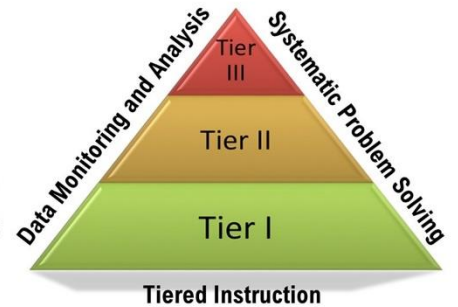
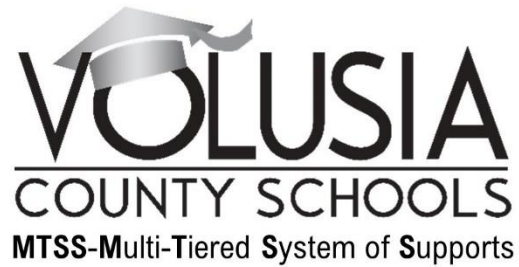
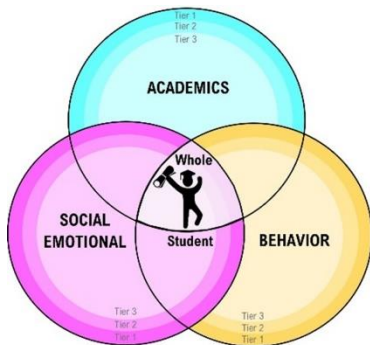




IPST

(Individual Problem-Solving Team)

GUIDEBOOK

2022-2023

Table of Contents

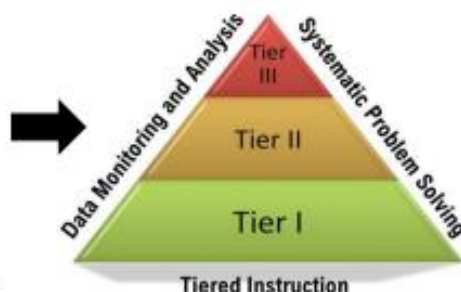
Overview	3
Within a Multi-Tiered System of Supports	4
IPST Forms Quick Reference Sheet	5
Preparation Checklist	7
Student Data Collection: Cumulative Review IPST 1 Overview	8
Student Data Collection: Cumulative Review IPST 1 Blank Form	9
Student Data Collection: Cumulative Review IPST 1 Examples	10
Student Data Collection: Parent Contacts & Staff Consultations IPST 2 Overview	12
Student Data Collection: Parent Contacts & Staff Consultations IPST 2 Blank Form	13
Student Data Collection: Parent Contacts & Staff Consultations IPST 2 Examples	14
Student Data Collection: Staff Input & Observations IPST 3 Overview	16
Student Data Collection: Staff Input & Observations IPST 3 Blank Form	17
Student Data Collection: Staff Input & Observations IPST 3 Examples	18
Student Data Collection: Intervention Implementation Plan IPST 4 Overview	20
Student Data Collection: Intervention Implementation Plan IPST 4 Blank Form	21
Student Data Collection: Intervention Implementation Plan IPST 4 Examples	22
Request for Individual Problem-Solving Team Assistance IPST 5 Overview	24
Request for Individual Problem-Solving Team Assistance IPST 5 Blank Form	25
Request for Individual Problem-Solving Team Assistance IPST 5 Examples	26
IPST: Problem Identification & Analysis IPST 6 Overview	28
IPST: Problem Identification & Analysis IPST 6 Blank Form	29
IPST: Problem Identification & Analysis IPST 6 Examples	30
Individual Problem-Solving Team: Problem Identification & Analysis IPST 6FBA	32
Individual Problem-Solving Team: Problem Identification & Analysis IPST 6FBA	33
IPST – Attendance/Homeless IPST 6 A/H	36
IPST: Modified Intervention Plan IPST 7 Overview	38
IPST: Modified Intervention Plan IPST 7 Blank Form	39
IPST: Modified Intervention Plan IPST 7p (Parent Request) Blank Form	40
IPST: Modified Intervention Plan IPST 7 Examples	41
IPST: Modified Intervention Plan IPST 7BIP Overview	43
IPST: Modified Intervention Plan IPST 7BIP Blank Form	44
IPST: Individual Progress Monitoring Initial Meeting Summary IPST 8a Overview	45
IPST: Individual Progress Monitoring Initial Meeting Summary IPST 8a Blank Form	46
IPST: Individual Progress Monitoring Initial Meeting Summary IPST 8a Examples	47
IPST: Individual Progress Monitoring Initial Meeting Summary IPST 8b Overview	48
IPST: Individual Progress Monitoring Initial Meeting Summary IPST 8b Blank Form	49
IPST: Individual Progress Monitoring Initial Meeting Summary IPST 8B Examples	50
MTSS – Individual Problem-Solving Team (IPST) PARENT INPUT FORM	52
MTSS – Individual Problem-Solving Team (IPST) Parent Meeting Notification	54
MTSS – Individual Problem-Solving Team (IPST) Parent Notification MEMORANDUM	55
Individual Problem-Solving Team Consent Parent/Guardian Notice	56
Notice of Evaluation Request for Consent	57
Technical Assistance	61
A Guide to Student Support, Suspected Disabilities and Services for Students with Disabilities	62

Overview

- Within a multi-tiered system of supports (MTSS), resources are allocated in direct proportion to student needs. To provide the appropriate supports, educators implement a problem-solving process (PSP) that includes determining students' response to intervention (RtI).
- A complete, in-depth overview of the Problem-Solving Process can be found in the "Guiding Tools for Instructional Problem Solving (GTIPS)" document found on the Volusia County Schools website. This document is provided by Florida's Problem Solving/Response to Intervention Project, a collaborative project between the University of South Florida and the Florida Department of Education, Bureau of Exceptional Student Education.
- Within MTSS, teams of educators collaborate as part of the problem-solving process. When a student continues to need intensive interventions and instruction beyond what is being provided in tiers 2 and 3, this collaborative process moves to the IPST (Individual Problem-Solving Team). Individual Problem-Solving Team meetings are designed to be an extremely diagnostic and prescriptive process. This team examines prior intervention data and all relevant cumulative history to problem-solve at the most intense level. *A student should not be referred to Individual Problem-Solving Team if the problem is a systemic instructional, curricular, or an environmental problem.* The IPST functions best when specialists can collaborate on learner-centered problems.
- This guidebook includes the support and documentation needed to navigate through the IPST process. Each school site has a MTSS Chair that assists with this process.
- Questions regarding the process and documents within this guidebook should be directed to James Barringer, Coordinator of Psychological Services or Tami Fisher, Coordinator of Student Services-MTSS.

Within a Multi-Tiered System of Supports

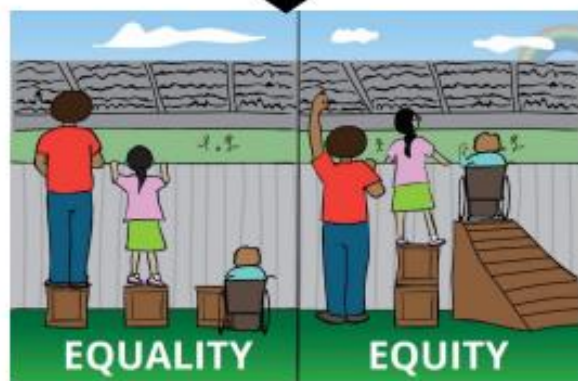
All students receive support within **MTSS**, a Multi-Tiered System of Supports. These supports address the **whole student** and cover any **academic, behavioral, or social emotional needs**. By using **data monitoring and analysis** as part of a **problem-solving process**, students receive **differentiated instruction** and **interventions** to achieve **proficiency with grade level content** or make progress toward **closing the achievement gap**.



When a student is **struggling with one or more life activities** and has an **identified physical or mental impairment**, a **Section 504 Eligibility Meeting** should be facilitated to determine if a **Section 504 Plan** is warranted.

A **Section 504 Plan** provides a student with **accommodations** to help them **participate in school** and **follow the general curriculum**. The **Section 504 Plan** provides the student with **equity** to learn and access an education.

If a student is **struggling and not making progress** when compared to his **same age peers**, an **Individual Problem-Solving Team** meeting should be initiated to determine whether **additional supports or evaluation** is needed to help identify a **potential disability**.



Students that are identified as having a **disability** and need supports **beyond the accommodations** that are provided by a **Section 504 Plan**, are eligible for an **Individualized Education Plan (IEP)**. The IEP provides **specialized instruction and services**.



IPST Forms Quick Reference Sheet

Form	Title	Who/When	What
IPST FORM 1	<i>Student Data Collection: Cumulative Review</i>	Classroom teacher completes this prior to any IPST meetings. If the documentation is incomplete the MTSS Chair will ensure that the teacher complete the missing information.	When a teacher has a concern about a student academically or behaviorally that warrants further investigation, this form serves to collect this information.
IPST FORM 2	<i>Student Data Collection: Parent Contacts & Staff Consultations</i>	Classroom teacher completes this prior to any IPST meetings. If the documentation is incomplete the MTSS Chair will ensure that the teacher complete the missing information.	This form documents parent/guardian contacts and professional consultations for academic and behavioral concerns.
IPST FORM 3	<i>Student Data Collection: Staff Input & Observations</i>	Classroom teacher completes this form prior to any IPST meetings. If the documentation is incomplete the MTSS Chair will ensure that the teacher complete the missing information.	This form provides information about the student's performance in the general education classroom setting.
IPST FORM 4	<i>Student Data Collection: Intervention Implementation Plan</i>	Classroom teacher completes this form prior to any IPST meetings. If the documentation is incomplete the MTSS Chair will ensure that the teacher complete the missing information.	This form provides information about the Tier 2 and Tier 3 interventions implemented in the general education setting.
IPST FORM 5	<i>Request for Individual Problem-Solving Team Assistance</i>	Classroom teacher completes this form prior to any IPST meetings. If the documentation is incomplete the MTSS Chair will ensure that the teacher complete the missing information.	This form, along with IPST Forms 1-4, is submitted to the MTSS Chair indicating that an Individual Problem-Solving Team meeting is requested.
IPST FORM 6	<i>Individual Problem-Solving Team: Problem Identification & Analysis</i>	The IPST is responsible for completing this form when considering the development of supplemental or intensive Tier 3 interventions.	This form documents the identified problem, hypotheses that were formulated as to why the problem is likely to be occurring, and the necessary growth needed for the student.
IPST FORM 6-FBA	<i>Individual Problem-Solving Team: Problem Identification & Analysis</i>	The IPST is responsible for completing this form when considering the development of supplemental or intensive Tier 3 behavioral interventions.	This form documents the identified problem, hypotheses that were formulated as to why the problem is likely to be occurring, and the student's behavioral, social, and academic goals.
IPST FORM 6-A/H	<i>Individual Problem-Solving Team: Attendance/Homeless</i>	The IPST is responsible for completing this form in collaboration with the school social worker when there are attendance concerns.	This form documents the specific information regarding the attendance concern and develops a plan of action.
IPST FORM 7	<i>Individual Problem- Solving Team: Modified Intervention Plan</i>	The IPST is responsible for the intervention design. The intervention provider is responsible for the ongoing progress monitoring including attendance.	This form documents the intervention design, goal statement, and ongoing progress monitoring data.
IPST FORM 7-BIP	<i>Individual Problem- Solving Team: Behavior Intervention Plan</i>	The IPST is responsible for the intervention design. The intervention provider is responsible for the ongoing progress monitoring including attendance.	This form documents the intervention design and implementation.
IPST FORM 7p	<i>Individual Problem- Solving Team: Modified Intervention Plan (Parent Request)</i>	The IPST is responsible for the intervention design. The intervention provider is responsible for the ongoing progress monitoring including attendance.	This form documents the intervention design, goal statement, and ongoing progress monitoring data.
IPST FORM 8a	<i>Individual Problem- Solving Team: Initial Meeting Summary</i>	The IPST is responsible for completing this form.	This form summarizes the IPST initial meeting and next steps.
IPST FORM 8b	<i>Individual Problem- Solving Team: Response to Intervention Meeting Summary and Recommendations</i>	The IPST is responsible for completing this form. The classroom teacher is responsible for providing the data associated with the Modified Intervention Plan.	This form documents the determination of response to interventions during the entire process; analysis of fidelity of interventions, and recommendations based on the analysis.

IPST PARENT INPUT FORM	<i>Multi-Tiered System of Support (MTSS) – Individual Problem-Solving Team (IPST) PARENT INPUT FORM</i>	This form is sent home to the parent/guardian by the MTSS Chair when a meeting has been scheduled. It should be sent home along with the Parent Meeting Notice and Memorandum.	This form provides the IPST with information to consider at the initial meeting.
IPST PARENT MEETING NOTIFICATION	<i>Multi-Tiered System of Support (MTSS)-Individual Problem-Solving Team (IPST) Parent Meeting Notification</i>	This form is sent home to the parent/guardian by the MTSS Chair whenever a meeting has been scheduled.	This form provides the parent/guardian with an invitation to an IPST meeting at any tier of the process.
IPST PARENT MEMORANDUM	<i>Multi-Tiered System of Support (MTSS)-Individual Problem-Solving Team (IPST) Parent Notification MEMORANDUM</i>	This form is sent home to the parent/guardian by the MTSS Chair to notify them that IPST has been initiated for their child.	This form provides the parent/guardian with an overview of the IPST process.
IPST CONSENT PARENT/ GUARDIAN NOTICE	<i>Individual Problem-Solving Team Consent Parent/Guardian Notice</i>	This form is used to obtain consent from the parent/guardian to conduct individual screenings as part of the problem-solving process.	This form, once signed by the parent/guardian, gives the IPST permission to conduct individual screenings as part of the problem-solving process.

Preparation Checklists

Referring Teacher Preparation Checklist for IPST Meeting

- Contact child's parent (at least twice) prior to seeking IPST assistance. This includes providing written notification of the commencement of the IPST process to parent/guardian and providing regular updates to parent/guardian concerning student progress.
- Collaborate with Professional Learning Community and other professionals (e.g., school psychologist, school counselor, school social worker, academic coach) prior to IPST meeting to clarify nature of the problem and to seek solutions.
- Implement Tier 1 and Tier 2 interventions and if applicable, Tier 3 interventions
- Collect data on effectiveness of interventions (progress monitoring), including class-wide and small group data. Document this information on MTSS IPST4.
- Complete IPST referral packet (Forms MTSS IPST 1-5)
- State concerns in observable and measurable terms
- Be prepared to state expected behavior (e.g., academic, attendance, behavioral, etc.)
- Attend all scheduled meetings
- Agree to share responsibility in implementation of the action plan
- Collaborate with Individual Problem-Solving Team to problem-solve solutions
- Use district provided help tools, such as, the Guiding Tools for Instructional Problem Solving (GTIPS), decision trees, and oral reading fluency flow chart in the development of the hypothesis and goal and intervention implementation and progress monitoring of student progress. These tools will also assist in determining when interventions should be initiated/ended and for length of time.

MTSS Chair Checklist for IPST Meeting

- Ensure that appropriate data and IPST forms are provided by the classroom teacher before proceeding with an IPST meeting
- Lock the **MTSS IPST 5** event to activate the alert icon in Focus.
- Ensure the teacher has consulted with at least one other educator with experience in the identified area to best identify the specific problem and initiate an effective intervention.
- Schedule the IPST meeting and invite all relevant professionals
- Send home Consent for Screening, Parent Notification Memorandum, Parent Meeting Notification, and Parent Input form (these are available via the MTSS tab in Focus)
- If possible, have vision/hearing screener results available for review at IPST meeting
- Manage the case file through the IPST process
- Provide referral packet, log relevant dates, schedule meetings
- Call meeting to order, introduce team members, review purpose of meeting, summarize problem areas reported by referring teacher, lead group in problem solving effort
- Support the referring teacher through the process
- Follow-up within the first week to ensure intervention implementation
- Ensure that a second observation is obtained by a member of the multidisciplinary team if a decision is reached for psychoeducational evaluation
- If the Notice of Evaluation and Request for Consent is signed and returned, please notify eseconsent@volusia.k12.fl.us

Student Data Collection: Cumulative Review
IPST 1 Overview

WHO: Completed by the classroom teacher or with collaboration from other staff as appropriate (e.g., school counselor, school psychologist, school social worker).

WHAT: Review of cumulative record or FOCUS to address areas of attendance, enrollment history, academic history, retentions, previous psychoeducational testing, etc.

WHEN: When a teacher has concerns about a student academically or behaviorally that warrants further investigation of the problem.

WHERE: The cumulative record, IPST file, and FOCUS are resources for obtaining the requested information.

WHY: When considering why a student is having academic or behavioral problems, information that is obtained through FOCUS and/or the cumulative record can help identify areas that may be impacting performance (e.g., history of attendance problems, high mobility, sensory concerns, a 504 plan, etc.).

HOW: FOCUS print outs can be attached to relieve the teacher from re-copying information. When completing IPST 1, simply upload the FOCUS printouts and complete other areas specified on IPST 1 that are not contained within FOCUS. Add comments if needed when the response to any item is “yes.”

Student Data Collection: Cumulative Review
IPST 1

Student:

DOB:

ID:

Grade:

	YES	NO	COMMENTS
Attendance Concerns			
Multiple school enrollment history			
Vision concerns			
Hearing concerns			
Speech/Language concerns			
Medical, mental health or health concerns			
Academic concerns			
Behavior concerns			
Previous Psychological and/or Social History			
Retentions If yes, indicate grade level(s) retained			
IPST History			
IEP History			
504 Plan			
ELL/LEP			
Other concerns:			

Attach FOCUS print-out if applicable

Completed by: _____ Date: _____

School: _____

Student Data Collection: Cumulative Review
IPST 1

Elementary Sample

Student: Dee Koder

DOB: 04/01/10

ID: DEAR Grade: 2

	YES	NO	COMMENTS
Attendance Concerns		X	
Multiple school enrollment history		X	
Vision concerns		X	
Hearing concerns		X	
Speech/Language concerns	X		Was in Speech Therapy in Kindergarten, dismissed at the end of K
Medical, mental health or health concerns		X	
Academic concerns	X		Current fluency is 20 wpm at 1 st grade level and did not finish Extension Level of SIPPS last year
Behavior concerns		X	
Previous Psychological and/or Social History		X	
Retentions If yes, indicate grade level(s) retained		X	
IPST History	X		IPST in 1 st grade.
IEP History	X		Speech in Kindergarten
504 Plan		X	
ELL/LEP		X	
Other concerns:		X	

Attach FOCUS print-out if applicable

Completed by: Ella Mentry Date: 09/05/17

Student Data Collection: Cumulative Review
IPST 1

Secondary Sample

Student: Bart Payne

DOB: 04/01/05 ID: OHMY

Grade: 7

	YES	NO	COMMENTS
Attendance Concerns		X	
Multiple school enrollment history		X	
Vision concerns		X	
Hearing concerns		X	
Speech/Language concerns		X	
Medical, mental health or health concerns		X	
Academic concerns	X		Low math grades.
Behavior concerns	X		High number of referrals (7) for causing disruptions in class and leaving the classroom without permission.
Previous Psychological and/or Social History		X	
Retentions If yes, indicate grade level(s) retained		X	
IPST History		X	
IEP History		X	
504 Plan		X	
ELL/LEP		X	
Other concerns:		X	

Attach FOCUS print-out if applicable

Completed by: Mrs. Smith Date: 09/10/17

Student Data Collection: Parent Contacts & Staff Consultations IPST 2 Overview

WHO: Completed by the classroom teacher.

WHAT: Documenting parent/guardian and staff consultations. In addition, the form documents plan of action and outcomes of consultations.

WHEN: When a teacher identifies an academic or behavioral problem that may benefit from communication with the parent. The staff consultations section is accessed when the teacher needs support or assistance from other professionals within the school community.

WHERE: When consultations with itinerant professionals may be needed, simply email the school psychologist, school social worker, or other professional to request a consultation. For consultations with staff at the school, simply arrange a meeting.

WHY: To document that the parent is kept abreast of their child's progress. Also, per House Bill 7069, educators must consult with parents and develop interventions for students on the Early Warning System report (EWS) in Grades K-8. These consultations and intervention plans should be documented on IPST 2 and IPST 4. In addition, this form allows for flexibility, relieving the teacher of scheduling a large group meeting when problems first arise, and precision in possible interventions through consultation with colleagues. Furthermore, if the student is eventually referred to the IPST and an evaluation is requested, State Board Rules indicate that at least two parent conferences must have been held with the parent prior to considering eligibility for exceptional student education. This form easily documents those contacts.

HOW: Indicate date of contacts/consultations with parents and staff. For the "plan/outcome" section of the Parent/Guardian contacts, indicate what the teacher and parent agree to do to address the student's issue. For follow-up parent contacts, indicate the outcome of the prior plan.

If the previous teacher is on-site, determine if the student had similar problems in the past. If so, determine if the previous teacher had a plan to help the student be successful and utilize a similar plan if appropriate.

For the "plan/outcome" section of the Staff Consultations, indicate what the teacher and staff agree to implement to address the student's issue. Provide outcome anecdotal information and data as appropriate.

Student Data Collection: Parent Contacts & Staff Consultations IPST 2

Student: _____ ID: _____ Grade: _____

Teacher: _____ School: _____

Parent/Guardian Consultation(s):

	Date(s)	Plan/Outcome
1st Contact Phone ☐ In person ☐ e-mail ☐ Name of parent:		Signature of parent if in person:
2nd Contact Phone ☐ In person ☐ e-mail ☐ Name of parent:		Signature of parent if in person:

Staff Consultations:

	Date(s)	Plan/Outcome
PLC		
School Psychologist		
School Counselor (Suggested for behavioral concerns)		
School Social Worker (Suggested for attendance concerns)		
Content Area Contact and/or Specialist (specify content area)		
Others (e.g., administrators, teachers, tutors)		

Student Data Collection: Parent Contacts & Staff Consultations

IPST 2

Elementary Sample

Student: Dee Koder DOB: 04/01/10 ID: DEAR Grade: 2nd
 Teacher: Ella Mentry School: Intervention Elementary

Parent/Guardian Consultation(s):

	Date(s)	Plan/Outcome
1st Contact Phone ☐ In person ☒ e-mail ☐ Name of parent: Mrs. Koder	09/05/17	Reviewed reading diagnostic assessments. Currently reading 20 wpm on a first grade passage, which is below expectation. She will be finishing up the Extension Level of SIPPS in walk-to-core and will be provided additional SIPPS lessons for intervention. She sometimes has difficulty staying focused during ELA. Parent will have Dee read nightly for 15 minutes and make sure homework is completed. Signature of parent if in person: Mrs. Koder
2nd Contact Phone ☐ In person ☒ e-mail ☐ Name of parent: Mrs. Koder	10/17/17	Dee has been moved to a Challenge Level SIPPS walk-to-core group; however, her reading fluency is below expectation (30 wrcpm) and is demonstrating increased difficulty staying on-task and is avoiding tasks during the ELA block. Parent will have Dee read aloud each night for 15 minutes and continue working on homework completion. Teacher will consult with the academic coach for suggestions. Signature of parent if in person: Mrs. Koder

Staff Consultations:

	Date(s)	Plan/Outcome
PLC	08/28/17	Reviewed current and end of year academic expectations and reviewed end of year SIPPS levels for all students.
School Psychologist		
Counselor (Suggested for behavioral concerns)		
School Social Worker (Suggested for attendance concerns)		
Content Area Contact and/or Specialist (specify content area)	09/03/17 10/28/17	Coach provided teacher with Extension Level SIPPS materials. Reviewed data; suggested focusing on fluency as student is progressing through SIPPS core instruction.
Others (e.g., administrators, teachers, tutors)		

Student Data Collection: Parent Contacts & Staff Consultations IPST 2

Secondary Sample

Student: Bart Payne DOB: 04/01/05 ID: OHMY Grade: 7th
 Referring Teacher: Mrs. Smith-Math teacher School: Intervention Middle School

Parent/Guardian Consultation(s):

	Date(s)	Plan/Outcome
1st Contact Phone ☐ In person ☒ e-mail ☐ Name of parent: Mrs. Payne	09/03/17	Parent wanted to discuss Bart's academic concerns for the new school year. Procedures for planner use was reviewed- it should be checked nightly. Also reviewed how to access gradebook so parent can ensure Bart completes assignments. Signature of parent if in person: Mrs. Payne
2nd Contact Phone ☐ In person ☒ e-mail ☐ Name of parent: Mrs. Payne	09/17/17	Bart is refusing to complete classwork and homework and is disrupting the class by telling jokes, talking over the teacher, and leaving the room. Diagnostic assessments show he is lacking prerequisite skills. Parent will talk with Bart regarding behavior and set up a homework routine at home. Teacher will consult with school psychologist, school counselor, and academic coach. Signature of parent if in person: Mrs. Payne

Staff Consultations:

	Date(s)	Plan/Outcome
PLC	08/17/17	Reviewed current expectations as well as behavioral expectations and school-wide behavior plan.
School Psychologist	09/18/17	Suggested a mentor or the check-in/check-out program for behavior with a focus on learning better ways to handle frustration in the classroom due to math difficulties.
Counselor (Suggested for behavioral concerns)	09/18/17 09/24/17	Reviewed discipline and academic records. Counselor will meet with Bart. Counselor met with Bart and completed a behavior contract.
School Social Worker (Suggested for attendance concerns)		
Content Area Contact and/or Specialist (specify content area)	9/18/17	Reviewed academic data and suggested intervention time to focus on reviewing the concepts of multiplication, division, and key vocabulary terms in words problems.
Others (e.g., administrators, teachers, tutors)		

Student Data Collection: Staff Input & Observations

IPST 3 Overview

WHO: Completed by the classroom teacher for elementary students. At IPST meeting, the team may request that another teacher/professional provide input who currently works with the student. A second IPST observation form is required by federal statutes and State Board Rules if the student is referred for a psychoeducational evaluation. Statutes further specify that the second observer must be a member of the multi-disciplinary team.

For middle and high school students, at least 2 teachers currently working with the student should provide input. In addition, per federal statutes, a member of the multidisciplinary team must also complete an observation if the process proceeds to an evaluation.

WHAT: Provides essential information regarding a student's level of performance compared to benchmarks and peers. In addition, this form identifies enablers and inhibitors to academic and/or behavioral success.

WHEN: When a teacher is considering developing Tier 2 or Tier 3 interventions for students and wants to begin isolating factors that may lead to successful problem identification and analysis.

WHERE: By direct observation of the student within the classroom regarding work habits and by reviewing sources of class-wide data. In addition, formative assessments provide information regarding academic performance compared to benchmarks and peers.

WHY: Successful identification of enablers and inhibitors will better guide teachers to develop effective interventions. Furthermore, if the student is eventually referred to the IPST and an evaluation is requested, federal regulation and State Board Rules indicate that at least two observations of the student must be completed by educators prior to considering eligibility for exceptional student education. This form easily documents those observations.

HOW: For item 2, simply place a check mark by the section indicating how the student is performing compared to expectancy. Utilize data from work samples, DIBELS 8th Edition, SIPPS, formative assessments, etc. to determine the student's academic performance level. For items 3 and 4, determine what percentage of the class has similar problems. Do not make subjective judgments about the percentage of students having similar problems; rather use your class-wide data to make this determination. For item 7, write a hypothesis statement utilizing the decision-making rubric within this manual to indicate likely causes of why the problem is occurring (i.e., is the problem likely to be related to instruction, curriculum, environment, or learner domains). For item 8, write a specific goal statement linked to the specific area of concern identified in item 6. Write the goal in observable and measurable terms and always include a timeframe. For example, *"In 10 weeks, student will read 87 words correctly per minute with 95% accuracy using 3rd grade DIBELS 8th Edition passages."* It is important to remember that the goal is not necessarily the benchmark where the student should be performing at that time. You want to ensure that the student is given a goal that is ambitious yet attainable. For more information on developing hypotheses/goal statements, visit the MTSS Intranet and/or consult with your academic coach or school psychologist.

Student Data Collection: Staff Input & Observations

IPST 3

Student: _____ ID: _____ Grade: _____

Teacher: _____ School: _____

1) Academic Enablers:

Check appropriate description:	Always	Usually	Sometimes	Never
Attends class				
Is on time				
Comes to class prepared				
Completes class assignments				
Turns in homework				
Follows directions independently				
Appears motivated				

2) Academic/Behavioral Performance:

Subject	Severely Below	Moderately Below	Mildly Below	Meeting Expectations	Exceeding Expectations
Reading					
Writing					
Math					
Science					
Social Studies					
Other (specify):					
Behavior					

3) If moderately or severely below expectations, what percentage of the class exhibits similar academic problems?

☐ 5% or less ☐ 5%-20% ☐ 20-50% ☐ Over 50%

4) If behavior is unsatisfactory, what percentage of the class exhibits similar behavioral problems?

☐ 5% or less ☐ 5%-20% ☐ 20-50% ☐ Over 50%

5) Student's Strengths: _____

6) Specific area(s) of concern (e.g., reading fluency, spelling, math problem solving, written language, aggressive behavior, poor motivation, etc.): _____

7) Hypothesis: What is the most likely reason the problem is occurring? (Tip: responses on this page as well as the Decision Making Rubric will help guide hypothesis development): _____

8) Goal Statement (Write a specific attainable goal in observable and measurable terms related to the area of concern): _____

Completed by: _____ Date: _____

Student Data Collection: Staff Input & Observations

IPST 3

Elementary Sample

Student: Dee Koder ID: DEAR Grade: 2nd
 Teacher: Ella Mentry School: Intervention Elementary

1) Academic Enablers:

Check appropriate description:	Always	Usually	Sometimes	Never
Attends class	X			
Is on time		X		
Comes to class prepared		X		
Completes class assignments			X	
Turns in homework			X	
Follows directions independently			X	
Appears motivated		X		

2) Academic/Behavioral Performance:

Subject	Severely Below	Moderately Below	Mildly Below	Meeting Expectations	Exceeding Expectations
Reading	X				
Writing		X			
Math					X
Science				X	
Social Studies				X	
Other (specify):					
Behavior			X		

3) If moderately or severely below expectations, what percentage of the class exhibits similar academic problems?

☐ 5% or less ☐ 5%-20% ☒ 20-50% ☐ Over 50%

4) If behavior is unsatisfactory, what percentage of the class exhibits similar behavioral problems?

☐ 5% or less ☐ 5%-20% ☐ 20-50% ☐ Over 50%

5) Student's Strengths: Student is kind, athletic, and excels in math.

6) Specific area(s) of concern (e.g., reading fluency, spelling, math problem solving, written language, aggressive behavior, poor motivation, etc.): Phonics

7) Hypothesis: What is the most likely reason the problem is occurring? (Tip: responses on this page as well as the Decision Making Rubric will help guide hypothesis development): The problem is occurring because Dee lacks the necessary phonics skills. If she mastered these skills, the problem would be reduced.

8) Goal Statement (Write a specific attainable goal in observable and measurable terms related to the area of concern): In 8 weeks, Dee will pass the phonics portions of the Extension Level SIPPS mastery tests with 80%.

Completed by: Ella Mentry Date: 9/05/17

Student Data Collection: Staff Input & Observations

IPST 3

Secondary Sample

Student: Bart Payne ID: OHMY Grade: 7th
 Teacher: Mrs. Smith School: Intervention Middle School

1) Academic Enablers:

Check appropriate description:	Always	Usually	Sometimes	Never
Attends class		X		
Is on time		X		
Comes to class prepared			X	
Completes class assignments				X
Turns in homework				X
Follows directions independently				X
Appears motivated			X	

2) Academic/Behavioral Performance:

Subject	Severely Below	Moderately Below	Mildly Below	Meeting Expectations	Exceeding Expectations
Reading					
Writing					
Math	X				
Science					
Social Studies					
Other (specify):					
Behavior		X			

3) If moderately or severely below expectations, what percentage of the class exhibits similar academic problems?

☒ 5% or less ☐ 5%-20% ☐ 20-50% ☐ Over 50%

4) If behavior is unsatisfactory, what percentage of the class exhibits similar behavioral problems?

☒ 5% or less ☐ 5%-20% ☐ 20-50% ☐ Over 50%

5) Student's Strengths: social skills, artistic.

6) Specific area(s) of concern (e.g., reading fluency, spelling, math problem solving, written language, aggressive behavior, poor motivation, etc.): motivation, multiplication, division, and math vocabulary.

7) Hypothesis: What is the most likely reason the problem is occurring? (Tip: responses on this page as well as the Decision Making Rubric will help guide hypothesis development): The problem is occurring because Bart lacks the foundational skills to perform on-level math work and is as such acting out in class to avoid the work. If math interventions were implemented, the problem would decrease.

8) Goal Statement (Write a specific attainable goal in observable and measurable terms related to the area of concern): In 9 weeks, Bart will score a 70% on a 5 minutes mixed calculation curriculum based measurement task (multiplication/division) and will reduce the number of outbursts by 20% and elopements by 50%.

Completed by: Sheila Smith Date: 9/17/17

Student Data Collection: Intervention Implementation Plan
IPST 4

WHO: Completed by the classroom teacher, intervention teacher, or person providing targeted intervention to the student.

WHAT: Information to identify the specific intervention(s) being implemented as well as the provider of the intervention, the group size, the frequency of the intervention, the duration of session (time), the begin/end date of intervention, the baseline data, and progress data toward goal.

WHEN: When intervention is started. Only include interventions during current school year. In addition to the identified intervention, teachers may be utilizing another intervention due to multiple problems. In other cases, teachers may be implementing a second intervention because of poor response to the initial intervention.

WHERE: The person directly providing the intervention will have the information to complete this form.

WHY: To document interventions attempted and the student's response. Data will indicate if the evidence-based intervention should be continued or if other intervention(s) may be more effective. Furthermore, per House Bill 7069, educators must consult with parents and develop interventions for students on the Early Warning System report (EWS) in Grades K-8. These consultations and intervention plans should be documented on IPST 2 and IPST 4.

HOW: Indicate the specific intervention that has been utilized, the beginning and ending date, and the length of the intervention when meeting (e.g., 15 minutes, 30 minutes, etc.). Indicate group size, how often (frequency) the intervention group meets, the intervention provider, and the actual performance in the form of a data point. If graphing progress, make sure that data points are entered on a pre-determined regular basis (e.g., every other Wednesday) and ensure that the time between the data points is equidistant. Remember that interventions need time to work so after establishing baseline, it is recommended that at least 5 data points over a 5-week intervention period are collected. However, frequent progress monitoring allows for more frequent modifications of interventions. If during the 5 weeks you are finding that the intervention is not working, the intervention should be modified accordingly.

Student Data Collection: Intervention Implementation Plan

IPST 4

Student: _____ ID: _____ Grade: _____

Teacher: _____ School: _____

All data must be entered on this document and/or uploaded to this event.

Tier II Intervention

Focus of Intervention (specific academic skill or behavioral target): _____

Setting of intervention: Classroom: _____ Other (specify): _____

Start Date: _____

Specific intervention: _____

Group Size: Individual: _____ 2-3: _____ 4-8: _____ More than 8 but not whole class: _____

Frequency: One X/Wk: _____ Two X/Wk: _____ Three X/Wk: _____ Four X/Wk: _____ Daily: _____

Duration: 15 min.: _____ 20 min.: _____ 30 min.: _____ 45 min.: _____ 60 min.: _____ Other: _____

Intervention Provider: GenEd: _____ ESE: _____ Counselor: _____ Volunteer: _____

Other (specify role): _____

End Date: _____ (should be at least 5 weeks of interventions after start date)

Progress Data (baseline and include a minimum of 5 data points or attach graph):

Date/baseline point: _____ Date/data point: _____ Date/data point: _____

Date/data point: _____ Date/data point: _____ Date/data point: _____

Date/data point: _____ Date/data point: _____ Date/data point: _____

Tier III Intervention

Focus of Intervention (specific academic skill or behavioral target): _____

Check: follow up__ modified__ separate problem__

Setting of intervention: Classroom: _____ Other (specify): _____

Start Date: _____

Specific intervention: _____

Group Size: Individual: _____ 2-3: _____ 4-8: _____

Frequency: One X/Wk: _____ Two X/Wk: _____ Three X/Wk: _____ Four X/Wk: _____ Daily: _____

Duration: 15 min.: _____ 20 min.: _____ 30 min.: _____ 45 min.: _____ 60 min.: _____ Other: _____

Intervention Provider: GenEd: _____ ESE: _____ Counselor: _____ Volunteer: _____

Other (specify role): _____

End Date: _____ (should be at least 5 weeks of interventions after start date)

Progress Data (include a minimum of 5 data points or attach graph):

Date/baseline point: _____ Date/data point: _____ Date/data point: _____

Date/data point: _____ Date/data point: _____ Date/data point: _____

Date/data point: _____ Date/data point: _____ Date/data point: _____

Student Data Collection: Intervention Implementation Plan

IPST 4

Elementary Sample

Student Name: Dee Koder ID: DEAR Grade: 2nd

Teacher: Ella Mentry School: Intervention Elementary

All data must be entered on this document and/or uploaded to this event.

Tier II Intervention

Focus of Intervention (specific academic skill or behavioral target): Phonics

Setting of intervention: Classroom: X Other (specify): _____

Start Date: 09/10/17

Specific intervention: (Approved Tier 2)

Group Size: Individual: _____ 2-3: _____ 4-8: X More than 8 but not whole class: _____ Whole class: _____

Frequency: One X/Wk: _____ Two X/Wk: _____ Three X/Wk: X Four X/Wk: _____ Daily: _____

Duration: 15 min.: _____ 20 min.: X 30 min.: _____ 45 min.: _____ 60 min.: _____ Other: _____

Intervention Provider: GenEd: X ESE.: _____ Counselor: _____ Volunteer: _____

Other (specify role): _____

End Date: 12/15/17 (should be at least 5 weeks of interventions after start date)

Progress Data (baseline and include a minimum of 5 data points or attach graph):

Date/baseline point: 9/21- MT 11-8/10 Date/data point: 10/21- MT 12- 9/10 Date/data point: 11/15/17- MT 4- 7/10
(Challenge)

Date/data point: _____ Date/data point: _____ Date/data point: _____

Date/data point: _____ Date/data point: _____ Date/data point: _____

Tier III Intervention

Focus of Intervention (specific academic skill or behavioral target): Phonics

Setting of intervention: Classroom: X Other (specify): _____

Start Date: 11/3/17

Specific intervention: (Approved Tier 3)

Group Size: Individual: _____ 2-3: X 4-8: _____ More than 8 but not whole class: _____ Whole class: _____

Frequency: One X/Wk: _____ Two X/Wk: _____ Three X/Wk: _____ Four X/Wk: _____ Daily: X

Duration: 15 min.: _____ 20 min.: _____ 30 min.: X 45 min.: _____ 60 min.: _____ Other: _____

Intervention Provider: GenEd: X ESE.: _____ Counselor: _____ Volunteer: _____

Other (specify role): _____

End Date: 12/15/17 (should be at least 5 weeks of interventions after start date)

Progress Data (include a minimum of 5 data points or attach graph):

Date/baseline point: 9/4- Baseline 20 wrcpm Date/data point: 9/14- 17 wrcpm Date/data point: 9/28- 19 wrcpm

Date/data point: 10/15- 30 wrcpm Date/data point: 10/30- 25 wrcpm Date/data point: 11/15- 25 wrcpm

Date/data point: _____ Date/data point: _____ Date/data point: _____

Student Data Collection: Intervention Implementation Plan

IPST 4

Secondary Sample

Student Name: Dee Koder ID: DEAR Grade: 9th

Teacher: Ella Mentry School: Intervention High

All data must be entered on this document and/or uploaded to this event.

Tier II Intervention

Focus of Intervention (specific academic skill or behavioral target): Reading Comprehension

Setting of intervention: Classroom: X Other (specify): _____

Start Date: 09/10/22

Specific intervention: (Approved Tier 2)

Group Size: Individual: _____ 2-3: _____ 4-8: _____ More than 8 but not whole class: _____ Whole class: X

Frequency: One X/Wk: _____ Two X/Wk: _____ Three X/Wk: _____ Four X/Wk: _____ Daily: X

Duration: 15 min.: _____ 20 min.: _____ 30 min.: _____ 45 min.: X 60 min.: _____ Other: _____

Intervention Provider: GenEd: X ESE.: _____ Counselor: _____ Volunteer: _____

Other (specify role): _____

End Date: 12/15/22 (should be at least 5 weeks of interventions after start date)

Progress Data (baseline and include a minimum of 5 data points or attach graph):

Date/baseline point: _____	Date/data point: _____	Date/data point: _____
Date/data point: _____	Date/data point: _____	Date/data point: _____
Date/data point: _____	Date/data point: _____	Date/data point: _____

Tier III Intervention

Focus of Intervention (specific academic skill or behavioral target): _____

Setting of intervention: Classroom: _____ Other (specify): _____

Start Date: _____

Specific intervention: _____ (Approved Tier 3)

Group Size: Individual: _____ 2-3: _____ 4-8: _____ More than 8 but not whole class: _____ Whole class: _____

Frequency: One X/Wk: _____ Two X/Wk: _____ Three X/Wk: _____ Four X/Wk: _____ Daily: _____

Duration: 15 min.: _____ 20 min.: _____ 30 min.: _____ 45 min.: _____ 60 min.: _____ Other: _____

Intervention Provider: GenEd: _____ ESE.: _____ Counselor: _____ Volunteer: _____

Other (specify role): _____

End Date: _____ (should be at least 5 weeks of interventions after start date)

Progress Data (include a minimum of 5 data points or attach graph):

Date/baseline point: _____	Date/data point: _____	Date/data point: _____
Date/data point: _____	Date/data point: _____	Date/data point: _____
Date/data point: _____	Date/data point: _____	Date/data point: _____

Request for Individual Problem-Solving Team Assistance
IPST 5

WHO: IPST 5 is completed by the classroom teacher.

WHAT: Request for Individual Problem-Solving Team Assistance.

WHEN: When data from the: *Intervention Implementation Plan IPST 4* indicate the need for further support and assistance or when requested by the student's parent(s). To access the Individual Problem-Solving Team, Tier 1 and Tier 2, and possibly Tier 3 supports should be exhausted and the student's response to intervention suggests insufficient progress compared to the specified goal and to peers in the intervention group.

WHERE: In addition to completing IPST 5, complete IPST 1-4 and submit any additional documentation to the MTSS Chair.

WHY: To initiate scheduling of Individual Problem Solving Team (IPST) meeting.

HOW: Save & Validate the MTSS IPST 5. If further assistance is needed, contact your MTSS Chair.

Request for Individual Problem-Solving Team Assistance
IPST 5

Student: _____ DOB: _____ ID: _____ Grade: _____

Teacher: _____ School: _____

Referring Person: _____

Parent Request: ☐ Yes ☐ No

Date of Request: _____

Area(s) of Concern:

☐ Academic

☐ Behavior

☐ Attendance

Based on attached data, how did the problem respond to interventions?

☐ Stayed the same

☐ Problem increased

1. What intervention(s) worked?

2. Are you continuing to implement this intervention? ☐ yes ☐ no

3. What didn't work?

Attach IPST 1-4. Students will be scheduled for a IPST meeting upon receipt of the completed referral packet. Incomplete packets will be returned.

***Request for Individual Problem-Solving Team Assistance
IPST 5***

Elementary Sample

Student: Dee Koder DOB: 04/01/10 ID: DEAR Grade: 2nd

Teacher: Ella Mentry School: Intervention Elementary

Referring Person: Ella Mentry

Date of Request: 12/2/17

Area(s) of Concern:

☒ Academic

☒ Behavior

☐ Attendance

Based on attached data, how did the problem respond to interventions?

☐ Stayed the same

☒ Problem increased

1. What intervention(s) worked?

SIPPS instruction has worked to improve phonics as Dee is currently in the Challenge Level and passing all mastery tests without needing additional SIPPS intervention; however, fluency is not improving.

Are you continuing to implement this intervention? ☐ yes ☒ no

2. What didn't work?

changing seats, divider, and loss of privileges.

Attach IPST 1-4. Students will be scheduled for a IPST meeting upon receipt of the completed referral packet. Incomplete packets will be returned.

***Request for Individual Problem-Solving Team Assistance
IPST 5***

Secondary Sample

Student: Bart Payne DOB: 04/01/05 ID: OHMY Grade: 7th

Teacher: Smith School: Intervention Middle School

Referring Person: Smith

Date of Request: 12/4/17

Area(s) of Concern:

☒ Academic

☒ Behavior

☐ Attendance

Based on attached data, how did the problem respond to interventions?

☐ Stayed the same

☒ Problem increased

1. What intervention(s) worked? Nothing

Are you continuing to implement this intervention? ☐ yes ☒ no

2. What didn't work? Behavior contract and reteaching did not work.

Attach IPST 1-4. Students will be scheduled for a IPST meeting upon receipt of the completed referral packet. Incomplete packets will be returned.

Individual Problem-Solving Team: Problem Identification & Analysis IPST 6

WHO: Completed by the MTSS Chair with input from the team.

WHAT: Provides opportunity to clearly identify student's current observed performance, expected level of performance compared to benchmarks, the likely reasons the problem is occurring (hypotheses), and the goal to address the problem.

WHEN: IPST 6 is completed at the first meeting of the Individual Problem-Solving Team.

WHERE: Data and information from Student Data Collection IPST 1-4 in conjunction with work samples are utilized for problem identification and analysis.

WHY: Problem identification and analysis significantly increases the likelihood of developing interventions that are specifically linked to the area of concern. The development of hypotheses during this problem-solving process narrows the focus of intervention selection.

HOW: When completing the goal statement for academic concerns (item 8), indicate the following areas:

In _____ weeks, student will (identify task in observable and measurable terms).

For example, "In 7 weeks, Dee will read 76 wcpm on a second grade DIBELS 8th Edition oral reading fluency passage with 95% accuracy."

When completing the goal statement for behavioral concerns (item 8), indicate the following areas:

In _____ weeks, _____ (student) will _____ (replacement behavior) ____ % (target) of the time.

For example, "In 5 weeks, Randy will raise his hand to ask for assistance 90% of the time."

Tip: When developing the hypothesis, rule out hypotheses that you believe are ones that are not contributing to the problem. Once your hypothesis is developed, write a goal statement that is linked to the hypothesis.

When setting goals, set goals that are ambitious yet attainable. It is important to remember that the goal that you set may not be the benchmark.

For more information on determining if a deficit is skill or performance based, on developing hypotheses, and in writing goal statements, access the MTSS Intranet.

Individual Problem-Solving Team: Problem Identification & Analysis IPST 6

Student: _____ ID: _____ Grade: _____

Teacher: _____ School: _____ Date: _____

Class/subject (if not homeroom teacher): _____

Before relevant interventions can be put in place, it is critical to clearly identify the area(s) of concern (academic, health, behavior, etc.) that may be impacting student performance. The following questions are designed to assist in this process and will be completed during the Individual Problem-Solving Team Meeting.

ACADEMIC and/or BEHAVIORAL CONCERNS

1. What are the student's areas of strengths academically and behaviorally?

(Note to IPST chair: At this point of the meeting, remember to share with parents and team the previous targeted interventions and summary on IPST 4 and IPST 5 as designated on your easel)

2. What level of performance is currently expected in the area of concern? In academic areas, expected levels are the benchmarks.

3. What is the student's current observed level of performance?

4. A problem is the difference between what is expected and what is observed. What is the problem? Identify in observable and measurable terms.

5. What percentage of students in the classroom demonstrates this discrepancy?

☐ 5% or less ☐ Between 5% and 20% ☐ Between 20% and 50% ☐ Over 50%

6. Does the problem appear to be a ☐ performance deficit or ☐ skill deficit? (check one)

Note: If you've seen the skill on several occasions and it appeared mastered, it increases the likelihood that the deficit is a performance deficit

7. Hypothesis: What is the most likely reason(s) this problem is occurring? (Consider ICEL)

8. What is the goal to address the problem? (write in observable and measurable terms)

Individual Problem-Solving Team: Problem Identification & Analysis IPST 6

Elementary Sample

Student: Dee Koder ID: DEAR Grade: 2nd

Teacher: Ella Mentry School: Intervention Elementary Date: 01/06/18
Class/subject (if not homeroom teacher):

Before relevant interventions can be put in place, it is critical to clearly identify the area(s) of concern (academic, health, behavior, etc.) that may be impacting student performance. The following questions are designed to assist in this process and will be completed during the Individual Problem Solving Team Meeting.

ACADEMIC and/or BEHAVIORAL CONCERNS

1. What are the student's areas of strengths academically and behaviorally? *Dee excels in math, is athletic, and kind to her classmates.*

(Note to IPST chair: At this point of the meeting, remember to share with parents and team the previous targeted interventions and summary on IPST 4 and IPST 5 as designated on your easel)

2. What level of performance is currently expected in the area of concern? In academic areas, expected levels are the benchmarks. *Dee is expected to read at least 78 wrcpm, passing mastery tests in the SIPPS Challenge Level, and remain on task to complete work in ELA to complete the various tasks given during the week.*

3. What is the student's current observed level of performance? *Dee is currently reading 41 wrcpm, is passing all SIPPS Challenge Level mastery tests, is lacking focus during ELA and not completing assignments. Teacher reports she is only completing 2-3 ELA tasks a week and is not focusing on district expected computer work. She is out of seat, talking, sleeping, and playing in her desk.*

4. A problem is the difference between what is expected and what is observed. What is the problem? Identify in observable and measurable terms. *(78-41= 37) Dee is 37 words below fluency expectation at mid-year and 53 words below end of year expectation. She is on-target for phonics.*

5. What percentage of students in the classroom demonstrates this discrepancy?

☒ 5% or less ☐ Between 5% and 20% ☐ Between 20% and 50% ☐ Over 50%

6. Does the problem appear to be a ☒ performance deficit or ☐ skill deficit? (check one)

Note: If you've seen the skill on several occasions and it appeared mastered, it increases the likelihood that the deficit is a performance deficit

7. Hypothesis: What is the most likely reason(s) this problem is occurring? (Consider ICEL)

The problem is occurring because Dee is not maintaining attention and focus during instruction, which is impacting her ability to read fluently. If improvements in focusing and work completion were improved, fluency would increase.

8. What is the goal to address the problem? (write in observable and measurable terms)

In 8 weeks, Dee will remain on-task on 4 out of 5 observation opportunities and will increase her work completion in ELA from 2-3 assignments a week to 5-6 assignments a week.

Individual Problem-Solving Team: Problem Identification & Analysis IPST 6

Secondary Sample

Student: Bart Payne ID: OHMY Grade: 7th

Teacher: Mrs. Smith School: Intervention Middle School Date: 12/15/17
Class/subject (if not homeroom teacher):

Before relevant interventions can be put in place, it is critical to clearly identify the area(s) of concern (academic, health, behavior, etc.) that may be impacting student performance. The following questions are designed to assist in this process and will be completed during the Individual Problem Solving Team Meeting.

ACADEMIC and/or BEHAVIORAL CONCERNS

1. What are the student's areas of strengths academically and behaviorally? *Good social skills and is artistic.*

(Note to IPST chair: At this point of the meeting, remember to share with parents and team the previous targeted interventions and summary on IPST 4 and IPST 5 as designated on your easel)

2. What level of performance is currently expected in the area of concern? In academic areas, expected levels are the benchmarks. *Bart is expected to refrain from outbursts and elopement, while maintaining a 70% on all math assignments and on-going progress monitoring measures.*

3. What is the student's current observed level of performance? *Bart is currently having approximately 8 outbursts and 1-2 elopements on days of observation opportunities and is scoring no higher than 50% on on-going progress monitoring tools and assignments.*

4. A problem is the difference between what is expected and what is observed. What is the problem? Identify in observable and measurable terms. *Bart scoring 20+% below math expectations, approximately 8 outbursts, and 1-2 elopements.*

5. What percentage of students in the classroom demonstrates this discrepancy?

☒ 5% or less ☐ Between 5% and 20% ☐ Between 20% and 50% ☐ Over 50%

6. Does the problem appear to be a ☐ performance deficit or ☒ skill deficit? (check one)

Note: If you've seen the skill on several occasions and it appeared mastered, it increases the likelihood that the deficit is a performance deficit

7. Hypothesis: What is the most likely reason(s) this problem is occurring? (Consider ICEL)

The problem is occurring because Bart lacks the necessary math skills to perform on-level. If his math skills improved his academic and behavior progress would improve.

8. What is the goal to address the problem? (write in observable and measurable terms)

In 6 weeks, Bart will score a 70% on 5-minute timed mixed calculation curriculum based measurements (multiplication/division), reduce the number of outbursts by 20% and elopements from 1-2 to 0-1.

Individual Problem-Solving Team: Problem Identification & Analysis IPST 6FBA

WHO: Completed by members of the IPST Team (MTSS Chair, classroom teacher, academic coach, school psychologist, school counselor or school social worker). If completed by a professional other than classroom teacher, the teacher must provide input.

WHAT: Information to determine cause and function of behavior (functional behavioral assessment).

WHEN: When a student is exhibiting behavioral difficulties that are not responding to Tier 1 and Tier 2 behavioral interventions. Completion of IPST 6FBA precedes the development of a behavior intervention plan. In addition, it is recommended that IPST 6FBA is completed prior to completing PST 6, as the information obtained will be useful in developing goal statements.

WHERE: Behavioral concerns may be manifested in multiple settings. IPST 6FBA readily captures the settings and activities in which these behaviors are most likely to occur.

WHY: In order to develop a meaningful behavioral intervention plan, it is important to identify the function (pay-off) of the interfering behavior and the environmental condition in which the behavior is most likely to occur. By having the teacher orally respond during the IPST meeting to the questions embedded in 6FBA, the team is more likely to generate interventions linked to the specific problem area which will be documented on IPST 7BIP.

HOW: At the IPST meeting, the MTSS Chair will ask the teacher the questions designated on IPST 6FBA. The MTSS Chair will fill in IPST 6FBA based on the teacher's responses to the questions. The information obtained will be used to develop appropriate behavioral supports, which is documented on IPST 7BIP.

Completed examples of IPST 6FBA can be found on the Volusia County Schools Intranet under MTSS and/or the MTSS Chairperson Teams page.

Individual Problem Solving Team: Analysis of Problem

Functional Behavior Assessment (mandatory for behavior concerns)

PST 6FBA

Student: _____ Grade: _____ Teacher: _____ Date: _____

Describe the SPECIFIC BEHAVIOR that interferes with the student's learning and/or the learning of his/her peers.

If the following questions/observations *cannot be answered accurately, please collect data using a scatterplot or ABC form*. These forms can be found on the MTSS section of the VCS Intranet.

Environmental Conditions:

WHEN is the interfering behavior most likely to occur?

- | | | |
|--|---------------------------------------|--|
| ☐ Before/After School | ☐ Lunch/Recess | ☐ Subject/Class Changes |
| ☐ Morning | ☐ Afternoon | ☐ Other (specify): |

WHERE is the interfering behavior most likely to occur?

- | | | |
|--|--|-----------------------------------|
| ☐ Bus/Car/Walk Route To/From Sch. | ☐ Cafeteria/Lunch | ☐ Hallways |
| ☐ Regular Education Class(es) | ☐ Exceptional Student Education (ESE) Classes | |
| ☐ Playground/Common areas | ☐ Other (specify): | |

During what SUBJECT/ACTIVITY is the interfering behavior most likely to occur?

- | | | |
|--|---|---|
| ☐ Academic SUBJECTS (specify): | ☐ Directions for Task/Assignment | ☐ Starting Assigned Work |
| ☐ Verbal Instruction by Teacher | ☐ Group Work | ☐ Transitions |
| ☐ Individual Seat Work | ☐ Other (specify): | ☐ Non-preferred Activities |
| ☐ Unstructured Times | | |

What INTERACTIONS/PEOPLE are most likely to be present, or contribute to, the interfering behavior?

- | | | |
|-----------------------------------|--|--------------------------------------|
| ☐ Teachers | ☐ Classmates | ☐ Other Peers |
| ☐ Staff | ☐ Other Adult(s) (specify): | |

What circumstances UNRELATED TO THE SCHOOL SETTING are most likely to be present, or contribute to, the interfering behavior?

- | | | |
|---|--|--|
| ☐ Long-term Illness | ☐ Allergies | ☐ Bus conflicts |
| ☐ Changes in routine | ☐ Chronic hunger | ☐ Chronic Fatigue |
| ☐ Missed medication(s) | ☐ Change in supervision/guardianship (specify): | |

OTHER Contributing Factors:

- | | |
|--|---|
| ☐ Adult Requests/Directives | ☐ Changes to the Routine/Schedule |
| ☐ Teasing from Other Students | ☐ Limit Setting/Imposing Consequences |
| ☐ Proximity to specific peer | ☐ Task Factors (too diff., repetitive, etc.) |
| ☐ Removal of preferred item | ☐ Teacher attending to other students |
| ☐ Physical environment (student perceives environment as too warm, too noisy, etc.) | |
| ☐ Other (specify): | |

Is there a documentation of a medical concern that may explain the behavior? __Y__N

If yes, what is the documented medical concern? _____

HOW OFTEN and/or HOW LONG(frequency/duration) is the interfering behavior occurring?

Frequency: (e.g., 1x per day, 2x per day) _____

Duration: (e.g., 20 min./30 min.) _____

Hypothesizing the Function of the Interfering Behavior:

What possible purpose might the interfering behavior serve the student? Please consider the acronym EATS when considering the function of a behavior. The four common functions of behaviors are Escape, Attention, Tangible, Sensory (EATS). What is the "pay off" for continuing to use the interfering behavior?

SEEKING, OBTAIN:

- | | | |
|--|---|---|
| ☐ Teacher/Adult Attention | ☐ Peer Attention | ☐ Social Status |
| ☐ Freedom/Fun | ☐ Empowerment/Choice | ☐ Desired Activity |
| ☐ Object/Tangible (toy, food, etc.) | ☐ Sensory Input | |
| ☐ Other (specify): | | |

AVOIDANCE, ESCAPE, DELAY, PROTEST:

- | | | |
|--|--|---|
| ☐ Sensory Overload | ☐ Teacher Interaction | ☐ Peer Interaction(s) |
| ☐ Specific Subject/Activity | ☐ Class Work | ☐ Environment of Failure |
| ☐ Non-preferred Activity | ☐ Sensory Input | |
| ☐ Other (specify): | | |

Hypothesis Statement:

The following hypothesis statement(s) are based upon patterns identified above.

When _____ occurs (describe circumstances), the student does _____ (describe behavior) in order to get/avoid _____ (describe consequence).

When _____ occurs (describe circumstances), the student does _____ (describe behavior) in order to get/avoid _____ (describe consequence).

Is there an existence of internalizing behaviors (e.g., depression, anxiety or psycho-somatization)? If so, the provision of counseling by a school based mental health professional is likely warranted. If this is the case, please specify the internalizing behavior suspected below and include the counseling on the BIP under the Teaching/Educative Intervention section.

What SOCIAL SKILL(S) could the student learn in order to reduce the likelihood of the problem occurring in the future?

- | | | |
|--|--|---|
| ☐ Peer Interaction | ☐ Play Skills/Taking Turns | ☐ Sharing (attention, objects) |
| ☐ Conversational Skills | ☐ Making Pro-Social Statements | ☐ Waiting for Reinforcements |
| ☐ Accepting Differences | ☐ Getting/Sharing Attention Appropriately | |
| ☐ Other (specify): | | |

What **PROBLEM-SOLVING SKILL(S)** could the student learn in order to reduce the likelihood of the problem occurring in the future?

- | | | |
|--|--|--|
| ☐ Recognizing Need/Ask for Help | ☐ Use of Visual Supports | ☐ Ignoring Peers |
| ☐ Note-taking Strategies | ☐ Collaboration/Cooperation | ☐ Self-management |
| ☐ Making Appropriate Choices | ☐ Other (specify): | |

What **COMMUNICATION SKILL(S)** could the student learn in order to reduce the likelihood of the problem occurring in the future?

- | | | |
|---|--|---|
| ☐ Asking for Breaks | ☐ Expressing Emotions | ☐ Requesting Information |
| ☐ Raising Hand for Attention | ☐ Active Listening | ☐ Self-advocacy |
| ☐ Responding to Others | ☐ Other (specify): | |

In order to establish goals for the student's Behavior Intervention Plan, please:

- Complete the goal form below by developing broad and short-term goals (increase/decrease) in each area of need. Examples are in italics. Please delete examples and complete.
- Under each broad goal, identify the behavior(s) to be decreased and the pro-social behavior(s) to be increased in order to achieve the broad goal.
- Clearly define or operationalize the goals so that each goal is:
 - Observable (seen or heard)
 - Measureable (counted or timed)
 - Significant (impact on student's life)
- Obtain consensus on the team's short-term goals for the student.

GOAL(S) Statements:

	Behavioral	Social	Academic
What we want the student to be able to do	<i>Johnny will communicate his wants and needs in an age appropriate manner</i>	<i>Johnny will demonstrate age appropriate social skills to maintain friends.</i>	<i>Johnny will increase task engagement time during academic activities.</i>
Behavior to be decreased	<i>Johnny will decrease screaming, kicking furniture and/or people and throwing objects to express his wants and needs.</i>	<i>Johnny will reduce the number of times he screams at and/or throws objects toward towards other children during group assignments.</i>	<i>Johnny will decrease screaming and throwing work materials during academic activities.</i>
Behavior to be increased	<i>Johnny will verbally express his wants and needs in the classroom by using an inside voice and calm body.</i>	<i>Johnny will use a calm, normal tone of voice when interacting with his peers during group work.</i>	<i>Johnny will increase the amount of time he remains in his seat with eyes focused on the teacher and/or work materials during academic assignments.</i>



Individual Problem Solving Team: Attendance/Homeless IPST: 6 A/H

Student: _____ DOB: _____ Student ID: _____

School: _____ Grade: _____ Today's IPST Meeting Date: _____

Teacher (for elementary): _____

School Counselor/IPST Chair (for secondary): _____

Significance of Problem (i.e., number of absences/number of days in session for current school year): _____

Based on data, to what extent does it appear the attendance problem is impacting academic performance?

☐ Not at all ☐ Somewhat ☐ Moderately ☐ Significantly

Previous interventions (i.e., mentoring, tutoring, attendance contract, guidance services, frequent communication with parent, class change, community referral, etc.): _____

What worked: _____

What didn't work: _____

Number of schools attended this year: _____

What are the student's social/behavioral strengths and weaknesses (please check all that apply)?

- | | |
|---|--|
| ☐ Makes friends easily | ☐ Teased or picked on by others |
| ☐ Outgoing/Sociable | ☐ Isolated/withdrawn |
| ☐ Follows school/classroom rules | ☐ Poor peer relations |
| ☐ Involved in extracurricular activities | ☐ Defiant/Disrespects adult authority |
| ☐ Other (please specify): _____ | |

Any known family crisis or situations that may be impacting student: _____

Medical concerns (i.e., health and mental diagnosis): _____

What explanation has the parent provided for the absences? _____

Hypothesis: What is the most likely reason this attendance problem is occurring? (Consider ICEL, number of schools attended this year, family crisis, and/or health issues): _____

What is the goal?

- ☐ Student will attend school regularly and on time.
- ☐ Student will attend every class period daily and on time.
- ☐ Other (please specify): _____

Team decision(s):

☐ Begin/modify intervention (Specify interventions): _____

☐ Refer to Alternative Program: _____

Problem Solving Team: Attendance/Homeless

IPST: 6 A/H

-
- ☐ Refer for consideration of 504 Plan (documentation must be provided of health-related issues and 504 process followed)
 - ☐ Refer to PST to address academic and/or behavioral concerns (PST 1-4 required)
 - ☐ Other:

If the parent is not present at the meeting, who is responsible for parent contact?

Team Member Signatures (and Title for "other")

PSChair:

Other:

Teacher:

Other:

Parent/Guardian:

Other:

Parent/Guardian:

Other:

Problem Solving Team: Intervention Development & Implementation Plan IPST 7

WHO: Completed by the MTSS Chair with input from team.

WHAT: Indicates specific evidence-based interventions recommended by team during the IPST meeting. The intervention developed at this phase can be a new intervention or the interventions identified on IPST 4 can be intensified. In addition, the team will suggest setting, group size, frequency, duration, and progress monitoring based on student needs, school resources, and *requirements of the specific intervention*.

WHEN: All but the progress data is completed at the IPST meeting. Following the meeting, progress data will be collected throughout the course of intervention implementation and recorded on IPST 7 (or preferably, attach graph indicating progress toward goal) or via attached printouts.

WHERE: Refer to school's resource map to find interventions that are accessible and able to be properly implemented at the school. In addition, team members may also recommend evidence-based interventions that are accessible on-line or through other various means.

WHY: To find solutions/effective interventions for students who did not respond adequately to previously attempted interventions. The SLD rule indicates intensity of interventions be considered. As a result, some students may only have one intervention, but during the intervention implementation phase the teacher (or other intervention provider) intensifies the intervention by altering the intervention and/or initiates an additional tiered intervention to target the skill deficit. This change would constitute the intent of "interventions."

HOW: All information except for the section designated as "Progress Data" is completed at the IPST meeting. Following the meeting, a copy of IPST 7 will be provided to the teacher or the designated intervention provider. The teacher (or intervention provider if a different person) will input the dates the progress is monitored and the actual progress on IPST 7.

***IPST 7p:** This form is utilized when a parent/guardian requests an evaluation for special education services.

Individual Problem-Solving Team: Modified Intervention Plan IPST 7

Student: _____ ID: _____ Grade: _____

Teacher: _____ School: _____

Date of today's IPST meeting: _____

All data must be entered on this document and/or uploaded to this event.

Tier II Team Developed Intervention

Focus of Intervention (specific academic skill or behavioral target): _____

Setting of intervention: Classroom: _____ Other (specify): _____

Start Date: _____

Specific intervention: _____

Group Size: Individual: _____ 2-3: _____ 4-8: _____ More than 8 but not whole class: _____

Frequency: One X/Wk: _____ Two X/Wk: _____ Three X/Wk: _____ Four X/Wk: _____ Daily: _____

Duration: 15 min.: _____ 20 min.: _____ 30 min.: _____ 45 min.: _____ 60 min.: _____ Other: _____

Intervention Provider: GenEd: _____ ESE: _____ Counselor: _____ Volunteer: _____

Other (specify role): _____

End Date: _____ (should be at least 5 weeks of interventions after start date)

Progress Data (baseline and include a minimum of 5 data points or attach graph):

Date/baseline point: _____	Date/data point: _____	Date/data point: _____
----------------------------	------------------------	------------------------

Date/data point: _____	Date/data point: _____	Date/data point: _____
------------------------	------------------------	------------------------

Date/data point: _____	Date/data point: _____	Date/data point: _____
------------------------	------------------------	------------------------

Tier III Team Developed Intervention

Focus of Intervention (specific academic skill or behavioral target): _____

Setting of intervention: Classroom: _____ Other (specify): _____

Start Date: _____

Specific intervention: _____

Group Size: Individual: _____ 2-3: _____ 4-8: _____

Frequency: One X/Wk: _____ Two X/Wk: _____ Three X/Wk: _____ Four X/Wk: _____ Daily: _____

Duration: 15 min.: _____ 20 min.: _____ 30 min.: _____ 45 min.: _____ 60 min.: _____ Other: _____

Intervention Provider: GenEd: _____ ESE: _____ Counselor: _____ Volunteer: _____

Other (specify role): _____

End Date: _____ (should be at least 5 weeks of interventions after start date)

Progress Data (include a minimum of 5 data points or attach graph):

Date/baseline point: _____	Date/data point: _____	Date/data point: _____
----------------------------	------------------------	------------------------

Date/data point: _____	Date/data point: _____	Date/data point: _____
------------------------	------------------------	------------------------

Date/data point: _____	Date/data point: _____	Date/data point: _____
------------------------	------------------------	------------------------

Individual Problem-Solving Team: Modified Intervention Plan

IPST 7p (Parent Request)

Student: _____ ID: _____ Grade: _____

Teacher: _____ School: _____

Date of today's IPST meeting:

Only core instruction is appropriate at this time. ☐ Yes ☐ No

All data must be entered on this document and/or uploaded to this event.

Tier II Team Developed Intervention

Focus of Intervention (specific academic skill or behavioral target): _____

Setting of intervention: Classroom: _____ Other (specify): _____

Start Date: _____

Specific intervention: _____

Group Size: Individual: _____ 2-3: _____ 4-8: _____ More than 8 but not whole class: _____

Frequency: One X/Wk: _____ Two X/Wk: _____ Three X/Wk: _____ Four X/Wk: _____ Daily: _____

Duration: 15 min.: _____ 20 min.: _____ 30 min.: _____ 45 min.: _____ 60 min.: _____ Other: _____

Intervention Provider: GenEd: _____ ESE: _____ Counselor: _____ Volunteer: _____

Other (specify role): _____

End Date: _____ (should be at least 5 weeks of interventions after start date)

Progress Data (baseline and include a minimum of 5 data points or attach graph):

Date/baseline point: _____ Date/data point: _____ Date/data point: _____

Date/data point: _____ Date/data point: _____ Date/data point: _____

Date/data point: _____ Date/data point: _____ Date/data point: _____

Tier III Team Developed Intervention

Focus of Intervention (specific academic skill or behavioral target): _____

Setting of intervention: Classroom: _____ Other (specify): _____

Start Date: _____

Specific intervention: _____

Group Size: Individual: _____ 2-3: _____ 4-8: _____

Frequency: One X/Wk: _____ Two X/Wk: _____ Three X/Wk: _____ Four X/Wk: _____ Daily: _____

Duration: 15 min.: _____ 20 min.: _____ 30 min.: _____ 45 min.: _____ 60 min.: _____ Other: _____

Intervention Provider: GenEd: _____ ESE: _____ Counselor: _____ Volunteer: _____

Other (specify role): _____

End Date: _____ (should be at least 5 weeks of interventions after start date)

Progress Data (include a minimum of 5 data points or attach graph):

Date/baseline point: _____ Date/data point: _____ Date/data point: _____

Date/data point: _____ Date/data point: _____ Date/data point: _____

Date/data point: _____ Date/data point: _____ Date/data point: _____

Individual Problem-Solving Team: Modified Intervention Plan IPST 7

Elementary Sample

Student Name: Dee Koder ID: DEAR Grade: 2nd

Teacher: Ella Mentry School: Intervention Elementary

Date of today's IPST meeting: 01/06/18

Tier II Team Developed Intervention

Focus of Intervention (specific academic skill or behavioral target): Attention

Setting of intervention: Classroom: X Other (specify): _____

Start Date: 1/11/18

Specific intervention: Mindfulness activities to help Dee learn to recognize when she loses focuses and to get back on task

Group Size: Individual: _____ 2-3: X 4-8: _____ More than 8 but not whole class: _____ Whole class: _____

Frequency: One X/Wk: _____ Two X/Wk: _____ Three X/Wk: X Four X/Wk: _____ Daily: _____

Duration: 15 min.: _____ 20 min.: X 30 min.: _____ 45 min.: _____ 60 min.: _____ Other: _____

Intervention Provider: GenEd: X ESE.: _____ Counselor: _____ Volunteer: _____

Other (specify role): _____

End Date: 3/09/18 (Should be at least 5 weeks of intervention after start date)

Progress Data (include a minimum of 5 data points or attach graph):

Date/baseline point: 1/12- 2/5 times Date/data point: 1/17- 1/5 Date/data point: 1/25- 4/5

Date/data point: 2/4- 3/5 Date/data point: _____ Date/data point: _____

Date/data point: _____ Date/data point: _____ Date/data point: _____

Tier III Team Developed Intervention

Focus of Intervention (specific academic skill or behavioral target): Work completion

Check: follow up _____ modified _____ separate problem X

Setting of intervention: Classroom: X Other (specify): _____

Start Date: 1/11/18

Specific intervention: visual checklist to assist in knowing what is needed to complete an assignment in ELA

Group Size: Individual: X 2-3: _____ 4-8: _____ More than 8 but not whole class _____ Whole class: _____

Frequency: One X/Wk: _____ Two X/Wk: _____ Three X/Wk: _____ Four X/Wk: _____ Daily: X

Duration: 15 min.: _____ 20 min.: _____ 30 min.: _____ 45 min.: _____ 60 min.: _____ Other: X

Intervention Provider: GenEd: X ESE.: _____ Counselor: _____ Volunteer: _____

Other (specify role): _____

End Date: 3/9/18 (Should be at least 5 weeks of intervention after start date)

Progress Data (include a minimum of 5 data points or attach graph):

Date/baseline point: 1/12- 3/7 assignments Date/data point: 1/17- 5/7 assignments Date/data point: 1/24- 6/7 assignments

Date/data point: _____ Date/data point: _____ Date/data point: _____

Date/data point: _____ Date/data point: _____ Date/data point: _____

Individual Problem-Solving Team: Modified Intervention Plan IPST 7

Secondary Sample

Student Name: Bart Payne ID: OHMY Grade: 7th

Teacher: Smith School: Intervention Middle School

Date of today's IPST meeting: 12/15/17

Tier II Team Developed Intervention

Focus of Intervention (specific academic skill or behavioral target): Outbursts, elopement

Setting of intervention: Classroom: X Other (specify): _____

Start Date: 1/5/18

Specific intervention: check-in/check-out

Group Size: Individual: X 2-3: _____ 4-8: _____ More than 8 but not whole class: _____

Frequency: One X/Wk: _____ Two X/Wk: _____ Three X/Wk: _____ Four X/Wk: _____ Daily: X

Duration: 15 min.: _____ 20 min.: _____ 30 min.: _____ 45 min.: _____ 60 min.: _____ Other: X

Intervention Provider: GenEd: X ESE.: _____ Counselor: _____ Volunteer: _____

Other (specify role): _____

End Date: 2/15/18 (Should be at least 5 weeks of intervention after start date)

Progress Data (include a minimum of 5 data points or attach graph):

Date/baseline point: 1/9- 5 outbursts, 1 elopement **Date/data point:** 1/17- 5 outbursts, 0 elopement

Date/data point: _____ **Date/data point:** _____

Date/data point: _____ **Date/data point:** _____

Tier III Team Developed Intervention

Focus of Intervention (specific academic skill or behavioral target): Multiplication/division and key vocabulary terms

Setting of intervention: Classroom: X Other (specify): _____

Start Date: 1/5/18

Specific intervention: incremental rehearsal, visual representations, review and practice using varied word problems

Group Size: Individual: X 2-3: _____ 4-8: _____

Frequency: One X/Wk: _____ Two X/Wk: _____ Three X/Wk: _____ Four X/Wk: X Daily: _____

Duration: 15 min.: _____ 20 min.: _____ 30 min.: _____ 45 min.: X 60 min.: _____ Other: _____

Intervention Provider: GenEd: X ESE.: _____ Counselor: _____ Volunteer: _____

Other (specify role): _____

End Date: 02/15/18 (Should be at least 5 weeks of intervention after start date)

Progress Data (include a minimum of 5 data points or attach graph):

Date/baseline point: 1/9- 45% **Date/data point:** 1/17- 50% **Date/data point:** _____

Date/data point: _____ **Date/data point:** _____ **Date/data point:** _____

Date/data point: _____ **Date/data point:** _____ **Date/data point:** _____

Individual Problem-Solving Team: Modified Intervention Plan IPST 7BIP

WHO: Completed by the MTSS Chair with input from the team (Possible team members include: classroom teacher, academic coach, school psychologist, school counselor or school social worker).

WHAT: Indicates specific evidence-based interventions recommended by team during the IPST meeting. The intervention developed at this phase can be a new intervention or the interventions identified on IPST 4 can be intensified. In addition, the team will suggest setting, group size, frequency, duration, and progress monitoring based on student needs, school resources, and *requirements of the specific intervention*.

WHEN: All but the progress data is completed at the IPST meeting. Following the meeting, progress data will be collected throughout the course of intervention implementation and recorded (preferably, attach graph indicating progress toward goal or data points via attached printouts).

WHERE: Refer to school's resource map to find interventions that are accessible and able to be properly implemented at the school. In addition, team members may also recommend evidence-based interventions that are accessible on-line or through other various means.

WHY: To find solutions/effective interventions for students who did not respond adequately to previously attempted interventions.

HOW: All information is completed at the IPST meeting. Tools such as PBIS World, The Teachers Encyclopedia of Behavior Management, among others can be used to identify appropriate behavioral supports. Following the meeting, a copy of IPST 7BIP will be provided to the teacher or the designated intervention providers. The teacher or intervention providers will collect and record progress monitoring data throughout the course of the intervention implementation

Individual Problem-Solving Team: Modified Intervention Plan

Behavior Improvement Plan (mandatory for behavior concerns)

IPST 7BIP

Student: _____ Grade: _____ Teacher: _____ Date: _____

Describe the SPECIFIC BEHAVIOR that interferes with the student's learning and/or the learning of his/her peers (from PST 6B-FBA).

Hypothesis (from PST 6B-FBA):

Preventative/Proactive Behavior Interventions			
Intervention(s)	Person Responsible/Intervention Provider	Frequency	Specific Steps

Teaching/Educative Interventions			
Intervention(s)	Person Responsible/Intervention Provider	Frequency	Specific Steps

Reinforcement/Functional Interventions			
Intervention(s)	Person Responsible/Intervention Provider	Frequency	Specific Steps

Problem Solving Team: Individual Progress Monitoring Initial Meeting Summary IPST 8a

WHO: Completed by the MTSS Chair with input from the teacher/ intervention provider and other team members.

WHAT: Based on data collected throughout the problem-solving process, the team determines educational needs based on the student's response to interventions.

WHEN: At the conclusion of IPST 7, the MTSS Chair completes IPST 8a- Individual Progress Monitoring Initial Meeting Summary indicating next steps.

WHERE: The necessary data is documented throughout the entire process and specifically is identified on the *Intervention Development/ Implementation Plan* (IPST4 and/or IPST7).

WHY: Data drive the problem-solving process. Through accurate progress monitoring, the team will have sufficient data to make important educational decisions about the student. These decisions may include maintaining the current intervention, modifying the intervention, terminating the intervention, or refer for evaluation under IDEA.

HOW: The MTSS Chair will guide the team through this phase of the process by asking guiding questions. The data that is collected throughout IPST 4 and/or IPST 7 will be used to determine if the problem has decreased ☺, stayed the same, or increased ☹.

All attendees at the meeting will sign on the bottom of IPST 8a- Individual Progress Monitoring Initial Meeting Summary on the designated lines. It is important for the MTSS Chair to determine at the meeting the date/time of the next meeting (if applicable) to discuss response to intervention (Rtl). The parent should be provided with a copy of IPST 8a- Individual Progress Monitoring Initial Meeting Summary when completed as it will provide them with the team decision(s) and the date/time of the follow-up Rtl meeting (if needed).

The MTSS Chair should maintain an on-going log of the dates/outcomes of the IPST meetings. The log should include the name of the student, teacher, dates, and type of problem (e.g., reading, behavior, etc.). Recording the number on a log that corresponds to the "Team Decision(s)" section of IPST 8a is an easy method to track the team-based decisions at a school building.

Problem Solving Team: Individual Progress Monitoring Initial Meeting Summary IPST 8a

Student: _____ DOB: _____ ID: _____ Grade: _____

Today's Date: _____

Area of Concern:

Student's current observed performance:

Student's expected level of performance:

Team decision(s):

- | | | | |
|----|--------------------------|---|-----------------------------------|
| 1. | ☐ | Discontinue intervention – goal achieved | |
| 2. | ☐ | Continue intervention as previously written in IPST 4 | Follow-Up Meeting: ____/____/____ |
| 3. | ☐ | Implement interventions in IPST 7 | Follow-Up Meeting: ____/____/____ |
| 4. | ☐ | Continue interventions and refer for evaluation under IDEA (complete Notice of Evaluation in FOCUS) | |
| 5. | ☐ | Other: _____ | |

Team Member Signatures (and Title for "Other"):

MTSS Chair: _____

Other: _____

Teacher: _____

Other: _____

Parent/Guardian: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Parent: I acknowledge I received the *Guide to Student Support, Suspected Disabilities and Services for Students with Disabilities* brochure. ☐ Yes ☐ No

Parent: Did school and/or district personnel prohibit or discourage you, parent/guardian, from inviting a person(s) of choice to the meeting? ☐ Yes ☐ No

**Problem Solving Team: Individual Progress Monitoring Initial Meeting
Summary
IPST 8a**

SAMPLE

Student: John Smith

DOB: 10/5/2015

ID: 2AAAA

Grade: 2

Today's Date: 9/18/22

Area of Concern:

Reading

Student's current observed performance: Student is reading 17 words below current expectation and 32 words below end of year expectation. He is experiencing significant lack of focus and is only completing 2-3 ELA assignments during the week.

Student's expected level of performance:

Student is expected to read at least 78 wrcpm, passing mastery tests in the SIPPS Challenge Level, and remain on task to complete work in ELA to complete the various tasks given during the week.

Team decision(s):

- | | | | |
|----|-------------------------------------|---|---|
| 1. | ☐ | Discontinue intervention – goal achieved | |
| 2. | ☐ | Continue intervention as previously written in IPST 4 | Follow-Up Meeting: <u> </u> / <u> </u> / <u> </u> |
| 3. | ☒ | Implement interventions in IPST 7 | Follow-Up Meeting: <u> </u> / <u> </u> / <u> </u> |
| 4. | ☐ | Continue interventions and refer for evaluation under IDEA (complete Notice of Evaluation in FOCUS) | |
| 5. | ☐ | Other: _____ | |

Team Member Signatures (and Title for "Other"):

MTSS Chair: _____

Other: _____

Teacher: _____

Other: _____

Parent/Guardian: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Parent: I acknowledge I received the *Guide to Student Support, Suspected Disabilities and Services for Students with Disabilities* brochure. ☐ Yes ☐ No

Parent: Did school and/or district personnel prohibit or discourage you, parent/guardian, from inviting a person(s) of choice to the meeting? ☐ Yes ☐ No

Problem Solving Team: Response to Intervention Meeting Summary and Recommendations
PST 8b

WHO: Completed by the MTSS Chair with input from the teacher/ intervention provider and other team members.

WHAT: Based on data collected throughout the problem-solving process, the team determines educational needs based on the student's response to interventions.

WHEN: Rtl updates and recommendations are made when the data is sufficient to indicate a response. IPST 8b- Response to Intervention Meeting Summary and Recommendations occurs as the final stage of the IPST meeting.

WHERE: The necessary data is documented throughout the entire process and specifically is identified on the *Intervention Development/ Implementation Plan* (IPST4 and/or IPST7).

WHY: Data drive the problem-solving process. Through accurate progress monitoring, the team will have sufficient data to make important educational decisions about the student. These decisions may include maintaining the current intervention, modifying the intervention, terminating the intervention, or refer for evaluation under IDEA.

HOW: The MTSS Chair will guide the team through this phase of the process. The data that is collected throughout PST 4 and/or PST 7 will be used to determine if the problem has decreased ☺, stayed the same, or increased ☹.

All attendees at the meeting will sign on the bottom of IPST 8b- Response to Intervention Meeting Summary and Recommendations on the designated lines. It is important for the MTSS Chair to determine at the meeting the date/time of the next meeting (if applicable) to discuss response to intervention (Rtl). The parent should be provided with a copy of IPST 8b- Response to Intervention Meeting Summary and Recommendations when completed as it will provide them with the team decision(s) and the date/time of the follow-up Rtl meeting (if needed).

The MTSS Chair should maintain an on-going log of the dates/outcomes of the IPST meetings. The log should include the name of the student, teacher, dates, and type of problem (e.g., reading, behavior, etc.). Recording the number on a log that corresponds to the "Team Decision(s)" section of IPST 8b is an easy method to track the team-based decisions at a school building.

***Problem Solving Team: Response to Intervention Meeting Summary and
Recommendations
IPST 8b***

Student: _____ DOB: _____ ID: _____ Grade: _____

Today's Date: _____

Student's current observed performance:

Student's expected level of performance:

Was student attendance during the intervention sessions an issue? ☐ Yes ☐ No

Intervention summary:

Since the time targeted interventions were started, has the problem:

☐ decreased 😊 ☐ stayed the same ☐ increased ☹️

What worked: _____

What didn't work: _____

Team decision(s):

1. ☐ Discontinue intervention – goal achieved
 2. ☐ Continue intervention as previously written in IPST 7
 3. ☐ Continue interventions and refer for evaluation under IDEA (complete Notice of Evaluation in FOCUS)
 4. ☐ Other: _____
- Follow-Up Meeting: ____/____/____

Team Member Signatures (and Title for "Other"):

IPST Chair: _____

Other: _____

Teacher: _____

Other: _____

Parent/Guardian: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Parent: I acknowledge I received the *Guide to Student Support, Suspected Disabilities and Services for Students with Disabilities* brochure. ☐ Yes ☐ No

Parent: Did school and/or district personnel prohibit or discourage you, parent/guardian, from inviting a person(s) of choice to the meeting? ☐ Yes ☐ No

Problem Solving Team: Response to Intervention Meeting Summary and Recommendations
IPST 8b

SAMPLE

Student: John Smith DOB: 10/5/2015 ID: 2AAAA Grade: 2

Today's Date: 10/25/22

Student's current observed performance: Student is reading 12 words below current expectation and 15 words below end of year expectation. He is experiencing significant lack of focus and is completing 3 ELA assignments during the week.

Student's expected level of performance:

Student is expected to read at least 78 wrcpm, passing mastery tests in the SIPPS Challenge Level, and remain on task to complete work in ELA to complete the various tasks given during the week.

Was student attendance during the intervention sessions an issue? ☐ Yes ☐ No

Intervention summary:

Since the time targeted interventions were started, has the problem:

☐ decreased 😊 ☒ stayed the same ☐ increased ☹️

What worked: SIPPS, Check In/Out

What didn't work: _____

Team decision(s):

- | | | | |
|----|-------------------------------------|---|-----------------------------------|
| 5. | ☐ | Discontinue intervention – goal achieved | Follow-Up Meeting: ____/____/____ |
| 6. | ☐ | Continue intervention as previously written in IPST 7 | |
| 7. | ☒ | Continue interventions and refer for evaluation under IDEA (complete Notice of Evaluation in FOCUS) | |
| 8. | ☐ | Other: _____ | |

Team Member Signatures (and Title for "Other"):

IPST Chair: _____

Other: _____

Teacher: _____

Other: _____

Parent/Guardian: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Parent: I acknowledge I received the *Guide to Student Support, Suspected Disabilities and Services for Students with Disabilities* brochure. ☐ Yes ☐ No

Parent: Did school and/or district personnel prohibit or discourage you, parent/guardian, from inviting a person(s) of choice to the meeting? ☐ Yes ☐ No

APPENDIX



Student Name:

Gender:

Campus:

Parent:

Address:

Phone:

Student ID:

Grade:

DOB:

Multi-Tiered System of Support (MTSS) – Individual Problem-Solving Team (IPST) PARENT INPUT FORM

Dear Parent/Guardian:

You have been invited to an Individual Problem-Solving Team (IPST) meeting at your child's school. The purpose of this meeting is to develop academic and/or behavior interventions for your child. At the meeting, a group of educators will discuss your child's strengths and areas in need of support. Your knowledge of your child is important in this process. Please complete this form and return to your child's teacher by _____.

What are your child's academic strengths?

What are your child's social and/or behavioral strengths?

Do you have any concerns regarding your child's academic performance? ☐ Yes ☐ No

If yes, please describe:

Do you have any concerns regarding your child's social-emotional skills and/or behavior? ☐ Yes ☐ No

If yes, please describe:

How much time does your child spend nightly (on average) doing homework?

Does your child often require adult help to complete their homework? ☐ Yes ☐ No

If yes, please describe:

Does your child receive any tutoring outside of school? ☐ Yes ☐ No

If yes, please describe:

Multi-Tiered System of Support (MTSS) – Individual Problem-Solving Team (IPST)
PARENT INPUT FORM
Page 2

Are there any challenges/issues outside of the school setting that may be impacting your child's performance in school?

☐ Yes ☐ No

If yes, please describe:

Are there any previous or current health/medical conditions that you feel are impacting your child's school performance?

☐ Yes ☐ No

If yes, please describe:

What does your child tell you he/she likes about school?

What does your child tell you he/she does not like about school?

Is your child able to organize his/her materials and plan for tasks appropriately? ☐ Yes ☐ No

If yes, please describe:

Does your child do tasks (for example, tooth brushing) that you would expect of a child of his/her age? ☐ Yes ☐ No

If yes, please describe:

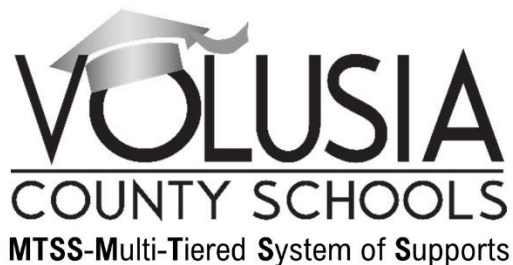
How many hours does your child sleep at night?

How many hours does your child sleep at night? ☐ Yes ☐ No

Name of Parent/Guardian providing this information (please print): _____

Parent/Guardian Signature: _____ Date: _____

Email: _____ Phone: _____



Student Name:
Gender:
Campus:
Parent:
Address:
Phone:

Student ID:
Grade:
DOB:

Multi-Tiered System of Support (MTSS)-Individual Problem-Solving Team (IPST)

Parent Meeting Notification

Date Provided: _____

Meeting Notification

An IPST meeting is proposed to review the educational needs of your child to determine whether there is a need for additional interventions and/or supports within the general education setting. The team will make decisions as to whether interventions should be faded, continued, adjusted, or abandoned for more intense efforts at the next level of the process.

Meeting Types

- ☐ TIER 1 MEETING - Tier I includes the continued implementation of high-quality, scientifically based instruction provided by qualified personnel to ensure that student difficulties are not due to inadequate instruction. All students are screened on a periodic basis to establish an academic and behavioral baseline and to identify struggling learners who need additional support. Within Tier 1 additional supports may be identified to target student learning.
- ☐ TIER 2 MEETING - Tier II includes all the elements of Tier I and targets students who are not making the desired level of progress in response to previously identified interventions. Efforts are made during Tier II to identify additional interventions and supports that are more specific to the individual student's needs.
- ☐ TIER 3 MEETING - Tier III includes all the elements of Tier I and Tier II and focuses on intensive interventions that target student skill deficits. Adjustments are made to the frequency, intensity, and group size of the intervention efforts. Students who do not experience the desired level of improvement at Tier III may be referred for a comprehensive evaluation and considered for eligibility for Section 504 or special education services under the Individuals with Disabilities Education Act of 2004 (IDEA 2004). Data collected during Tiers I, II and III are included and used to make eligibility decisions.
- ☐ PROGRESS REVIEW MEETING – At this meeting, the IPST will review the student's response to the interventions being implemented at Tier 2 and Tier 3.

Content Area: _____

Meeting Information

While parents are not required to attend or participate in the MTSS process, your attendance and participation would be greatly appreciated.

The meeting is scheduled for: Date: _____ Time: _____

Location: _____

If you have any questions, please call: _____

RETURN THIS FORM TO: _____ BY: _____

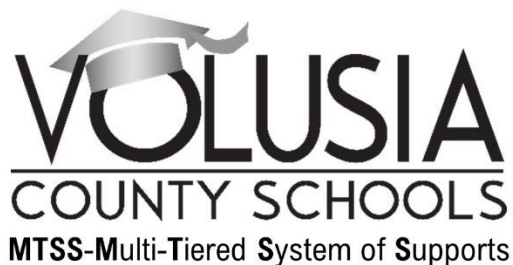
SCHOOL: _____

ADDRESS: _____

Please check the appropriate box(es):

- ☐ Yes, I will attend the meeting
- ☐ I will not be able to attend the meeting; please proceed in my absence.
- ☐ I am including information about my child for the committee to consider.

Parent Signature: _____ Date: _____



Student Name:
Gender:
Campus:
Parent:
Address:
Phone:

Student ID:
Grade:
DOB:

Multi-Tiered System of Support (MTSS)-Individual Problem-Solving Team (IPST)

Parent Notification

MEMORANDUM

TO: Parents/Guardians of: _____

FROM: MTSS Chair: _____

DATE: _____

RE: Multi-Tiered System of Support (MTSS) and the Individual Problem-Solving Team (IPST) for Your Child

The School District utilizes the problem-solving model, Multi-Tiered System of Support (MTSS), to support students within the instructional setting. MTSS is a process designed to address the needs of all students and serves as an early intervention for struggling learners to prevent long-term academic failure. Staff members meet to review student performance and to identify areas of needed support.

A request has been made for the MTSS Team to more formally review your child's progress through the Individual Problem-Solving Team (IPST). The IPST will be reviewing all available information to develop an intervention plan and to make other recommendations, as appropriate, to better assist your child in making the expected level of progress within the instructional setting.

This letter is to provide you with written notice that the IPST will gather data from a variety of sources including, but not limited to, the student's cumulative file, school health records, teacher reports, other school records, and classroom work. If you have any information that you feel will assist in identifying the needs of your child and making effective recommendations, we would greatly appreciate your input.

Enclosed you will find the Parent Data Form that will assist in the data collection process. Please take a moment to complete the document and return it to your child's teacher using the information below.

Content Area: _____

Please Return To: _____

School: _____

Address: _____

Phone: _____

Return By: _____

Enclosures: Parent Data Form, Meeting Notification

School District of Volusia County, Florida
INDIVIDUAL PROBLEM SOLVING
TEAM CONSENT PARENT/GUARDIAN
NOTICE

Student Name: _____ D.O.B. _____ Alpha ID:

--	--	--	--

Date: _____ School: _____ Grade: _____

Parent/Guardian: _____ Address: _____

Dear Parent or Guardian:

The Individual Problem Solving Team (IPST) at your child's school is requesting additional data to assist your child in their educational setting. Your consent is requested in order that individual screenings and/or Functional Behavioral Assessment (FBA) may be conducted. This request is proposed following a review of curriculum based assessments, progress monitoring, observations, conferences, and/or parent/guardian input.

With your consent, a team of professionals may select specific screenings and/or Functional Behavioral Assessment (FBA) from the following areas:

- ☐ Functional Behavioral Assessment (FBA)
- ☐ Screening of speech (articulation skills, voice quality and/or fluency)
- ☐ Screening of language (communication skills, language ability, pragmatics and/or phonological awareness)
- ☐ Screening of vision and hearing

You will be informed of the results from the screenings and/or Functional Behavioral Assessment (FBA). If further evaluations are recommended, you will be notified.

Contact Person and Title _____

Contact Person and Title _____

School _____ Telephone Number _____

THIS SECTION IS TO BE COMPLETED BY PARENT/GUARDIAN.

Child's Name _____ Date of Birth _____

(PLEASE CHECK ONE)

- ☐ I give my permission for screenings and/or Functional Behavioral Assessment (FBA).
- ☐ I do not give my permission for screenings and/or Functional Behavioral Assessment (FBA).
- ☐ I request a conference to discuss the screenings and/or Functional Behavioral Assessment (FBA).

I HAVE READ AND UNDERSTAND MY RIGHTS TO THE PROPOSED SCREENINGS.

Parent/Guardian Signature _____ Date _____

Home Phone _____ Work/Emergency Phone _____

Record of Contacts: OFFICE USE

1. Date _____ Type _____ Results _____ By: _____

2. Date _____ Type _____ Results _____ By: _____

Notice of Evaluation Request for Consent

Upload and Notification Procedures

- Scan and upload the signed consent form to the consent event in Focus, along with all intervention documentation (IPST Packet).
- Email: eseconsent@volusia.k12.fl.us for initial consents for evaluation.
- In the subject line of the email type – “Initial - (followed by the student’s alpha code)”
- For all initial consents to evaluate, in the body of the email include:
 - School:
 - Student Name:
 - Alpha:
 - Date Signed Consent Received by School:
- If the student is bilingual, this should be documented in the body of the email, as well. This is imperative as failure to notify the appropriate evaluator can delay testing and violate state statute.
- Attach a copy of the signed consent to the email.

Consent Reminders

- Never obtain parent consent for formal evaluation prior to the IPST meeting
- On formal consent for evaluation, check all appropriate boxes or type in under "Additional Evaluations"
- For Language Evaluations: if pragmatics testing is specifically requested to please type “pragmatics” in the “additional comments” section
- VCS: Physician Information Report (OHI/OI/TBI)- Do NOT check Health/Medical. This would be written in under Additional Evaluations.
- Have parent/guardian complete all sections of the formal consent form and sign/date
- Provide parent a copy of: Procedural Safeguards; *Guide to Student Support, Suspected Disabilities and Services for Students with Disabilities* brochure, MTSS IPST 8, and the signed Notice of Evaluation and Request for Consent
- Scan PST forms, screener results, and signed consent documents. Save all scanned files to your computer/USB (follow the naming convention of Doe John 1AAAA PSY etc 1-1-2022)
- Upload scanned file to FOCUS under the “Uploads” section of the Notice of Evaluation and Request for Consent
- Once uploaded please email: eseconsent@volusia.k12.fl.us (directions at the top of this page) and relevant evaluators (school psychologist, slp, social worker, etc.)
- Make sure all forms are placed in the yellow folder

Timeline Reminders

- If a parent submits a request to have their child evaluated to any school employee (verbal, written, or otherwise), the school must within 30 days of the parent’s request for an evaluation proceed with obtaining consent to evaluate or **immediately** provide the ESE/SS Compliance Office with justification for issuing a Prior Written Notice of Refusal. Refusals to evaluate are only issued to the parent from the ESE/SS Compliance Office. Please note, the IPST will continue doing interventions and collecting progress data even after receiving the parent’s evaluation request. In the case of a parent request for evaluation for a suspected disability, interventions will occur concurrently with the evaluation.
- **Once parent consent has been obtained for a formal evaluation, the district only has 60 calendar days from receipt to complete the evaluation.**



Student Name: Tinker Bell Student ID: 1907175 Gender: F
Grade: 04 Campus: DEMONSTRATION SCHOOL DOB: 07/07/2011
Parent: Lola Bell Address: 200 N CLARA AV Phone: 388-380-3232
DELAND, FL 32720

SAMPLE

Notice of Evaluation and Request for Consent

Select initial
for general
education
students

To the Parents/Adult Student: The School District is required to provide prior written notice before the district proposes or refuses certain actions. The School District is also required to obtain informed consent before conducting a formal evaluation. Please read this notice carefully before completing and returning the signed consent.

1. Action Proposed:

☒ Initial Evaluation ☐ Additional Evaluation ☐ 3-Year

Meeting Date:

Date of
meeting

2. Reason Action is Proposed:

- ☒ To Determine Initial Eligibility and Need for Exceptional Student Education Services
☐ To Determine Initial Eligibility for Additional Disabilities
☐ To Determine Instructional Needs and/or Services
☐ To Complete Assessment Records Received from Another District or Agency
☐ To Address Transition and/or Vocational Competencies
☐ Other:

3. Options Considered Prior to Proposing Evaluation:

- | | | |
|--|---|--|
| ☐ Continue Current IEP | ☐ Bilingual/ESL | ☐ Schedule/Teacher Change |
| ☒ Continue General Education Interventions (Tier 2/Tier 3) | ☐ Alternative Program | ☐ Counseling |
| ☐ Acceptance of Existing Evaluation Data | ☐ Functional Behavior Assessment | ☐ Section 504 Plan |
| ☐ Other: | ☐ Behavior Intervention Plan | ☐ Parent/teacher conference |

4. Description of Other Factors Relevant to Proposed Evaluation.

Other factors example: Parent Request

5. Suspected Exceptionality(ies):

Varies depending on student and the area(s) of concern

6. Evaluations/Procedures: The following designated areas represent the formal and/or informal areas of evaluation being proposed. Please see the attached list of *Evaluations/Procedures* for descriptions of each proposed evaluation.

- | | |
|---|--|
| ☐ Academic Achievement | ☐ Intellectual/Cognitive |
| ☐ Adaptive Behavior | ☐ Interview(s) |
| ☐ Assistive Technology | ☐ Language |
| ☐ Autism Spectrum Rating Scale | ☐ Observations |
| ☐ Developmental/Early Childhood | ☐ Occupational Therapy |
| ☐ Functional Behavioral Assessment (FBA) | ☐ Physical Therapy |
| ☐ Gifted Characteristics Checklists/Scales | ☐ Response to Intervention (RtI) Data |
| ☐ Health/Medical | ☐ Social/Developmental History |
| ☐ Homebound or Hospitalized | ☐ Speech |
| ☐ Hearing | ☐ Vision |

Varies depending on suspected
exceptionality and student need

Additional Evaluation(s):

Example- VCS: Physician Information Report

Volusia

Student ID:

1907175

Student Name:

Tinker Bell

7. Parent Consent:

Parent/guardian must complete and sign

- ☐ Yes ☐ No I have received prior written notice regarding the evaluation being proposed. I have been fully informed of the individual evaluation process and why it has been recommended for my child.
- ☐ Yes ☐ No I understand and give my consent for the individual evaluation of my child.
- ☐ Yes ☐ No I understand that my consent for an individual evaluation is voluntary and may be revoked at any time. However, that revocation is not retroactive (i.e., it does not apply to an action that has occurred after the consent was given and before the consent was revoked).
- ☐ Yes ☐ No The information provided to me has been given in my preferred mode of communication. If other than English, specify: _____.

Signature of Parent/Adult Student/Guardian

Date

Signature of Interpreter, if required

Date

Parent Comments:

Parent/guardian must complete and initial

8. Revisions to Evaluation Plan: This evaluation plan is based on the information discussed at the meeting. Preliminary assessment results may cause an evaluator to suspect a different disability; identify additional assessments or procedures necessary to ensure that the evaluation is comprehensive; or determine that proposed evaluation(s)/procedure(s) is/are not relevant or necessary. Please identify and initial beside the action(s) you would want the evaluator to follow:

- ☐ Yes ☐ No _____ Conduct additional recommended procedures to ensure a sufficient, comprehensive evaluation and notify me of the changes. I understand this may delay completion of the evaluation.
- ☐ Yes ☐ No _____ Eliminate evaluations/procedures in the proposed evaluation plan, if it is determined to no longer be relevant or necessary for a comprehensive evaluation and notify me of the changes.
- ☐ Yes ☐ No _____ Do not make any changes to the evaluation plan. Please contact me to discuss any recommended changes to the plan. I can be contacted at: _____

9. Procedural Safeguards:

- ☒ A Copy of the Notice of Procedural Safeguards is included with this notice.
- ☐ The parents of a student with a disability/adult student have/has protection under the procedural safeguards of the IDEA. The Notice of Procedural Safeguards was previously provided. At least one copy must be provided annually. You can obtain a copy of the Notice of Procedural Safeguards through your campus or by going to:

Provide parent with a copy of The Notice of Procedural Safeguards

English: <http://www.fldoe.org/core/fileparse.php/7690/urlt/0070135-procedural.pdf>

Spanish: <http://www.fldoe.org/core/fileparse.php/7690/urlt/0070136-safeguards-span.pdf>

10. Sources of Contact for More Information:

Name: MTSS Chair, DPS, ETC.

Position:

Phone:

Date consent was received by School:

IMPORTANT- This is the date the signed consent was received by the school

Volusia

Student ID:

1907175

Student Name:

Tinker Bell

Notice of Evaluation and Request for Consent page 2 of 3

EVALUATIONS/PROCEDURES

Descriptions or review of commonly used evaluation(s) and/or procedures are provided below. The evaluator will choose the specific tests or instruments to be administered based on the student's age, grade identified areas of concern, and other factors.

Academic Achievement: Tests of academic achievement help determine the student's current levels of functioning and identify strengths and weaknesses. Areas may include basic reading skills, reading fluency and comprehension, math calculation and reasoning, written and oral expression, and/or listening comprehension.

Adaptive Behavior: Adaptive behavior scales address the age-appropriate behaviors necessary to live independently and function safely and appropriately in daily life. Adaptive behaviors include such things as grooming, dressing, safety, food handling, money management, cleaning, social skills and personal responsibility expected of the student's age and social group.

Assistive Technology: An assistive technology (AT) assessment includes a functional evaluation of the impact of the provision of appropriate assistive technology devices and services to the student in his or her customary environment.

Autism Spectrum Rating Scale: Parents, teachers, and/or clinicians respond to clearly stated descriptions of observable characteristics or behaviors of individuals with autism spectrum disorder (ASD). Profiles are generated that indicate such things as severity and probability of ASD.

Developmental/Early Childhood: Developmental assessments for young children address areas such as social/emotional development, adaptive functioning, gross motor, fine motor, communication and/or pre-academic skills.

Functional Behavioral Assessment (FBA): The student's behavior is analyzed to determine the function of or reason for the behavior so that positive interventions or environmental changes can be implemented, and replacement behaviors can be explicitly taught.

Gifted Characteristics Checklists/Scales: Parents and teachers rate the student on observable behaviors and characteristics associated with giftedness. The scales help identify student strengths, and those who score high on the scales are more likely to be gifted.

Health/Medical: Assessment addresses current or past medical difficulties that may be affecting educational performance.

Homebound or Hospitalized: Review of a current medical report from a licensed physician as defined in paragraph (2)(a) of this rule, describing the disabling condition or diagnosis with any medical implications for instruction, statement that the student is unable to attend school, plan of treatment, recommendations regarding school re-entry and other school-related activities; and an estimated duration of condition or prognosis.

Hearing: Assessment of hearing acuity includes audio-metric screening. If additional testing is indicated, referral to an audiologist or medical hearing specialist will be made. Assessment may include functional hearing/listening and/or sign language.

Intellectual/Cognitive: Individually administered tests of general intelligence measure cognitive abilities such as comprehension, visual and auditory perception, visual and auditory memory, and vocabulary. These tests may also address learning styles and academic strengths and weaknesses that may be helpful in determining classroom modifications and adaptations.

Interview(s): Parents, teachers, and when appropriate, the student, are interviewed about factors related to the suspected disability. Topics may include the student's health, development, communication, family history, or social/emotional functioning and their impact on school performance.

Language: A speech/language pathologist (SLP) administers expressive and/or receptive language tests in areas of concerns to assess understanding and use of spoken and/or written language (e.g., oral and written expression; listening and reading comprehension; vocabulary; sentence structure; organizing; using language for social communication). Assessment of a nonverbal student includes alternative communication methods/systems.

Observations: Structured observation(s) are conducted in the student's typical educational environment or, as appropriate, other settings. Observation provides information about a student's educational and behavioral performance in a specific setting, use of strategies or supports, and a comparison to peers.

Occupational Therapy: Skilled observation(s) and/or standardized or non-standardized tests and measurements by an occupational therapist identify potential areas of need in which occupational therapy services may be needed.

Physical Therapy: Observational, verbal, or manual determinations of the function of the musculoskeletal or neuromuscular system relative to physical therapy are conducted by a physical therapist for the purpose of making recommendations for treatment.

Response to Intervention (RTI) Data: Student performance data are used to develop and implement evidence-based interventions through a systematic problem-solving process. Interventions may focus on academic areas (i.e., reading, language arts, math), language and/or behavior. Student progress is regularly monitored and interventions are adjusted based on the results. RTI helps identify the existence of a disability and is very useful in determining the need for ESE services.

Social/Developmental History: Assessment of the student's ability to interact appropriately in everyday situations within the family, school and community may include checklists, standardized assessments, observations, interviews, or other methods.

Speech: A speech/language pathologist (SLP) administers formal or informal measures to assess disorders of speech in specific area of concern (e.g. speech, sounds (articulation or phonology); fluency (smooth flow of speech); voice quality).

Vision: Tests of vision are conducted. If additional testing is indicated, referral to a medical specialist (e.g. ophthalmologist, optometrist) will be made. Assessment may include functional vision, learning media assessment and orientation and mobility.

For more information regarding evaluation and reevaluation procedures, please reference the following link:
<https://info.fldoe.org/docshare/dsweb/Get/Document-7505/dps-2015-152.pdf>

Volusia

Student ID:

1907175

Student Name:

Tinker Bell

Notice of Evaluation and Request for Consent page 3 of 3

For Technical Assistance Papers on Implementing IPST in



Visit the Multi-Tiered System of Supports VCS Intranet site.

A screenshot of the Volusia County Schools website. The browser address bar shows "https://www.vcsedu.org". The website has a dark blue header with navigation links: "ENGLISH", "VPORAL", "DISTRICT", and "SCHOOLS". Below the header is a white navigation bar with links: "ABOUT US", "ACADEMICS", "DIRECTORY", "SCHOOL BOARD", "PARENTS & STUDENTS", and "COMMUNITY". A "PORTALS" dropdown menu is open, showing options: "VPortal", "Parent Portal", "Intranet", and "Transportation". An orange arrow points from the text "Hover on 'Portals'." to the "PORTALS" link. Another orange arrow points from the text "Click on 'Intranet'" to the "Intranet" option in the dropdown. Below the navigation bar is a banner with the text "WE ARE". The browser address bar now shows "https://intranet.volusia.k12.fl.us/Pages/default.aspx". The website content includes a "Welcome" message, a "VCS Image Gallery" section, and a "Hey Parents, Faculty & Staff" section with a "JOIN NOW" button. An orange arrow points from the text "Click on 'Departments'" to the "Departments" link in the left sidebar.

A screenshot of the Volusia County Schools Intranet "Departments" page. The browser address bar shows "https://intranet.volusia.k12.fl.us/departments/Pages/default.aspx". The page has a blue header with navigation links: "VCS Intranet", "Departments", "Forms", "Staff Applications", and "Staff Deals & Discounts". The "Departments" link is highlighted. The page content is divided into three main sections: "STAFF INFORMATION", "INFORMATION TECHNOLOGY SERVICES", and "INSTRUCTIONAL SERVICES". The "INSTRUCTIONAL SERVICES" section includes a link to the "Multi-Tiered System of Supports". An orange arrow points from the text "Click on 'Multi-Tiered System of Supports'" to this link. The "HUMAN RESOURCES" section includes links for "Certification", "Employment", "Equity", and "Retirees".

A Guide to Student Support, Suspected Disabilities and Services for Students with Disabilities

This document **must** be provided to the parent/guardian as a requirement of **IPST 8**. You will need to print it double sided and then fold it in thirds. A link for this document can be found on the IPST page which is located on the VCS Intranet under Multi-Tiered System of Supports.

