

# Multi-Tiered System of Supports

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## DOCUMENTATION PACKET



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STUDENT INTERVENTION SERVICES

*Office of Elementary Education and Reading*

Revised April 2023

# Acknowledgements

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**Donna Boone, Ph.D. | Chief Academic Officer**

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**Kayla Turner** | Starkville-Oktibbeha School District

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**Naomi Walton** | Natchez-Adams School District

**Jenny Webber** | Harrison County School District

The Mississippi Department of Education Office of Intervention Services collaborated with teachers, interventionists, administrators, and counselors to develop the Multi-Tiered System of Supports (MTSS) Documentation Packet to assist districts, schools, and educators with the documentation and implementation of interventions as well as the Literacy-Based Promotion Act (LBPA). The MTSS packet provides the means to reflect on policies and practices at the classroom, school, and district level in order to continually improve student outcomes. The MTSS packet is organized according to the following sections:



#### SECTION 1A, 1B, 1C

#### PRE-K, K-8, or 9-12 Student Profile

Provides a means of collecting detailed student information that can be used to determine recommendations for interventions, screenings, assessments and classroom instruction. All students receiving academic and/or behavioral interventions must have a student profile completed and a copy of the cumulative record insert sheet.



#### SECTION 1D

#### Tier I High-Quality Classroom Observation

Includes essential components of Tier I instruction aligned to the Teacher Growth Rubric Teacher Evaluation Domains and Standards. These components should be observed and verified by a school administrator to ensure appropriate classroom instruction, classroom management, and differentiated instruction with the general education core curriculum as well as social/behavioral supports.



#### SECTION 2A.1, 2A.2, 2B, and 2C

#### Tier II (Supplemental Instruction) Documentation

Provides an efficient means of collecting and documenting information regarding classroom instruction, progress monitoring, parent notification, supplemental instruction, integrity checks, and social/behavioral interventions used to support and extend the critical elements of core instruction. **School districts must complete, at a minimum, documentation as required for all students in Tier II.**

#### SECTION 3A

#### Teacher Support Team (TST) Referral and Meeting

Provides an efficient means of documenting requests and recommendations for further supports needed due to the student's lack of progress, as well as documentation of meetings held and decisions made by the TST.

#### SECTION 3B, 3C, 3D, 3E, 3F, and 3G

#### Tier III (Intensive Intervention) Documentation

Provides an efficient means of collecting and documenting information regarding intensive interventions and progress monitoring for all students who fail to respond adequately to Tier I and Tier II instruction and supports. **School districts must complete, at a minimum, documentation as required for all students in Tier III. All Tier III documentation must accompany the student's cumulative folder upon promotion or transfer to a new school.**

## Appendices

Additional documents were added as an appendix to the MTSS packet to assist with the effective implementation, notification, and documentation of intervention services for all students. The appendix is organized according to the following sections:

### **APPENDIX A Social/Emotional Worksheet**

Provides a checklist to aid in collecting information to identify potential deficit areas where Tier II or Tier III intervention may be needed.

### **APPENDIX B Language Service Plan (for Students with Limited English Proficiency)**

Provides an efficient means of collecting information to determine student's knowledge and skills in English and then documenting their English language goals and needed accommodations.

### **APPENDIX C Dyslexia Checklist for Teachers and Parent Interview**

Provides a checklist for elementary, middle and high school teachers, as well as a Parent Reading Information Questionnaire that can be completed to aid in the decision making process of intervention selection.

### **APPENDIX D Sample Parent Notification of Intervention Services**

Provides a sample letter that can easily be adapted by districts to inform parents of the intervention process, progress monitoring results, and decisions relevant to their individual child.

### **APPENDIX E Individual Reading Plan**

Provides a template for documenting the LBPA requirements pertaining to the identification of a reading deficiency, intensive reading instruction, and intervention.

### **APPENDIX F Good Cause Exemption Documentation (LBPA)**

Provides a template with the required documentation of parent notification regarding deficiency, date Read-at-Home Plan was shared, qualifying determination of good cause, adherence to process, and final decision of superintendent.

### **APPENDIX G Part 3 Chapter 41: Intervention**

Details the instructional model that the Mississippi Department of Education requires districts to follow, which consists of three (3) tiers of instruction.

## Recommendations for Documentation

The chart below provides **recommended guidance** for selecting the appropriate forms needed to document the essential components of a Multi-Tiered System of Supports.

STUDENTS IN GENERAL EDUCATION: TIER II	
Required Components	Recommended Data Collector
<ol style="list-style-type: none"> <li>Section 1A, 1B, 1C</li> <li>Section 1D, 2B</li> <li>Section 2A.1, 2A.2, 2C</li> <li>Appendix A</li> <li>Appendix B</li> <li>Appendix D</li> </ol>	<ol style="list-style-type: none"> <li>Classroom Teacher/Counselor</li> <li>School Administrator</li> <li>Classroom Teacher/Interventionist/MTSS Coordinator</li> <li>Classroom Teacher/Interventionist</li> </ol> <p>* <b>NOTE:</b> Complete social emotional checklist if behavior is identified as a deficit area including Antecedent Behavior Consequence (ABC) data.</p> <ol style="list-style-type: none"> <li>English Learner Teacher</li> <li>Classroom Teacher/Interventionist</li> </ol>

STUDENTS IN GENERAL EDUCATION: TIER III	
Required Components	Recommended Data Collector
<ol style="list-style-type: none"> <li>Section 1A, 1B, or 1C</li> <li>Section 1D, 2B, 3C</li> <li>Section 2A.1, 2A.2, 2C</li> <li>Section 3A</li> <li>Section 3B, 3D, 3E, 3F, 3G</li> <li>Appendix A</li> <li>Appendix B</li> <li>Appendix D</li> <li>Appendix E</li> <li>Appendix F</li> </ol>	<ol style="list-style-type: none"> <li>Classroom Teacher/Counselor</li> <li>School Administrator</li> <li>Classroom Teacher/Interventionist/MTSS Coordinator</li> <li>Classroom Teacher/Interventionist</li> <li>Classroom Teacher/Interventionist/MTSS Coordinator</li> <li>Counselor/Interventionist</li> </ol> <p>* <b>NOTE:</b> Complete social emotional checklist if behavior is identified as deficit area including the Functional Behavioral Assessment (FBA), Behavior Intervention Plan (BIP) and/or a Safety Plan.</p> <ol style="list-style-type: none"> <li>English Learner Teacher</li> <li>Classroom Teacher/Interventionist/MTSS Coordinator</li> <li>Classroom Teacher/Teacher Support Team/IEP Team/MTSS Coordinator</li> </ol> <p>* <b>NOTE:</b> Applies to students in K-3 with a reading deficiency and students in grade 4 who are promoted with a Good Cause Exemption.</p> <ol style="list-style-type: none"> <li>Classroom Teacher/Interventionist/MTSS Coordinator</li> </ol> <p>* <b>NOTE:</b> Complete only if 3rd grade student applying for Good</p>

## STUDENTS IN SPECIAL EDUCATION: INTENSIVE INTERVENTIONS

Required Components	Recommended Data Collector
<ol style="list-style-type: none"> <li>1. Section 1A, 1B, or 1C</li> <li>2. Section 1D, 2B, 3C</li> <li>3. Section 3B, 3D, 3E, 3F, 3G</li> <li>4. Appendix D</li> <li>5. Appendix E</li> <li>6. Appendix F</li> </ol>	<ol style="list-style-type: none"> <li>1. Classroom Teacher/Counselor</li> <li>2. School Administrator</li> <li>3. Classroom Teacher/Teacher Support Team/IEP Team/MTSS Coordinator * <b>NOTE:</b> Include IEP section Template</li> <li>4. Classroom Teacher/ Teacher Support Team/IEP Team/MTSS Coordinator</li> <li>5. Classroom Teacher/Teacher Support Team/IEP Team/MTSS Coordinator</li> <li>6. Classroom Teacher/Teacher Support Team/IEP Team/MTSS Coordinator * <b>NOTE:</b> Complete only if 3rd grade student applying for Good Cause Exemption.</li> </ol>

## STUDENTS WITH DYSLLEXIA

Required Components	Recommended Data Collector
<ol style="list-style-type: none"> <li>1. Section 1A, 1B, or 1C</li> <li>2. Section 1D, 2B, 3C</li> <li>3. Section 2A.1, 2A.2, 2C</li> <li>4. Section 3A</li> <li>5. Section 3B, 3D, 3E, 3F, 3G</li> <li>6. Appendix C</li> <li>7. Appendix E</li> <li>8. Appendix F</li> </ol>	<ol style="list-style-type: none"> <li>1. Classroom Teacher/Counselor</li> <li>2. School Administrator</li> <li>3. Classroom Teacher/Interventionist/MTSS Coordinator</li> <li>4. Classroom Teacher/Interventionist</li> <li>5. Classroom Teacher/Teacher Support Team/MTSS Coordinator</li> <li>6. Teacher and Parent</li> <li>7. Classroom Teacher/Teacher Support Team/MTSS Coordinator * <b>NOTE:</b> Applies to students in K-4 with a reading deficiency.</li> <li>8. Classroom Teacher/Interventionist/MTSS Coordinator * <b>NOTE:</b> Complete only if 3rd grade student applying for Good Cause Exemption.</li> </ol>

## ENGLISH LEARNER

Required Components	Recommended Data Collector
<ol style="list-style-type: none"> <li>1. Section 1A, 1B, or 1C</li> <li>2. Section 1D</li> <li>3. Appendix B</li> <li>4. Appendix E</li> <li>5. Appendix F</li> </ol>	<ol style="list-style-type: none"> <li>1. Classroom Teacher/Counselor</li> <li>2. School Administrator</li> <li>3. EL Teacher</li> <li>4. Classroom Teacher/Teacher Support Team/MTSS Coordinator</li> <li>5. Classroom Teacher/Interventionist/MTSS Coordinator</li> <li>6. *<b>NOTE:</b> Complete only if 3rd grade student applying for Good Cause Exemption.</li> </ol> <p>Note: If English Learner (EL) students are in the Tier process it is recommended that Tier II and Tier III documentation is utilized as outlined for “Students in General Education.</p>

## SECTION 1A

## PRE-K STUDENT PROFILE

<b>STUDENT NAME:</b>		<b>CURRENT GRADE:</b>		<b>DATE:</b>	
MSIS Number/ID:		Date of Birth:		Gender:	Race:
Teacher:		School/Site:		District:	
Parent/Guardian Name:			Phone:	Email:	
Street Address:					

### COLLEGE AND CAREER READINESS ANCHOR STANDARDS PERFORMANCE

Indicate the total number of performance standards that were indicated as code 1 (needs development) in each domain on the *The Mississippi Early Learning Standards for Classrooms Serving Four-Year-Old Children: An Observational and Performance-Based Checklist*. [Development Checklist for Four-Year-Old Students](#)

Academic Area	Fall	Winter	Spring
Approaches to Learning			
Social/Emotional			
English Language Arts			
Mathematics			
Science			
Social Studies			
Physical Development			
The Arts			

### ATTENDANCE

CURRENT SCHOOL YEAR	DAYS ABSENT	DAYS PRESENT
PREVIOUS SCHOOL YEARS	DAYS ABSENT	DAYS PRESENT

List last 3 schools attended and dates.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### KINDERGARTEN READINESS ASSESSMENT SCORES

Fill in the chart below based on student scores on the MKAS<sup>2</sup> Assessment. Recommended Score: 498

SCORE	DATE (MM/DD/YYYY)
Fall	
Spring	

### HEARING AND VISION SCREENER

HEARING	VISION
Date	Date
Pass/Fail	Pass/Fail

### BEHAVIOR

Check if documentation is applicable and available.

- ☐ Social Emotional Issues (**Appendix A**)
- ☐ Discipline Record
- ☐ Total Number of Discipline Reports: \_\_\_\_\_
- ☐ Total Number of Classroom Removals: \_\_\_\_\_
- ☐ Parent Conference(s) Date(s): \_\_\_\_\_
- ☐ Additional behaviors that may impact performance: \_\_\_\_\_

### SPECIAL POPULATION

Check if applicable to student.

- ☐ Special Education/IEP  
Initial Eligibility Date: \_\_\_\_\_  
Eligibility Category: \_\_\_\_\_
- ☐ 504
- ☐ EL (**Appendix B**)
- ☐ Other: \_\_\_\_\_

### SCREENER(S)

Indicate the name of each screener used in the classroom and the screener's recommended cut score. Indicate the date of the screener and the student's score.

SCREENER NAME
RECOMMENDED CUT SCORE
Date
Score

SCREENER NAME
RECOMMENDED CUT SCORE
Date
Score

SCREENER NAME
RECOMMENDED CUT SCORE
Date
Score



## SECTION 1B

## K-8 STUDENT PROFILE

<b>STUDENT NAME:</b>		<b>CURRENT GRADE:</b>		<b>DATE:</b>	
MSIS Number/ID:		Date of Birth:		Gender:	Race:
Teacher:		School/Site:		District:	
Parent/Guardian Name:			Phone:	Email:	
Street Address:					

COURSE PERFORMANCE						BEHAVIOR
Indicate recent term grades in the table below.						Check if documentation is applicable and available. <input type="checkbox"/> Social Emotional Issues ( <b>Appendix A</b> ) <input type="checkbox"/> Discipline Record <input type="checkbox"/> Total Number of Discipline Reports: _____ <input type="checkbox"/> Total Number of Suspensions: _____ <input type="checkbox"/> In School: _____ <input type="checkbox"/> Out of School: _____ <input type="checkbox"/> Parent Conference(s) Date(s): _____ <input type="checkbox"/> Additional behaviors that may impact performance: _____
Academic Area	T1	T2	T3	T4	Final	
Reading						
Mathematics						
Science						
Social Studies						
Language Arts						

ATTENDANCE			GRADE RETENTION		SPECIAL POPULATION											
<b>CURRENT SCHOOL YEAR</b>	<b>DAYS ABSENT</b>	<b>DAYS PRESENT</b>	If applicable, indicate grade(s) and school year(s) below. <table border="1"> <thead> <tr> <th>GRADE</th> <th>SCHOOL YEAR</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>		GRADE	SCHOOL YEAR									Check if applicable to student. <input type="checkbox"/> Special Education/IEP Initial Eligibility Date: _____ Eligibility Category: _____ <input type="checkbox"/> 504 <input type="checkbox"/> EL ( <b>Appendix B</b> ) <input type="checkbox"/> Other: _____	
GRADE	SCHOOL YEAR															
<b>PREVIOUS SCHOOL YEARS</b>	<b>DAYS ABSENT</b>	<b>DAYS PRESENT</b>														
List last 3 schools attended and dates.																
1. _____																
2. _____																
3. _____																

LITERACY-BASED PROMOTION ACT			DYSLEXIA SCREENER		UNIVERSAL SCREENER																																											
Complete this section only if the student completed 3 <sup>rd</sup> grade after implementation of Literacy-Based Promotion Act (2014-2015). <table border="1"> <thead> <tr> <th>ATTEMPTS</th> <th>DATE</th> <th>SCORE</th> </tr> </thead> <tbody> <tr><td>First Attempt</td><td></td><td></td></tr> <tr><td>First Retest</td><td></td><td></td></tr> <tr><td>Second Retest</td><td></td><td></td></tr> </tbody> </table> (If the student fails all three attempts, reference <b>Appendix F</b> to see if student qualifies for Good Cause Exemptions.)			ATTEMPTS	DATE	SCORE	First Attempt			First Retest			Second Retest			<table border="1"> <thead> <tr> <th colspan="2">K (SPRING)</th> </tr> </thead> <tbody> <tr><td>Date</td><td></td></tr> <tr><td>Pass/Fail</td><td></td></tr> <tr> <th colspan="2">1<sup>st</sup> GRADE (FALL)</th> </tr> <tr><td>Date</td><td></td></tr> <tr><td>Pass/Fail</td><td></td></tr> </tbody> </table>		K (SPRING)		Date		Pass/Fail		1 <sup>st</sup> GRADE (FALL)		Date		Pass/Fail		Indicate score and screener used for each. <table border="1"> <thead> <tr> <th></th> <th>Fall</th> <th>Winter</th> <th>Spring</th> </tr> </thead> <tbody> <tr> <td><b>READING:</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>MATH:</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>BEHAVIOR:</b></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> If additional district screener(s) were used, please attach student score reports.					Fall	Winter	Spring	<b>READING:</b>				<b>MATH:</b>				<b>BEHAVIOR:</b>			
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K-READINESS ASSESSMENT		HEARING AND VISION				STATE ASSESSMENT													
<b>RECOMMENDED SCALE SCORE</b>	<b>STUDENT SCALE SCORE</b>	<table border="1"> <thead> <tr> <th colspan="2">HEARING</th> <th colspan="2">VISION</th> </tr> </thead> <tbody> <tr> <td>Date</td> <td></td> <td>Date</td> <td></td> </tr> <tr> <td>Pass/Fail</td> <td></td> <td>Pass/Fail</td> <td></td> </tr> </tbody> </table>				HEARING		VISION		Date		Date		Pass/Fail		Pass/Fail		<input type="checkbox"/> Attach previous years' state assessment score reports for review by the TST.	
HEARING						VISION													
Date						Date													
Pass/Fail		Pass/Fail																	
Fall: 530																			
Spring: 681																			

## SECTION 1C

## 9-12 STUDENT PROFILE

<b>STUDENT NAME:</b>		<b>CURRENT GRADE:</b>		<b>DATE:</b>	
MSIS Number/ID:		Date of Birth:		Gender:	Race:
Teacher:		School/Site:		District:	
Parent/Guardian Name:			Phone:	Email:	
Street Address:					

COURSE PERFORMANCE						BEHAVIOR
Indicate recent term grades in the table below.						Check if documentation is applicable and available. <input type="checkbox"/> Social Emotional Issues ( <b>Appendix A</b> ) <input type="checkbox"/> Discipline Record <input type="checkbox"/> Total Number of Discipline Reports: _____ <input type="checkbox"/> Total Number of Suspensions: _____ <input type="checkbox"/> In School: _____ <input type="checkbox"/> Out of School: _____ <input type="checkbox"/> Parent Conference(s) Date(s): _____ <input type="checkbox"/> Additional behaviors that may impact performance: _____
Academic Area	T1	T2	T3	T4	Final	
Reading						
Mathematics						
Science						
Social Studies						
Language Arts						
Indicate recent SATP course grades.						
Academic Area	T1	T2	T3	T4	Final	
Algebra I						
English II						
Biology						
U.S. History						

ATTENDANCE			GRADE RETENTION		SPECIAL POPULATION											
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GRADE	SCHOOL YEAR															
<b>PREVIOUS SCHOOL YEARS</b>	<b>DAYS ABSENT</b>	<b>DAYS PRESENT</b>														

REPEATED COURSEWORK						REQUIRED ASSESSMENTS																																																											
Indicate course name, school year and final grade for failed courses. Indicate course recovery method (summer school, credit recovery, etc.) and the school year and final grade for the course.						<table border="1"> <thead> <tr><th colspan="4">ALGEBRA I</th></tr> </thead> <tbody> <tr> <td>Date</td> <td></td> <td>Pass/Fail</td> <td></td> </tr> <tr> <td>Retest Date</td> <td></td> <td>Pass/Fail</td> <td></td> </tr> <tr><th colspan="4">ENGLISH II</th></tr> <tr> <td>Date</td> <td></td> <td>Pass/Fail</td> <td></td> </tr> <tr> <td>Retest Date</td> <td></td> <td>Pass/Fail</td> <td></td> </tr> <tr><th colspan="4">BIOLOGY</th></tr> <tr> <td>Date</td> <td></td> <td>Pass/Fail</td> <td></td> </tr> <tr> <td>Retest Date</td> <td></td> <td>Pass/Fail</td> <td></td> </tr> <tr><th colspan="4">U.S. HISTORY</th></tr> <tr> <td>Date</td> <td></td> <td>Pass/Fail</td> <td></td> </tr> <tr> <td>Retest Date</td> <td></td> <td>Pass/Fail</td> <td></td> </tr> <tr><th colspan="4">WORK KEYS</th></tr> <tr> <td>Date</td> <td></td> <td>Level</td> <td></td> </tr> </tbody> </table>				ALGEBRA I				Date		Pass/Fail		Retest Date		Pass/Fail		ENGLISH II				Date		Pass/Fail		Retest Date		Pass/Fail		BIOLOGY				Date		Pass/Fail		Retest Date		Pass/Fail		U.S. HISTORY				Date		Pass/Fail		Retest Date		Pass/Fail		WORK KEYS				Date		Level	
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DIPLOMA OPTIONS		HEARING AND VISION																			
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Date																					
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VISION																					
Date																					
Pass/Fail																					

**Section 1D**
**TIER I HIGH-QUALITY CLASSROOM OBSERVATION FORM** (Aligned with the [Teacher Growth Rubric.](#))

*Instructions:* Prior to students entering Tier II, **SCHOOL ADMINISTRATORS** should complete this form by placing a check mark only in the boxes by the traits that are observed. It is recommended that this form be completed prior to Tier II. This form may be reproduced as needed.

Teacher Name:	Grade/Subject:
Observed By:	Date of Observation:

CLASSROOM INSTRUCTION	DIFFERENTIATED INSTRUCTION	CLASSROOM MANAGEMENT
<input type="checkbox"/> Students actively engaged in learning. <b>Domain 3, Standard 5</b> <input type="checkbox"/> Content is at instructional level. <b>Domain 2, Standard 4</b> <input type="checkbox"/> Students answering questions correctly. <b>Domain 2, Standard 3</b> <input type="checkbox"/> Students ask questions. <b>Domain 3, Standard 5</b> <input type="checkbox"/> Teacher communicates expectations of lesson. <b>Domain 2, Standard 3</b> <input type="checkbox"/> Teacher questioning measures students' understanding of the prerequisite concepts. <b>Domain 2, Standard 4</b> <input type="checkbox"/> Teacher questioning measures students' understanding of new concepts. <b>Domain 2, Standard 3</b> <input type="checkbox"/> Teacher encourages students to think critically concerning previous concepts and new concepts. <b>Domain 2, Standard 3</b> <input type="checkbox"/> Teacher reviews prerequisite knowledge needed for the lesson in order to effectively build student understanding. <b>Domain 1, Standard 2</b>	<input type="checkbox"/> Teacher uses activities to support instruction (i.e., advanced organizer, intro to lesson, or closure). <b>Domain 3, Standard 10</b> <input type="checkbox"/> Teacher aligns tasks to learning goals. <b>Domain 1, Standard 1</b> <input type="checkbox"/> Teacher engagement with students varies as the needs of the students differ. <b>Domain 1, Standard 2</b> <input type="checkbox"/> Teacher provides guided practice and modeling in learning new concepts. <b>Domain 2, Standard 4</b> <input type="checkbox"/> Teacher uses a variety of techniques to support students in making meaning of content. <b>Domain 2, Standard 4</b> <input type="checkbox"/> Teacher groups students to work on instructional component. <b>Domain 3, Standard 5</b> <input type="checkbox"/> Teacher provides prompt feedback to students concerning performance. <b>Domain 2, Standard 3</b> <input type="checkbox"/> Teacher assists students in preparation for assignments, long-range projects, and tests. <b>Domain 2, Standard 3</b>	<input type="checkbox"/> Use of smooth transitions: providing transition activities for students. <b>Domain 3, Standard 6</b> <input type="checkbox"/> Procedures and rules are clearly communicated in the classroom. <b>Domain 3, Standard 6</b> <input type="checkbox"/> Teacher actively supervises student behavior by scanning, moving around room, and interacting with students. <b>Domain 3, Standard 5 and Domain 3, Standard 6</b> <input type="checkbox"/> Teacher encourages students to take ownership for actions and fosters respect among all students. <b>Domain 3, Standard 5 and Domain 3 Standard 7</b>

<b>OBSERVATION SUMMARY</b>	<i>Instructions:</i> <b>SCHOOL ADMINISTRATORS</b> , check the appropriate box below and identify recommendations if needed.
----------------------------	---

<input type="checkbox"/> Teacher demonstrated traits of high-quality classroom instruction. <input type="checkbox"/> Teacher demonstrated <u>some</u> traits of high-quality classroom instruction, and should implement the following recommendation(s) to enhance Tier I Instruction:
--

DESCRIPTION OF RECOMMENDATION(S):	DATE TO BEGIN RECOMMENDATION(S):
	DATE TO EVALUATE RECOMMENDATION(S):
	DATE OF REVALUATION:
	<input type="checkbox"/> Demonstrated <input type="checkbox"/> Did not demonstrate

*Instructions: TEACHERS, complete this form if classroom data, universal screener data, and other available information does not show adequate student progress and further support is needed. Attach completed Section 1A, 1B, or 1C; 1D.*

**TO: TEACHER SUPPORT TEAM CHAIR**

I request that the available data for (student name) be reviewed to assist in providing interventions to improve his/her overall performance. I have observed problems that interfere with his/her educational progress in the following area(s):

- ☐ Academic performance, low or failing grades
- ☐ Behavior and/or discipline
- ☐ Other, specify: \_\_\_\_\_

Tier One Supports Provided to Student:

Teacher:

Parent:

Date of Meeting:

Date of  
Intervention  
Implementation:

(must be within 2 weeks)

**SUMMARY OF DISCUSSION** (continue on back if needed):**SIGNATURE OF ATTENDEES PRESENT****TITLE****SIGNATURE OF ATTENDEES PRESENT****TITLE**

Administrator

Parent

Interventionist

Counselor

Teacher

Other

**RECOMMENDED NEXT STEPS**

- |  |   |
|--|---|
| <input type="checkbox"/> Contact parents<br><input type="checkbox"/> Implement academic Tier II intervention in area(s) needed:<br><input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Language Arts <input type="checkbox"/> Other<br><input type="checkbox"/> Implement behavior Tier II intervention<br><input type="checkbox"/> Conduct student conference<br><input type="checkbox"/> Perform behavior observation (ABC Data)<br><input type="checkbox"/> Intervention(s) not successful<br><input type="checkbox"/> Modify current behavior interventions and continue intervention(s) in Tier II<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Return to Tier I general education classroom<br><input type="checkbox"/> Continue instructional intervention(s) in General Education Classroom (Tier II)<br><input type="checkbox"/> Administer developmental screener (5 yr. old, in-school)<br><input type="checkbox"/> Administer hearing/vision screening<br><input type="checkbox"/> Request medical follow-up<br><input type="checkbox"/> Refer to school counselor<br><input type="checkbox"/> Refer to community agency<br><input type="checkbox"/> Complete Teacher Narrative Packet<br><input type="checkbox"/> Refer for Teacher Support Team |
|--|---|

## TIER II (SUPPLEMENTAL INSTRUCTION) DOCUMENTATION

**Instructions:** **TEACHERS** should complete this form for each student that did not respond to high quality Tier I core instruction. For students receiving more than one intervention in multiple academic or behavioral areas, teachers can duplicate this form. Visit <https://mdek12.org/OAE/OEER/InterventionServices> for additional resources.

DETAILS OF INTERVENTION			DATE
Student Name:		Describe supplemental and/or small group strategies utilized – should be evidence-based:	Provide specific evaluation criteria, in <u>measurable</u> terms, utilized to determine effectiveness and monitor progress:
Describe target deficit area of intervention(s) – identify if academic and/or behavioral and explain:			
INTERVENTION START DATE	FREQUENCY OF INTERVENTION PER WEEK	NUMBER OF MINUTES PER SESSION	FREQUENCY OF PROGRESS MONITORING (Section 2C):
	DAYS	MINUTES	MDE RECOMMENDATION: 2x per month
Name(s) and role(s) of individual(s) responsible for delivering intervention(s):			Based on progress monitoring data (Section 2C) student progress will be cumulatively reviewed on:
			MDE POLICY: no later than 8 weeks after start date

<b>PARENTAL NOTIFICATION</b> (For parent letter template, see <b>Appendix D</b> )	
Parent(s) notified of Tier II intervention (select one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:

*Instructions:* **SCHOOL ADMINISTRATORS**, check the box next to each trait of quality implementation demonstrated during Tier II intervention observation. Complete **at least two (2) integrity checks** at equal intervals during course of intervention.

INTEGRITY CHECK #1	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 2A.2)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
<b>COMMENTS:</b>	
Signature and title of person completing integrity check:	

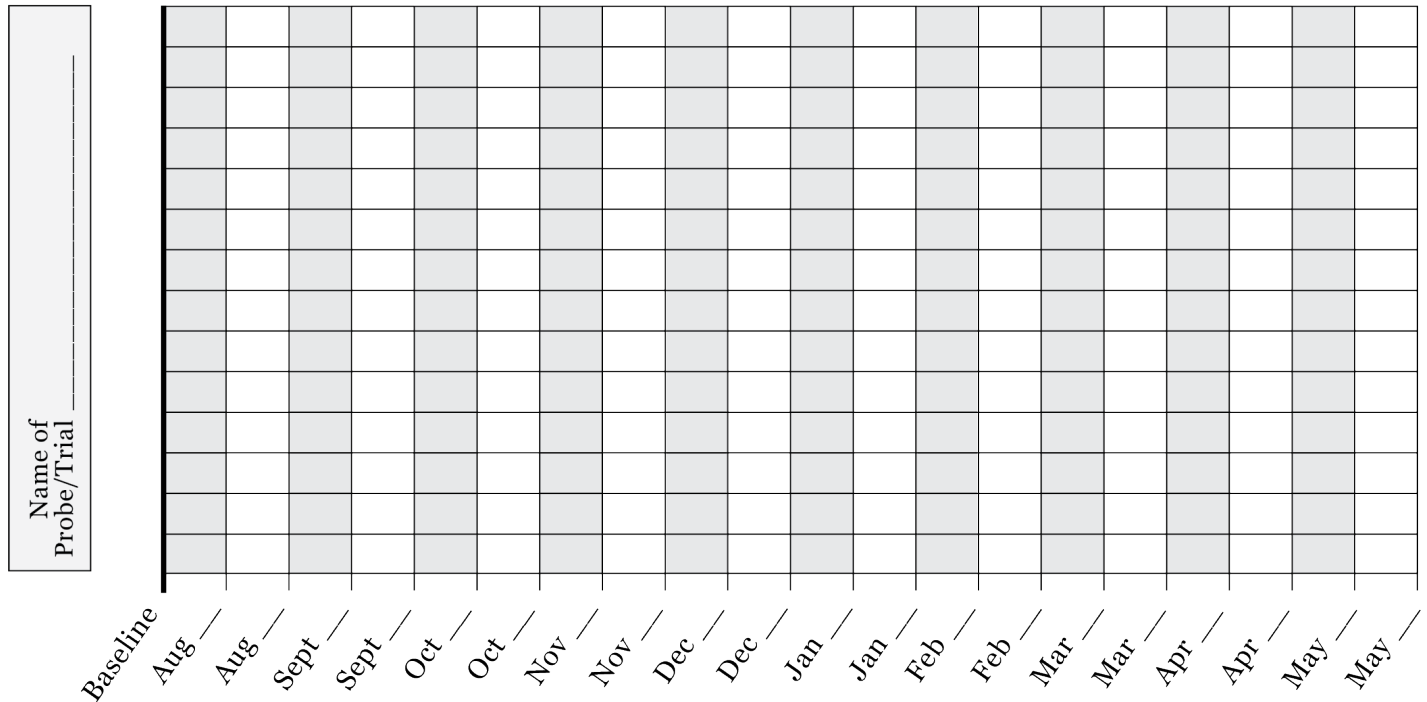
INTEGRITY CHECK #2	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 2A.2)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
<b>COMMENTS:</b>	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #3	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 2A.2)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
<b>COMMENTS:</b>	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #4	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 2A.2)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
<b>COMMENTS:</b>	
Signature and title of person completing integrity check:	

**Instructions:** INDIVIDUALS RESPONSIBLE FOR DELIVERING INTERVENTIONS should complete progress monitoring using the graph below or a report generated by your district intervention program. It is recommended that the teacher establish a baseline by administering three (3) probes or trials, selecting the median, and marking the baseline by placing a dot on the vertical axis. Teachers should determine the goal by determining the expected rate of progress and marking the target by placing a dot at the intersections. On the bolded line above each month, indicate the first result recorded that month; on the line to the right, indicate the second result of that month.

## SUPPLEMENTAL INSTRUCTION



## DOCUMENTED REVIEWS FOR TIER II

**MDE RECOMMENDS** two (2) Tier II documented reviews, with the first documented review conducted no later than four (4) weeks after implementation and the cumulative documented review no later than eight (8) weeks after implementation.

**Instructions:** Use the graph above and documented review boxes below to record the effectiveness of the intervention(s) and to determine the next steps of this student's intervention based on his/her progress.

## FIRST DOCUMENTED REVIEW

Date:

Sufficient progress made? (select one) ☐ Yes ☐ No

To be completed no later than 4 weeks after starting intervention.

(If no, an additional intervention form should be completed.)

## CUMULATIVE DOCUMENTED REVIEW

Date:

Sufficient progress made? (select one) ☐ Yes ☐ No

To be completed no later than 8 weeks after starting intervention.

(check one of the boxes below for final decision)

<input type="checkbox"/> Adequate progress <b><u>WAS</u></b> made; intervention was successful in meeting student's needs. This student will be returned to Tier 1 (core instruction).	<input type="checkbox"/> Progress <b><u>WAS</u></b> made; intervention was somewhat successful in meeting student's needs. Intervention will continue and be re-evaluated on: _____.	<input type="checkbox"/> Adequate progress <b><u>WAS</u></b> <b><u>NOT</u></b> made; intervention was somewhat successful in meeting student's needs. Student will continue at Tier II and an additional intervention will be attempted. (Complete an additional <b>Section 2A &amp; 2C</b> - Tier II documentation form).	<input type="checkbox"/> Adequate progress <b><u>WAS</u></b> <b><u>NOT</u></b> made; intervention did not meet student's needs. Student will be referred to Teacher Support Team (TST) for Tier III consideration. (Complete <b>Section 3A</b> - TST Referral and Meeting form and attach documentation.)	<input type="checkbox"/> Other:
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Classroom Teacher Signature

Date

School Administrator Signature

Date

**SECTION 3A**
**TEACHER SUPPORT TEAM REFERRAL AND MEETING**

*Instructions:* **TEACHERS**, complete this form if progress monitoring data does not show adequate student progress and further support is needed. Attach completed **Section 1A, 1B, or 1C; 1D, 2A.1, 2A.2., 2B, and 2C.**

TST REFERRAL		MSIS 20-DAY STUDENTS	
<p>I request that <u>(student name)</u> be reviewed by the TST to assist in providing interventions to improve his/her overall performance. I have observed problems that interfere with his/her educational progress in the following area(s):</p> <p><input type="checkbox"/> Academic performance, low or failing grades</p> <p><input type="checkbox"/> Behavior and/or discipline</p> <p><input type="checkbox"/> Other, specify: _____</p>	<b>OR</b>	<p>Referral of the student is made based upon Mississippi State Board Policy Part 3 Chapter 41, Rule 41.1: Intervention. These referrals must be made within the first 20 school days of a school year if the child failed the preceding year. Please indicate below:</p> <p><input type="checkbox"/> Grades K–3: Student has failed one grade. Grades 4–12: Student has failed two grades.</p> <p><input type="checkbox"/> A student failed either of the preceding two grades and has been suspended or expelled for more than 20 days in the current school year.</p> <p><input type="checkbox"/> A student scored at the “lowest level” on any part of the grade 3 or grade 7 statewide accountability assessment.</p> <p><input type="checkbox"/> A student is promoted from Grade 3 to Grade 4 under a good cause exemption of the Literacy-Based Promotion Act. (Attach <b>Appendix F.</b>)</p>	
Teacher/Individual submitting referral:	TST Chair acknowledging receipt:	Date of receipt of referral:	Date of Initial TST Meeting to discuss referral:
			(must be within 2 weeks)

REFERRAL MEETING DETAILS		
<p>TST members present agree that all information discussed pertaining to the TST process will be held in strict confidence. They shall neither contact anyone outside the official function of this TST process nor make any notes or copies of any documents utilized during the process.</p>		
SUMMARY OF DISCUSSION (continue on back if needed):	SIGNATURE OF TST MEMBERS PRESENT	TITLE
		Administrator
		Interventionist
		Teacher
		Counselor
		Parent
		Other
TST RECOMMENDATIONS		
<p><input type="checkbox"/> Contact parents</p> <p><input type="checkbox"/> Implement academic Tier III intervention in area(s) needed:  <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Language Arts <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Implement behavior Tier III intervention</p> <p><input type="checkbox"/> Conduct student conference</p> <p><input type="checkbox"/> Perform behavior observation (ABC Data)</p> <p><input type="checkbox"/> Intervention(s) not successful</p> <p><input type="checkbox"/> Complete FBA and BIP</p> <p><input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Return to Tier I general education classroom</p> <p><input type="checkbox"/> Continue instructional intervention(s) in General Education Classroom (Tier II)</p> <p><input type="checkbox"/> Administer developmental screener (5 yr. old, in-school)</p> <p><input type="checkbox"/> Administer hearing/vision screening</p> <p><input type="checkbox"/> Request medical follow-up</p> <p><input type="checkbox"/> Refer to school counselor</p> <p><input type="checkbox"/> Refer to community agency</p> <p><input type="checkbox"/> Complete Teacher Narrative Packet</p> <p><input type="checkbox"/> Refer for Child Study</p>	



**Instructions:** **TST MEMBERS, CLASSROOM TEACHERS, AND INTERVENTIONISTS** should work together to complete this form for each student that did not respond to Tier I or Tier II interventions, for 4th grade students requiring Intensive Intervention after a Good Cause Exemption promotion, for Intensive Reading Interventions for Special Education students (K-4), or English Learners (ELs). Visit <https://mdek12.org/OAE/OEER/InterventionServices> for additional resources.

**DETAILS OF INTERVENTION**

Student Name:		Describe intensive intervention strategies utilized – should be evidence-based:	Provide specific evaluation criteria, in <u>measurable</u> terms, utilized to determine effectiveness and monitor progress:
Describe target deficit area of intervention(s) – identify if academic and/or behavioral and explain:			
<b>INTERVENTION START DATE</b>	<b>FREQUENCY OF INTERVENTION PER WEEK</b>	<b>NUMBER OF MINUTES PER SESSION</b>	<b>FREQUENCY OF PROGRESS MONITORING (Section 3D)</b>
	<b>DAYS</b>	<b>MINUTES</b>	<b>MDE RECOMMENDATION:</b> weekly
Name(s) and role(s) of individual(s) responsible for delivering intervention(s):			Based on progress monitoring data ( <b>Section 3D</b> ), student progress will be cumulatively reviewed on:
			<b>MDE POLICY:</b> no later than 16 weeks after start date

**PARENTAL NOTIFICATION** (For parent letter template, see **Appendix D**)Parent(s) notified of Tier III intervention (select one): ☐ Yes ☐ No

Date Notified:

*Instructions:* **SCHOOL ADMINISTRATORS**, check the box next to each trait of quality implementation demonstrated during Tier III intervention observation. Complete **at least two (2) integrity checks** at equal intervals during course of intervention.

INTEGRITY CHECK #1	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. <b>(See Section 3B.)</b>	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
<b>COMMENTS:</b>	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #2	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. <b>(See Section 3B.)</b>	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
<b>COMMENTS:</b>	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #3	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. <b>(See Section 3B.)</b>	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
<b>COMMENTS:</b>	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #4	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. <b>(See Section 3B.)</b>	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
<b>COMMENTS:</b>	
Signature and title of person completing integrity check:	

## PROGRESS MONITORING AND EVALUATION FOR TIER III INTERVENTIONS

## INTENSIVE INTERVENTION

[illegible]

**MDE RECOMMENDS** two (2) Tier III documented reviews, with the first documented review conducted no later than eight (8) weeks after implementation and the cumulative documented review no later than sixteen (16) weeks after implementation.

(If no, an additional intervention form should be completed.)

(check one of the boxes below for final decision)

☐ Other:

Date \_\_\_\_\_

<b>Student Name</b>	
<b>Teacher Name</b>	
<b>School</b>	
<b>Date</b>	

Dear Parent/Guardian:

The Teacher Support Team (TST) would like to invite you to a meeting regarding your child's progress in school. The TST's purpose is to review and consider all available information and to recommend additional educational strategies and interventions to further assist your child. The TST may consist of an administrator, teacher, interventionist, counselor, and other individuals that may work with your child. We welcome and desire your participation so that you can be both engaged and informed of our efforts to better support your child's learning. If you are unable to attend the meeting, a copy of the minutes will be provided for your review.

A meeting is scheduled for (Student Name) to discuss their ☐ Academic ☐ Behavior progress.

Date: \_\_\_\_\_

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

Location: \_\_\_\_\_

- ☐ I will be able to attend in person.
- ☐ I will be able to attend virtually.
- ☐ I will not be able to attend please send me a copy of the meeting notes.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or concerns, please contact me at:

Phone number:

E-mail address:

Sincerely,

[Insert school administrator/TST chair signature and title here]

**NOTE:** This form is to be completed prior to participating in the Teacher Support Team (TST) process.

Student Name		School Year	
--------------	--	-------------	--

I agree that all information (i.e., teacher and student information, school performance data, specific demographic data, etc.) discussed pertaining to the TST process will be held in strict confidence. I will neither contact anyone outside the official function of this TST process for any reason nor will I make any notes or copies of any documents utilized during the process. Refer to <https://www.mdek12.org/OTSS/MSIS/FERPA> for additional information.

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*Signature*

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*Title*

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*Date*

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*Signature*

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*Title*

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*Title*

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*Date*

**SECTION 3G**
**End of the Year MTSS Information**

*Instructions:* Complete the End of the Year MTSS Information form for all students receiving Tier II or Tier III intervention supports. Be sure to place a copy in the student's cumulative folder.

<b>Student</b>		<b>Teacher</b>			
<b>School</b>		<b>School Year</b>		<b>Grade</b>	
<b>Counselor</b>		<b>Interventionist</b>			
<b>Previous Grades Repeated</b>		<b>Promoted/Retained</b>			
<b>Recommended Tier Placement for the School Year</b>	<b>Reading</b>	<b>Math</b>	<b>Behavior</b>		

UNIVERSAL SCREENER/BENCHMARK					DYSLEXIA SCREENER	
	<b>Fall BOY Scores</b>	<b>Winter MOY Scores</b>	<b>Spring EOY Scores</b>			<b>Pass/Fail</b>
<b>READING</b>					<b>K (SPRING)</b>	
<b>MATH</b>					<b>1<sup>st</sup> GRADE (FALL)</b>	
<b>BEHAVIOR</b>						
ATTENDANCE		END OF YEAR GRADES			BEHAVIOR	
<b>TOTAL DAYS ABSENT FOR THE YEAR</b>		<b>ELA</b>	<b>MATH</b>	<b>SCIENCE</b>	<b>OSS</b>	
					<b>ISS</b>	
					<b>Office Referrals</b>	
COMPREHENSIVE EVALUATION				INTERVENTION PROGRAM		
Has the student ever received a comprehensive evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date</b> <input type="text"/>				Describe intervention program/strategies utilized.		
OUTSIDE TESTING						
Is there any documentation of previous, outside testing and/or medical documentation in the cumulative records? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date</b> <input type="text"/> <b>Diagnosis</b> <input type="text"/>						
TIERED LEVEL OF SUPPORT AT CLOSE OF SCHOOL YEAR						
<b>TIER I</b>		<b>TIER II</b>		<b>TIER III</b>		
Reading		Reading		Reading		
Math		Math		Math		
Behavior		Behavior		Behavior		

*Instructions:* Classroom teachers or counselors should complete this checklist to aid in the collection of information to determine if student is in need of Tier II or Tier III behavioral interventions.

**NOTE:** This worksheet is not a behavioral screener. For behavioral screening resources, visit <https://mdek12.org/OAE/OEER/InterventionServices>.

STUDENT NAME

DATE

**STUDENT IS DISRUPTIVE IN CLASS**

- ☐ fidgets
- ☐ is overly active
- ☐ does not remain in seat
- ☐ talks out of turn
- ☐ disturbs others when they are working
- ☐ constantly seeks attention
- ☐ overly aggressive with others (i.e., physical fights)
- ☐ belligerent towards teachers and others in authority
- ☐ defiant or stubborn
- ☐ impulsive
- ☐ can't wait his/her turn
- ☐ acts without thinking of the consequences

**STUDENT IS WITHDRAWN**

- ☐ shy, timid
- ☐ has difficulty making friends sits alone in cafeteria
- ☐ does not join in classroom group activities
- ☐ overly conforms to rules
- ☐ appears to daydream or be out of touch with the class
- ☐ has difficulty expressing feelings

**STUDENT IS ANXIOUS**

- ☐ appears depressed
- ☐ rarely smiles
- ☐ appears to be tense
- ☐ appears frightened or worried
- ☐ cries easily
- ☐ does not trust others

**OTHER SOCIAL/EMOTIONAL BEHAVIORS**

- ☐ lacks self-confidence
- ☐ says "can't do" even before attempting
- ☐ reacts poorly to disappointment
- ☐ is overly sensitive to disappointment
- ☐ depends on others
- ☐ clings to adults
- ☐ pretends to be ill
- ☐ has poor grooming or personal hygiene

**STUDENT HAS**

- ☐ been on runaway status
- ☐ been caught stealing at school
- ☐ left class without permission
- ☐ cursed school personnel
- ☐ threatened to harm school personnel or wished school personnel harm
- ☐ been suspended for fighting
- ☐ attempted suicide
- ☐ received tobacco violations at school
- ☐ received drug/alcohol violations at school

**CLASSROOM INTEREST**

- ☐ High
- ☐ Average
- ☐ Low
- ☐ Other, please specify:

**CLASSROOM PARTICIPATION**

- ☐ almost always
- ☐ frequently
- ☐ occasionally
- ☐ seldom

**CLASSROOM PREPAREDNESS**

- ☐ always brings necessary supplies
- ☐ usually brings supplies
- ☐ seldom comes to class with supplies
- ☐ never comes to class with supplies

**MOTIVATION**

- ☐ completes homework
- ☐ completes about half of the assignment
- ☐ tends to give up easily
- ☐ has difficulty getting started on assignments

**TO THE BEST OF YOUR KNOWLEDGE**

- ☐ This student is involved with the court system.
- ☐ This student is in counseling.
- ☐ This student is on medication.

## APPENDIX B | Language Service Plan (for Students with Limited English Proficiency)

This form should be completed by the individual responsible for providing the instructional program for the EL students and the classroom teacher. This form should be updated annually. **Person completing this form**

<b>STUDENT NAME</b>				<b>DOB</b>		<b>Age</b>	
<b>PRIMARY LANGUAGE SPOKEN</b>				<b>LANGUAGE(S) SPOKEN IN HOME</b>			
<b>ADDITIONAL LANGUAGE(S)</b>		<b>DATE FIRST ENROLLED IN A U.S. SCHOOL</b>		<b>IMMIGRANT STATUS (&lt; 3 yrs)</b>			
<b>PARENT/GUARDIAN NAME</b>							
<b>PHONE</b>	(home)		(work)		(cell)		
<b>HOME/SCHOOL COMMUNICATION</b> to parent/guardian is requested in:			<input type="checkbox"/> English <b>OR</b> <input type="checkbox"/> Native Language: _____ <input type="checkbox"/> Oral <b>OR</b> <input type="checkbox"/> Written				

ACADEMIC HISTORY PRIOR TO ENTERING CURRENT DISTRICT			
Age Started School	Years in Preschool/K	Years in grades 1-5	Years in grades 6-12
Last grade completed	<input type="checkbox"/> Interrupted Formal Education <input type="checkbox"/> Limited Schooling <input type="checkbox"/> No Formal schooling		
Has the student been referred for Special Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child have an IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Does the child have an 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACADEMIC ACHIEVEMENT LEVEL HISTORY				
SUBJECT	BELOW GRADE LEVEL	ON OR ABOVE GRADE LEVEL	METHOD USED TO DETERMINE LEVEL	INFORMATION NOT AVAILABLE
<i>Example: Math</i>	<i>X</i>		<i>Course grade from previous year (D)</i>	
Math				
Reading				
Writing				
Social Studies				
Science				

ENGLISH LANGUAGE PROFICIENCY TEST INFORMATION															
TEST	Date	Score	Level	Date	Score	Level	Date	Score	Level	Date	Score	Level	Date	Score	Level
ELPT Speaking															
ELPT Listening															
ELPT Reading															
ELPT Writing															
<b>Composite SCORE</b>															



**EL SERVICE**

Date Identified EL Program:

Date Entered EL Program:

☐ Student will receive Direct EL Services for \_\_\_\_\_ **Minutes** \_\_\_\_\_ **Days a week**☐ Student will be placed in an EL Class for one Credit (*Grades 7-12 only*) **Year:** \_\_\_\_\_ **Semester:** \_\_\_\_\_☐ Parents Declined Services (school is still obligated to serve)

Comments:

Number of years until the student is identified as a Long Term English Learner (LTEL):

List specific measurable goals for each domain (Listening, Speaking, Reading, and Writing):

**LISTENING****SPEAKING****READING****WRITING****STANDARDIZED TESTING ACCOMMODATIONS**

Refer to the current edition of the [Mississippi Test Accommodations Manual](#) for the allowable accommodations for each assessment. Specify each testing accommodation, the code for the accommodation, and each standardized test to which the accommodation applies. **NOTE: The accommodations listed below must be used during regular classroom assessments and on district wide assessments prior to being used on state wide assessments.**

ACCOMMODATION(S)	CODE #	TEST(S)

All testing accommodations are classroom accommodations, however not all classroom accommodations are state testing accommodations.

### CLASSROOM INSTRUCTIONAL SUPPORTS AND ACCOMMODATIONS/MODIFICATIONS

To meet the needs of this child, the following are recommendations for use in regular classroom instruction:

<input type="checkbox"/> Paraphrasing or repeating directions in English <input type="checkbox"/> Personal cueing <input type="checkbox"/> Read the test directions (but not the test items) to individual students or in a small group – repeating and/or paraphrasing the directions, if needed <input type="checkbox"/> Dictation of answers to test administrator/proctor (scribe) in English only <input type="checkbox"/> Reader (oral administration) <input type="checkbox"/> Native language word-to-word dictionaries/electronic word-to-word dictionaries (no definitions) <input type="checkbox"/> Present questions in same phrasing as learning/review <input type="checkbox"/> Reduced and/or modified class & homework assignments <input type="checkbox"/> Modified assessments (i.e. oral) <input type="checkbox"/> Break tasks/directions into subtasks <input type="checkbox"/> Increase wait time <input type="checkbox"/> Additional time to complete assignments and tests <input type="checkbox"/> ESS (Extended School Services) <input type="checkbox"/> Provide questions for classroom discussion in advance <input type="checkbox"/> Label items in the room <input type="checkbox"/> Previewing of academic content	<input type="checkbox"/> Provide shortened assignments <input type="checkbox"/> Face student when speaking – speak slowly <input type="checkbox"/> Print instead of using cursive; type all notes, tests, handouts <input type="checkbox"/> Use high interest/low vocabulary text material <input type="checkbox"/> Use overhead and provide students with copies of teacher transparencies/notes/lectures <input type="checkbox"/> Make instruction visual – use graphic organizers, pictures, maps, graphs, etc. to aid understanding <input type="checkbox"/> Highlight/color code tasks, directions, letters home <input type="checkbox"/> Pair ELs with an English speaking “peer partner” for assistance <input type="checkbox"/> Provide preferential seating or seating with a peer partner <input type="checkbox"/> Check for comprehension often <input type="checkbox"/> Ask questions that allow the student to answer successfully <input type="checkbox"/> Allow the student opportunities to read aloud successfully <input type="checkbox"/> Use manipulatives <input type="checkbox"/> Use audiobooks <input type="checkbox"/> Record material for student listening <input type="checkbox"/> Vocabulary matching/fill-in-the-blank exercises w/ words <input type="checkbox"/> OTHER:
--	---

### PERSONS INVOLVED IN THE DEVELOPMENT OF THE LANGUAGE SERVICE PLAN

By signing this form, I am indicating that I have read and understood the Language Service Plan information.

\_\_\_\_\_  
PRINCIPAL Signature

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PARENT Signature

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
EL COORDINATOR Signature

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PARENT Signature

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
EL TEACHER Signature

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
STUDENT Signature

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TEACHER Signature

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
INTERPRETER Signature

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TEACHER Signature

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

# Exit/Monitor Status Documentation

(for Students meeting qualifications to exit EL Services)

This form should be completed by the individual responsible for exiting and monitoring the individual student.

<b>STUDENT NAME</b>		<b>DATE OF BIRTH</b>	
<b>PARENT/GUARDIAN NAME</b>			
<b>PHONE</b>	(home)	(work)	(cell)
<b>HOME/SCHOOL COMMUNICATION</b> to parent/guardian requested in:		<input type="checkbox"/> English <b>OR</b> <input type="checkbox"/> Native Language: _____ <input type="checkbox"/> Oral <b>OR</b> <input type="checkbox"/> Written	
<b>PERSON RESPONSIBLE FOR COMPLETING THIS FORM</b>			
<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>

EL EXIT INFORMATION				
<b>EXIT Eligibility Date</b>				
To be eligible for exit from EL status, students must earn a 4 or 5 on the Reading, Writing, and Overall on the LAS Links assessment. Criteria determining exit from EL status (scores from the ELPT):				
		Date of test:		
<b>LISTENING</b>	<b>SPEAKING</b>	<b>READING*</b>	<b>WRITING*</b>	<b>OVERALL*</b>

MONITORING									
<b>Start Date</b>		<b>Date of Parent Notification</b>		<b>Expected date for CONCLUSION OF MONITOR STATUS</b> (Minimum of 4 years)					
REPORT CARD AND STATE ASSESSMENT RESULTS									
YEAR 1					YEAR 2				
Grade level:	School Name:				Grade level:	School Name:			
	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
ELA					ELA				
Math					Math				
Science					Science				
Social Studies					Social Studies				
Other					Other				
Other					Other				
State Assessment Results:					State Assessment Results:				
Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No					Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No				

MONITORING, continued									
Start Date		Date of Parent Notification		Expected date for CONCLUSION OF MONITOR STATUS <i>(Minimum of 4 years)</i>					
REPORT CARD AND STATE ASSESSMENT RESULTS									
YEAR 3					YEAR 4				
Grade level:		School Name:			Grade level:		School Name:		
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
ELA					ELA				
Math					Math				
Science					Science				
Social Studies					Social Studies				
Other					Other				
Other					Other				
State Assessment Results:					State Assessment Results:				
Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No					Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No				

If the information on this form indicates that the former EL student is struggling, indicate steps that will be taken to support the student and the results:

- ☐ Student was referred for intervention services (appropriate documentation must be completed)
- ☐ Student was referred for Counseling
- ☐ Student was referred for rescreening for EL services. In order for students to be re-entered in the EL program, they must retake the LAS Links placement test and meet qualifications. **(This should only be done if language is considered the primary cause for academic struggles.)**

**COMMENT(S) (Indicate steps taken to support the student):**

--

## APPENDIX C | Elementary School Dyslexia Checklist For Teachers

*Instructions:* Teachers complete this form to assist with the decision making process of intervention selection and implementation. Refer to the Dyslexia Support Guide for additional guidance. Visit <https://mdek12.org/OAE/OEER/Dyslexia>.

STUDENT		TEACHER	DATE
ACADEMIC POTENTIAL			
YES	NO		
		1. Does the student seem to have the academic ability to develop reading, writing, and spelling skills?	
		2. Are the student's reading, spelling, or writing skills below what you would expect based on his/her academic potential?	
		3. Does the student have a history of inconsistent success when completing assessments and/or assignments related to reading, writing, or spelling?	
READING			
YES	NO		
		4. Does the student have difficulty acquiring phonological processing skills such as blending, segmenting, rhyming, and manipulating sounds?	
		5. Does the student have difficulty remembering a sequence of unfamiliar sounds?	
		6. Does the student have difficulty effectively recalling basic sight words?	
		7. Does the student have difficulty sounding out words?	
		8. Does the student comprehend text when read aloud by others?	
		9. Does the student lack fluency when reading aloud?	
ALPHABET AND SPELLING			
YES	NO		
		10. Does the student have difficulty writing the letters of the alphabet in sequence without a model?	
		11. Does the student have difficulty naming the vowels?	
		12. Does the student have difficulty using the correct short vowels in spelling words?	
		13. Does the student have difficulty with spelling?	
		14. Does the student make frequent spelling errors that involve changing the order of the letters within the word?	
HANDWRITING SKILLS			
YES	NO		
		15. Is the student's handwriting often illegible or messy?	
		16. Does the student have problems with spatial orientation (e.g., before/after, left/right, top/bottom)?	
OTHER			
YES	NO		
		17. Does the student have problems with organization or memory?	
		18. Does the student have problems with spatial orientation (e.g., before/after)?	
		19. Does the student have difficulty "finding the right word" or seem to hesitate when trying to answer direct questions?	

## APPENDIX C | Middle and High School Dyslexia Checklist For Teachers

*Instructions:* Teachers complete this form to assist with the decision making process of intervention selection and implementation. Refer to the Dyslexia Support Guide for additional guidance. Visit <https://mdek12.org/OAE/OEER/Dyslexia>.

STUDENT		TEACHER	DATE
<b>ACADEMIC POTENTIAL</b>			
<b>YES</b>	<b>NO</b>		
		1. Does the student seem to have the academic ability to develop reading, writing, and spelling skills?	
		2. Are the student's reading, spelling, or writing skills below what you would expect based on his/her academic potential?	
		3. Does the student have a history of inconsistent success when completing assessments and/or assignments related to reading, writing, or spelling?	
<b>READING</b>			
<b>YES</b>	<b>NO</b>		
		4. Does the student have difficulty decoding words with multiple prefixes and suffixes?	
		5. Does the student have difficulty remembering a sequence of unfamiliar sounds?	
		6. Does the student have difficulty effectively recalling basic sight words?	
		7. Does the student have difficulty sounding out words?	
		8. Does the student comprehend text when read aloud by others?	
		9. Does the student lack fluency when reading aloud?	
<b>ALPHABET AND SPELLING</b>			
<b>YES</b>	<b>NO</b>		
		10. Does the student have difficulty spelling?	
		11. Does the student often spell the same word differently in an assignment?	
		12. Does the student have difficulty using the correct short vowels in spelling words?	
		13. Does the student make frequent spelling errors that involve changing the order of the letters within the word?	
<b>HANDWRITING SKILLS</b>			
<b>YES</b>	<b>NO</b>		
		14. Does the student avoid writing?	
		15. Is the student's handwriting often illegible? (letter formation, spacing)	
		16. Does the student have problems summarizing and outlining? (process, organization)	
<b>OTHER</b>			
<b>YES</b>	<b>NO</b>		
		17. Does the student have problems with organization or memory?	
		18. Does the student have problems with spatial orientation (e.g., before/after)?	
		19. Does the student have difficulty "finding the right word" or seem to hesitate when trying to answer direct questions?	

**APPENDIX C | Parent Reading Information Questionnaire**

*Instructions:* Parents complete this form to assist the teacher in determining classroom supports and instruction, intervention selection, implementation, and resources needed to ensure successful outcomes for your child. Refer to the Dyslexia Support Guide for additional guidance. Visit <https://mdek12.org/OAE/OEER/Dyslexia>.

STUDENT	TEACHER	DATE
---------	---------	------

YES	NO	
		1. Has anyone in your family experienced learning problems? If yes, explain.
		2. Are you concerned about your child's schoolwork? If yes, explain.
		3. Does your child receive any special instruction at school? If yes, explain.
		4. Does your child have difficulty following directions? If yes, explain.
		5. Has your child ever repeated a grade? If yes, what grade?
		6. Has your child had a speech or language problem? If yes, explain.
		7. Does your child need excessive amounts of assistance with homework?
		8. Does your child spend an extraordinary amount of time completing homework?
		9. Does your child seem to struggle in reading, writing, and spelling more than other subjects?
		10. Does your child like to be read to but does not want to read to you?
		11. Does your child have difficulty with writing, copying, and with spelling?
		12. Has your child ever been critically or chronically ill? If yes, explain.
		13. Does your child have any physical problems that may interfere with learning? If yes, explain.
		14. Is your child currently taking any medication? If yes, explain.

Dear Parent/Guardian:

As part of a Multi-Tiered System of Supports (MTSS) [insert school/ district name] works to provide academic and behavioral supports to all students through interventions (supplemental instruction). This will be provided as needed for students who do not meet expected levels of achievement in reading, math, and/or behavior.

Based on universal screener results, classroom performance, and/or teacher recommendation, **(student name)** has been identified as a student who could benefit from intervention supports. This letter is to notify you of your child's placement in:

**Tier II**, is best described as supplemental or small group instruction that your child will receive in addition to Tier I grade level instruction provided by his/her classroom teacher. Your child may be in this tier for up to eight (8) weeks before final progress is determined and further support is provided, if needed.

The additional support that your child will be provided includes:

- ☐ [add Intervention #1 here]
- ☐ [add Intervention #2 here, if applicable]
- ☐ [add Intervention #3 here, if applicable]

If you have any questions or concerns, please contact us at:

Phone number:

E-mail address:

Our goal for providing interventions to your child is to ensure that **(student name)** will be successful in meeting the Mississippi grade level expectations and requirements. Progress will be monitored and ongoing throughout the intervention. If you have any questions, please contact your child's classroom teacher or counselor.

Sincerely,

[Insert school administrator/TST chair signature and title here]



Dear Parent/Guardian:

As part of a Multi-Tiered System of Supports (MTSS) [insert school/ district name] works to provide academic and behavioral supports to all students through interventions (supplemental instruction). This will be provided as needed for students who do not meet expected levels of achievement in reading, math, and/or behavior.

Based on universal screener results, classroom performance, and/or teacher recommendation, **(student name)** has been identified as a student who could benefit from intervention supports. This letter is to notify you of your child's placement in:

**Tier III**, is best described as intensive interventions that occur daily and with the guidance of the Teacher Support Team. Your child may be in this tier for 8-16 weeks before final progress is determined and further support is provided, if needed.

The additional support that your child will be provided includes:

- ☐ [add Intervention #1 here]
- ☐ [add Intervention #2 here, if applicable]
- ☐ [add Intervention #3 here, if applicable]

If you have any questions or concerns or are unable to attend the meeting, please contact us at:

Phone number:

E-mail address:

Our goal for providing interventions to your child is to ensure that **(student name)** will be successful in meeting the Mississippi grade level expectations and requirements. Progress will be monitored and ongoing throughout the intervention. If you have any questions, please contact your child's classroom teacher or counselor.

Sincerely,

[Insert school administrator/TST chair signature and title here]

**READING INSTRUCTION PROGRAM**

What evidence-based program will be used to deliver explicit, systematic core reading instruction during the required 90-minute reading block?

What evidence-based program will be used to deliver explicit, systematic reading intervention in addition to the required 90-minute reading block?

Indicate the areas addressed by the core reading program:

- ☐ Phonemic Awareness
- ☐ Phonics
- ☐ Fluency
- ☐ Vocabulary
- ☐ Comprehension

*Additional supplemental materials (if applicable):*

**PARENTAL SUPPORT (Parent Read-at-Home Plan)**

Target deficit area(s):

The following strategies are recommended for parents/families to use in assisting the student to achieve reading competency:

☐ **Written Parental Notification Received**

☐ **Parent Read-at-Home Plan Received**

**PARENT SIGNATURE:**

**DATE:**

**PARENT SIGNATURE:**

**DATE:**

**ADDITIONAL SERVICES**

Indicate any additional services the teacher deems available and appropriate to accelerate the student's reading skill development, if applicable:

DATE

STUDENT	TEACHER	GRADE
<p><i>Following the identification of a substantial reading deficiency, intensive reading instruction and intervention must be documented for each student in an individual reading plan, which includes, at a minimum, the following documentation. Place a check mark in the box once you have completed documenting this piece in the MTSS documentation packet.</i></p>		
	(a) The student's specific, diagnosed reading skill deficiencies as determined (or identified) by diagnostic assessment data and other correlating data points;	<b>MTSS Documentation Packet:</b> Tier III Section 3B; page 14
	(b) The goals and benchmarks for growth;	<b>MTSS Documentation Packet:</b> Tier III Section 3B, 3D; page 14, 16
	(c) How progress will be monitored and evaluated;	<b>MTSS Documentation Packet:</b> Tier III Section 3B, 3C, 3D; page 14-16
	(d) The type of additional instructional services and interventions the student will receive;	<b>MTSS Documentation Packet:</b> Tier III Section 3B; page 14
	(e) The research-based reading instructional programming the teacher will use to provide reading instruction, addressing the areas of phonemic awareness, phonics, fluency, vocabulary and comprehension;	<b>MTSS Documentation Packet:</b> Appendix E
	(f) The strategies the student's family is encouraged to use in assisting the student to achieve reading competency; and,	<b>MTSS Documentation Packet:</b> Appendix E
	(g) Any additional services the teacher deems available and appropriate to accelerate the student's reading skill development	<b>MTSS Documentation Packet:</b> Appendix E

**Note:** The Individual Reading Plan correlates with the Multi-Tiered System of Supports (MTSS) student documentation required for **\*Tier III (Intensive Intervention)**. These pages may be used when meeting with the Teacher Support Team for each student that did not respond to Tier II Interventions or is needing additional intensive interventions at Tier III; 4th grade students requiring Intensive Intervention after Good Cause Exemption promotion; or, for intensive reading interventions for English Language Learners (ELs).

**Teachers are not required to develop an IRP if the student currently has an IEP with Reading goals.** However, if a student's IEP does not currently address reading difficulties and the student later develops a deficit in reading, then the general education and the special education teacher must collaborate to determine whether goals need to be added to the IEP or if an IRP is most appropriate. If a student has an IEP that only has Math goals and the student later begins to struggle in reading, then an IRP must be written for K - 4 students. The individual needs of the student should dictate the goals and the supports provided. The general education teacher and the special education teacher should work collaboratively to develop and implement the IEP and continue to progress monitor as indicated in the IEP.

**APPENDIX F | Good Cause Exemption Documentation (LBPA)**

Notification sent to parents/guardians stating the student was identified with a reading deficiency and with each quarterly progress report.			
DATE:	DATE:	DATE:	DATE:

Read at Home Plan sent to parents/guardians.
DATE:

**GOOD CAUSE EXEMPTIONS DETERMINATION AND DOCUMENTATION**

The student qualifies for promotion based on the following Good Cause Exemptions (check the appropriate exemption):

- ☐ A. Limited English proficient student who has less than 2 years of instruction in an English Learner program
- ☐ B. Student with a disability whose individual education plan (IEP) indicates that participation in the statewide accountability assessment program is not appropriate, as authorized under state law
- ☐ C. Student with a disability who participates in the state annual accountability assessment and who has an IEP or a section 504 plan that: (a) reflects that the individual student has received intensive remediation for 2 years but still demonstrates a deficiency in reading, or (b) was previously retained in Kindergarten or First, Second, or Third Grade
- ☐ D. Student who demonstrates an acceptable level of reading proficiency on an alternative standardized assessment approved by the State Board of Education
- ☐ E. Student who received intensive intervention in reading for two or more years but still demonstrates a deficiency in reading and who previously was retained in kindergarten or first, second, or third grade for a total of two years and has not met exceptional education criteria

Teacher requested and submitted Good Cause Exemption documentation to the principal.

DATE:

Principal reviewed and discussed recommendations with the teacher and parent.

DATE:

Principal submitted documentation to superintendent.

DATE:

Decision of Superintendent:

☐ ACCEPT

☐ REJECT

DATE:

**DECISION**

☐ Retain

☐ Promote Based on Good Cause Exemption

**COMMENTS:**

Completed By:

Position:

Date:

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part 3 Chapter 41: Intervention****Rule 41.1 Intervention**

Adoption Date: January 21, 2005

Revision: August 18, 2016

1. The purpose of this policy is to ensure that the behavioral and academic needs of every student are met through an instructional model that is designed to address student learning with quality classroom instruction and opportunities for intervention. The Mississippi Department Education (MDE) shall require every school district to follow the instructional model, which consists of three (3) tiers of instruction:
  - a. Tier 1: Quality classroom instruction based on Mississippi Curriculum Frameworks
  - b. Tier 2: Focused supplemental instruction
  - c. Tier 3: Intensive interventions specifically designed to meet the individual needs of students
2. If strategies at Tier 1 and Tier 2 are unsuccessful, students must be referred to the Teacher Support Team (TST). The TST is the problem-solving unit responsible for interventions developed at Tier 3. Each school must have a Teacher Support Team (TST) implemented in accordance with the process developed by the MDE. The chairperson of the TST shall be the school principal as the school's instructional leader or the principal's designee. The designee may not be an individual whose primary responsibility is special education. Interventions will be:
  - a. designed to address the deficit areas;
  - b. evidence based;
  - c. implemented as designed by the TST;
  - d. supported by data regarding the effectiveness of interventions.
3. Teachers should use progress monitoring information to:
  - a. determine if students are making adequate progress,
  - b. identify students as soon as they begin to fall behind, and
  - c. modify instruction early enough to ensure each student gains essential skills.

Monitoring of student progress is an ongoing process that may be measured through informal classroom assessment, benchmark assessment instruments, and large-scale assessments.

4. After a referral is made, the TST must develop and begin implementation of an intervention(s) within two weeks. No later than eight weeks after implementation of the intervention(s) the TST must conduct a documented review of the interventions to determine success of the intervention(s). No later than 16 weeks after implementation of the intervention(s), a second review must be conducted to determine whether the intervention(s) is successful. If the intervention(s) is determined to be unsuccessful, then the student will be referred for a comprehensive assessment.

5. In accordance with the Literacy-Based Promotion Act of 2013, each public school student who exhibits a substantial deficiency in reading at any time, as demonstrated through:
  - a. performance on a reading screener approved or developed by the MDE, or
  - b. locally determined assessments and teacher observations conducted in Kindergarten and Grades 1 through 3, or
  - c. statewide end-of-year assessments or approved alternate yearly assessments in Grade 3, must be given intensive reading instruction and intervention immediately following the identification of the reading deficiency. A student who was promoted from Grade 3 to Grade 4 under a good cause exemption of the Literacy- Based Promotion Act must be given intensive reading instruction and intervention. The intensive intervention must include effective instructional strategies and appropriate teaching methodologies necessary to assist the student in becoming a successful reader, able to read at or above grade level, and ready for promotion to the next grade.
6. A dyslexia screener must be administered to all students during the spring of their kindergarten year and the fall of their first grade year. The screening must include the following components:
  - a. Phonological awareness and phonemic awareness;
  - b. Sound symbol recognition;
  - c. Alphabet knowledge;
  - d. Decoding skills;
  - e. Encoding skills; and
  - f. Rapid naming (quickly naming objects, pictures, colors, or symbols (letters or digits) aloud.
7. All students in Kindergarten and grades 1 through 3 shall be administered a state- approved screener within the first 30 days of school and repeated at mid-year and at the end of the school year to identify any deficiencies in reading. In addition to failure to make adequate progress following Tier 1 and Tier 2, students will be referred to the TST for interventions as specified in Response to Intervention guidelines developed by MDE if any of the following events occur:
  - a. Grades K-3: A student has failed one (1) grade;
  - b. Grades 4-12: A student has failed two (2) grades;
  - c. A student failed either of the preceding two grades and has been suspended or expelled for more than twenty (20) days in the current school year;
  - d. A student scores at the lowest level on any part of the Grade 3 or Grade 7 statewide accountability assessment; or
  - e. A student is promoted from Grade 3 to Grade 4 under a good cause exemption of the Literacy-Based Promotion Act.
8. Referrals to the TST must be made within the first twenty (20) school days of a school year if the student meets any of the criteria a-e stated above in Paragraph 7.
9. School districts must complete, at a minimum, documentation as required for all students in Tier 2 or Tier 3. All Tier 3 documentation must accompany the student's cumulative folder upon promotion or transfer to a new school.

**Source: Miss. Code Ann. § 37-177-1, et seq., (Act) (Revised 8/2016)**