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

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Who can help</th>
<th>What might be suggested</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classroom Behavior</strong> (e.g., focusing, hyperactivity, acting out, fidgeting, can’t sit still, etc.)</td>
<td>• School Psychologist&lt;br&gt;• School Counselor&lt;br&gt;• RSP Teacher&lt;br&gt;• Other teachers</td>
<td>• Behavioral intervention&lt;br&gt;• Counseling&lt;br&gt;• Academic intervention&lt;br&gt;• Observation by support staff&lt;br&gt;• Parent may wish to take child to family doctor.</td>
</tr>
<tr>
<td><strong>Social and/or Emotional Difficulties</strong> (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.)</td>
<td>• School Psychologist&lt;br&gt;• School Counselor</td>
<td>• Group or individual counseling&lt;br&gt;• Social Skills Training&lt;br&gt;• Structured play experiences&lt;br&gt;• Behavioral intervention&lt;br&gt;• Observation by support staff&lt;br&gt;• Establish contact and work with parents&lt;br&gt;• Referral to Fresno County Mental Health, or other outside counseling or mental health agency.</td>
</tr>
<tr>
<td><strong>Important:</strong> 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sensory and/or Motor Difficulties</strong> (e.g., focusing problems, not sitting still, staring into space, hypersensitivity to sensory input, handwriting problems, fine and/or gross motor problems, etc.)</td>
<td>• School Psychologist&lt;br&gt;• RSP Teacher</td>
<td>• Observation by psychologist&lt;br&gt;• Observation by district Occupational Therapist (OT) — referral can only be made by psychologist&lt;br&gt;• Pencil grips&lt;br&gt;• Sensory integration activities to regulate arousal and focus&lt;br&gt;• “Handwriting Without Tears” program&lt;br&gt;• Home practice activities for handwriting</td>
</tr>
<tr>
<td><strong>Health and Safety Concerns</strong> (e.g., unkempt appearance, appearing un-cared for, possible neglect and/or abuse)</td>
<td>• Site Administrators&lt;br&gt;• School Nurse&lt;br&gt;• School Psychologist</td>
<td>• Observation&lt;br&gt;• Possible CPS referral&lt;br&gt;• Possible referral to the Suspected Child Abuse and Neglect (SCAN) team of Fresno County&lt;br&gt;• Possible Medi-Cal or Healthy Families referral</td>
</tr>
<tr>
<td><strong>Important:</strong> IMMEDIATELY consult site administration and/or the nurse with concerns regarding any suspected child abuse and/or neglect. This constitutes a CRISIS situation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Developmental Concerns</strong> (e.g., speech/language difficulties, suspected motor impairments, odd or repetitive behaviors, lack of interest)</td>
<td>• School Nurse&lt;br&gt;• School Psychologist&lt;br&gt;• RSP teacher&lt;br&gt;• Speech/Language</td>
<td>• Observation by appropriate support staff (e.g., Special Education Teacher, Adaptive PE teacher, OT, Psychologist, Speech/Language</td>
</tr>
</tbody>
</table>

9/20/11
<table>
<thead>
<tr>
<th>Academic Concerns (e.g., significantly below grade level in academic achievement, lack of organization, etc.)</th>
<th>RSP Teacher</th>
<th>Therapist, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Administrator</td>
<td></td>
<td>Possible referral to outside agency (e.g., Central Valley Regional Center)</td>
</tr>
<tr>
<td>School Psychologist</td>
<td></td>
<td>Possible immediate referral for special education assessment</td>
</tr>
<tr>
<td>Referral to reading intervention program for grades 1-3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RTI with RSP teacher and in-class suggestions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Possible informal pullout intervention by RSP teacher for individual goals (Falconstreaming program).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom intervention suggestions (e.g., peer tutoring, academic modifications and accommodations, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapist, etc.</td>
<td></td>
<td>Possible suggestion that parent take child to family physician</td>
</tr>
<tr>
<td>Goal</td>
<td>Progress Monitoring Data</td>
<td>Intervention</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Type of data (progress monitor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who will collect data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(when, how often)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Next Review Date/Time:

Adjudication Time:

Signature of Attendee:

RII Coordinator

RII Facilitator

RSP Teacher

Parent/Guardian

Student

Administrator
Golden Plains Unified School District
Individual Student Review
2nd RTI Meeting Form

Student Name: ________________________________  Teacher: __________________

2nd Meeting Date/Time: ________________  Grade: __________

Summary of Evidence of Student Progress (based on evaluation data specified at 1st meeting):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Recommendations:
☐ Continue with current plan and review on this date:

☐ Consult with (circle) Principal, Speech and Language Therapist, Intervention Teacher, Resource Specialist, School Psychologist or other: ________________________________

☐ Refer to RTI (Tier 3) process

☐ Adjust plan according to these recommendations:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Next Review Date/Time (if needed): ________________

This form should be placed in the student’s cumulative file when intervention is completed or at the end of the school year.

This form should be attached to referral to the RTI team

9/20/11
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 ***

☐ I believe that a RTI (Tier 3) meeting is necessary to further support this student.

RTI Coordinator Signature: ___________________________ Date: _____________

Special Ed Director/Principal Approval: ___________________________ Date: _____________

9/20/11
<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Response to Intervention (RTI) Team Meeting

Golden Plains Unified School District
Response to Intervention (RTI): Referral Form

Student Name: ____________________ DOB: _______ Grade/Teacher: _________________

Primary Language: ________________ Parents: ___________________ Telephone#: ____________

Student’s Strengths:

_____________________________________________________________________________________

_____________________________________________________________________________________

Reason for Concern:

_____________________________________________________________________________________

Vision/Hearing:

- 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:

<table>
<thead>
<tr>
<th>K</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>7th</th>
<th>8th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OVERALL

(B, EI, I, EA, A)

SARBed: □ No □ Yes: # - __________

Attendance Record:

<table>
<thead>
<tr>
<th>Days attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>K</td>
</tr>
<tr>
<td>Days absent</td>
</tr>
<tr>
<td>Days tardy</td>
</tr>
</tbody>
</table>

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

Grade:

<table>
<thead>
<tr>
<th>Test</th>
<th>CST Score</th>
<th>Performance Level</th>
<th>CST Score</th>
<th>Performance Level</th>
<th>CST Score</th>
<th>Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Enrollment: Student has been enrolled at ________________ Elementary for:

□ More than a year □ More than 6 months □ ____ months

9/20/11
Retained: ☐ No ☐ Yes  Grade? __________

Previous schools: ________________________________

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

<table>
<thead>
<tr>
<th>Assessments</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 tutorial

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;

<table>
<thead>
<tr>
<th>Work Completion</th>
<th>Mathematics</th>
<th>Compliance to rules</th>
<th>Playground behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td>Independent study skill</td>
<td>Time on task</td>
<td>Conflict resolution</td>
</tr>
<tr>
<td>Writing</td>
<td>Attendance</td>
<td>Acceptable by peers</td>
<td>health</td>
</tr>
</tbody>
</table>

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

Referring Person:

Signature: ___________________________  Title: ___________________________  Date: __________

9/20/11
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:

<table>
<thead>
<tr>
<th></th>
<th>K</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>7th</th>
<th>8th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OVERALL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(B, EI, I, EA, A)

SARBed:  ☐ No  ☐ Yes: # - __________

Attendance Record:

<table>
<thead>
<tr>
<th></th>
<th>K</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>7th</th>
<th>8th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days attended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days absent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days tardy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Grade:</th>
<th>Test</th>
<th>CST Score</th>
<th>Performance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Enrollment: Student has been enrolled at __________ Elementary for:

☐ More than a year  ☐ More than 6 months  ☐ ___ months

9/20/11
Retained: □ No □ Yes  Grade? ___

Previous schools: 

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

<table>
<thead>
<tr>
<th>Assessments</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Work Completion</th>
<th>Mathematics</th>
<th>Compliance to rules</th>
<th>Playground behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td>Independent study skill</td>
<td>Time on task</td>
<td>Conflict resolution</td>
</tr>
<tr>
<td>Writing</td>
<td>Attendance</td>
<td>Acceptable by peers</td>
<td>health</td>
</tr>
</tbody>
</table>

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

Referring Person:

Signature: ____________________________  Title: ____________________________  Date: ______

9/20/11
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, 1st 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 2nd 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 1st & 2nd 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.

9/20/11