Frequently Asked Questions

Section 1: **Alphabetized by Topic**

Attendance:

How are attendance concerns addressed under the problem solving model?

When a pattern of non-attendance is developing, attempts to address the issue should be made between the parent and teacher, with support from the school counselor and/or school social worker as needed. If interventions to improve attendance are unsuccessful and further support is needed, the teacher or designated person (e.g., school counselor at secondary level) may refer the student to the Problem Solving Team by completing PST 5. If the teacher wishes to document parent conferences and staff consultations (e.g., consultations with the school social worker or school counselor about attendance concerns), PST 2 may be used as an optional form.

For students that do no not have academic or behavioral concerns (i.e., attendance is the sole concern) the team completes PST 6A/H (found on the PST webpage) at the PST meeting. PST 6-8 is not completed at the PST meeting for students whose only concern is attendance. In these cases, the PST Chair will schedule a PST meeting to invite the parent and/or student, the school social worker, as well other relevant professionals. It should be noted that attendance typically negatively impacts academic performance. However, data is to be reviewed in order to hypothesize if the poor academic performance is the result of lack of exposure to instruction (i.e., from lack of attendance) or from other factors that would be appropriately addressed with other relevant professionals. The meeting participants, including the school social worker and school counselor, will complete PST 6A/H. An Attendance Contract (form 2001042) may be completed at this time, if appropriate, and a copy given to the parent. In addition, parents should be advised of their right to appeal if they believe that the interventions recommended are inappropriate or unnecessary, and should be provided a copy of the Notice of Right to Appeal (form 2001097). A copy of the signed Notice of Right to Appeal must be retained for the record. If a parent chooses to exercise their right to appeal, then they should be given a copy of the Notice of Intent to Exercise Right to Appeal (form 2007188).

If the parent is not in attendance, the PST Chair will provide the parent with the completed copy of PST 6A/H or other relevant forms generated at the meeting. More information on the specific process can be obtained via the document *Guidelines for Handling Cases of Excessive Absences from School* which is accessible through the School Social Workers' webpage. If in the chronic absences result in court involvement, your social worker will ensure that the appropriate forms are completed.

How is attendance concerns addressed when there are also academic and/or behavioral concerns?

Simply follow the PST procedures as indicated in the manual for addressing students who are exhibiting academic and/or behavioral concerns. PST 1-4 must be completed prior to the Request for Assistance (PST 5). When attendance is also a concern, the school social worker can be consulted (optional PST 2 for this purpose) and throughout the process and will determine if specific attendance interventions (e.g., development of an attendance contract) are also needed. As part of the PST process, PST 6A/H must be completed to address the attendance concerns.

How is attendance addressed for students receiving outside therapies for Autism Spectrum Disorder?

Per, House Bill 7069 absences for student appointments to receive autism spectrum disorder therapy will be excused upon parent request. The parent must notify the school on each day of the absence(s). Therapy includes, but is not limited to, applied behavioral analysis, speech therapy, and occupational therapy. Therapy must be provided by a licensed health care practitioner or behavior analyst who is certified for the treatment of autism spectrum disorder. If the student having autism spectrum disorder is continually sick and repeatedly absent they must be under the supervision of a licensed health care practitioner or a certified behavior analyst for the absences to be excused.

Behavior:

How are behavioral problems addressed under the problem solving model?

When a student exhibits a behavioral problem within the classroom or other school setting, the teacher should approach the concern with the same framework in which an academic concern would be followed. The teacher should consult with a staff member on campus with expertise in behavior, which would be documented on PST 2. This may include the school counselor, school psychologist, school social worker, or another identified individual. When a student does not respond adequately to a targeted behavioral intervention, the Problem Solving Team may decide that a Functional Behavior Assessment (FBA) is warranted in order to develop a more appropriate behavior intervention plan. The PST Chair will obtain parent permission for the FBA by providing the parent with the Screening & FBA consent form. If the behavior intervention plan is unsuccessful or if other behavioral and or social-emotional interventions do not improve behavior, the student should proceed through the PST process to determine what other supports are needed.

ELL- English Language Learners:

See the document "PST Problem Solving Guidelines for English Language Learners" under the toolkit section of the PST webpage.

Emergency Referrals:

When can a school send in a request for an emergency referral?

Emergency referrals are reserved for those students who are considered a danger to themselves or others. A letter from the principal requesting emergency status of the referral must accompany the PST forms when submitted. For clarification, all PST forms must be completed although the interventions can occur concurrently with the evaluation. In addition, since the student has been deemed a danger to themselves or others, there should be documentation at the school of the concern (i.e., Concern or Intent of Harm).

Gifted:

How are referrals for Gifted handled under this model?

When data indicate that a student may be a candidate for a gifted evaluation, the school's school counselor completes the required paperwork (i.e., Psychoeducational Referral, Gifted Program Criteria Checklist, Parent Consent, Teacher Checklist and Parent Checklist, and other forms). These forms are available via the Gifted Department webpage and on the VCS webpage under Forms Management which can be easily accessed through the Staff link. The student does not go through the problem-solving process. When the referral packet is complete, it is provided directly to the School Psychologist assigned to the school. Private school referrals will be sent to the Psychological Services Department, Brewster, DeLand.

Homeless Students:

Do homeless students need to be brought through the PST process?

The McKinney-Vento Homeless Act ensures educational right and protections for children and youth experiencing homelessness. Upon identification of a student who appears to meet the definition of a homeless student, school personnel should refer the situation to the designated homeless education school contact and to the appropriate members of the Student Services Team (school social worker, school counselor, and/or school nurse). *PST 6A/H 1* is an appropriate tool to use for determining areas of concern and need and should be used for this purpose. For students who are having academic and/or behavioral concerns, targeted interventions should be implemented, which may be documented on PST forms.

i-Ready:

The *i-Ready Diagnostic* is an adaptive assessment that identifies students' strengths and weaknesses, measures growth, and supports data-driven differentiated instruction. It provides comprehensive insight into student learning across K–12 skills to help educators meet the needs of all students. An important feature of the i-Ready Diagnostic is to identify which individual students need extra support and/or whether large groups of students would benefit from shifts in instruction. The i-Ready diagnostic assessment assists with instructional decision making and is a starting point for decision rules and

targeted interventions. Having data determine if *individual students* or *groups of students* need additional support is at the core of problem solving and helps teachers spend valuable instructional time more efficiently. When data determine the need, downloadable lesson plans and additional resources are available through the i-Ready toolbox. Within a multi-tiered system of supports, most students should be able to meet success with core instruction and supplemental supports as provided within the i-Ready toolbox and will not need more intensive supports and interventions. Ideally, the data generated from i-Ready coupled with the grade specific decision rules will enable educators to drill down into skill deficits to ensure that the appropriate interventions are selected and implemented.

While the lesson plans and resources embedded in the program are potentially invaluable in improving outcomes when implemented with fidelity, these resources may not meet the level of intensity intended for the most significant deficits (i.e., students two or more grade levels below or those students not responding to less intensive interventions) and hence would not solely be the "interventions" to document on PST 4. Similarly, i-Ready Diagnostics, when given monthly, can be used within PST 4 as a progress monitoring tool when combined with the grade specific on-going progress monitoring (OPM) tools and interventions identified within the *K-5 Reading Interventions Standard Protocol.*

Language/Speech Therapy Students:

If a student receives Language as the only exceptionality and exhibits other academic concerns, is the student referred for evaluation through the ESE reevaluation procedure or is the student referred to the Problem Solving Team?

If the only exceptionality is Language Impaired, the teacher needs to implement interventions targeted to the area of concern, consult with other professionals (including the school psychologist, speech/language clinician, etc.) for intervention suggestions, and maintain data to determine how the student is responding to interventions. If the student is unsuccessful with targeted interventions, the school psychologist will be consulted. Based on input from the school psychologist and in conjunction with members of the re-evaluation committee, the IEP reevaluation committee will determine if further evaluations are warranted.

If a student is classified as Speech Impaired, do they need to go through PST if a specific learning disability is suspected?

Yes. Any student who is receiving speech therapy and is suspected of having a Specific Learning Disability must proceed through the PST process.

If a student receives Speech as the only exceptionality and exhibits other academic concerns, is the student referred for evaluation through the ESE reevaluation procedure or is the student referred to the Problem Solving Team?

When a disability is suspected and the only exceptionality is Speech Impaired, the teacher must implement interventions in the area of deficit (e.g., basic reading skills, comprehension, math computation, behavior). The response to the interventions should be captured on PST 4. In addition, PST 1-3 must be completed as is the case with any student exhibiting academic or behavioral concerns that may result in further PST involvement. As further clarification, to proceed with an evaluation for educational concerns when students have been identified as Speech Impaired only, PST 1-4 must be completed as well as PST 5 (i.e., PST Request for Assistance). Students identified as Speech Impaired who are suspected of having a disability in another eligibility category under IDEA must proceed through the PST process. If interventions are not successful and the Problem Solving Team determines that further evaluation is warranted, the ESE re-evaluation process must be followed in conjunction with the PST process. PST 6 and 8 will be completed at the PST meeting. The Reevaluation/Consent Documentation will be used in lieu of the Consent for Formal Evaluation Parent/Guardian Notice typically used at PST meetings when an evaluation is requested.

Parent Requests for Evaluation:

Can parents request an evaluation?

Under State Board Rule (Rule 6A-6.0331), parents have a right to request that the school conduct an evaluation to determine the student's eligibility for specially designed instruction and related services as a student with a disability. In accordance with this rule, the school district 1) must obtain consent for and conduct the evaluation; and 2) complete the

activities described in the rule (i.e., pre-referral activities) concurrently with the evaluation but prior to the determination of the student's eligibility for specially designed instruction; or 3) must provide the parent with written notice of its refusal to conduct the evaluation that meets the requirements of Rule 6A-6.03311.FAC (Procedural Safeguards for Students with Disabilities).

When a school staff member receives a parent request for an evaluation (either in writing or verbally) they must contact the school's PST Chair as soon as possible as a PST meeting will need to be held within 30 calendar days to address the parent/legal guardian's concerns. At the PST meeting, the Problem Solving Team process should be clearly explained to the parent so that it is understood that the school is seeking to have the student succeed within the general education setting and in doing so, educational professionals will be providing targeted interventions and closely monitoring progress. When provided with this information, many parents decide to wait for the outcome of interventions to determine if in fact they still wish to proceed with the evaluation. The parent should also be made aware that although the evaluation process can be initiated when requested, eligibility cannot be determined until the child's response to intervention is documented over a reasonable period of time. Information to help the parent understand this process is available on the toolkit link of the PST webpage under "Parent Information."

When the parent requests an evaluation and understands the components described above and wishes to proceed with an evaluation, the PST Chair will obtain parent consent for screening and for formal evaluation during the PST meeting. In addition, all PST forms will be completed (i.e., PST 1-8, including PST 6B for students with behavioral concerns). Furthermore, as indicated in the PST manual, PST 7 is not required if the Problem Solving Team determines that the interventions documented on PST 4 are appropriate for the student's identified deficit. PST 4 should be attached as part of the referral packet without the data points (i.e., response to intervention) although the focus of intervention and specific intervention must be identified. In these instances when a parent requests an evaluation and the school has not been documenting interventions, the implementation and documentation of interventions (PST 4) will be occurring concurrently with the evaluation. A copy of PST 4 should be provided to the intervention provider who will then collect and record the baseline data and data points during the intervention sessions. The completed form will be considered when determining eligibility. The PST Chair should document on PST 8 if the parent choices to withdraw their parent request for evaluation pending the implementation of interventions.

In instances when interventions have already been documented over a reasonable period of time, all necessary PST components/pre-referral activities can be completed prior to the evaluation. The complete referral packet (including the completed PST 4 with data points) can be submitted to the School Psychological Services office following the PST meeting.

There will be occasions when a parent requests an evaluation for students who are achieving adequately based on the student's chronological age and/or grade level standards. In these instances, the core curriculum is generally considered appropriate to meet the educational needs of the student and interventions (i.e., Tier 2 and/or Tier 3 supports) are not being provided as they are not needed. If this scenario occurs, the school does have the opportunity under Rule 6A-6.0331 to refuse the evaluation. However, the parent *must* be provided with a completed form *Prior Written Notice Informed Notice of Proposal or Refusal to Take a Specific Action* (available via the ESE and printable forms site), which serves as the written notice of a district's refusal to conduct the evaluation. In addition, the parent must be provided with a copy of the *Summary of Procedural Safeguards*. If a school team refuses an evaluation, the ESE/SS Compliance Office must be contacted and will assist the school with accurate documentation.

Private School Students:

Can the district require that the parent of a private school or home education student provide information regarding the student's response to instruction or intervention in the student's current setting, *prior* to accepting the parent's request for evaluation?

No. The parent of a private school or home education student may request an evaluation and potentially provide no other data regarding the student's response to intervention in the current setting. The district's obligation to ensure general education interventions are implemented **prior to referring a student for evaluation** does not apply to students enrolled in private schools or home education programs (Rule 6A-6.0331). However, because of the unique nature of the PS/RtI

framework, districts must ensure that all reasonable effort is directed toward communicating and working with home education parents and private school staff to obtain the required information regarding the nature of interventions implemented by the private school or parents and the student's response to those interventions. In the event that a private school or parent is unable or unwilling to assist in the process or provide the information necessary to meet the evaluation and eligibility requirements for a given disability, despite reasonable efforts by the district to provide support or obtain the information in other ways, the team may decide that there are not sufficient data to determine eligibility. In that case, the student would be determined to be ineligible for ESE services.

Which PST forms do private schools need to complete prior to submitting a referral for psychological evaluation for students suspected of having a disability?
Private schools must complete the same PST forms as the public schools when submitting a referral for evaluation for students suspected of having a disability. However, as the information from FL DOE noted above indicates, the implementation of interventions for students being referred for evaluation by private schools does not have to occur prior to the request for evaluation. The response to intervention data must however be collected prior to the determination of ESE eligibility. In these cases, interventions are addressed in the same manner as parent requests for public school students in that the interventions occur concurrently with the evaluation process. When interventions are not completed prior to the request for evaluation, the school will complete PST 1, 2, 3, 5, 6, and 8. In addition, PST 6B must be completed for students being referred for evaluation because of a suspected emotional/behavioral disability. PST 4 will be included in the packet indicating what intervention will be tried, although the response to intervention data will not be notated at this point. That being said, many private schools choose to implement interventions and monitor the response prior to submitting a request for psychological evaluation. In those cases, PST 1, 2, 3, 4, 5, 6, possibly 7, and 8 will be completed and submitted.

Screenings:

If a student is being referred for a psychoeducational evaluation, must speech/language screenings be completed?
While historically vision, hearing, speech and language screenings occurred *prior* to the request for psychoeducational evaluations, under the new state board rules, only vision and hearing screenings are required. Therefore, only vision and hearing screening are to be requested prior to the request for psychoeducational evaluation. Recognizing that state board rules require a sufficiently comprehensive evaluation to determine all of a student's educational needs, VCS will screen for speech/language at the time the PST requests a psychoeducational evaluation, if concerns are evident.

Section 504:

What steps are taken when a parent requests a 504 plan for their child?
For parent requests for initial 504 determination and all transfer (out of district) Section 504 eligible students, the school-based Section 504 contact must review the case with the District 504 contact. This insures that appropriate procedures are in place for data collection and eligibility determination.

If the condition is clearly physical in nature, the 504 Team would determine if the needs of the student could be addressed through an Emergency Care Plan. Physical conditions that may necessitate the need for an Emergency Care Plan include asthma, diabetes, allergic reactions, and seizure disorders. In these instances, the student would immediately be provided with the accommodations, the accommodations would be documented on the Emergency Care Plan, and the parent would be notified of the plan.

If the 504 Team determines that the diagnosed physical impairment "substantially" limits a major life activity then the student may be found eligible under Section 504 and may in turn be eligible for a Section 504 accommodation plan. Not all 504 eligible students are provided an accommodation plan.

What steps are taken when a parent requests that their child receive accommodations through a 504 plan for other conditions (e.g., ADHD)?
It is not unusual for a parent to provide documentation to a school indicating that their child has been diagnosed as ADHD by a medical professional or other appropriately licensed professional. This documentation in itself does not indicate that the child is eligible for a 504 plan. In these instances, the **behaviors** that are interfering with learning should be addressed

through the PST process. Forms PST 1-3 should initially be completed by the teacher, with the assistance of Student Services personnel for PST 1 if appropriate. Form PST 3 specifically collects information related to academic enablers (e.g., work completion, following directions, etc.) Furthermore, accurate completion of PST 3 will enable the team to determine if the student is above, at, or below grade level in the various academic content areas. The teacher completing the form will also be asked to indicate how the student is performing behaviorally compared to peers. The responses to the questions on PST 3 will serve as the foundation for interventions related to the specific problem(s). These interventions will be documented on PST 4.

If the interventions that are developed to address the behavioral concerns are not resolved at this point, what are the next steps?
As with any academic or behavioral problem, if the interventions are not successful, the teacher would request the assistance of the school's Problem Solving Team via PST 5. During the PST meeting, the team would review the data collected, including the documentation of the medical condition if available. While there may be documentation of the medical condition (e.g., ADHD), the team may determine that based on the data, the condition is not substantially limiting a major life activity (thinking, concentrating, learning)**.** If the Team determines that learning is significantly impacted the student may be referred (based on the data) for formal evaluation to determine if the student might be eligible for Exceptional Student Education. If the student is found to be ineligible for ESE services, then it would be appropriate for the 504 Committee to consider 504 eligibility and the need for 504 accommodations.

If PST 3 indicates that the student is at or above grade level and behaviors are not considered problematic, do interventions still need to be developed and recorded on PST 4?
No. If academics are on grade level (or above) and behaviors are not considered problematic (i.e., interfering with the student's learning or the learning of others), there is no reason to develop interventions.

If PST 3 indicates that the student is at or above grade level and behaviors are not considered problematic, and hence, interventions are not needed, would the student still be eligible for a 504 plan?
Probably not. To be eligible for a 504 plan, there must be documentation of an impact on a major life activity. If the student is at or above grade level and behaviors are not considered problematic, it would stand to reason that the major life activities of learning, thinking and concentrating are not being impacted. However, students on medication for ADHD may be eligible for civil rights protection under section 504 but would not be eligible for a plan because of the mitigating effects of the medication.

What should a teacher do if they suspect that a student has ADHD?
Senate Bill 1090 clearly specifies that any medical decision made to address a student's need is a matter between the student, the student's parent, and a competent health care professional chosen by the parent. As a result, teachers and school district personnel are prohibited from suggesting that a parent take a child to a medical professional for an evaluation of ADHD. The legislation further specifies however that teachers may share school-based observations of a student's academic, functional, and behavioral performance with the student's parent and offer program options and other assistance that is available to the parent and the student based on the observations. Within Volusia County Schools, the Problem Solving Team process would be an appropriate venue to share these observations and to seek assistance.

Is it appropriate for a teacher to request a Conners' Rating Scale or other behavior rating scale to provide to the parent so that the parent can take this information to their physician?
No. In these instances, the teacher should focus on the behaviors (as opposed to a possible medical diagnosis) that are impacting learning. If the child is having difficulty completing work, is inattentive, or not focusing, interventions should be developed that are targeted to these specific areas. Your school psychologist can help you with the selection of appropriate interventions and monitoring of progress.

If a parent, via their child's physician or private practice psychologist, requests the completion of a behavior rating scale (e.g., the Conners') is the teacher required to complete the form?
As noted in a prior question as well as in the district's Psychotropic Medication training, teachers may share behavioral observations with a child's parent and furthermore, the PST process would be an appropriate venue to share these

observations and to seek assistance. In particular, PST 3 is a tool to demonstrate how discrepant a student is performing from behavioral and academic expectations. Furthermore, teachers are free to share anecdotal information with parents and with the physician, providing that a mutual exchange of information is signed and obtained if providing the information directly from the educator to a physician or a private practice. A school administrator or school counselor typically would obtain a signed mutual exchange of information form from the parent or legal guardians. Under no circumstances should information be shared with individuals other than the parents and those within the school system with a legitimate educational interest in the absence of a signed mutual exchange of information form.

While teachers may share behavioral observations (e.g., written anecdotal observations), they are not legally obligated to complete a privately requested evaluation instrument, such as those often used for diagnosing ADHD, anxiety, depression, etc. Furthermore, when a teacher *chooses* to complete these ratings, the teacher should take caution that the scale is not a scanned or photocopied copyrighted document, as this could constitute a copyright infringement.

If a parent asks a teacher to complete a behavioral rating scale for a physician or private practice psychologist, *must* the PST process be followed?

The response largely depends on the purpose of the initial request by the parent. If in fact the parent suspects that their child may have anxiety, depression, ADHD, etc., the district has a Child Find requirement to determine if in fact the child is a student with a disability who has demonstrated a need for services. PST 3 is a useful tool in determining if in fact the student is discrepant from behavioral and/or academic expectations. As with any student, if a child is not meeting academic and/or behavioral expectations, educators will differentiate instruction for the needs of the student. Based on the severity and type of deficit, this may require the implementation of evidence-based interventions. These interventions and their accompanying progress monitoring data are captured on PST4. Any information obtained through the private evaluation and shared with the school would be data to *consider* as *part* of an evaluation process under 504 or IDEA. It is important to remember that eligibility determination for 504 or IDEA is not made based on single source data, such as a doctor's diagnosis.

However, there are instances in which a parent may be pursuing a diagnosis or private evaluation for other purposes (e.g., custody situations) and the school has no reason to suspect a disability. In these case, PST 3 can provide documentation that school personnel have not identified academic or behavioral deficits.

Speech Referrals:

What is the procedure for a speech referral?

If a parent, teacher, or other school professional has a concern about a student's speech (articulation, stuttering, or voice), the teacher should consult with the speech/language clinician. General education interventions are required for speech unless the severity is such that the speech/language clinician recommends the interventions should be waived by the Problem Solving Team in order to proceed with evaluation. The teacher should review the student's records for any information regarding the concern, rule out sensory issues, and observe the student's speech during oral responses or presentations for persistency and consistency of the issue. The teacher should notify the parent of the concern and the plans to consult with the speech/language clinician. The teacher should inform the parent that the speech/language clinician may observe the student's speech, talk with the student, and/or collaborate with the teacher in designing appropriate interventions. These activities should be documented on PST 1, 2, 3, and 4 (if interventions have not been waived by the team). If data show that interventions are unsuccessful, the speech/language clinician may determine that further evaluation of speech is warranted and shall request that the PST Chair send a Consent for Evaluation form to the parent in order that further evaluation of speech may occur.

Vision Concerns:

What is the procedure for addressing students who have failed the vision screening or present with vision concerns?

The following procedures should be followed when a parent, teacher, or other school professional has a concern about a student's vision. PST 1 should be completed as this review of records will determine if the vision concern has been previously addressed. If a screening has not been completed or it is suspected that there has been a change in vision, the

PST Chair should be contacted for a *Consent for Screening* form. Once the *Consent for Screening* is completed by the parent, the PST Chair will provide the *Screening form* to the person who will complete the vision screening. For students under age 6, 20/40 (in both eyes) is considered passing and for students age 6 and older, 20/30 (in both eyes) is considered passing. Any acuity score above these numbers is considered a fail. When a student fails the screening, the parent will be provided with a Vision Referral which indicates the results and advisements. If a student fails their vision screener, School Psychological Services will accept a referral for psychoeducational evaluation. However, eligibility determination may be impacted by the student's vision difficulty. If the school is having difficulty having the parent pursue medical follow-up when a vision screening is failed, the school social worker should be contacted. The school social worker can assist the family in obtaining corrective lenses if needed. As part of this process, it is important for the parent to share the most recent medical eye report with the teacher or PST Chair. If this form is not being provided by the parent, the school social worker should be asked to intervene.

For students' whose vision difficulties may result in the need for vision services through the district's Exceptional Student Education Department, the teacher should complete the Vision Program Referral form (available through Forms Management on the Staff link of the VCS home webpage). While there is no need to proceed through the entire PST process, PST forms 1-2 must be completed.

Section 2: General Questions about Problem Solving and RtI

I have a student who went through the problem solving team process and was successful and therefore, the intervention was discontinued. I now am seeing that the student is starting to slip again. Do I need to start the process over again?
The purpose of PST is to find whatever solutions the student needs to be successful. This level of support may change over time so it is not unusual for a student to "float" among Tier 1 and Tier 2 interventions. As a result, if the student appears to need the support they had when they were receiving Tier 2 interventions; simply provide the student with that level of support to see if that will result in positive outcomes. You can document this information on *Intervention Development & Implementation Plan: PST 4* in order to monitor the student's progress. If the student continues to slip despite the intervention, you can refer him/her back to the Problem Solving Team (via *PST 5*) to determine if other interventions may be more effective.

A parent of a student in my class would like their student to have a psychoeducational evaluation. Can they make this request?
Under the Individuals with Disabilities Educational Improvement Act of 2004 (IDEIA 2004), parents have a right to request an evaluation when they suspect their child has a disability. However, the parent request does not relieve the school district of complying with their pre-referral activities prior to determining if a student is a student with a disability. In these cases, the pre-referral activities (i.e., problem solving team data collection) can take place concurrently with the evaluation components. Ideally, interventions and the collection of data will occur prior to the request for evaluation taking place.

In meetings about RtI and problem solving, I hear about "fidelity of intervention." What does this term mean?
Simply put, fidelity of intervention refers to whether the intervention is implemented as research intends. The term "integrity of intervention" is often used interchangeably with "fidelity of intervention." When a teacher or intervention specialist implements a research-based intervention per instructions (i.e., for the length of time indicated and without deviating from the delivery method), they are implementing the intervention with fidelity. Conversely, when a teacher modifies the intervention or does not give the intervention sufficient time to be effective before terminating the strategy, they are not implementing the intervention with fidelity.

How do I know if I'm using appropriate interventions within the Problem Solving/RtI model?
Interventions in the Problem Solving/RtI model should be driven by three guiding questions:

1) Is the intervention linked to the presenting problem?
For example, if the identified deficit is in phonological awareness for a K-1 student, appropriate interventions would include phonemic awareness activities. Moving the child's seat and shortening assignments are considered instructional modifications, not interventions, and do not result in improved phonological awareness.
2) Is there evidence to support the effectiveness of the intervention?
Your school leadership, your school psychologist, and district level contacts for subject areas (and behavior) can help determine if the intervention is research-based and effective.
3) Is the intervention being delivered with integrity?

It is important to provide the interventions in the way they are intended by following specific directions and protocol and to administer the interventions over the recommended length of time.

Where can I find scientifically based interventions?
The PST website is an excellent resource for interventions. Simply go to the PST internet website and access the "Intervention Implementation" link.

What determines intensity of interventions under this model?
Intensity of intervention is determined by how frequently the intervention is provided (e.g., daily or 3 times a week), the group size, and the duration of each intervention session.

How long are interventions provided?
Best practice would indicate that teachers and interventions specialists should follow the recommendations provided by many intervention series. Three times a week for 20-30 minutes each session is often recommended for tier II supports and four times a week for 30 to 60 minutes each session for tier III supports. The number of weeks that the interventions are implemented is largely based on the student's response to frequent progress monitoring. If progress is not being noted after three weeks, it may be appropriate to modify or totally change the intervention. Consult with the appropriate professional in your school building to determine if an intervention should be adjusted.

How do I measure RtI?
Response to intervention is measured by on-going, continuous progress monitoring. It is important to determine the baseline performance prior to interventions and to keep notation of the progress throughout the intervention process. Response to intervention should not be notated at "good" or "none" but rather should reflect the actual level of performance. For example, for a child with oral reading fluency problems, the baseline performance may be indicated as 40 words correct per minute (wcpm). After several weeks of interventions, it would be important to indicate the actual wcpm for the student following relevant interventions. Curriculum-based measurement is a tool frequently used to monitor progress over time. The frequency of data collection will depend on the skill targeted for intervention acquisition. The *Volusia County Schools Suggested On-Going Progress Monitoring Tools and Reading Interventions for K-5 for example recommends* oral reading fluency be monitored weekly (will depend on the severity of concern) while reading comprehension once every two to three weeks. Further training can be provided in this area to assist teachers and collaborative model teams with data collection and progress monitoring.

Who collects the data for problem solving/RtI and does this process lead to more involvement by the classroom teacher?
Classroom teachers often collect the data under a problem solving/ RtI model. However, the spirit and intent of Problem Solving Teams is for *all* members of the team to collaborate and assist in improving educational outcomes for students. Therefore, it may be appropriate for individual schools to determine who can be helpful to the classroom teacher in collecting, monitoring and interpreting data. Other team members that should be considered for assistance include the school psychologist, speech/language clinician, reading coach and intervention specialist.

The Problem Solving Team provides more flexibility for professionals to come together to discuss student performance than traditional models. Utilizing a problem solving/ RtI approach will enable teachers and their colleagues to use their time wisely by discussing student data that guides instructional decision-making.

Is problem solving/RtI just for reading problems?
While reading concerns comprise the vast majority of referrals for assistance and subsequently for ESE placement, all academic areas as well as behavior problems can utilize a problem solving/ response to intervention approach. As an illustration, a child exhibiting behavior problems may have the frequency of an identified problematic behavior tallied. With interventions such as behavior management or social skills training, the same behavior would be monitored and tallied over time. If the behavior did not change in frequency as a result of the intervention, the team could consider further interventions or other levels of assistance.

What constitutes "good" versus "poor" RtI?
Under many RtI models, there is not a quantitative cut-off that determines if RtI is good or poor. The goal of RtI is to have students be successful within the general education setting and to intervene systematically with relevant interventions before the child has the chance to fail. However, for some students, despite appropriate interventions that have been delivered with integrity, a student may still need more support than can be provided with interventions within the regular classroom. These are children who, with the support of other relevant data, may be considered for additional services. It is important to remember that all students are entitled to education within the general education setting with interventions. It is only when these interventions reach a level of intensity that cannot be provided within the general education setting that other settings can be considered.

I have 5 students in an intervention group that meets three times weekly for 20 minutes (a Tier 2 intervention). One child seems to be struggling, although the other four are making good progress. How do I know when to make a change with this child or should I assume that I'm not implementing the intervention with integrity?
Since 4 of the students are doing well, it would stand to reason that the intervention you are implementing is being implemented with integrity. The child that is struggling may not be responsive to the intervention for a number of reasons. Is the student attending the sessions regularly? If so, you should review the progress monitoring data points that you have been collecting to determine how far the student is deviating from their peers and whether the student is making any progress. It may be helpful to think along the lines of a "sore thumb test." That is, when other students in an intervention group are progressing and one is not, you may want to consider further assistance for the one student (e.g., PST assistance). However, if your data indicate that no children (or a small percentage) are making progress in the group, you may want to consider the fidelity of the intervention or the actual intervention choice.

Section 3: RESPONSE TO INTERVENTION (RtI)

What is RtI?
RtI is the practice of (1) providing high-quality instruction/intervention matched to student needs and (2) using learning rate over time and level of performance to (3) make important education decisions. These three components of RtI are essential. (NASDSE, 2006).

Under most RtI models, two conditions must be met. First, the child's achievement must be below some standard (i.e., age or grade). In addition, there must be a poor response to appropriate instruction. Currently, most educators are well versed in identifying those students demonstrating low academic standards. RtI, however, provides teachers with the theoretical underpinnings and tools to determine how well these students are progressing in the curriculum and responding to effective interventions over time.

Why RtI?
RtI is a process that has evolved largely in light of the shortcomings of traditional models for identifying students with learning disabilities. The *LD Roundtable*, the *President's Commission on Excellence in Special Education* and the *National Academy of Sciences Panel on Minority Overrepresentation* as well as other leading researchers and organizations have strongly advocated for an alternative model for identifying learning disabilities based on a student's response to scientifically based interventions (RtI). Most states, including Florida, previously employed an IQ-achievement discrepancy model. Among the criticisms of the discrepancy model is that students "wait to fail" before receiving needed special education services and that students are too often erroneously identified. In addition, it has been argued that the current approach does not lead to useful educational prescriptions to enhance educational outcomes.

Is there federal and state level support for RtI?
At the federal level, education acts provide accountability standards for individual schools and districts. As a result, schools are seeking improved performance levels of all students, including those with disabilities. Service delivery models such as response to intervention that address and enhance the achievement of *all* students is a valuable model for school leaders, particularly as they seek to systematically assess the performance of all learners and to identify those students who are meeting expectations as well as those students who require additional interventions. At the state level, Florida is committed

to developing a problem solving model with RtI as a basic tenet in order to improve the rate and level of performance in Florida public schools.

Is RtI a Special Education initiative?
While much of the research about RtI evolved from the LD summit and other special education researchers, the driving force behind RtI is general education. The philosophy of RtI is to intervene systematically and meaningfully before a child has an opportunity to fail. Therefore, within the RtI model, educators seek to have students be successful within the general education setting.

How does RtI fit into the Problem Solving Team Model?
RtI is a critical component of Problem Solving Teams and of problem solving models. In order to intervene with children who are struggling academically, the teacher must first use data to determine which students are behind then develop hypotheses as to why the problem may be occurring. For example, the academic inhibitors may include curriculum mismatch, home ecological variables, sensory impairments or medical issues. Interventions are designed for the most probable hypotheses. Universal screenings provide data that potentially suggests a deficit in a specific skill area, such as phonological awareness. For students who are identified as moderate risk or high risk based on data such as DIBELS, SRUSS, or curriculum based measurement (CBM), the teacher should implement interventions that are specifically linked to the problem or concern.

What is the RTI model used within Volusia County Schools?
Volusia County Schools utilizes a three-tier model of RtI. The first Tier is considered the general education setting. When diagnostic assessments and/or universal screening measures identify students as moderate or high risk, these students often proceed to Tier II. Standard protocol interventions are provided in this tier to small groups of students with similar profiles of skill deficits. If the student's rate of progress is considered adequate with the standard protocol interventions, the student either continues to receive the interventions as support or transitions to the general education setting without additional supports. If however the student does not respond adequately to Tier II, the student may move to Tier III for more intensive interventions and/or be referred to the Problem Solving Team for further assistance.

How does RtI fit into the definition of specific learning disabled (SLD)?
Florida's State Board Rule for SLD incorporates RtI into the identification criteria. RtI provides information that identifies the needs of students and the justification for providing additional services. The vast majority of students qualify for SLD because of deficits in reading. This is not to suggest that insignificant response to intervention is the sole criterion of a specific learning disability. The federal regulations to IDEA 2004 (§300.309) indicate for a child to be considered a child with a learning disability the child does not achieve commensurate with the child's age in one or more of eight specified areas. In addition, the child must fail to achieve a rate of learning to make sufficient progress to meet state results when assessed with a response to scientific, research-based intervention process. As a third component of eligibility consideration, the child must need interventions that significantly differ in intensity and duration from what can be provided solely through general education resources to make or maintain sufficient progress. The School Psychologists of Volusia County Schools provide a comprehensive evaluation when assessing for possible learning disabilities and integrate data from formal psychoeducational assessments as well as RtI data into their Problem Solving/RtI psychoeducational reports.

Will it take longer to get students into special education with the RtI model?
The goal of *Volusia County Schools Problem Solving Teams* and other problem solving models is not to impact the length of time between referral, testing and placing students in special education. Rather, the goal of the model is to identify students with problems, provide interventions linked to the problem, and monitor response in order to determine the level of support a student needs in order to be successful within the educational setting. Conceptually, the outdated "refer-test-place" model is being replaced with "identify struggling students-provide relevant interventions-monitor progress-determine educational needs of student." The needs of the student may (or may not) include special education. The research nationally on special education for students with high incidence disabilities (such as SLD) indicates that these students do not typically have better academic outcomes once they are placed in special education. Furthermore, initiatives developed by the Florida Inclusion Network and monitored by DOE sets as a goal that 85% of students must spend 80% of the time within the general education setting. This inclusion initiative further supports the need to provide services and support for struggling

students when possible within the regular classroom setting. Particularly within Collaborative Model Schools, assistance is increasingly provided via reading coaches, speech/language clinicians, school psychologists, and others trained in interventions and data collection in order to assist the classroom teacher with students who may need additional support.