exited from LEP Status _____

Expected date of Graduation (Grades 9-12 only) _____

Appendix B (continued): Language Service Plan (for Students with Limited English Proficiency)

Participation in the state-required assessment and accountability system

Date of entry to an English Speaking School _____

Student will participate in: _____

- ☐ W-APT
- ☐ Annual English Language Proficiency Assessment (WIDA ACCESS)
- ☐ State-Required Assessment and Accountability Program _____
- ☐ Accommodations will be Provided *
- ☐ Accommodations will no longer be provided when the student's English Language Proficiency (ELP) levels have reached a composite score of 5.0 or above on the WIDA ACCESS Tier B or Tier C and proficient on the MCT2 Language Arts or passing on the SATP English II multiple choice.

*These Accommodations/ Modifications are appropriate if consistent with the on-going normal delivery of classroom instruction.

Accommodations:

- | | |
|---|---|
| <input type="checkbox"/> Use of memory aids, fact charts, resource sheets, and/or abacus | <input type="checkbox"/> Administer the test over several days |
| <input type="checkbox"/> Provide cues (e.g., arrows and stop signs) on answer document in pencil | <input type="checkbox"/> Native language word-to-word dictionaries (no definitions) |
| <input type="checkbox"/> Highlight key words or phrases in directions (e.g., complete sentences, show your work) | <input type="checkbox"/> Individual test administration |
| <input type="checkbox"/> Read the test directions (but not the test items) to individual students or the group – repeating and/or paraphrasing the directions, if needed. | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> Dictation of answers to test administrator/proctor (scribe) in English only | |

- See English Language Learner Testing Accommodations Manual for further guidance.

Instructional Methods in the Regular Classroom

To meet the needs of this child, the following are to be used in regular classroom instruction:

- | | |
|--|---|
| <input type="checkbox"/> *Paraphrasing or repeating directions in English | <input type="checkbox"/> Print instead of using cursive; Type all notes, tests, handouts |
| <input type="checkbox"/> *Personal cueing* | <input type="checkbox"/> Use high interest/low vocabulary text material |
| <input type="checkbox"/> *Read the test directions (but not the test items) to individual students or the group – repeating and/or paraphrasing the directions, if needed. | <input type="checkbox"/> Use overhead and provide students with copies of teacher transparencies/notes/lectures |
| <input type="checkbox"/> *Dictation of answers to test administrator/proctor (scribe) in English only | <input type="checkbox"/> Make instruction visual – graphic organizers, pictures, maps, graphs... to aid understanding |
| <input type="checkbox"/> *Reader (oral administration) | <input type="checkbox"/> Highlight/color code tasks, directions, letters home |
| <input type="checkbox"/> *Native language word-to-word dictionaries /Electronic word-to-word dictionaries (no definitions) | <input type="checkbox"/> Pair ELs with English speaking "Study Buddy" for assistance |
| <input type="checkbox"/> OTHER*: | <input type="checkbox"/> Seat student in close proximity to teacher, w/ Study Buddy |
| <input type="checkbox"/> Present questions in same phrasing as learning/review | <input type="checkbox"/> Check for comprehension often |
| <input type="checkbox"/> Reduced and/or modified class & homework assignments | <input type="checkbox"/> Ask questions that allow student to answer successfully |
| <input type="checkbox"/> Modified assessments (i.e. oral) | <input type="checkbox"/> Allow student opportunities to read aloud successfully |
| <input type="checkbox"/> Break tasks/directions into subtasks | <input type="checkbox"/> Use manipulatives |
| <input type="checkbox"/> Increase wait time | <input type="checkbox"/> Use books on tape |
| <input type="checkbox"/> Additional time to complete assignments and tests | <input type="checkbox"/> Record material for student listening |
| <input type="checkbox"/> ESS (Extended School Services) | <input type="checkbox"/> Vocabulary matching/fill-in-the-blank exercises w/ words |
| <input type="checkbox"/> Face student when speaking – speak slowly | <input type="checkbox"/> Label items in the room |
| <input type="checkbox"/> Other programming accommodations to address individual strengths and needs: | |

Persons involved in the development of the Language Service Plan:

_____	Principal	_____	Parent
_____	School /District ELL Coordinator	_____	Parent
_____	ELL Teacher	_____	Student
_____	Teacher	_____	Interpreter
_____	Teacher	_____	Date

Appendix D: Sample Parent Notification of Intervention Services

Dear Parent/Guardian:

As part of district- and state-wide efforts to meet individual student needs and improve student achievement, [insert school district name] works to consistently track your student's progress toward grade level goals, both academically and behaviorally. 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 is called Response to Intervention (RtI).

Based on academic testing results classroom performance and/or teacher recommendation [child's name] has been identified as a student who could benefit from intervention services. This letter is to notify you of your child's placement in:

- ☐ **Tier II**, best described as supplemental or small group instruction that your child will receive in addition to core instruction by his/her classroom teacher. Your child will be in this tier for up to 10 weeks before final progress is determined and further support is provided, if needed.
- ☐ **Tier III**, best described as intensive interventions that occur daily and with the guidance of the Teacher Support Team. Your child will be in this tier for 8-16 weeks before final progress is determined and further support is provided, if needed.

The additional support that your child will be provided includes:

- ☐ [add Intervention #1 here]
- ☐ [add Intervention #2 here, if applicable]
- ☐ [add Intervention #3 here, if applicable]

[if referring to Tier III]

The school Teacher Support Team (TST) would like to invite you to a meeting regarding your child's progress in school. The TST's purpose is to review and consider all available information and to recommend additional educational strategies and interventions to further assist your child. We welcome and desire your participation in the decision making process through your attendance.

Date: _____ Time: _____ Location: _____

If you have any questions or concerns or are unable to attend the meeting, please contact us at:

Phone number: _____ E-mail Address: _____

Please understand that ongoing assessment and progress monitoring of interventions throughout the year aid in determining the need to continue, change, or discontinue intervention services. Our goal for providing interventions is to ensure that [child's name] will be successful in meeting the Mississippi grade level expectations and requirements. If you have any questions, please contact your child's classroom teacher or counselor.

Sincerely,

[Insert school administrator/TST chair signature and title here]

Appendix E: Literacy-Based Promotion Act Documentation		
Sent parents/guardians notification regarding reading deficiency on the following dates: _____		Date Read at Home Plan sent to parents/guardians: _____
Good Cause Exemptions Determination and Documentation The student qualifies for promotion based on the following good cause exemptions (check the appropriate exemption)		
	A. Limited English proficient student who has less than 2 years of instruction in an English Language Learner program	
	B. Student with a disability whose individual education plan (IEP) indicates that participation in the statewide accountability assessment program is not appropriate, as authorized under state law	
	C. Student with a disability who participates in the state annual accountability assessment and who has an IEP or a section 504 plan that reflects that the individual student has received intensive remediation for 2 years but still demonstrates a deficiency in reading and was previously retained in Kindergarten or First, Second, or Third Grade	
	D. Student who demonstrates an acceptable level of reading proficiency on an alternative standardized assessment approved by the State Board of Education	
	E. Student who received intensive intervention in reading for two or more years but still demonstrates a deficiency in reading and who previously was retained in kindergarten or first, second, or third grade for a total of two years and has not met exceptional education criteria	
Date teacher requested and submitted Good Cause Exemption documentation to the principal: _____	Date principal reviewed and discussed recommendations with the teacher and parent: _____	Date principal submitted documentation to superintendent: _____ Decision of superintendent: <input type="checkbox"/> Accept <input type="checkbox"/> Reject

Instructions: Check if retained or promoted.

Decision: ☐ **Retain** ☐ **Promote Based on Good Cause Exemption**

Comments:

Completed by: _____ Position: _____ Date: _____

Parent/Guardian (Print)

Signature

Date

Principal (Print)

Signature

Date

Parent/Guardian (Print)

Signature

Date