Dale County Schools

Response to Instruction

Framework

*Minimum Requirements*



DALE COUNTY SCHOOL SYSTEM

STUDENTS WHO STRUGGLE IN READING, MATH, AND BEHAVIOR

RESPONSE TO INSTRUCTION (RtI)

Each school now has one or more problem solving teams (PST) designed to address the unique and individual needs of each child. In addition to addressing the typical challenges faced by many students, these teams are also designed to address instructional areas for such issues as generalized or specific learning problems or behavior problems. These teams meet at least once per month to review students’ progress. General procedures to address the needs of students are as follows:

Tier I (Core Program)

On-grade level instruction using multiple methods of instruction and awareness of the child’s learning style. Instruction includes such strategies as modeling, re-teaching, providing general remediation, providing corrective feedback, allowing multiple opportunities for student practice, flexibly grouping students, ensuring student engagement, use of pacing guides to direct instruction, use of differentiated instruction, providing accommodations to “level the playing field” for all students, and participation in a screener assessment to identify student needs that will be addressed through the RtI process.

Tier II Intervention

Additional 15-30 minutes of individual or small group instruction every day, which is targeted to specific needs of the student using research-based strategies. Tier II interventions may be short-term and stop once a student has obtained adequate progress toward the targeted skill.

Tier III Intervention

Tier III services are provided *in addition* to TIER II interventions. An additional 30-45 minutes of individual or small group instruction 3-5 times per week, which is targeted to specific needs of the student using research-based strategies and *programs*. These programs are taught by qualified and trained personnel. The PST determines which students need additional Tier III interventions and will notify parents of that decision. Tier III students will participate in “progress monitoring“ assessments weekly to determine the success of the interventions. Parents will be notified of the child’s progress. A vision and hearing screening is conducted, along with other assessments that may help to identify any additional problems the child may be having that hinders his/her success. Tier III interventions are intensive and long-term. However, Tier III interventions may stop once a student has obtained adequate progress toward the targeted skills. Lack of progress over time using Tier I, Tier II, and Tier III interventions may result in a referral for an evaluation for special education eligibility.

The RtI process is designed to ensure the implementation of appropriate instruction, which is a necessary component in determining whether a disability is present and if special education services are needed. Parents who are considering requesting an evaluation for special education eligibility should understand that the student will participate in the RTI process.

 **Dale County Problem Solving Team Checklist**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_ School year\_\_\_\_\_\_\_\_

Teacher referring student & position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher delivering instruction highly qualified: Yes/ No highly qualified in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student has received standards-based instruction: Yes/No

\_\_\_\_\_ Vision screening from current school year

\_\_\_\_\_ Hearing screening from current school year

\_\_\_\_\_ Parent notification and /or update form

\_\_\_\_\_ Student Information Summary

\_\_\_\_\_ Student Intervention Plan

\_\_\_\_\_ Copy of most recent report card

\_\_\_\_\_ Copy of most recent comprehensive progress report

\_\_\_\_\_ Copies of State and local Assessments

\_\_\_\_\_ Work samples (3 to 5 samples ) with analysis sheet on top

\_\_\_\_\_ Samples are specific to area of deficit

\_\_\_\_\_ Other records/reports if applicable (Teacher notes, Discipline Files/Notes, Medical Reports)

\_\_\_\_\_ BASC SOS

\_\_\_\_\_\_Summary statement of Adverse Affect (SPED referrals only)

**Team recommendations**: Continue intervention, fade plan, modify plan, discontinue plan

Notes /comments:

 **Parent Notification**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

Your child, has been referred to our Problem Solving Team (PST). Each local school within Dale County Schools has a PST in place to help students who are struggling in academics and behavior. As required by the Alabama Department of Education a problem solving team consisting of teachers, administrators, and other support personnel reviews student data regarding need for assistance: recommends the type of assistance to be provided; reviews data reflecting progress being made by students; and informs parents of this progress and of any recommendations regarding needed changes in interventions.

He/she needs additional support in the following area(s):

**\_\_\_\_\_ MATH**

**\_\_\_\_\_ READING**

**\_\_\_\_\_ BEHAVIOR**

A Problem Solving Team update will be sent home periodically throughout the intervention process.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please feel free to contact us with any questions.

Sincerely,

PST Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Problem Solving Team Update for Parents**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear parent:

The PST is still working with your child. He/she is receiving additional support in the following area(s):

**\_\_\_\_\_ MATH**

*Current Average: \_\_\_\_\_\_\_\_ (See attached documentation)*

*Current Progress Monitoring Score: \_\_\_\_\_\_\_\_*

*Other Data: \_\_\_\_\_\_\_\_\_\_*

**\_\_\_\_\_ READING**

*Current Average: \_\_\_\_\_\_\_\_ (See attached documentation)*

*Current Progress Monitoring Score: \_\_\_\_\_\_\_\_*

*Other Data: \_\_\_\_\_\_\_\_\_\_*

**\_\_\_\_\_ BEHAVIOR**

Measurable Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Measurable Level of Performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child is still receiving additional attention, focus, and support in the general education classroom. He/she is being progress monitored on a recurring basis and we are collecting student work samples. Teachers are keeping daily records of small group and differentiated instruction.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please feel free to contact us with any questions.

Sincerely,

PST Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Problem Solving Team Dismissal**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Problem Solving Team has determined that your child has met or exceeded the benchmark goal we set for him/her. He/she has maintained that goal for a period of at least 4 weeks.

**\_\_\_\_\_ MATH**

*Current Average: \_\_\_\_\_\_\_\_ (See attached documentation)*

*Current Progress Monitoring Score: \_\_\_\_\_\_\_\_*

*Other Data: \_\_\_\_\_\_\_\_\_\_*

**\_\_\_\_\_ READING**

*Current Average: \_\_\_\_\_\_\_\_ (See attached documentation)*

*Current Progress Monitoring Score: \_\_\_\_\_\_\_\_*

*Other Data: \_\_\_\_\_\_\_\_\_\_*

**\_\_\_\_\_ BEHAVIOR**

Measurable Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Measurable Level of Performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please feel free to contact us with any questions.

Sincerely,

PST Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_