

**Calloway County School District
Validation of Kentucky System of Interventions/
Response to Intervention Process and Procedures**

Directions: This form is to be completed prior to a referral for a Special Education Evaluation. Attach the RtI worksheet(s) and progress monitoring data for each area of concern. This form and the data results must be filed in the Due Process Folder after the referral Admissions and Release Committee meeting.

Student:		SSID:		DOB:	
School:		Grade:		Date:	

Targeted Area for Intervention

Directions: Check the box indicating the type of intervention administered to the student during the course of the KSI process. This form is to be used for only **one area of intervention**. *An additional form(s) will be completed for each area of intervention.*

- Autism: Social interaction; Communication; Repetitive activities/stereotyped movements;
 Transitions/environmental changes; Response to sensory stimuli; Attendance
- Developmental Delay: Cognition; Communication; Motor development; Social-emotional development;
 Self-help/adaptive; Attendance
- Emotional Behavioral Disability: Social competence; Interpersonal relationships with peers/adults;
 Mood variations (e.g., unhappiness, depression, anger); Fear/anxiety; Attendance
- Hearing Impaired: Processing linguistic information; Medical; Accommodations for hearing difficulties;
 Attendance
- Mental Disability; Cognition/Academic; Adaptive behavior skills; Attendance
- Other Health Impaired: Strength; Vitality; Alertness; Medical/health; Attendance
- Orthopedically Impaired: Medical; Therapeutic; Accommodations for movement/mobility; Attendance
- Specific Learning Disability: Oral expression; Listening comprehension; Written expression; Basic reading skills;
 Reading fluency skills; Reading comprehension; Mathematics calculation;
 Mathematics reasoning; Attendance
- Speech/Language Impairment: Stuttering; Voice; Articulation; Expressive language; Receptive language
- Traumatic Brain Injury: Cognition; Language; Memory; Attention; Reasoning; Abstract thinking;
 Judgment; Problem-solving; Sensory/perceptual/motor abilities; Psychosocial Behavior;
 Physical functions; Speech; Attendance
- Visual Impairment: Medical; Visual accommodations; Therapeutic; Orientation and mobility; Attendance

Tier 1 Core/Universal Instruction

Procedure	Confirmation of Completion		Comments/Explanation
DAT Identification of at-risk factors through universal screening data	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Research-based instruction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Multiple flexible grouping formats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Progress monitoring with formative and summative assessments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Delivered in the general education setting by qualified personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Implemented with fidelity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sufficient data to move to Tier 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Tier 2 Targeted Interventions

Procedure	Confirmation of Completion		Comments/Explanation
Evidence-based programs/strategies/interventions to supplement Tier 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Targeted small group instruction for a minimum of 60 minutes/week	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Progress monitoring at least bi-monthly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Qualified interventionist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Revision of interventions when not progressing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Implemented with fidelity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Trend line indicated need to move to Tier 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Tier 3 Intensive Interventions

Procedure	Confirmation of Completion		Comments/Explanation
Evidence-based programs/strategies/interventions to supplement Tier 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Targeted small group instruction and/or individualized instruction for a minimum of 20 minutes/day	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Progress monitoring at least weekly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Qualified interventionist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Revision of interventions when not progressing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Implemented with fidelity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Trend line data indicating not approaching goal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Parent Involvement:

Letter

Phone

In Person

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Notified of student participation in KSI/RtI at Tier 2 level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Notified of student progress at least once during Tier 2 interventions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Notified of student moving to Tier 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Notified of student progress at least once during Tier 3 interventions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Notified of possible referral for evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments: _____

Prepared by Student Assistance Team: _____

Date: _____

Signature of Member	Role

Signature of KSI Coordinator/School Psychologist/Director of Special Education

Date

December, 2014