

iReady Gap Analysis Worksheet

Student : _____ Grade _____ Date: _____ Tier: _____

Assessment Used:	
Student's current performance:	
Student's current rate of improvement (ROI):	
Current benchmark expectation:	
End of year benchmark expectation:	
Number of weeks left in the school year:	

Step 1: Determine Gap

$\frac{\text{Current Benchmark Expectation}}{\text{Current Performance}} = \text{Current Gap}$	<p>Is Gap Significant? (At least two years below grade level)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Questionable</p> <p><input type="checkbox"/> No</p>
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If Yes or Questionable, complete Step 2

Step 2: Gap Analysis

$\text{End of Year Benchmark} - \text{Current Performance} = \text{Difference}$

$\frac{\text{Difference}}{\text{Weeks Left in SY}} = \text{Rate of Improvement Needed}$	<p>Is this reasonable? *</p>
OR	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
$\frac{\text{Difference}}{\text{Student's Current ROI}} = \text{Number of weeks to meet goal}$	

*A reasonable ROI (rate of improvement) is one which is no more than twice (2x) the ROI of typical peers.

Step 3: Conclusion

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Franklin County School
1250 Hwy 98 Eastpoint, FL 32328
Phone (850)670-2800 ♦ Fax (850)670-2801

Tier III Parent Notification of Increasing Intervention and Problem-Solving

Student Name: _____ Date of Birth: _____

School: _____ Teacher: _____ Grade: _____

Date(s) Sent Home: _____

Dear Parent or Guardian,

In an effort to maximize individual student success, our school has an Intervention Support Team. The mission of the Intervention Support Team is to:

- **Identify** the needs of students who are struggling with their academics and who may be at-risk of school failure;
- **Recognize** those students who are achieving at high academic levels who may need additional enrichment experiences;
- **Provide** students with the academic, behavioral and social support needed to succeed in school by **implementing** various strategies and interventions within the classroom.

This team is comprised of administrators, teachers and other school personnel who are involved with your child's learning.

At this time the Intervention Support Team sees the need for additional data on your child. As we seek this data, we wish to keep you fully informed of all activities related to your child's learning. The following activities **will be** completed as part of the ongoing data collection process:

• **Processing/Achievement Assessment to gather data for problem solving intervention**

The Intervention Support Team will meet to discuss appropriate strategies (be it enrichment or remediation) based on available data to help your child meet with success in the classroom. We consider you, the parent, to be a key member of the team, and you are welcome at every meeting. Your input is important and we encourage you to participate, as much as possible, in this process. If you have any questions regarding the Intervention Support Team process, call:

Laura King 850-670-2800 x1203 Intervention Support Team Designee Phone Number

I give my permission for the Intervention Support Team to gather data on processing and achievement to plan for intervention for my child.

X _____

Parent/Guardian Signature Date

Revised 08/2019

Franklin County School

Multi-Tiered Systems of Support (MTSS)/ Response to Intervention Checklist

Student Name: _____

Student Number: _____

Teacher Name: _____

ELL Status: _____

Core Curriculum and Instruction

Note: Tier 1 instructional/behavioral progress takes place in the general education setting

Forms to be Completed by Teachers for *all* Intervention Group Students

- ☐ *Group Intervention Planning Form* completed at PLC/Data Sort meeting
- ☐ Group Progress Monitoring Data (STAR, Easy CBM, MAPS, Other)
- ☐ At least one (1) Parent Conference completed
 - o To include *Parent Conference Appointment Form & Parent-Teacher Conference Form*
- ☐ At least one (1) *Classroom Observation Form* if data shows poor or insufficient progress

To be Completed by Teachers before a Tier 3 Meeting

- ☐ *Student Cumulative Record Review Form*
- ☐ Hearing screening - Date: _____ Results: _____ (*PST6 Form*) SCAN
- ☐ Vision screening - Date: _____ Results: _____ (*PST6 Form*)
- ☐ Speech / Language screening (if necessary)- Date: _____ Results: _____
- ☐ **Date Student Folder Reviewed by PLC Facilitator:** _____

Tier 3 Meeting #1

- ☐ Tier 3 Meeting # 1 Date: _____
- ☐ *Problem Solving Team Meeting Summary and Team Intervention Development & Implementation Plan PST8* completed by PSLT
- ☐ Recommendation at meeting (check one below):
 - o Continue Tier 2
 - o Modify Tier 2
 - o Implement Tier 3 Interventions

To Be Completed by Teacher and Leadership Team

- ☐ *Tier 3 Student Problem Solving Form*
- ☐ *English Language Learner's Problem Solving Worksheet *ELL students only* (R. Fogarty)*
- ☐ Tier 3 Student Progress Monitoring Data
- ☐ Additional Parent Conference
- ☐ Additional Classroom observation

Follow-Up Tier 3 Meetings

- ☐ Follow up Tier 3 Meeting Dates: _____
- ☐ *Problem Solving Team Meeting Summary and Tier 3 Intervention Follow-up Recommendation Form* completed by PSLT
- ☐ Team decision for CST eligibility (check one): _____ Yes _____ No

Child Study Team Meeting

- ☐ CST meeting date: _____
- ☐ Student recommended for the following (check any that apply):
 - o Psychological Assessment
 - o Social Developmental History
 - o Language Evaluation
 - o Other (specify): _____

Student: _____ Date: _____

Teacher: _____ Grade: _____ Tier 3 Meeting # _____

Step 1: Define the Problem/Identify Goal (What is the problem?)

Identify initial concern (What data raised concerns?)	
Using data, what is the current level of performance?	F W S Star Reading: Scaled Score: _____ (_____ percentile) Trend: _____ Oral Reading Fluency: _____ wcpm (_____ percentile) Lexile : _____ F W S Maps Reading: Rit _____ (_____ %tile) Growth _____ %tile F W S Maps Math: Rit _____ (_____ %tile) Growth _____ %tile F W S Maps Science: Rit _____ (_____ %tile) Growth _____ %tile
Using data, what is the benchmark level?	F W S Star Reading: Average _____ grade student performing at or above: _____ SS (40th%tile) ORF Average for _____ grade students: _____ wcpm (40th %tile) Lexile: Average _____ grade student above: _____ F W S Maps Reading: Average _____ grade student performing at or above: _____ Rit (50th%tile) F W S Maps Math: Average _____ grade student performing at or above: _____ Rit (50th%tile) F W S Maps Science: Average _____ grade student performing at or above: _____ Rit (50th%tile)
Using data, what is the peer performance?	
What is the gap?	Star Reading : _____ SS points ORF: _____ wcpm Lexile: _____ F W S Maps Reading: _____ Rit points F W S Maps Math: _____ Rit points F W S Maps Science: _____ Rit points

GOAL:

Franklin County School Interventions Documentation

Please check the interventions that have been used for the student listed below:

Name: _____ Grade: _____

What additional strategies are you using for the above student that you aren't using for the entire class (Tier 2)?

From _____ to _____ the following interventions were used:

- | | |
|--|---|
| ____ Small group | ____ Flexible setting: _____ |
| ____ Peer one-on-one | ____ Teacher one-on-one |
| ____ Extended time on test | ____ Extended time on assignments |
| ____ After school tutoring | ____ Pullouts |
| ____ Providing notes | ____ Modifying instructional method _____ |
| ____ Reduced test length | ____ Modified test response (oral, written, etc.) |
| ____ Standards based assignments/assessments | |

Please attach a printout of grades for this time period and any additional information you deem necessary.

NOTES: (Please provide ANY additional necessary information)



Intervention Documentation Worksheet for Individual Students

Note: This is a digital form. If you are working in a web browser, you can print the information that you enter in this form but it will not save. To save the information you enter, please work and save in a PDF program such as the free [Adobe Reader](#). You can also print the form to fill in manually.

Intervention Goal: _____

Teacher: _____

Student Name	Monday			Tuesday			Wednesday			Thursday			Friday			Total # of Minutes
	T	P	F	T	P	F	T	P	F	T	P	F	T	P	F	
Week 1																
Week 2																
Week 3																
Week 4																
Week 5																
Week 6																
Week 7																
Week 8																
Week 9																
Week 10																

Legend

T = Time (# of minutes)
P = Program/Strategy
F = Focus

Focus
L = Language
PA = Phonemic Awareness
P = Phonics
F = Fluency
V = Vocabulary
C = Comprehension

Program
(Create your own key. For example, W = Wilson Foundations)

____ = _____
____ = _____
____ = _____
____ = _____



Intervention Documentation Worksheet for a Group of Students

Note: This is a digital form. If you are working in a web browser, you can print the information that you enter in this form but it will not save. To save the information you enter, please work and save in a PDF program such as the free [Adobe Reader](#). You can also print the form to fill in manually.

Intervention Goal: _____

Teacher: _____

Week	Monday			Tuesday			Wednesday			Thursday			Friday			Total # of Minutes
	T	P	F	T	P	F	T	P	F	T	P	F	T	P	F	
Student 1:																
Student 2:																
Student 3:																
Student 4:																
Student 5:																
Student 5:																
Student 6:																
Student 7:																
Student 8:																
Student 9:																

Legend

T = Time (# of minutes)
P = Program/Strategy
F = Focus

Focus

L = Language
PA = Phonemic Awareness
P = Phonics
F = Fluency
V = Vocabulary
C = Comprehension

Program

(Create your own key. For example, W = Wilson Foundations)

____ = _____
____ = _____
____ = _____
____ = _____

Intervention Documentation Worksheets

Intervention documentation worksheets were developed as an efficient means of collecting information regarding the actual minutes of supplemental or intensive instruction/intervention delivered in a self-report format. Each day of the week has a column to designate the Time, Focus, and Program for the intervention session that day.

- Time (T) is entered as the length of time the intervention was actually delivered, measured in minutes.
- The Program (P) column is used to indicate the particular program or materials used for the intervention. The legend at the bottom of the page gives the user the opportunity to create a key for the specific program or materials used.
- The Focus (F) of the intervention is entered using the legend at the bottom of the page or a key the user develops. For the purposes of this worksheet, the Focus is defined as the particular skill targeted by the instruction/intervention.
- The Total Number of Minutes is summed for the individual weeks, then those totals are summed and compared to the number of minutes originally prescribed in the intervention plan. This allows the important assessment of fidelity of the amount of planned instructional/intervention support.

For example, if the intervention is planned to occur on Monday, Wednesday, and Friday of each week for 20 minutes each day for four weeks, that would be a planned total of 240 extra minutes of instruction. If, after examining the Intervention Documentation Worksheet, it is evident that, as a result of absences, field trips, and assemblies, only an average of 30 minutes of intervention per week was provided over the four weeks, then a total of 120 minutes of extra support would have actually been provided. When evaluating the student's response to instruction/intervention, it is essential to understand the actual amount of support received by the student(s). Accurate data are necessary before accurate instructional decisions can be made. In the scenario above, without documentation of implementation fidelity, we may think that we are evaluating the effects of 240 minutes of additional support when, in fact, only 120 minutes of additional support had been provided. Supports to improve implementation fidelity are put in place when the actual amount of instruction is less than the planned amount of instruction. As well, continued focus on the identified instructional target (F) and on use of identified materials (P) is documented to ensure consistency throughout the intervention.

Worksheet A is formatted for recording individual student interventions. **Worksheet B** has been modified to record groups of students (as when providing small group supports) by replacing the row headers of Week 1, Week 2, etc., with the names of the students in the intervention group. A worksheet records one week of data in this case; thus, a new sheet is created each week.

Math Intervention Documentation Worksheet for Groups of Students (8th-12th)

FORM APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/30/2022

Intervention Goal: _____ Teacher: _____ Week of: _____

Student Names:	Monday			Tuesday			Wednesday			Thursday			Friday			Total # of Minutes
	T	P	F	T	P	F	T	P	F	T	P	F	T	P	F	

Legend

T=Time (# of Minutes)
P= Program Strategy
F= Focus

Focus

NSO= Number Sense and Operations
AR= Algebraic Reasoning
F= Functions
FL= Financial Literacy
GR= Geometric Reasoning
T= Trigonometry
DP= Data Analysis and Probability
LT= Logic and Discrete Theory
C= Calculus
MTR= Mathematical Thinking & Reasoning

Program

(Create your own key. Ex. Envision Math Diagnosis & Intervention System = EIS)

_____ = _____

_____ = _____

Math Intervention Documentation Worksheet for Individual Students (8th-12th)

FORM APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/30/2022

Intervention Goal: _____ Student _____ Teacher _____

Date Range ____ to ____	Monday			Tuesday			Wednesday			Thursday			Friday			Total # of Minutes
	T	P	F	T	P	F	T	P	F	T	P	F	T	P	F	
Week 1																
Week 2																
Week 3																
Week 4																
Week 5																
Week 6																
Week 7																
Week 8																
Week 9																

Legend

T=Time (# of Minutes)
P= Program Strategy
F= Focus

Focus

NSO= Number Sense and Operations
AR= Algebraic Reasoning
F= Functions
FL= Financial Literacy
GR= Geometric Reasoning
T= Trigonometry
DP= Data Analysis and Probability
LT= Logic and Discrete Theory
C= Calculus
MTR= Mathematical Thinking & Reasoning

Program

(Create your own key. Ex. Envision Math Diagnosis & Intervention System = EIS)

____ = _____
____ = _____

Math Intervention Documentation Worksheet for Groups (K-7)

FORM APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/30/2022

Intervention Goal: _____ Teacher: _____ Week of: _____

Student Names:	Monday			Tuesday			Wednesday			Thursday			Friday			Total # of Minutes
	T	P	F	T	P	F	T	P	F	T	P	F	T	P	F	

Legend

T=Time (# of Minutes)
P= Program Strategy
F= Focus

Focus

NSO= Number Sense and Operations
FR= Fractions
AR= Algebraic Reasoning
M= Measurement
GR= Geometric Reasoning
DP= Data Analysis and Probability
MTR= Mathematical Thinking & Reasoning

Program

(Create your own key. Ex. Envision Math Diagnosis & Intervention System = EIS)

= _____
= _____

Math Intervention Documentation Worksheet for Individual Students (K-7)

FORM APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/30/2022

Intervention Goal: _____

Student _____ Teacher _____

Date Range ____to____	Monday			Tuesday			Wednesday			Thursday			Friday			Total # of Minutes
	T	P	F	T	P	F	T	P	F	T	P	F	T	P	F	
Week 1																
Week 2																
Week 3																
Week 4																
Week 5																
Week 6																
Week 7																
Week 8																
Week 9																

Legend

T=Time (# of Minutes)
P= Program Strategy
F= Focus

Focus

NSO= Number Sense and Operations
FR= Fractions
AR= Algebraic Reasoning
M= Measurement
GR= Geometric Reasoning
DP= Data Analysis and Probability
MTR= Mathematical Thinking & Reasoning

Program

(Create your own key. Ex. Envision Math Diagnosis & Intervention System = EIS)

_____ = _____

_____ = _____

FRANKLIN COUNTY SCHOOL

APPOINTMENT FOR PARENT-TEACHER CONFERENCE

FORM APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/30/2022

Date: _____

Dear Parent/Guardian of _____:

We view parents and teachers as partners in the education of our students. The parent- teacher conference is a time to share valuable information which will help in developing a plan for the continuous academic growth of your child.

A conference has been scheduled to discuss one or more of the following:

<input type="checkbox"/>	Academic Progress	<input type="checkbox"/>	Promotion/Retention Issues
<input type="checkbox"/>	Expected Behaviors	<input type="checkbox"/>	Response to Intervention
<input type="checkbox"/>	Other (please specify) _____		

Your conference date and time: _____

Teacher requesting conference: _____

Conference will be held at: _____

School's telephone number: (850) 670-2800

Parent/Guardian Reply

<input type="checkbox"/>	I will be able to attend my scheduled conference.
<input type="checkbox"/>	I cannot attend at the scheduled time. I will call to schedule a mutually agreeable time.
<input type="checkbox"/>	I am unable to attend and request a phone conference. My phone number is: _____ The best time to reach me by phone is: _____
Parent/Guardian Signature: _____ Date: _____	

IMPORTANT: Please keep the *white* copy and return the *yellow* copy to the teacher.

For school use only:

NOTIFICATION RECORD

Date(s) Sent:	Date Conference Held:	Date Phone Conference Held:

Distribution: White to Parent
08/2019

Yellow/Parent Signed Copy in Student MTSS File

Revised

**FRANKLIN COUNTY SCHOOL
PARENT-TEACHER CONFERENCE FORM**

**FORM APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/30/2022**

STUDENT: _____ GRADE: _____ DATE HELD: _____
TEACHER: _____ CONFERENCE FOR: ☐ **TIER 2** ☐ **TIER 3**

PARTICIPANTS:

Teacher:	Parent:
Guidance:	Parent:
Dean:	Principal:
AP:	Other:

CONFERENCE DOCUMENTATION:

Area(s) of learning or behavior concern discussed:

Intervention(s) Discussed/Planned:

Goals for student as a result of intervention: (Ex. Student will be able to accurately read ____ words per minute.)

Classroom Observation Form

STUDENT NAME		STUDENT ID#	GRADE	DOB	SCHOOL		
Date of Observation: _____		Time of observation: From: _____ to _____					
Observer: _____		Teacher: _____					
Area of Concern: _____							
CLASS/SUBJECT OBSERVED: (Observation should be in the area of difficulty)							
<input type="checkbox"/> English/Lang Arts		<input type="checkbox"/> Reading		<input type="checkbox"/> Social Studies		<input type="checkbox"/> Science	
<input type="checkbox"/> Math		<input type="checkbox"/> Special Area(s)		<input type="checkbox"/> Other: _____			
PUPIL/TEACHER RATIO AND CLASSROOM ARRANGEMENT DURING OBSERVATION PERIOD:							
Students:		<input type="checkbox"/> <10	<input type="checkbox"/> 10-15	<input type="checkbox"/> 16-20	<input type="checkbox"/> >20		
Classroom Arrangement:		<input type="checkbox"/> Rows of desks		<input type="checkbox"/> Grouped desks		<input type="checkbox"/> Tables	
		<input type="checkbox"/> Centers		<input type="checkbox"/> Other			
Student's Behavior	Always	Often	Some-times	Rarely/ Never	Not Obs.	Notes	
Attentive to instruction/instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Begins tasks promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Follows oral instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Follows written instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Participates in class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Responded appropriately to Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Responded appropriately to Praise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Seems prepared & organized for activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Works Effectively in:	Small Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Large Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Age appropriate social interaction w/others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Effectively communicates wants/needs/emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stays on topic/Talks about a variety of interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Indep. w/self-help skills (toileting, eating, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Demands Teacher Attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Out of seat/area without permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Required firm discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Short attention span/Easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Appears to struggle with reading tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Appears to struggle with math concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Disturbed Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
What behavior was observed that relates directly to the student's area of concern? (Must be completed):							
Comments:							
Signature of Observer _____							
Position (Person other than student's regular classroom teacher) _____							

Franklin County School Cumulative Record Review Form

(Please review the student's cumulative record to aid in completing the information requested)

Student Name: _____ Grade: _____ DOB: _____

Teacher: _____ Date Completed: _____ Gender: **M** or **F**

Sensory Screening (s): Vision should be updated yearly in Pre-K to grade 6 and every 3 years for students in grades 7-12. Hearing should be updated at least every 3 years for Pre-K to grade 12. Speech/Language screenings will be conducted based on SLP observation and recommendation.

Previous Retention(s)? ____ Yes ____ No Grade(s): _____ **Date Tier 2 started:** _____

Concern: ☐ Academic ☐ Behavior ☐ Attendance

Screening:	Date:	Results:	Attendance:
Vision	__/__/__	<input type="checkbox"/> / <input type="checkbox"/>	Last Year 20__ - __ Current Year 20__ - __
Hearing	__/__/__	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Days Absent: _____
Speech	__/__/__	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Days Tardy: _____
Language	__/__/__	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

Current Services Interventions Provided:

ELL (LY____) (attach ELL Problem Solving Worksheet)	Behavior Contract
OT or PT	Attendance Contract
Speech/Language	Mentoring
Counseling (Individual or small Group)	504 Plan (Why? _____)
Credit Recovery	Medication (Name: _____)
Community Referral	AGP
Academic Screener	Alt Ed

Date of Parent Conference: _____ (please attach conference summary form)

Summary of interventions and concerns to date. Please attach any relevant data (ie. referrals, behavior trackers, anecdotal records, work samples, etc.) **including Tier 2 Intervention form and progress monitoring data:**

Franklin County School
Parental Notice/Consent for Screening and Intervention Activities

Student: _____ Grade: _____ DOB: _____

Dear Parent/Guardian:

In an effort to maximize individual student success, our school has a Multi-tiered System of Support (MTSS) team. The purpose of this team is to:

- Identify the learning needs of students who are struggling with academics and may be at risk for school failure.
- Identify students who are exceling academically and may need enrichment beyond the regular curriculum.
- Provide students with the academic, emotional, behavioral and social support needed to succeed in school by implementing general education interventions within the classroom setting.

The MTSS team is comprised of teachers, administrators, reading coaches, school counselors, exceptional student education specialist and the school psychologist.

To assist your child in experiencing more school success, the MTSS team is requesting a screening to assist with academic planning. The screening can include the following: vision, hearing, speech language, behavior, ability or achievement. These results will be used by the team to determine if further intervention or evaluation is warranted.

Please check the appropriate boxes below and sign your name and date:

_____ Yes, I give consent for my child be screened.

_____ No, I do not give consent for my child to be screened.

Parent/Guardian signature: _____ Date: _____

Please return completed form to your child's teacher. You may contact Sherry Ware or Melanie Copeland at 670-2800 should you have any further questions.

The following information will be completed by the school.

Further intervention recommended:		Yes	No
Comments: _____			
Results:			
SP/LG:	Pass	Fail	Date screened: _____
Hearing:	Pass	Fail	Date screened: _____
Vision:	R: _____	L: _____	Date screened: _____

Ability: _____ Date screened: _____ Achievement: _____

Below Average Average Above Average

BL L AL

Distribution: **Original** in CUM **Copy** to Parent, MTSS Team and teacher

Franklin County Schools
Problem Solving Team Screening Report
PST 6

Student: _____ DOB: _____ Grade: _____ School: _____

Reason for screening: _____

HEARING

Instrument Used: _____

Date: _____

RIGHT _____
500 HZ 1000HZ 2000 HZ 4000 HZ
Audiometric screening at 25db

LEFT _____
500 HZ 1000HZ 2000 HZ 4000 HZ
Audiometric screening at 25db

Passed: _____ Failed: _____

Passed: _____ Failed: _____

Further Evaluation Required: ____ Yes ____ No

Comments: _____

Signature of Person Responsible/Position: _____

VISION

Instrument Used: _____

Date: _____

RIGHT _____ Passed: _____ Failed: _____ LEFT _____ Passed: _____ Failed: _____

BOTH EYES _____ Passed: _____ Failed: _____

- Does the student wear glasses/contact lenses? ____ Yes ____ No
- Did the student wear glasses/contact lenses for the screening? ____ Yes ____ No

Further Evaluation Required: ____ Yes ____ No

Comments: _____

Signature of Person Responsible/Position: _____

SPEECH ☐ N/A

Instrument Used: _____ Date: _____ Articulation: _____

Fluency: _____ Phonological: _____ Voice: _____

Connected/Conversational Speech _____ Further Evaluation Required: ____ Yes ____ No

Comments: _____

Signature of Person Responsible/Position: _____

LANGUAGE ☐ N/A

Instrument Used: _____ Date: _____

Total Score		+ At or Above Criterion
Criterion Score		- Below Criterion

Conversational Speech: _____

Passed: _____ Failed: _____ If failed, implement interventions.

Comments: _____

Signature of Person Responsible/Position: _____

BEHAVIOR ☐ N/A

Instrument Used: _____ Date: _____ Attach behavior screening checklists.

Passed: _____ Failed: _____ If failed, implement interventions.

**** If interventions are recommended, the teacher must complete PST 7.**

COGNITIVE ☐ N/A

Instrument Used: _____ Date: _____

Standard Score: _____ This student is a candidate for an InD referral.

Verbal _____ This student is not a candidate for an InD referral. Implement interventions.

Nonverbal _____ This student is a candidate for a Gifted referral.

IQ composite _____ This student is not a candidate for a Gifted referral.

Comments: _____

Signature of Person Responsible/Position: _____

Original and copy in RtI folder
Copy to parent

**Exceptional Student Education
Screening Report**

Date: _____

Student: _____

DOB: _____

Student No: _____

School: _____

Grade: _____ Teacher: _____

Referred by: _____

Reason: _____

HEARING

500 HZ	1000 HZ	2000 HZ	4000 HZ

Audiometric screening at 25db

Passed: _____ Failed: _____

COMMENTS:

Signature of Person Responsible/Position

Instrument
Used: _____ Date: _____

Further Evaluation Required: ☐ Yes ☐ No

VISION

Glasses/Contact Lenses

R _____

☐ Yes

L _____

☐ No

COMMENTS:

Signature of Person Responsible/Position

Instrument
Used: _____ Date: _____

Further Evaluation Required: ☐ Yes ☐ No

SPEECH

(Optional based on team recommendation)

Articulation:

Fluency:

Voice:

COMMENTS:

Signature of Person Responsible/Position

Instrument
Used: _____ Date: _____

Further Evaluation Required: ☐ Yes ☐ No

LANGUAGE

(Optional based on team recommendation)

Test Results:

Conversational Speech:

Expressive Language:

Receptive Language:

COMMENTS:

Signature of Person Responsible/Position

Instrument
Used: _____ Date: _____

Further Evaluation Required: ☐ Yes ☐ No

Franklin County Schools
Problem Solving Team: Team Intervention Development & Implementation Plan
PST 8

Student: _____ Grade: _____ Meeting Date: _____

Teacher: _____ School: _____

Intervention # _____ Anticipated Start Date: _____ Anticipated End Date: _____
(average time 4 weeks later)

Area of Concern: ☐ Reading ☐ Math ☐ Language Arts ☐ Behavior ☐ _____

Specific Academic Skill or Targeted Behavior: _____

Name of Intervention Program (if applicable): _____

Researched-based strategy: _____

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

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 ☐ Paraprofessional
☐ Other (specify role) _____

Peer Group #1 _____

Peer Group #2 _____

Team Members present for Intervention Development:

PST Chair: _____ Teacher: _____

Teacher: _____ Other: _____

Parent: _____ Other: _____

Progress Monitoring Data for Intervention # _____
(include Data Worksheet, graphs, etc.)

Name of assessment used to determine baseline/data points: _____

Date: _____ Baseline data point: _____ Expected benchmark: _____

All data points are required as indicated below. **IF INCOMPLETE, this form will be returned to the teacher.**

Data Point	Date	Student Data Point	Class Data Point	District Data Point	State Data Point	Peer Group #1	Peer Group #2
1							
2							
3							
4							

Franklin County School
Tier 3 Intervention Follow-up Recommendation Form

STUDENT: _____ GRADE: _____ DATE: _____

TEACHER: _____ FOLLOW-UP MEETING FOR INTERVENTION #: _____

Summarize the progress made since intervention was implemented, describing student's current performance:

Evaluation of response to intervention: This step must be completed prior to increasing intervention.

Student's current level of support: ☐Tier 1 ☐Tier 2 ☐Tier 3 The intervention used was research-based? ☐Yes ☐No

Has the intervention occurred for a sufficient length of time to collect enough data points to determine progress? ☐Yes ☐No

Number of weeks? _____ Number of sessions? _____ Length of sessions? _____ minutes

Has the intervention been monitored for fidelity? ☐Yes ☐No By Whom? _____

Since targeted intervention was started, has the problem ☐decreased ☐stayed the same ☐increased

Considering the student's rate of progress, is the student making adequate progress toward achieving the goal? ☐Yes ☐No

Was attendance during the intervention sessions an issue? ☐Yes ☐No If so, how many days absent? _____

Determine Next Steps:

- ☐Based on progress, scale back intervention to _____.
- ☐Based on progress, continue intervention at present intensity. Follow-up on: _____.
- ☐Based on lack of response to intervention, change the Tier 3 intervention. Complete new *PST 8*.
- ☐Based on lack of response to intervention, additional diagnostic information is needed. This will be scheduled by (person): _____. Review on: _____.
- ☐Behavior Analyst will complete classroom observation. Date to be completed by: _____.
- ☐Consider eligibility for 504 Plan.
- ☐Refer for counseling.
- ☐Refer to community agency.
- ☐Refer to Alternative/Drop Out Prevention Program
- ☐Based on review of progress, duration of deficit, and fidelity of implementation, refer to CST.
- ☐Other team decision: _____.

Team Member Signatures who were present at meeting:

PST Chair: _____	Parent: _____
AP: _____	Dean: _____
Inst. Coach: _____	ESE Specialist: _____
Attendance: _____	Director of SS: _____
Psychologist: _____	Principal: _____

Behavior Intervention Plan – Tier II

(to be completed after the FBA)

Student Information	Name: _____	DOB: _____	
	School: _____	Grade: _____	
FBA	Completed on: _____	<input type="checkbox"/> Simple <input type="checkbox"/> Full	Given by: _____
Problem Behavior: <i>(inappropriate behavior(s))</i>			
Replacement Behavior: <i>What is expected of the student?</i>			
Method of Teaching Replacement Behavior and by whom: <i>How will we teach the desired behavior and who will teach it?</i>	<input type="checkbox"/> Direct instruction, by: _____ <input type="checkbox"/> Modeling, by: _____		
	<input type="checkbox"/> Anger management, by: _____ <input type="checkbox"/> Stress management, by: _____		
	<input type="checkbox"/> Role playing, by: _____ <input type="checkbox"/> Use of mentor(s): _____		
	<input type="checkbox"/> Behavior contract, by: _____		
	<input type="checkbox"/> Decision-making lessons, by _____		
	<input type="checkbox"/> Social skills training, by _____		
	<input type="checkbox"/> Providing cues, by: _____		
	<input type="checkbox"/> Other: _____ by: _____		
Accommodations, Interventions and Who is Responsible for Them: <i>What help will we give the student to help him/her succeed?</i> <i>These accommodations and interventions must be followed consistently by teacher(s), paraprofessionals, and all school staff.</i>	Accommodations to assist the student in displaying the replacement behavior.		
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Clear, concise directions <input type="checkbox"/> Frequent prompts <input type="checkbox"/> Varied activities/breaks <input type="checkbox"/> Teacher/staff proximity <input type="checkbox"/> Private reprimand(s) <input type="checkbox"/> Chunk assignments <input type="checkbox"/> Review expectations daily or more often <input type="checkbox"/> Provide alternate recess <input type="checkbox"/> Provide cool-down space <input type="checkbox"/> Weekly (minimum) communication with parents </div> <div style="width: 48%;"> <input type="checkbox"/> Supervised and structured free time <input type="checkbox"/> Stress the positive, while teaching expected beh. <input type="checkbox"/> Predictable routine, schedule (review daily) <input type="checkbox"/> Specifically defined limits (ex. 'You may answer me this way, but not this way.) <input type="checkbox"/> Avoid physical contact <input type="checkbox"/> Highly-structured setting <input type="checkbox"/> Specified study area <input type="checkbox"/> Avoid power struggles (we will talk later) <input type="checkbox"/> Other: _____ </div> </div>		
	Interventions with Person(s) Responsible: 1. _____ 2. _____		
Progress Monitoring: <i>How will we know if it is working?</i> <i>All PM must include charting and graphing.</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Direct observation <input type="checkbox"/> Daily behavior sheet <input type="checkbox"/> Weekly behavior sheet <input type="checkbox"/> Other: _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Number of discipline referrals <input type="checkbox"/> Tally of behaviors throughout day <input type="checkbox"/> Adherence to contract </div> </div>		
Time Span	Date Plan Begins: _____ Length of Time: <input type="checkbox"/> Two weeks <input type="checkbox"/> four weeks <input type="checkbox"/> other		
Positive Consequences for Appropriate Behavior	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Verbal, specific praise <input type="checkbox"/> Earned privilege – Describe: _____ <input type="checkbox"/> Tangible rewards – describe: _____ <input type="checkbox"/> Computer time <input type="checkbox"/> Earn back points </div> <div style="width: 48%;"> <input type="checkbox"/> Positive call/note home <input type="checkbox"/> Earned tokens/support <input type="checkbox"/> Free time/Choice <input type="checkbox"/> Positive visit to office <input type="checkbox"/> Other: _____ </div> </div>		
Negative Consequence for Targeted Behavior	<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;"> <input type="checkbox"/> Loss of points/tokens <input type="checkbox"/> Phone call home <input type="checkbox"/> Office visit/referral <input type="checkbox"/> Required escort </div> <div style="width: 33%;"> <input type="checkbox"/> Loss of privileges <input type="checkbox"/> In school suspension <input type="checkbox"/> Time out <input type="checkbox"/> Lunch detention </div> <div style="width: 33%;"> <input type="checkbox"/> Isolation/time out <input type="checkbox"/> Loss of free time/play <input type="checkbox"/> Loss of choices <input type="checkbox"/> Other: _____ </div> </div>		

Tier III Behavior Intervention Plan (BIP)

(to be completed AFTER the simple FBA has been completed)

Student:		
DOB:	Grade:	Date Plan Originated:
Teacher:		School:
Parents:		Support Staff:
DESCRIPTION OF PROBLEM BEHAVIOR(S):		
SUMMARY OF FUNCTIONAL ASSESSMENT/HYPOTHESIS STATEMENT:		
INTERVENTION PLAN (Describe objectives, procedures, and data to be collected.)		
SMART Intervention Goal:		
What Prevention Techniques will be used?		
What Replacement Behaviors be taught? How?		
What Positive Reinforcement techniques will be used?		
What are the Planned Consequences?		
What Home Interventions are requested?		
What data will be collected?		
When will the BIP be reviewed?		
Team Signatures:		Date:

-adapted from 2014 Wayne RESA Guidelines for Behavior Intervention

Franklin County Schools
Problem Solving Team: Analysis of Problem
Teacher Input for Student Behaviors
PST 7 (mandatory for any student exhibiting behavior concerns)

Student: _____ Grade: _____ School: _____

Existing Medical Diagnosis if known: _____

Medications/Dosage/Time of Administration if known: _____

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

Check the areas of concern where the student is exhibiting difficulty:

Academic Engagement (behavioral)

- ☐ Poor posture during instruction
- ☐ Lack of organization
- ☐ Fails to begin task promptly
- ☐ Works inconsistently
- ☐ Fails to complete tasks in timely manner
- ☐ Fails to hand in work consistently
- ☐ Other _____

Unusual Behaviors

- ☐ Perseverant
- ☐ Harms self
- ☐ Talks to self
- ☐ Unusual preoccupation with item
- ☐ Tattles/Gossips
- ☐ Other _____

Physical Symptoms

- ☐ Lethargic
- ☐ Poor hygiene
- ☐ Disheveled appearance
- ☐ Visible weight change
- ☐ Staring spells
- ☐ Red eyes
- ☐ Frequent Clinic/Counselor/Bathroom visits
- ☐ Other _____

Social Behaviors:

- ☐ Does not talk with classmates when appropriate
- ☐ Blames other for his/her actions
- ☐ Seeks attention inappropriately
- ☐ Rejects peers' attempt to interact
- ☐ Immature behavior for age
- ☐ Displays an unhappy disposition
- ☐ Avoided or rejected by peers
- ☐ Bullies
- ☐ Clings to teachers or others
- ☐ Does not take turns
- ☐ Cries/pouts/sulks
- ☐ Shy or timid
- ☐ Erratic behavior (Changes from moment to moment/day to day)
- ☐ Misperception of social cues
- ☐ Other _____

Disruptive/Aggressive-Verbal - Aggressive/Physical

- ☐ Talks disrespectfully to adults/peers
- ☐ Makes distracting noises
- ☐ Swears/uses profanity
- ☐ Loses temper
- ☐ Threatens authority figures/peers
- ☐ Argues with authority figures/peers
- ☐ Does not comply with rules
- ☐ Damages Property
- ☐ Tantrums
- ☐ Throws Objects
- ☐ Disrupts learning environment

PST 7 (page 2)

ENVIRONMENTAL CONDITIONS:

When is the interfering behavior most likely to occur? (Mark all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Before/After School | <input type="checkbox"/> Lunch/Recess | <input type="checkbox"/> Subject: List subjects: _____ |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Missed Medication(s) |
| <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Changing of classes: List periods _____ | |

Where is the interfering behavior most likely to occur? (Mark all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Bus/Walking to or from school | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Hallways |
| <input type="checkbox"/> Regular Education Class(es) | <input type="checkbox"/> Special Education Classes | <input type="checkbox"/> Playground/Common areas |
| <input type="checkbox"/> Other (specify): _____ | | |

During what subjects does the behavior occur?

List subjects: _____

During what activity is the interfering behavior most likely to occur? _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Oral Instruction by Teacher | <input type="checkbox"/> Task/Assignment | <input type="checkbox"/> Starting Assigned Work |
| <input type="checkbox"/> Individual Seat Work | <input type="checkbox"/> Group Work | <input type="checkbox"/> Transitions |
| <input type="checkbox"/> Unstructured Time | <input type="checkbox"/> Other (specify): _____ | |

What interactions/people are most likely to be present, or contribute to, the interfering behavior?

- | | | |
|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Classmates | <input type="checkbox"/> Other Peers |
| <input type="checkbox"/> Staff | <input type="checkbox"/> Other (specify): _____ | |

Other Contributing Factors:

- | | |
|--|--|
| <input type="checkbox"/> Adult Requests/Directives | <input type="checkbox"/> Changes to the Routine/Schedule |
| <input type="checkbox"/> Teasing from Other Students | <input type="checkbox"/> Limit Setting/Imposing Consequences |
| <input type="checkbox"/> Other (specify): _____ | |

HYPOTHESIZING THE FUNCTION OF THE INTERFERING BEHAVIOR:

What possible purpose might the interfering behavior serve the student?

What is the "pay off" for continuing to use the interfering behavior? (Mark all that apply)

Seeking:

- | | | |
|--|---|---|
| <input type="checkbox"/> Teacher/Adult Attention | <input type="checkbox"/> Peer Attention | <input type="checkbox"/> Social Status |
| <input type="checkbox"/> Freedom/Fun | <input type="checkbox"/> Empowerment/Choice | <input type="checkbox"/> Desired Activity |
| <input type="checkbox"/> Other (specify): _____ | | |

Avoidance, escape, protest:

- | | | |
|--|--|---|
| <input type="checkbox"/> Sensory Overload | <input type="checkbox"/> Teacher Interaction | <input type="checkbox"/> Peer Interaction |
| <input type="checkbox"/> Specific Subject/Activity | <input type="checkbox"/> Class Work | <input type="checkbox"/> Environment of Failure |
| <input type="checkbox"/> Other (specify): _____ | | |

What consequences have been implemented to stop the behavior? _____

Please list any other concerns or comments:

Person completing this form: _____

Date: _____

Franklin County School Board
Parental Notice/Consent for Evaluation

Student Name _____

Requested by __ Parent__ MTSS Team

Date of Birth ____/____/____ Grade ____ Teacher _____

Parent Name _____ Address _____

Phone Number _____ Email _____

In order to develop the best educational program for your child, we feel that additional information is needed. An individual evaluation is recommended to assist us in meeting the educational needs of your child. The evaluation is proposed based on your child's educational performance and review of any previous evaluation information as well as part of the Multi-Tiered System of Support process. The following educational options have been considered or used with your child:

____ Title I Tutoring ____ Dropout Prevention ____ Behavior Management ____ Community Agency Referral
____ Counseling ____ Change in Level of Instruction ____ Change in Instructional Methods
____ Other _____

Do you consent for us to conduct an evaluation or secure information, if necessary, of your child in the areas listed below?

__ Academic Achievement

__ Medical

__ Assistive Technology Screening/Evaluation

__ Occupational Therapy Evaluation

__ Behavioral Observations

__ Physical Therapy Evaluation

__ Battelle Developmental Inventory

__ Social and Developmental History

__ Functional Behavior Assessment

__ Speech and Language Evaluation

__ Hearing Evaluation

__ Vision Evaluation

__ Individual Intellectual Evaluation

__ Other _____

__ Individual Psychological Evaluation

__ Learning Abilities Evaluation

____ Yes, I give permission for testing of _____ and understand my rights as explained on the Summary of Procedural Safeguards: As parent(s) guardian(s) of a child with a disability, you have certain protections under the attached Procedural Safeguards of the Individuals with Disabilities Education Act. For a gifted student, you have protections under the Procedural Safeguards under Rule 6A-6.03313, FAC. Further explanation of rights and copies of Procedural Safeguards may be obtained from the ESE Director, or Staffing Specialist at 850-670-2800 x 3107.

____ No, I do not give permission for testing for the following reasons: _____

____ I request a conference before giving permission for testing.

Parent Signature _____ Date _____

Date Received by FCS _____ Initials of Recipient _____

Franklin County School District

Child Study Team

Attendance

Student Name _____

Date _____

Current Attendance Record

Excused Absences _____

Unexcused Absences _____

Total Absences _____

Reasons for the absences:

Supports Suggested

___ Weekly Monitoring

___ Daily Progress Report

___ Mentoring

___ Student Peer

___ Counseling

___ Tutoring by Teacher

___ Tutoring by Student

___ Attendance Agreement

___ Other _____

Accumulating 15 unexcused absences within a 90 day calendar period will result in a complaint of truancy filed by the District Office, as well as the District's intent to notify the Department of Highway Safety and Motor Vehicles for driver license revocation.

Parent _____ Date _____

Student/Teacher _____ Date _____

Team Member _____ Date _____

Team Member _____ Date _____

Team Member _____ Date _____