

# Golden Plains Unified School District Response to Intervention (RTI) team

## Mission Statement

The Golden Plains Unified School District Response to Intervention team (RTI) is a school-based, problem-solving group comprised of school staff, support staff and administration whose goal is to support students, parents and teachers and provide intervention strategies for dealing with academic, social/emotional, and behavioral needs of general education students in the least restrictive environment.

### Goals of the RTI Process (Tier 1):

- Provide appropriate intervention strategies in the least restrictive (general education) environment for students having academic, behavioral and/or social/emotional difficulties.
- Empower teachers to access RTI and intervention suggestions from special education and support staff regarding a number of common student difficulties. These can include (but are not limited to):
  - *Off-task behavior*
  - *Difficulty with sensory integration*
  - *Difficulty with handwriting and fine motor skills*
  - *Not following school rules*
  - *Inattentive and/or hyperactive behavior*
  - *Emotional difficulties (e.g., depression, anxiety, etc.)*
  - *Difficulty with social interaction*
  - *Lack of academic achievement*
  - *Defiance and non-compliance*
  - *Aggressive behavior*
  - *Anger*
  - *Bullying and/or victimization*
  - *Lying*
  - *Stress*
  - *Speech/language*
  - *School adjustment*
  - *Accessing Medi-Cal and Healthy Families*
- Build a model of teamwork and collaboration among staff to empower teachers to access school and outside services for students.
- Decrease referrals to special education that can be more appropriately addressed by general education interventions.
- Monitor and determine the effectiveness of interventions in place and decide whether another RTI meeting should be requested.

### Goals of the RTI Process (Tier 2 & 3):

- Review the previous interventions
- Brainstorm and make suggestions for more intensive intervention within the general education environment
- Refer to outside agencies as needed
- Conduct follow-up meetings to monitor success
- Refer students for special education testing if necessary.

### **Referring Teacher Responsibilities:**

1. Follow RTI procedure. Be patient—this may take time to develop effective interventions.
  - a. Collaborate and consult with parents, grade-level team members, special education and support staff, and/or administration regarding recommended strategies.
  - b. Use the *Intervention Guide* to choose appropriate staff with whom to consult.
  - c. Monitor the success of the interventions selected and modify as needed.
  - d. Carefully Document ALL interventions on the *RTI: Referral Forms*.
  - e. Follow the RTI team recommendations for further intervention.
  - f. If the RTI team agrees that more interventions are necessary, they will sign and forward to principal or special education director. If Principal/Special Ed Coordinator agrees, she/he will forward to the RTI coordinator to schedule a meeting.
2. If another RTI meeting is scheduled, remind the parents of the meeting at least one (1) day prior.
3. Attend the RTI meeting and present the case to the team.

### **RTI Coordinator Responsibilities:**

1. Check the RTI referral form to make sure that it has been cleared for a meeting by RTI team and principal/special education director's signature.
2. Call the student's parents and invite them to come to a meeting.
3. As soon as the meeting date and time is established and written on the master calendar, immediately notify the RTI members of the meeting in writing and provide them with a copy of the referral information.
4. Facilitate the meeting and record the notes on the summary form.
5. Schedule a follow-up RTI DURING the meeting.
6. Immediately provide the parents and all RTI members with a copy of the summary form.
7. Notify staff and parents of the scheduled follow-up meeting. (Then facilitate the follow-up RTI, record notes, and provide copies).

### **The Response to Intervention (RTI) team includes:**

- An administrator (Principal or VP)
- The RTI coordinator
- Representative from Special Education and Support Staff (Psychologist, RSP teacher, School Counselor)
- Parents
- The referring teacher
- It can also include:
  - Parent advocates
  - Representatives from outside agencies
  - Additional teachers—previous teacher if possible.
  - School Nurse as necessary
  - Speech and Language Pathologist as necessary

# INTERVENTION GUIDE

Area of Concern	Who can help	What might be suggested (just some examples...)
<p><b><u>Classroom Behavior</u></b> (e.g., focusing, hyperactivity, acting out, fidgeting, can't sit still, etc.)</p>	<ul style="list-style-type: none"> <li>▪ School Psychologist</li> <li>▪ School Counselor</li> <li>▪ RSP Teacher</li> <li>▪ Other teachers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Behavioral intervention</li> <li>▪ Counseling</li> <li>▪ Academic intervention</li> <li>▪ Observation by support staff</li> <li>▪ Parent may wish to take child to family doctor.</li> </ul>
<p><b><u>Social and/or Emotional Difficulties</u></b> (e.g., grief/loss, anger, aggression, trouble focusing, anxiety, depression, crying, acting out, bullying/victimization, lying, peer avoidance, lacking interest in peers, lacking social skills, oppositional/defiant behavior, drawing negative pictures or talking about self-harm, etc.)</p> <p><b>**Important:</b> ANY mention of self-harm or suspicion of possible danger must be IMMEDIATELY reported to the psychologist. This constitutes a CRISIS situation that needs immediate intervention.</p>	<ul style="list-style-type: none"> <li>▪ School Psychologist</li> <li>▪ School Counselor</li> </ul>	<ul style="list-style-type: none"> <li>▪ Group or individual counseling</li> <li>▪ Social Skills Training</li> <li>▪ Structured play experiences</li> <li>▪ Behavioral intervention</li> <li>▪ Observation by support staff</li> <li>▪ Establish contact and work with parents</li> <li>▪ Referral to Fresno County Mental Health, or other outside counseling or mental health agency.</li> </ul>
<p><b><u>Sensory and/or Motor Difficulties</u></b> (e.g., focusing problems, not sitting still, staring into space, hypersensitivity to sensory input, handwriting problems, fine and/or gross motor problems, etc.)</p>	<ul style="list-style-type: none"> <li>▪ School Psychologist</li> <li>▪ RSP Teacher</li> </ul>	<ul style="list-style-type: none"> <li>▪ Observation by psychologist</li> <li>▪ Observation by district Occupational Therapist (OT)—referral can only be made by psychologist</li> <li>▪ Pencil grips</li> <li>▪ Sensory integration activities to regulate arousal and focus</li> <li>▪ "Handwriting Without Tears" program</li> <li>▪ Home practice activities for handwriting</li> </ul>
<p><b><u>Health and Safety Concerns</u></b> (e.g., unkempt appearance, appearing un-cared for, possible neglect and/or abuse)</p> <p><b>**Important:</b> IMMEDIATELY consult site administration and/or the nurse with concerns regarding any suspected child abuse and/or neglect. This constitutes a CRISIS situation.</p>	<ul style="list-style-type: none"> <li>▪ Site Administrators</li> <li>▪ School Nurse</li> <li>▪ School Psychologist</li> </ul>	<ul style="list-style-type: none"> <li>▪ Observation</li> <li>▪ Possible CPS referral</li> <li>▪ Possible referral to the Suspected Child Abuse and Neglect (SCAN) team of Fresno County</li> <li>▪ Possible Medi-Cal or Healthy Families referral</li> </ul>
<p><b><u>Developmental Concerns</u></b> (e.g., speech/language difficulties, suspected motor impairments, odd or repetitive behaviors, lack of interest</p>	<ul style="list-style-type: none"> <li>▪ School Nurse</li> <li>▪ School Psychologist</li> <li>▪ RSP teacher</li> <li>▪ Speech/Language</li> </ul>	<ul style="list-style-type: none"> <li>▪ Observation by appropriate support staff (e.g., Special Education Teacher, Adaptive PE teacher, OT, Psychologist, Speech/Language</li> </ul>

<p>in peers, suspected global delays etc.)</p>	<p>Therapist</p>	<p>Therapist, etc.)</p> <ul style="list-style-type: none"> <li>▪ Possible referral to outside agency (e.g., Central Valley Regional Center)</li> <li>▪ Possible immediate referral for special education assessment</li> <li>▪ Possible suggestion that parent take child to family physician</li> </ul>
<p><b><u>Academic Concerns</u></b> (e.g., significantly below grade level in academic achievement, lack of organization, etc.)</p>	<ul style="list-style-type: none"> <li>▪ RSP Teacher</li> <li>▪ School Psychologist</li> <li>▪ Site Administrator</li> </ul>	<ul style="list-style-type: none"> <li>▪ Referral to reading intervention program for grades 1-3.</li> <li>▪ RTI with RSP teacher and in-class suggestions.</li> <li>▪ Possible informal pullout intervention by RSP teacher for individual goals (Falconstreaming program).</li> <li>▪ Classroom intervention suggestions (e.g., peer tutoring, academic modifications and accommodations, etc.)</li> </ul>

## RTI Intervention Plan

Program/Technique/Intervention	Time Guidelines (When begun, how much time, how often)	Who will implement intervention?	Progress Monitoring Data (Type of data collected, Who collects data) Please see form.	Goal

Next Review Date/Time: \_\_\_\_\_

Adjournment Time: \_\_\_\_\_

Signature of Attendees:

- |                 |                 |         |                 |
|-----------------|-----------------|---------|-----------------|
| Student         | Parent/Guardian | Teacher | RTI Facilitator |
| Administrator   | RSP Teacher     | Other   | Other           |
| RTI Coordinator |                 | Other   |                 |



**Signature of Attendees:**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Facilitator

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
RTI Coordinator

\_\_\_\_\_  
RSP Teacher

\_\_\_\_\_  
Other

\_\_\_\_\_  
Other

.....  
For RTI Coordinator/Special Education Director/Principal Use Only:

\*\*\*If referred for a RTI (Tier 3) meeting must be approved by Special Ed. Director/Principal \*\*\*

<input type="checkbox"/> <i>I believe that a RTI (Tier 3) meeting is necessary to further support this student.</i>	
RTI Coordinator Signature: _____	Date: _____

Special Ed Director/Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## Golden Plains Unified School District Response to Intervention (RTI) Team Meeting

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Student Strengths	Current Concerns	Interventions Attempted	Interventions Recommended & Time Guidelines	Progress Monitoring Method	Person Responsible for Implementation	New Goals
	1.		1.	1.	1.	1.
	2.		2.	2.	2.	2.
	3.		3.	3.	3.	3.

FOLLOW-UP MEETING SCHEDULED FOR: \_\_\_\_\_ TO REVIEW PROGRESS.

Signatures: \_\_\_\_\_

\_\_\_\_\_



# Response to Intervention (RTI): Referral Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Parents: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Student's Strengths:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Concern:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vision/Hearing:**

Screening Date \_\_\_\_\_

- Passed both  Failed Vision – wears glasses
- Failed Vision – does not wear glasses
- Failed Hearing – wears aides
- Failed Hearing – does not wear aides
- Known health condition (e.g., ADHD, CP) \_\_\_\_\_

ELL:  No  Yes

**CELDT Levels:**

	K	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>
<b>Listening</b>									
<b>Speaking</b>									
<b>Reading</b>									
<b>Writing</b>									
<b>OVERALL</b>									

(B, EI, I, EA, A)

SARBed:  No  Yes: # - \_\_\_\_\_

**Attendance Record:**

	K	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>
<b>Days attended</b>									
<b>Days absent</b>									
<b>Days tardy</b>									

**California Standards Test: Record most recent 4 years of assessment (if available)**

Grade:								
Test	CST Score	Performance Level	CST Score	Performance Level	CST Score	Performance Level	CST Score	Performance Level
ELA								
Math								

(Performance Level: FBB, BB, B, P, A)

**Enrollment:** Student has been enrolled at \_\_\_\_\_ Elementary for:

- More than a year
- More than 6 months
- \_\_\_\_\_ months

Retained:  No  Yes Grade? \_\_\_\_\_

Previous schools: \_\_\_\_\_

**Record of this year's relevant assessments:** (e.g., AR, AM, Lexia, and timed test levels, CBM, Benchmarks)

Assessments	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June

**Classroom Modifications** (check (+) if effective or (-) if tried and not successful)

- Shorten assignments     Set Time Limit     Vary instruction style     Cooperative groups
- Extra practice     Model Correct Behavior     1:1 w/adult     Special study area
- Remove privileges     Sit by Teacher     Ignore behavior     Detention
- Token system     Preferential Seating     Use tape Recorder     List assignments
- Modify assignments     Work w/buddy     Use of Manipulative     Behavior contract
- Immediate praise     Home/school Notes     More time     Peer Tutoring
- Use of Computer     Chart Progress     Cross Age Tutor     After School tutoring

**Academics** (Rate all areas on a scale of 1 to 5)

1= well below average; 2=Below average; 3=Average; 4= Above average; 5= Well above average;

Work Completion	Mathematics	Compliance to rules	Playground behavior
Reading	Independent study skill	Time on task	Conflict resolution
Writing	Attendance	Acceptable by peers	health

Attach other relevant intervention data (Please attach information regarding collaboration/consultation with grade-level team members).

Referring Person:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# Response to Intervention (RTI): Referral Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Parents: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Student's Strengths:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Concern:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vision/Hearing:**

Screening Date \_\_\_\_\_

- Passed both  Failed Vision – wears glasses
- Failed Vision – does not wear glasses
- Failed Hearing – wears aides
- Failed Hearing – does not wear aides
- Known health condition (e.g., ADHD, CP) \_\_\_\_\_

ELL:  No  Yes

**CELDT Levels:**

	K	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>
<b>Listening</b>									
<b>Speaking</b>									
<b>Reading</b>									
<b>Writing</b>									
<b>OVERALL</b>									

(B, EL, I, EA, A)

SARBed:  No  Yes: # - \_\_\_\_\_

**Attendance Record:**

	K	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>
<b>Days attended</b>									
<b>Days absent</b>									
<b>Days tardy</b>									

**California Standards Test: Record most recent 4 years of assessment (if available)**

Grade:								
Test	CST Score	Performance Level	CST Score	Performance Level	CST Score	Performance Level	CST Score	Performance Level
ELA								
Math								

(Performance Level: FBB, BB, B, P, A)

**Enrollment:** Student has been enrolled at \_\_\_\_\_ Elementary for:

- More than a year  More than 6 months  \_\_\_\_\_ months

Retained:  No  Yes Grade? \_\_\_\_\_

Previous schools: \_\_\_\_\_

**Record of this year's relevant assessments:** (e.g., AR, AM, Lexia, and timed test levels, CBM, Benchmarks)

Assessments	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June

**Classroom Modifications** (check (+) if effective or (-) if tried and not successful)

- Shorten assignments     Set Time Limit             Vary instruction style     Cooperative groups
- Extra practice             Model Correct Behavior     1:1 w/adult                 Special study area
- Remove privileges        Sit by Teacher                Ignore behavior             Detention
- Token system              Preferential Seating        Use tape Recorder         List assignments
- Modify assignments       Work w/buddy                 Use of Manipulative       Behavior contract
- Immediate praise         Home/school Notes         More time                   Peer Tutoring
- Use of Computer         Chart Progress               Cross Age Tutor           After School tutoring

**Academics** (Rate all areas on a scale of 1 to 5)

1= well below average; 2=Below average; 3=Average; 4= Above average; 5= Well above average;

Work Completion	Mathematics	Compliance to rules	Playground behavior
Reading	Independent study skill	Time on task	Conflict resolution
Writing	Attendance	Acceptable by peers	health

Attach other relevant intervention data (Please attach information regarding collaboration/consultation with grade-level team members).

Referring Person:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Response to Intervention (RTI) Process 2011-2012

If you are concerned about a student's lack of academic progress and/or behavior problems follow these steps:

- 1 Implement general education classroom interventions and modifications. **(Tier 1)**
  - a. Be specific about what interventions you are using for the students, who is responsible for the intervention, and what date each intervention was started.
  - b. Interventions must be implemented for at least 3-to 4 weeks before referring to the RTI team.
  - c. Look at the **INTERVENTION GUIDE** for assistance.
  
- 2 Fill out the **RTI Referral Forms**.
  - a. If no progress is made, fill out referral forms completely.
  - b. Please attach intervention data obtained to the **RTI Referral Forms**.
  
- 3 Turn in the **RTI Referral Forms** into the school site's RTI Facilitator's Box. (\_\_\_\_\_)
  - a. School site's RTI facilitator will make sure the forms are filled out correctly.
  - b. School site's RTI facilitator will meet with RTI Coordinator (\_\_\_\_\_) and set a date for the first RTI meeting with the RTI team.
  - c. RTI Team (RTI Coordinator, RTI facilitator, classroom teacher, parent, & support services) meets once a month to discuss RTI referrals.
  
- 4 During the first meeting, **1<sup>st</sup> RTI Meeting Individual Student Review Form** will be filled out by the RTI Coordinator. **(Tier 1 or Tier 2)**
  - a. This meeting will include the following RTI team members (parents, classroom teacher, RTI Facilitator, and RTI Coordinator)
  - b. This plan will be in effect for 4 weeks then a second RTI meeting will be set to discuss student's progress or lack of progress.
  
- 5 During the second RTI meeting the **2<sup>nd</sup> RTI Meeting Individual Student Review Form** will be filled out by the RTI Coordinator. The RTI team will decide whether to recommend the student for further support from the Response to Intervention (RTI) Team.
  
- 6 RTI Coordinator will attach the **RTI Referral forms** and **1<sup>st</sup> & 2<sup>nd</sup> RTI meeting forms** and turn in to Principal and/or Special Education Director's box.
  - a. Principal and/or Special Education Director will review all forms and will give final approval to recommend student for another RTI meeting.
  - b. Principal and/or Special Education Director may request additional information from you or other people involved with the student's interventions to help make a final decision.
  
- 7 Upon Principal and/or Special Education Director's approval, the RTI Coordinator will receive the paperwork and another RTI meeting will be scheduled. **(Tier 2 or Tier 3)**
  
- 8 The Response to Intervention Team for the third meeting will or can include the following members: Principal, Director of Special Education, Classroom Teacher, School Psychologist, Speech & Language Therapist, RSP Teacher, and other student services.
  
- 9 Response to Intervention Team will make final recommendations for the student's action plan/ recommendation for student to be tested for special education.