

The enclosed sample packet has been generated to clear up concerns about what documentation is needed from the TST at Tier III interventions. Your goal is to find the real problem and fix it.

TIER III

1. TST Chairman assigns the folder to a team member who reviews materials and interviews student's teacher. Plan meeting and send home TST9. Principal completes TST12.
2. Gather, begin and/or complete work on forms TST1, TST2, TST3, TST7A or TST7B.
3. Complete TST24 for each TST meeting. TST24 should include what the intervention is, how it will be carried out or what the intervention will be and how well it is working and what will be done next.
4. TST25 (This is the summary sheet for the entire intervention and will end when a different intervention is implemented (complete for each intervention).
5. For each TST meeting, you will need forms TST25, TST26, TST28, Chart Dog-Progress Monitoring, Actual Work Samples *related to intervention* (more is not better).

If the data shows that the student is progressing, continue the intervention and documentation of this intervention.

If the data shows that the student is not making progress, go back through 3-5 with another intervention before referring to LSC for help/testing.

6. Complete TST5.
7. Complete TST29.
8. Submit all the above to District RTI/TST person.

(forms can be printed from the Alcorn Web page, Teacher Support Team page)

Alcorn School District Parent Invitation to Attend Teachers Support Team Meeting

Initial Invitation to TST Meeting

Invitation to Follow-up TST Meeting

Name of Child: Jack Doe School: PES Date: 4-1-09

Dear Parent/Guardian:

Our school is committed to the educational success of all students and has established a student and teacher support process to assist individual students who are experiencing difficulty in school. Members of our Teacher Support Team (TST) help teachers and parents in developing strategies to support school success for individual students in regular education. Because your child is having difficulty in school, we plan to initiate this support process on behalf of your child. We believe that parents are critical to a child's success in school and your input is valuable to this team. Therefore, we invite you to attend and to participate in this meeting.

The TST meeting will be held on 4-6-09 at 3:00pm in the conference room at your child's school. Through the collective efforts of the TST, we hope to develop successful methods of helping your child have a more productive school career.

At the meeting, we will discuss the following:

- Your child's academic and/or behavioral difficulties.
- Classroom adaptations implemented thus far and the results.
- Your child's academic record.
- Any relevant social, medical or developmental information.
- The effectiveness of supplemental strategies/interventions in supporting your child.
- The possible need for further evaluation.

} check whatever applies

As a member of the team, you can help by sharing your concerns about your child's school performance; by providing information about your child's social, medical, and developmental history; and by offering ideas of what can be done at home or school to support your child's school success. All information will be regarded as confidential, and is accessible only to those who have a legitimate need to know it.

We appreciate your support of our efforts. If you have any questions, please contact me at 286-0000.

Sincerely,

Bill Sky, Chairman
Name Title

Please return the bottom portion of this form to your child's teacher to let us know if you can attend the meeting.

- Yes, I will attend the TST meeting at the scheduled time listed above.
- I can not attend the meeting. Please contact me and share with me the results of the meeting.
- I can not attend the meeting. Please set the meeting for this time and date _____.

Parent/Guardian Signature

Date

**Alcorn School District
Classroom Observation Report**

A student referred to the TST should be observed in the regular classroom in the area(s) in which the student is exhibiting difficulty.

Student: Jack Doe Date: 4-2-09 Grade: 6 SY: 2008-09

Observer Name: Bill Sky Position on Team: Chairman

Area Observed: Classroom Hallway Recess Bus Line Lunch Other _____

Teacher:	<u>Susie Car</u>
Subject:	<u>Reading</u>
Class Size:	<u>26</u>
Seating:	<u>front</u> middle back
Instruction:	large group <u>small group</u> individual other oral written
Independent work:	Yes <u>No</u>
Time:	<u>9:45-10:30</u>
Materials:	<u>encyclopedia / pencil / markers / poster board</u>

Description of Student Behavior	Description of Teacher Interaction
<p>fill this out</p>	<p>fill this out</p>

Alcorn School District Teacher Support Team Checklist

- Statement of Confidentiality
- Access to TST Records Form

Check these off as documents are put in folder.

Documentation Required at time of Referral to TST:

- Request to Teacher Support Team
- Student Data Sheet
- Hearing/Vision Screening
- Copy of Cumulative Record Insert
- Copy of Current Report Card
- MCT/SATP/Other State Assessment Score Reports
- Parent Contact Documentation
- MSIS Discipline Report(s)
- SASI Attendance Report and Class Schedule
- Social/Emotional Issues Worksheet
- Learning Styles Inventory
- Classroom Observation Report(s) Prior to Tier III Interventions

Tier I Documentation

- Tier I Documentation of Student Interventions w/ Rubric (separate page)
- Work Samples

Tier II Documentation

- Tier II Documentation of Interventions Prior to Baseline Data w/ Rubric
- Student receiving Behavioral Interventions Referred to TST at Tier II
- Tier II Documentation of Interventions
- Documentation Checklist(s)
- Tier II Progress Monitoring Results (Charts/Graphs)
- Samples of Work Completed during Tier II Timeline(s)
- TST Meeting Summary Sheet – BEHAVIORAL INTERVENTIONS ONLY

Tier III Documentation

- Tier III Documentation of Interventions
- Documentation Checklist(s)
- Tier III Progress Monitoring Results (Charts/Graphs)
- Samples of Work Completed during Tier III Timeline(s)
- Classroom Observation Report(s)

1st Meeting Date: 4-4-09

(TST Meeting Summary Sheet in folder)

2nd Meeting Date: 5-5-09

(TST Meeting Summary Sheet in folder)

3rd Meeting Date: 5-15-09

(TST Meeting Summary Sheet in folder)

4th Meeting Date: _____

(TST Meeting Summary Sheet in folder)

Additional Dates: _____

Documentation Required for Review by LSC

- Teacher Support Team Recommendation Form
- Tier Three Summary for LSC
- Student Profile and Interventions Summary
- ~~Teacher Narrative~~

**Alcorn School District
HEARING/VISION SCREENING RESULTS**

Student: Jack Doe Grade: 6
 School: PES SY: 2008-09

A. HEARING SCREENING

	1 ST Screening	2 nd Screening
	PASS	PASS
	FAIL	FAIL
EXAMINER		
DATE		

Parent Notified in case of failure: Yes No DATE: _____
 Parent Response to failure: _____

B. VISION SCREENING

	1 ST Screening	2 nd Screening
	Yes	Yes
	No	No
Screened wearing glasses		
Right Eye (far vision)		
Left Eye (far vision)		
Both Eyes		
Overall Far Vision	Pass Fail	Pass Fail
Near Vision	Pass Fail	Pass Fail
EXAMINER		
DATE		

Parent Notified in case of failure: Yes No DATE: _____
 Parent Response to failure: _____

Alcorn School District
P. O. Box 1420
Corinth, Mississippi 38835

School: PES

Date:

Dear Parent:

Your child's hearing and vision has been screened at school to determine if there are any problems, which may affect your child's education. Based on the results, your child did not pass the screening as indicated below:

- Hearing was noted as a possible problem. We recommend that your have your child evaluated by an audiologist or a physician.**
- Vision was noted as a possible problem. We recommend that you have your child evaluated by an ophthalmologist or optometrist.**

A copy of your child's screening results is attached. If you have any questions, please call me at _____.

Sincerely,

TST Chairman

Alcorn School District TST Meeting Summary Form (complete for each meeting)

Student Jack Doe MSIS No. 0000000000
DOB 1-1-96 School PES Grade 6 SY: 2008-09

Meeting Date: 4-4-09

Summary of Discussion Reviewed info. Will have interventist work with Jack 4 days a week for 30 minutes with visualizing/verbalizing program.

() Summary continued on back

Recommendations

<input type="checkbox"/> Parental Contact <input checked="" type="checkbox"/> Academic Instructional Intervention in the area(s) <input checked="" type="checkbox"/> Reading ___ Math ___ Language <input type="checkbox"/> Behavior management Program/Plan <input type="checkbox"/> Behavior Observation <input type="checkbox"/> Student Conference <input type="checkbox"/> Other _____	<input type="checkbox"/> Additional Screening (5 yr. old, in-school) <input type="checkbox"/> Hearing/Vision Screening <input type="checkbox"/> Medical Follow-up <input type="checkbox"/> Referral to School Counselor <input type="checkbox"/> Referral to Community Agency <input checked="" type="checkbox"/> Remain in Regular Education <input checked="" type="checkbox"/> Continue Instructional Intervention(s) in Regular <input type="checkbox"/> Education Classroom <input type="checkbox"/> Complete Teacher Narrative Packet <input type="checkbox"/> Refer for Child Study (LSC Chairperson will notify you of upcoming meeting) <input type="checkbox"/> Other _____
--	--

TST Members Present

_____ ~
 _____ ~
 _____ ~

Title

_____ ~
 _____ ~
 _____ ~

Alcorn School District
Tier THREE Documentation of Student Interventions

SY: 2008-09

Student Jack Doe Subject Area Reading Grade 6 Date 5-5-09

Alternative strategies and interventions for improvement of the student's skills have been implemented and the student has not made progress. (Documentation of student performance must be provided.)

Referring Problem based on Mississippi Curriculum Frameworks or Behavioral Concerns:
Competency 2 - Skills Comprehension tests

Intervention for Problem:
Teacher/interventionist will use visualizing/underlining programs to work with Jack 4 days a week for 30 mins. sessions

Data:

Date of Baseline Data	Data	Dates Intervention Started/Ended
8-28-08 4-1-08	See Attached Data Documentation Checklist and Graph	4-5-09 5-5-09

Person(s) Completing Intervention: Aue Bee Position(s): interventionist

TST Person Overseeing Intervention: Ausie Hair Position: TST member

Notes: Baseline & Weekly data requires the graphing or charting of student performance.
Complete this for each intervention tried.

Student Name: _____

Jack Doe

2008-09 SY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	4-1 	4-2 	4-3 	4-4 	4-5 test	
	4-9 	4-9 	4-10 	4-11 	4-12 test	
	4-15 	4-16 	4-17 	4-18 	4-19 test	
	4-22 	4-23 	4-24 	4-25 	4-26 test	
	4-28 	4-30 	5-1 	5-2 	5-3 test	

Tier II or Tier III Interventions: (Circle one)

List intervention/s below.

1. Behavioral Interventions / Behavioral Interventions 11:00-11:30 room 7

2. _____

3. _____

This can be used in place of the calendar.

6-Weeks Documentation Checklist

Student _____ SY: _____
Subject _____

1. Objective/Intervention _____

First	Second	Third	Fourth	Fifth	Sixth	Place grade in box.																							
						(Circle Appropriate Period)																							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

2. Objective/Intervention _____

First	Second	Third	Fourth	Fifth	Sixth	Place grade in box.																							
						(Circle Appropriate Period)																							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

3. Objective/Intervention _____

First	Second	Third	Fourth	Fifth	Sixth	Place grade in box.																							
						(Circle Appropriate Period)																							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Powered by JGraph!



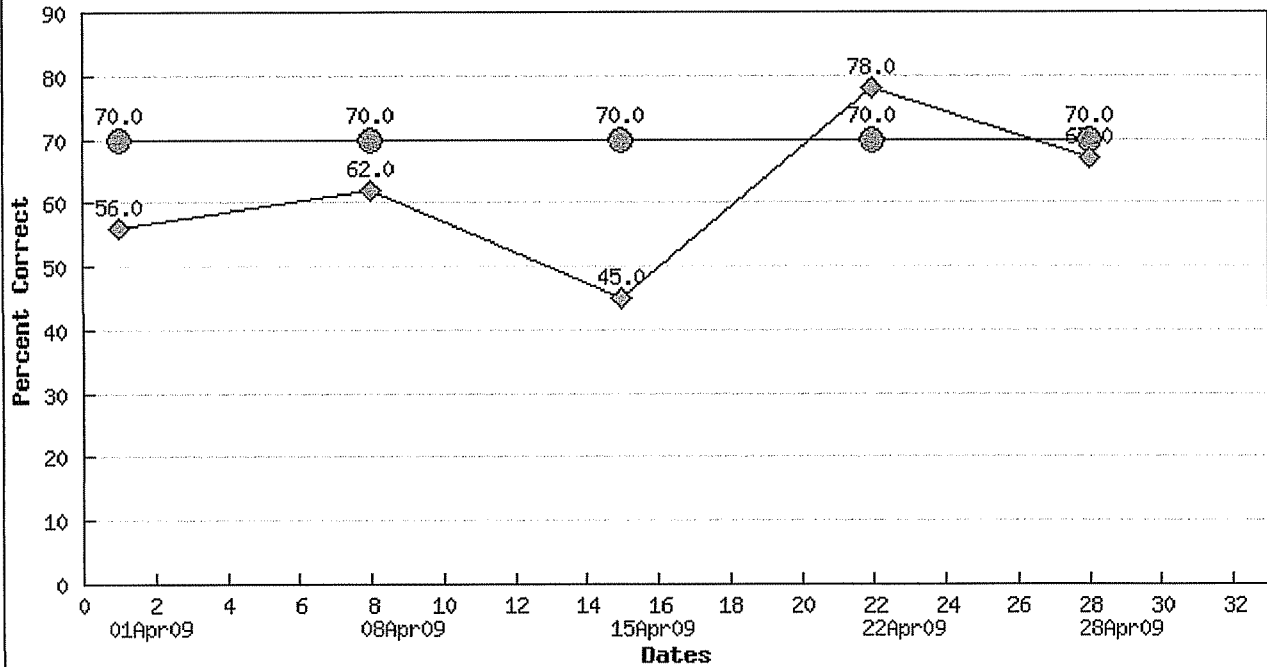
ChartDog 2.0

A service of www.interventioncentral.org

Chart Dog! www.interventioncentral.org

○ 'Passing' ◆ 'Jack's scores'

Jack Doe



Data Table

Obsv#	Date	'Passing'	'Jack's scores'	Obsv#	Date	'Passing'	'Jack's scores'
Phase Change				4	22 April 2009	70	78
1	1 April 2009	70	56	5	28 April 2009	70	67
2	8 April 2009	70	62				
3	15 April 2009	70	45				

©2005 Jim Wright

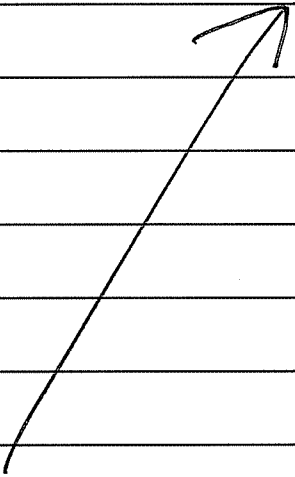
Alcorn School District
Individual Work Narrative for Documentation

Student Name: Jack Doe SY: 08-09

School: PES

Date	Time	Target Area/s & Activities
4-1-09	9:30-10:30	2BI - read story answer questions
4-8-09	9:30-10:30	2BI - listened to tape of book/answer questions
4-15-09	9:30-10:30	2BI - worksheet
4-22-09	9:30-10:30	2BI - aims web story

Following this
Page will be these
Papers



Alcorn School District Summary of the TIERS

Student Name: Jack Doe School: PES

Date: 5-15-10

- 2000-2001 Jack entered Pine Elementary School and was retained.
- 2001-2002 Jack was successful in Kindergarten the 2nd year and was promoted to 1st grade at PES.
- 2002-2003 Jack was successful in 1st grade and promoted to 2nd grade.
- 2003-2004 Jack passed 2nd grade with a 70 in both reading and language. Jack was promoted to 3rd grade.
- 2004-2005 Jack transferred to Ripley Elementary School and failed math and language. He passed reading with a 70 yearly average. He was retained in the 3rd grade at Ripley.
- 2005-2006 Jack was then transferred back to Pine E.S., where he failed Reading. During this year he transferred back and forth between Ripley and Pine E.S. schools. He ended the year in 3rd grade failing only reading and was promoted to 4th grade.
- 2006-2007 Jack failed language and reading in 4th grade at Pine E.S. and was retained.
- 2007-2008 Jack transferred to Middleton Elementary in TN.
- 2008-2009 Jack was placed in 5th grade at Ripley Middle school. He transferred to PES. in February of 2009 and was socially promoted to 6th grade.
- 2009-2010 Jack is currently in the 6th grade at PES School. He meets with the interventionist daily to help him catch up on reading, language and math basics that he has been lacking in since entering school.

Alcorn School District
TIER THREE SUMMARY for LSC INSTRUCTIONAL INTERVENTION DOCUMENTATION SHEET

INSTRUCTIONS: Fill out if student is being referred to LSC for testing.

STUDENT: Jack Doe	TEACHER: Susie Gar	SCHOOL YEAR: 2008-09	
MSIS #: 00000000			
GENERAL INFORMATION			
SCHOOL: PES	Tier Three Referral Date: 4-1-09		
GRADE: 6	Intervention Start Date: 4-5-09		
SUBJECT: Reading	First Intervention Review Date: (6 weeks) 5-5-09	Sufficient Progress?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Second Intervention Review Date: (12 weeks) 5-15-09	Sufficient Progress?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Final Determination Date (18 weeks) 5-18-09	If no, an additional intervention form should be completed.	

An instructional intervention is a series of planned activities that are different from those activities normally occurring in the child's regular education program.

<p>What is the referring problem? (To be stated in specific and measurable terms.) <u>Comprehension</u></p> <p>What data supports the existence of the problem? (Baseline data) <u>classroom test / progress monitoring</u></p> <p>What is the goal to resolve this problem? (To be stated in specific and measurable terms.) <u>Verbalizing to improve comprehension</u></p> <p>Describe the intervention attempted. (Please complete all information as noted.) <u>Describe the activities for each objective(s) involved.</u></p>	<p>Student does not show mastery of</p> <p>Using the program Visualizing</p> <p>List the specific evaluation criteria utilized.</p>
