

Multi-Tiered Systems of Support



MTSS K-12 Implementation Manual

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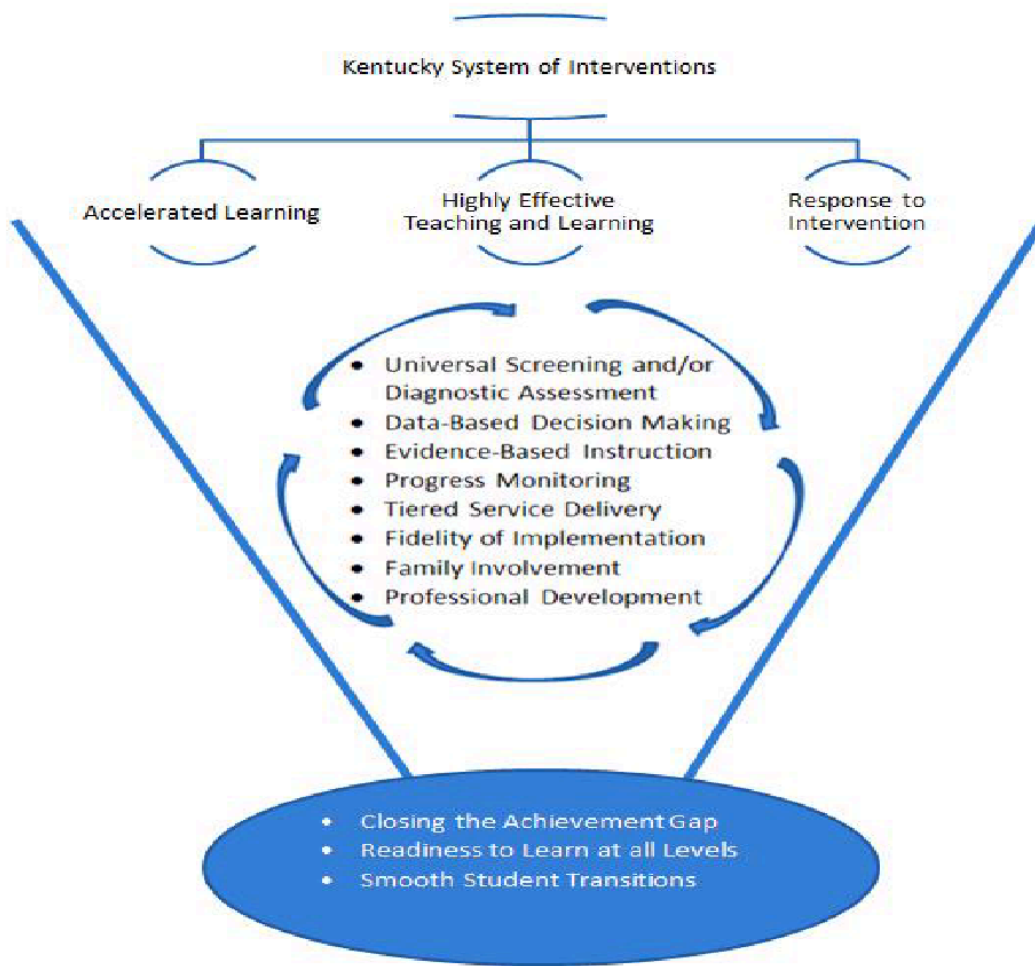
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Purpose and Overview of MTSS Manual

This manual's purpose is to define a common framework to serve as a guide for Mercer County Schools in designing the multi-tiered systems of intervention for academic and social/emotional/behavioral supports within each school. The Mercer County Schools MTSS plan was created based on the Kentucky Systems of Interventions Version 2.1 (KSI) guidelines and information from Fayette Co Intervention Plan.

The Kentucky Department of Education has outlined the following KSI framework which emphasizes optimizing instruction through targeted accelerated learning, development of teacher expertise, and responsiveness to the needs of all learners. What is effective for *every* learner is a systematic and ongoing assessment of their academic and behavioral needs and using the data in collaborative conversations with parents/guardians and educators in the interest of preparing students to be college and career ready to live and work in a global society.



What Is MTSS?

Multi-Tiered Systems of Support (MTSS) is a framework for providing effective school-wide interventions. Examples of MTSS include PBIS (Positive Behavior Interventions and Supports) for behavior and RTI (Response to Intervention) for academics. In each case, these systems do not describe interventions. Rather, they provide a framework for predicting, preventing, maintaining consistency, and evaluating progress.

MTSS involves four critical activities:

- Predict student failures by time and location.
- Prevent failure through instruction and environment.
- Promote consistent adult implementation.
- Monitor outcomes to evaluate progress and success for all.

WHAT IS THE GOAL OF MTSS?

MTSS General Goals:

- Improve student achievement.
- Act proactively rather than reactively.
- Make data-based decisions.
- Provide early interventions to struggling students.
- Implement effective communication for all stakeholders.
- Provide support to teachers through resources and training.
- Reduce special education referrals.

MTSS Academic Goals:

- Increase the number of students that meet or exceed state standards.
- Increase graduation rate.
- Eliminate achievement gaps.
- Eliminate retention and failures.

MTSS Behavioral Goals:

- Increase academic engagement.
- Increase social and behavioral competence.
- Decrease the number of discipline referrals.
- Decrease the number of suspensions/expulsions.

COMMON VALUES FOR ACADEMIC AND BEHAVIORAL TIERED INSTRUCTION SUPPORTED BY INTERVENTION LEGISLATION

All students have the right to high quality instruction that meets their individual needs. If we get it right, they will respond.

The Every Student Succeeds Act (ESSA, 2015) Legislation signed by President Obama in December 2015; reauthorizes the Elementary and Secondary Education Act and is focused on clear goals of fully preparing all students for success in college and careers. The ESSA is the main federal law affecting education from kindergarten through high school.

The Individuals with Disabilities Education Act (IDEA) 2004 A law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities.

An intervention is instruction based on a hypothesis as a result of problem solving and data analysis. It may require changes as new data becomes available and the intervention is not getting the desired result. It is a cyclical process.

KRS 258.6453 Standards aligned from elementary to high school to postsecondary education so that students can be successful at each education level.

KRS 158.6451. The curriculum shall comply with all applicable state and federal statutes and regulations. District high schools required to maintain advanced accreditation, and middle and elementary schools are encouraged to pursue and maintain such accreditation.

KRS 158.6459 Intervention strategies for accelerated learning incorporated into learning plan of high school students with need for additional assistance in English, reading or mathematics as indicated by high school readiness exam, college readiness exam or WorkKeys.

Student performance data should drive instruction.

KRS 158.649 Evaluation and assessment strategies to continuously monitor and modify instruction to meet student needs.

KRS 158.649 Evaluation and assessment strategies to continuously monitor and modify instruction to meet student needs.

KRS 158.070 Continuing education for those students who are determined to need additional time to achieve established outcomes.

KRS 158.649 Achievement Gap-Evaluation and assessment strategies to continuously monitor and modify instruction to meet student needs.

KRS 258.6453 Plan developed for accelerated learning for students with identified deficiencies or strengths.

KRS 158.792 Reading diagnostic and intervention fund – grants for reading intervention programs

KRS 158.844 Mathematics achievement fund – use and disposition of moneys

All staff should implement, monitor, and evaluate tiered instruction to ensure student success.

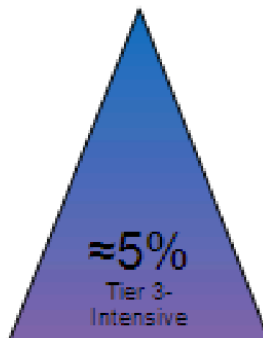
704 KAR 3:095 District-wide use of a response-to-intervention system for students in kindergarten through grade three (3), that includes a tiered continuum of interventions with varying levels of intensity and duration and which connects general, compensatory, and special education programs to provide interventions implemented with fidelity to scientifically based research and matched to individual student strengths and needs.

We are defined by the results we produce.

KRS 158.6451 High level of achievement of all students. Schools shall increase students' rate of attendance, increase graduation rates and reduce drop out and retentions rates as well as reducing physical and mental health barriers to learning.

Features of a Tiered Service Delivery Model

This instructional approach incorporates a multi-tiered system of service delivery in which each tier represents an increasingly intense level of instruction. Students move through the tiers in a flexible and fluid process based on student assessment data and collaborative team decisions. A multi-tiered concept aligns all available resources to support and address student's needs regardless of their eligibility for other programs or services. It is not a placement model of defining where students are placed within the tiers, but a service delivery model that guides the services to the students in an organized structured format. The goal of the process is to provide continuous progress so that students are successful.



UNIVERSAL/CORE INSTRUCTION: TIER 1

Tier 1: Academics

Tier 1 is the highly effective, culturally responsive, evidence-based core or universal instruction, provided to ***all*** students in the general education classroom. General education teachers must implement evidence-based curriculum and/or strategies with fidelity for academic instruction. About 80% of students will succeed with evidence-based curriculum, appropriate instructional practices, and differentiation to teach academic content. Duration and intensity of instruction in this tier are based on the needs of the students in a particular school. Schools where universal screening data do not reflect 80% of the student population meeting standards may require more instructional time than others in particular core curriculum areas.

The delivery of instruction in Tier 1 is focused on grade level/subject area standards using effective whole-and-small group instructional strategies. Differentiated instructional strategies should address learning preferences, cultural differences, and readiness levels within the group. The number of minutes per day of Tier 1 instruction is based on the critical content students should know and demonstrate for college and career readiness. The impact of Tier 1 instruction should result in at least 80% of the students achieving grade-level/ subject area expectations (e.g., proficiency) and making significant growth.

The assessment process at Tier 1 should be used routinely by teachers and/or students before, during, and after instruction. Using a formative assessment process ensures monitoring of learning progress and results in accurate, specific feedback that advances learning. Assessment should be fully aligned with Instructional Outcomes and have clear criteria showing evidence of student learning. The assessment process is well designed and includes both student and teacher use of results to improve learning.

Tier 1: Behavior

Tier 1 for behavior provides a positive environment where instruction can occur with minimal disruption and all students are engaged in learning. Effective Tier 1 systems prevent problem behaviors, encourage positive behaviors, and are designed to address the unique behavioral and social-emotional needs of students in the school. Positive behaviors are promoted by establishing systematic processes that result in success for at least 80% of the student body.

Efforts to teach all students desired behaviors and prevent serious behavioral problems should support the adoption and implementation of evidence-based practices. Practices that meet these criteria are consistent with Positive Behavioral Interventions and Supports (PBIS). PBIS is an integrated approach that clearly defines systems, practices, and the use of data to improve student outcomes. These practices include developing behavioral expectations, teaching those expectations, and acknowledging students for complying with a limited set of school wide basic expectations for conduct. The expectations translate into sets of rules that differ according to various settings in the school. Expectations and rules are systematically taught, modeled, reinforced, and monitored in all settings. Frequent and systematic acknowledgements of positive or improved behaviors are integrated into every setting every day.

The effectiveness of the Tier 1 system is assessed by carefully monitoring data to determine students' response to school-wide behavior systems and practices and providing additional intervention as needed. Administrators and staff utilize a problem-solving approach using data to design instruction and reinforcement of positive and proactive behavior expectations.

The Key Practices of PBIS Include:

1. Common set of positively stated school wide behavioral expectations in all school settings for students and staff.
2. Expected behaviors are directly taught and practiced for all settings.
3. Clear definitions of problem behaviors.
4. Continuum of procedures for acknowledging and encouraging expected positive and improved behaviors.
5. Continuum of procedures for discouraging problem behaviors.
6. Procedures for ongoing data-based monitoring and evaluation of all systems, practices and interventions.
7. Family awareness and involvement

Here is an example of the four essential activities of MTSS as applied to behavior (PBIS):

1. Predict student failures by time and location
 - When and where are these misbehaviors most likely to occur?

- Could you make those misbehaviors occur by changing something?
- 2. Prevent failure through instruction and environment
 - Effective instruction – teach students appropriate behaviors and responses to frustration/temptation
 - Create effective school - wide environments that include consistent schedules, active adult supervision, thoughtful adult placement, and the use of prompts
 - Provide frequent feedback on behavior – strive for 80% success rate (minimum of 4:1 ratio of success to failure)
 - Use correction and re-teaching as the first response to misbehavior
- 3. Promote consistent adult implementation
 - Develop a PBIS Team that is representative of all the adults/roles in the school
 - Meet monthly to discuss school-wide efforts and issues
 - Set school-wide goals and commit to using data as the arbiter of success
 - Support one another to engage in effective prevention practices
- 4. Monitor outcomes to evaluate progress and success for all and make Data-Based Decisions
 - Use office discipline referrals (ODR's) as a monthly index of student behavior
 - Develop an ODR form that includes at least name, behavior, location, and time
 - Summarize ODR data to graphic form and evaluate at monthly meetings
 - Evaluate progress towards goals, look for new predictors, identify students in need of more intensive intervention

Analyze Curriculum and Instruction

Areas to consider during the review of a school's existing academic and behavioral curriculum and instructional resources to evaluate their effectiveness and identify curricular gaps include:

- Is the universal academic and behavioral curriculum accessible to all students? Are all students taught a curriculum that aligns academic and behavioral expectations to Kentucky's Kentucky Academic Standards across content areas and grade levels?
- Is effective academic and behavioral instruction accessible to all students?
- What percentage of students are meeting grade level academic and behavioral expectations?
- Is tier 1 instruction for each grade level content or subject area effective?
- Does your tier 1 formative assessment process accurately predict student performance on summative assessments?
- Vertical and horizontal analysis of instruction: Do staff members participate in an analysis that determines the alignment of instructional techniques across content areas and grade levels?
- Are appropriate resources available for all levels of the school's intervention system?
- Do professional learning opportunities support all teachers in administering and analyzing screening/ diagnostic assessments, implementing intervention and progress monitoring in the general education classroom.

According to research in the field of highly effective instruction, some instructional components to incorporate into a school program include:

- Effective classroom discussion, questioning and learning tasks
- Focused, descriptive, qualitative, and frequent feedback to students
- Clearly defined learning and behavior targets in student-friendly language
- Student work/behavior models that meet the learning/behavior target(s)
- Critical and creative thinking prompts or questions
- Differentiated instruction
- Student engagement in self-assessment, self-reflection and peer-analysis based on learning and/or behavior targets

Data Planning and Procedures

Universal Screening

An important first step in identifying students in need of intervention is the use of universal screening in all core academic areas and behavior. Universal screening is a process through which all students and their educational performance are examined in order to ensure that all have an equal opportunity for support for high-end learning. Universal screenings help determine which students may be in need of further instruction/intervention in a specific area and will provide the school implementation team and the student intervention team with information to guide decision making. Universal screeners are administered, scored, and interpreted in a short timeframe to allow for timely decision making. It is important to remember that a single data source should not be the sole determinant factor in considering a student for intervention, especially if that data source occurs in isolation. Universal screening data should be triangulated with state testing scores and teacher report of student progress within the curriculum prior to considering a student for intervention services.

Academic Arena –

At Tier I, universal screening for all students is conducted at least three times during a school year: fall, winter, and spring. Scores earned at different times during the year are used to determine whether a student's performance and progress is increasing, decreasing, or staying the same. Curriculum Based Measures (CBM) are primarily used as a method for progress monitoring of academic skills and are characterized as brief, easy to administer and score, and produce measures that are good predictors of a student's academic ability. CBMs are used for both screening/benchmarking and progress monitoring.

Significant numbers of students meeting proficiency levels (e.g., 80% or greater) based on the results of universal screening tools is an indicator that the instruction in the core curriculum is effective. When there is evidence that instruction in the core curriculum is not effective (<80% of students meeting the benchmark/standards), administrators and teachers must examine whether it is an instructional problem or a curriculum problem.

Behavior Arena -

The PBIS team meets monthly to formally review and analyze school wide behavioral data:

- average referrals per day per month
- referrals by time
- referrals by grade
- referrals by student

- referrals by day of week
- referrals by problem behavior
- motivation of those behaviors.

Universal screeners for behavior may also include tardiness, attendance, in-school and out-of-school suspensions, detention, persistence to graduation data, failing grades, counselor/mental or health referrals. Classroom behavioral data could also be summarized by teachers at these intervals to 'flag' for review only those students who consistently fail to meet behavioral standards and expectations in the classroom (as indicated by student performance in instructionally-based classroom behavioral monitoring systems) over a period of time. Universal screeners may also include research based universal behavior screenings or brief rating scales completed by students or teachers addressing internalizing behaviors (anxiety, depression), social skills, or behavior.

Students who significantly exceed normative behavioral threshold levels in a school are given consideration for additional intervention in their specific area of concern.

Progress Monitoring of All Students

The results of progress monitoring inform decisions about instruction at the classroom level and the individual student level. Progress monitoring includes:

- Analysis of student performance on formative assessments. These will inform instructional decisions to provide a seamless system of intervention for improving student achievement (e.g., questioning, observation, student feedback, parent information).
- Collected data (anecdotal classroom records, student self-reflection, parent input, teacher-made assessments, etc.) on students' strengths as well as their needs.

Preschool programs refer to KDE's [Building a Strong Foundation for School Success Continuous Assessment Guide](#) for recommended preschool classroom instructional assessment and utilize regular formative assessment strategies as part of a balanced approach to assessment

Questions to Consider

- Does the school have an academic and behavioral curriculum aligned to Kentucky's state standards?
- Does the universal screener provide a quick way to identify all students who need more in-depth assessment in academics and behavior?
- Are the assessments broad enough to measure a wide range of student abilities?
- Is the universal screener easy to administer and reliable?
- If the universal screener provides evidence of an ineffective academic or behavioral curriculum that is not responsive to all students (80% of students are successful within the core instruction), is the school examining why it is occurring and whether this is a school-wide issue or classroom-specific issue?
- How will the school know if the plan is being implemented as designed?

- Is communication between school and home regarding student progress consistent, organized, and meaningful?

TARGETED INSTRUCTION: TIER 2

Tier 2: Academics

Tier 2 instruction occurs when analysis of universal screening *and other data* indicates a student is not meeting grade level benchmarks. Tier 2 provides Tier 1 core/universal instruction *in addition to* academic interventions for students not making adequate progress or for students performing below proficiency, especially those performing below the 20th percentile on multiple measures. Students in Tier 2 receive increasingly targeted academic instruction matched to their needs based on results of continuous progress monitoring. Instruction in Tier 2 can involve small groups of students or individualized intervention strategies focused on the targeted area/s. Tier 2 is intended to provide targeted instruction in identified areas of need and to provide support for students to be successful in Tier 1.

When a student's universal screening and other data results indicate the student is struggling to meet benchmark skills/grade level expectations, Tier 2 provides appropriate instructional intervention(s) and progress is regularly monitored. Of the 20% of students who proceed to Tier 2, research shows that 15% of students have their needs met at this level, leaving the remaining 5% for Tier 3 instruction. Students must receive general education instruction *plus* targeted intervention. Movement between the tiers/level of support is fluid and based on the student's response or non-responsiveness to instruction.

Evidence-based programs and/or strategies should be matched to students' needs as determined by assessment data. Staff should be trained to implement programs and strategies and to progress monitor effects. Programs and strategies should be implemented with fidelity to

ensure results achieved in the research will occur for students. Without appropriate training of teachers and fidelity checks to ensure the program/strategies are being implemented appropriately, student achievement data cannot measure students' response to intervention.

Tier 2 interventions depend on flexible and creative scheduling to allocate adequate time and human and fiscal resources for small group interventions. Tier 2 interventions can be provided by trained teachers, instructional specialists, and paraprofessionals. Decisions about who provides Tier 2 services should be made at the school level. However, students with the greatest deficits need to be provided services by highly effective staff members whose data shows efficacy of their practices.

Research and best practices suggest Tier 2 small group instruction should occur at a minimum of 30 minutes a day, at least 3- 4 days per week. Groups should consist of no more than 6 students. These are general best practices for Tier 2 interventions; however, the actual group size, number of days a week, and minutes per session must be consistent with the specific requirements and standard protocol of the selected research based intervention to ensure the program is being implemented with fidelity.

Tier 2: Behavior

At Tier 2, students who are not progressing socially, emotionally, and/or behaviorally in comparison to peers will receive interventions that are tailored to meet their needs. These collaborative interventions are typically delivered by the classroom teacher, school counselor, and/or other support staff. High numbers of students needing Tier 2 or Tier 3 interventions may indicate deficits in PBIS implementation fidelity or a need for the school to provide additional preventive school-wide, grade-level, or classroom supports at Tier 1. Even with sound Tier 1 positive behavioral support systems in place, up to 20% of a school's population may need additional social, emotional, or behavioral instruction and support.

Tier 2 interventions are designed to accelerate development of pro-social behavior while increasing engagement in academics. Tier 2 supports build upon those of Tier 1 by adding the pre-teaching, teaching, or re-teaching of social skills to meet student needs. Tier 2 supports follow basic behavior change strategies that focus on the underlying function that is driving the problem behavior. Interventions should teach behavior strategies for problem solving and should provide opportunities for struggling students to develop a sense of belonging within both school and community settings. Behavior intervention at Tier 2 should be consistent with the school-wide positive behavior support plan and should be readily available and easy to access.

Elements of Tier 2 include the following:

- Access to highly effective, evidence-based instructional interventions for targeted students:
 - Multiple academic or behavioral interventions may be used to address student needs.
 - Match instructional interventions to student academic and behavioral needs.

- Increased frequency of formative academic and behavioral assessments to analyze student response to instructional intervention(s):
 - Students move from one intervention to another within Tier 2 as evidenced by student response to formative assessment.
- Professional learning opportunities support classroom teachers and interventionists in the implementation of targeted instruction for academic and behavioral needs.

Progress Monitoring of Students Receiving Targeted Interventions in Tier 2

The purpose of progress monitoring/formative assessment at Tier 2 is to determine whether the intervention is successful in helping the student meet academic/behavioral expectations at an appropriate rate. The use of progress monitoring data informs the decision-making process. The student intervention team determines the process for monitoring students' progress and which students would benefit from additional instruction/intervention. This includes the type of assessment, method of data collection, documentation of data, and the monitoring of student progress over time. The data collected assists the student intervention team in determining the effectiveness of the academic or behavioral intervention.

Progress is monitored frequently to determine whether the intervention is successful in helping the student learn at an appropriate rate and/or if continuous progress is occurring. Students receiving interventions in the targeted level are monitored more frequently; however, the frequency is based on the type of skill being addressed (academic or behavior), the data collection plan developed by the student intervention team, and the protocol of the intervention.

Academic –

Interventions in Tier 2 are designed to target specific areas of weakness as indicated by benchmark assessments including progress monitoring measures. Goals should be set and monitored to ensure students are making adequate progress toward closing learning gaps. Student progress on targeted skills is assessed using progress-monitoring tools weekly. Curriculum based measures are commonly used for progress monitoring as well as for universal screening. Analysis of progress monitoring data will determine if the time, intensity, or intervention program needs to be changed to accelerate growth or fade intervention services.

Tier 2 services should be considered flexible. After progress monitoring data is collected, analyzed and reviewed for eight to twelve weeks, students can continue with the current intervention, move from one intervention program to another, services can be faded, or students can exit intervention.

Behavior –

A major component of Tier 2 is increased frequency of progress monitoring. Tier 1 universal screening assesses all students in the school periodically throughout the school year. In Tier 2, progress is monitored more frequently, sometimes as often as weekly or daily, based on the behavior of concern. This allows intervention teams to make decisions early in the intervention process, maximizing the effectiveness of the intervention. Students should be able to move in and out of Tier 2 supports as needed. It is imperative to evaluate fidelity of implementation of Tier 2 interventions before making a determination as to whether or not students have responded adequately.

Questions to Consider

- Are the academic and behavioral interventions evidence-based?

- Does the progress monitoring provide adequate data for decision-making?
- Do progress monitoring measurements provide adequate sensitivity to register small, incremental growth over time?
- Does the data from the progress monitoring assist schools in the development of instructional strategies and use of appropriate curriculum for the student's area of academic or behavioral need?
- How does the school implement a balanced assessment system as a method of academic and behavioral data collection?
- Which diagnostic assessments for learning and behavioral/social skills will the school use?
- Who monitors student performance after diagnostic assessments for instruction and behavior are given?
- How is the academic and behavioral data maintained?
- How frequently is student data reviewed?
- Is communication between school and home regarding student academic and behavioral progress consistent, organized and meaningful?
- How will the intervention plan be communicated to the student and how will the student be involved in the process?
- How is the data shared among the different providers?
- Are the strategies taught in Tier 2 generalized to the Tier I setting?
- How is information (e.g. trends, repetitive patterns of student needs, availability of instructional resources) from the student intervention team being relayed to the school implementation team?

INTENSIVE INSTRUCTION: TIER 3

Tier 3: Academics

Tier 3 provides Tier 1 core instruction *in addition to* interventions for students not making adequate progress in the curriculum and Tier 2. Tier 3 interventions are more intensive to the student's academic needs and the student's progress is monitored more frequently. Tier 3 is intended to provide more intense, individualized instruction based on student needs and addresses concerns that have continued even with the support of instruction in Tiers 1 and 2.

Intensive intervention occurs in Tier 3. Generally, one to five percent of a school's population needs Tier 3 services. Tier 3 interventions do not supplant Tier 1 or Tier 2 instruction. The primary differences between Tier 2 and Tier 3 are:

- the frequency with which interventions occur
- the duration and intensity of particular interventions
- the skill and expertise of the interventionist
- the frequency of progress monitoring.

All of these adjustments are based on student responsiveness.

The focus of Tier 3 instruction is on students with marked difficulties in reading, writing, and math who have not responded adequately to Tier 1 and Tier 2 services. Students whose ongoing data indicate a lack of progress in Tier 2 may need more intensive intervention. Students should receive Tier 3 interventions only after it has been determined that Tier 2 efforts have been implemented with fidelity and match individual student deficits.

Grouping configurations for Tier 3 intervention are homogeneous with a teacher/student ratio of no more than one to three, although one-to-one interventions may be necessary at times. Intensive instruction/intervention at this level is provided in addition to the core classroom

instructional program delivered at the student's instructional level. Students may also participate in Tier 2 interventions simultaneously.

The person who delivers Tier 3 instruction is determined at the school level and is typically not the classroom teacher. Tier 3 providers should be highly trained in the content they will teach and the programs/strategies that will be delivered. This instruction usually takes place outside of the child's primary classroom due to the intensity and duration of services.

At this level, interventions are intensive and address specific areas of academic difficulty for individual students. For example, Tier 3 interventions may be provided 30 minutes daily in addition to the classroom-based core curriculum. Progress monitoring is conducted at least once a week. As in Tier 2, all interventions should be evidence-based, demonstrate effectiveness for the target group, and be implemented with the time, materials, training, and personnel available in a school.

Tier 1 and Tier 2 instruction should support the intensity and frequency of intervention in Tier 3. Strategies that "work" with students in Tier 3 should be used in the classroom setting so students learn to generalize the skills. The primary purpose of Tier 3 is to provide opportunities to help struggling students learn so they can close the learning gap and succeed in the general education classroom.

Tier 3: Behavior

Tier 3 interventions are designed to provide intensive skill development to approximately one to five percent of students who display chronic, severe misbehavior, or social-emotional problems. Like Tier 2 interventions, Tier 3 interventions are intended to increase behavioral, social, emotional, and psychological well-being, as well as academic engagement. Tier 3 differs from Tier 2 instruction in terms of time, duration, group size, frequency of progress monitoring, and focus. In addition, this level of support often involves collaboration with community resources outside of the school.

Tier 3 interventions are provided by school personnel who are highly skilled or trained in the areas of need indicated by student performance data. School personnel determine the setting for Tier 3 intervention. When planning Tier 3 interventions, it is essential to review data and/or conduct further assessments to understand the context and function of the problematic behavior.

Students needing Tier 3 interventions for behavioral concerns should have a behavior plan, including baseline data that describes the specific behaviors of concern, as well as, the frequency, intensity, and duration. As the plan is implemented, progress-monitoring data should be collected daily. School personnel should conduct regular fidelity checks to determine if the intervention is implemented as described in the behavior plan.

Elements of Tier 3

Elements of Tier 3 include:

- Access to highly effective, evidence-based instructional interventions for academic or behavioral skill needs for identified students.
- Increased frequency of formative assessments to analyze academic and behavioral student responses to instructional intervention(s).
- Support for professional learning opportunities focused on-

- knowledge and understanding of the school's Tier 3 instruction, especially for the teacher(s) implementing Tier 3
- the decision-making process used in the school's intervention system.

Progress Monitoring of Students Receiving Intensive Interventions in Tier 3

Progress monitoring to track academic and behavioral assessment results and student performance at the intensive instruction level mirrors the method utilized for the targeted instruction level. However, the assessments are typically given more frequently, and the school implementation team reviews and evaluates the data more often. The frequency of assessments and intervention team meetings occur as determined by the school implementation team plan and the protocol of the intervention.

Questions to Consider

- Are the academic and behavioral interventions evidence-based?
- Does the progress monitoring provide adequate data for decision making?
- Is the progress monitoring sensitive to small increments of academic or behavioral learning growth over time and sensitive to the great leaps that high ability learners can make?
- Is this progress monitoring sensitive to discrepancies between performance and ability that may be reflected by high ability students as underachievement or twice exceptional?
- Does the data from the progress monitoring assist schools in the development of instructional strategies for academics and behavior and use of appropriate curriculum for the student's area of need?
- How does the school implement a balanced academic and behavioral assessment system as a method of data collection?
- How is the academic and behavioral data maintained?
- Is communication between school and home regarding student academic and behavioral progress consistent, organized, and meaningful?
- Have relevant appropriate interventions for academics and behavior been exhausted?

Family and Community Engagement

Families play a key role in any school/district intervention system. Family and community engagement must focus on improving student achievement. Continual and purposeful two-way communication between school and home must flow seamlessly. Families should regularly receive information concerning their children's academic achievement and behavioral standards. Productive and collaborative relationships between parents/guardians and school staff must be established to maximize efforts in meeting individual student needs.

Involving parents is a key aspect of a successful intervention program. As members of the support team, parents can provide critical information about students, thus, increasing the likelihood that interventions will be effective. For this reason, the classroom teacher or other school staff must make a concerted effort to involve parents as early as possible. This can be done through traditional methods such as parent-teacher conferences, regularly scheduled meetings, Open House, or by other communications. Instructional strategies that parents can use at home should be shared through various avenues.

Schools should share written information about the intervention process and be prepared to answer questions about the processes with parents. General information regarding MTSS should be available through the Student Handbook at each school. Because MTSS is a method of delivering the general education curriculum for all students, written consent is not required before administering universal screenings, CBM's, and targeted assessments within a multi-tiered system when these tools are used to determine instructional need. Parents will be notified via letter and personal contact as their child moves between tiers. The intervention plan and progress monitoring data will be shared with parents on a regular basis (midterm and report card) or as students change tiers.

The following practices occur in schools with successful family and community engagement programs:

- School/district has a clear purpose and vision that has been shared with families and other stakeholders.
- The school/district is a welcoming environment for families and other stakeholders.
- School/district has developed a communication plan. This plan includes the ability to translate all school notices/materials into the home language.
- The communication plan includes a description/process for distributing important school/district information to families and community members.
- Curriculum information is readily available to families and community members (e.g., Web site).
- Behavioral standards are included in orientation materials for families.
- The school has fully implemented curriculum, instruction, and behavioral policies and procedures for review.
- Before-, after-, and summer-school programs, along with community and faith-based programs, are an integral part of the tiered intervention system.

Strategies for Family and Community Engagement for All Students

- Families are informed on academic and behavior-related instructional strategies used in classrooms (e.g., classroom newsletters, parent-teacher conferences, orientations).
- Universal screening and progress monitoring information and results are explained to the student's family as part of conferencing and in planning for any needed interventions.
- School/family partnerships are encouraged and fostered as part of the education process.
- Parenting training is provided as needed. Challenges/barriers to attending such as transportation are addressed.
- Parenting programs are designed to support families in guiding student learning and behavior and developing capacity within the family.
- Families should be provided training and be involved in the development of the Individual Learning Plan (ILP).
- In working with families whose native language is other than English, it may be necessary to utilize the services of an interpreter and/or provide translated print materials to meet federal regulations.
- Family training is provided in the use of Infinite Campus (IC).
- Family/community members serve as student mentors.

SYSTEM OF INTERVENTION

Managing the Intervention Program

Team Approach

It is important to consider the needs of the school as a whole, as well as the needs of the students, when planning and implementing a system of interventions. To best manage the needs of the district, a District Implementation Team will be used. The District Implementation Team will be comprised of staff overseeing academic and behavioral instruction across the district.

To best manage the needs of the school, a School Implementation Team will be used. The School Implementation Team will be responsible for observing practices to ensure the ultimate vision of the school's comprehensive instructional system is fully functioning and the intervention component of that system is effective.

Another team, the Student Intervention Team, will focus specifically on the students selected for intervention services and their progress.

~District Implementation Team~

Purpose

To meet the individual needs of every learner, within the district for prevention and intervention through a collaborative team process

Team Members May Include the Following

- Superintendent
- School principals
- District level administrators over curriculum
- Director of Pupil Personnel
- Director of Special Education
- District level instructional coaches
- District level PBIS coach

Functions of Team May Include the Following

- Ensure each school is using effective and evidence based core academic and behavioral curriculum
- Ensure each school has *universal screeners* for academics and behavior.
- Ensure staff are trained on *instructional strategies and interventions* for academics and behavior.
- Provide professional learning opportunities that include information about all learners (e.g., ELL, GT, Special Education).
- Ensure there is a schedule for teaching tiered instruction for academics and behavior
- Conduct walkthroughs of academic instruction and PBIS
- Conduct fidelity checks of academic instruction and PBIS

Review district data to make informed decisions about curriculum, instruction and assessment: Examine achievement, behavior and other data to determine the percentage of students that are successful within the core/universal instruction. Identify data patterns:

- Achievement gap (sub-populations)
- Universal screening data
- Grade-level assessment data
- Classroom assessment data
- Repetitive patterns identified in Tier 2 and beyond that may inform Tier 1 instructional changes/adjustments needed

~School <i>Implementation</i> Team~	~Student <i>Intervention</i> Team~
<u>Purpose</u> To meet the individual needs of every learner for prevention and intervention through a collaborative team process	<u>Purpose</u> To develop a plan to meet the individual needs of a learner identified for intervention services through a collaborative team process
<u>Team Members May Include the Following</u> • Principal	<u>Team Members May Include the Following</u> • Principal

• School level administrator over curriculum • School level instructional coaches • School level administrator over behavior • School level PBIS coach • School staff with pertinent assessment knowledge and ability to interpret data (school psychologist, school counselor)	• School-level administrator over curriculum • School level instructional coaches • School-level administrator over behavior • School level PBIS coach • School-level academic and behavior implementation team members • School staff with pertinent assessment knowledge and ability to interpret data (school psychologist, school counselor)
<u>Functions of Team May Include the Following</u> • Design and implement core academic and behavioral curriculum • Select <i>universal screeners</i> for academics and behavior.	<u>Functions of Team May Include the Following</u> • Design and implement targeted academic and behavioral evidence based instruction • Select <i>progress monitoring tools</i> for academics and behavior.

• Select/train staff on <i>instructional strategies and interventions</i> for academics and behavior. • Provide professional learning opportunities that include information about all learners (e.g., ELL, GT, Special Education). • Compile professional resources and materials. • Create schedule for teaching academics and social/emotional/behavioral skills • Establish plan for follow-up monitoring and fidelity of implementation Involve family and community stakeholders in learning: • Develop and implement a communication plan. • Develop activities that provide meaningful family engagement in the school experience Provide support for teachers to collaborate in an effort to help all students in the classroom. Consider all circumstances that may affect or interfere with student achievement and success (e.g., home life, community, personal health, academic and behavioral). Review school data to make informed decisions about curriculum, instruction and assessment: Examine achievement, behavior and other data to determine the percentage of students that are successful within the core/universal instruction. Identify data patterns: • Achievement gap (sub-populations) • Universal screening data • Grade-level assessment data • Classroom assessment data • Repetitive patterns identified in Tier 2 and beyond that may inform Tier 1 instructional changes/adjustments needed Use curriculum based measures (CBM) data along with classroom observations, districtwide assessments and/or other standardized tests to measure the effectiveness of the interventions.	• Select/train staff on <i>intervention strategies</i> for academics and behavior. • Identify professional resources and materials appropriate for the student(s). • Establish plan for progress monitoring and fidelity of implementation. Involve family and community stakeholders in learning: • Notify parents of initial targeted intervention(s) and any changes in tiers • Provide regular progress updates (concurrent with grading periods) • Provide families with specific information on how to assist their children with the academic or behavioral areas of need or strength identified Provide support for teachers to collaborate in an effort to help targeted students with the intention or ensure continuous progress. Triangulate student level data to make informed decisions about targeted and intensive instruction
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Scheduling

A frequently asked question in regards to implementing a system of intervention for a school relates to time for the actual intervention services to take place. In order to help each, individual child reach proficiency, and ultimately college and career readiness goals, a system of intervention is critical. As we continue to focus on the state standards, and gauge student achievement of those standards, just-in-time interventions will be necessary to help address those students who do not reach proficiency as quickly as their classmates and likewise for those students who are quick to reach proficiency and could benefit from extension activities and other accelerated learning options.

There are many options for scheduling interventions for your school, each with their own advantages and disadvantages for effective implementation.

Extended School Services (ESS) Model: Before or after school ESS programs (expanding these with 21st Century Learning grants or other funds) could be used to provide interventions. Daytime waivers to provide intervention services for ESS during the school day.

Lab Model: The lab model provides students direct instruction in their regular classroom, but then provides extensions or interventions in the lab classroom. The teacher(s) of these lab classes must be highly effective (skilled at differentiation, flexible-able to adjust plans based on formative assessment, dynamic deliverers of instruction).

Dedicated Intervention Time: Time built into the school schedule for an intervention class period.

Lunch Intervention: “Intervention Lunches” could be done where a teacher volunteers to provide intervention services to students during the student’s lunch. The student goes to the café and gets their lunch and then reports to the teacher, who works with them during that time on academic or behavioral targets the student needs to monitor.

Embedded Model for High School EPAS Interventions: Embedding the English and/or Reading transitional curriculum into the English IV course. The new KAS really lends itself to this embedded model.

Pull-out for Interventions: Not a preferred model because students miss experiences in other classes of interest. Students could be pulled out of elective courses to attend an intervention session or class. It should be noted that students cannot be pulled from content courses as this is against state regulations.

Organizing the MTSS Files

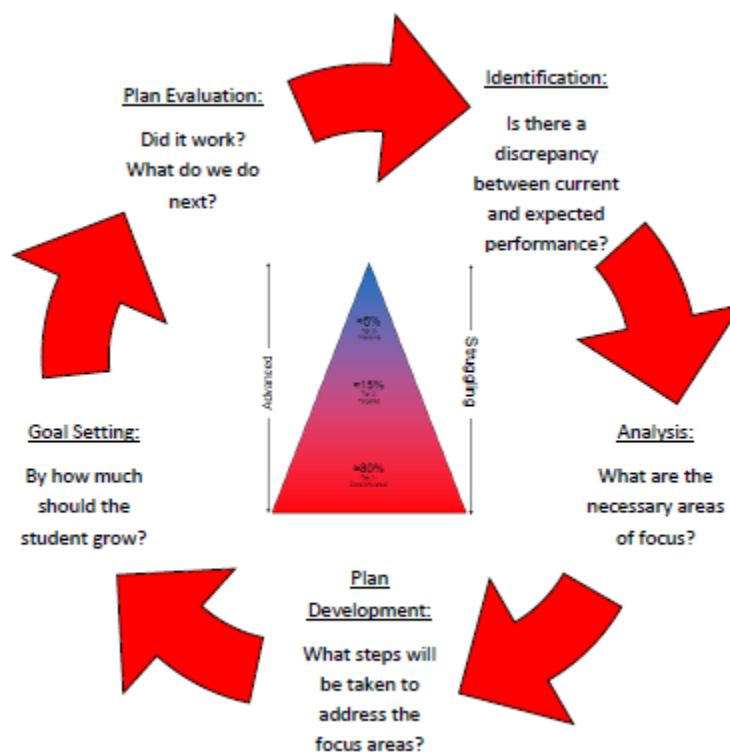
All MTSS files should be kept in a central location within the school or maintained in Infinite Campus. While teachers may have copies of the current Tier plans to refer to in their classrooms, updated student files must remain in the central location. It is essential that any personal or private information shared in student social histories, outside evaluations, or parent notes is kept confidential.

Paperwork should be kept in the file with the most recent information first. All paperwork from the same school year should be organized in this manner and stapled together at the end of the year.

When a student transitions from elementary to intermediate, intermediate to middle school, or middle school to high school, the MTSS folder should be handed off to the school counselor and delivered to the receiving school. If maintained in Infinite Campus, these will transfer electronically with the student. Each school should also receive a list of all MTSS students, current and inactive.

Problem Identification Process

Mercer County Schools will utilize the Problem-Solving Model as the method used to identify concerns in academics or behavior. This process allows problem-solving teams to use academic and behavioral assessment data to identify why some students are not mastering the required academic and/or behavioral skills at the same pace as their peers; the team crafts individualized interventions to address the need.



Decision Making Rules

Before decision-making can begin, schools must review present data tools and determine the criteria (target goals) for a positive response to instruction for an individual school or district. Based on the data, instruction can have one of three outcomes, or responses: positive, questionable, or poor.

Decision Rules for Positive Response – Individual Student and Group of Students

Positive Response — under positive conditions, the current instruction/intervention may be continued with the same/increased goal or faded gradually to determine whether the same level of support is necessary for student(s) success.

Positive Response

- Gap is closing.
- Point at which student(s) will “come in range” of target can be extrapolated — even if this is long range.

Potential Actions

- Continue instruction with current goal.
- Continue instruction with increased goal.
- Gradually fade intervention to determine if student(s) have acquired functional independence.

Decision Rules for Questionable Response – Individual Student and Group of Students

Questionable Response - When the response is inconclusive, the first question is one of fidelity: “Was the intervention implemented as intended?” If not, then supports to increase implementation fidelity are put in place. If implementation fidelity is demonstrated, then intensity of the current instruction may be increased for a short period of time. If rate of progress improves, then instruction is continued at the more intense level. If the rate does not improve, then a return to problem solving is necessary.

Questionable Response

- Rate at which gap is widening slows considerably, but gap is still widening.
- Gap stops widening, but closure does not occur.

Potential Actions

- Was intervention implemented as intended?
 - If no – employ strategies to increase implementation integrity.
 - If yes – modify/intensify intervention for a short period of time and assess impact. If rate improves, continue. If rate does not improve, return to problem solving.

Decision rules for Poor Response – Individual Student and Group of Students

Poor Response - When the response is poor, the same question of implementation fidelity is asked. Again, if implementation fidelity is problematic, supportive strategies to increase implementation fidelity are employed. If implementation integrity is sound, then the steps of problem solving are retraced, asking: “Is the instruction aligned with the verified hypothesis, or are there other aligned interventions to consider?” (Develop a plan.) “Are there other hypotheses to consider?” (Define the problem) and “Is the problem identified correctly?” (Evaluate.)

Poor Response

- Gap continues to widen with no change in rate.
- Level of trend line is well within at risk range with little or no chance of closing the gap.

Actions

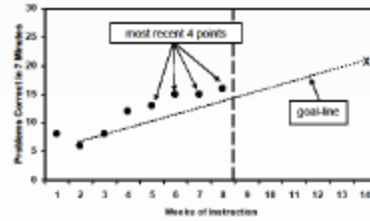
- Was instruction implemented with fidelity? o If no, use the Fidelity Checklist, *Appendix H* to problem-solve.
 - o If yes, proceed to the following question.
- Was there sufficient time for the intervention to work?
 - o If no, allow additional time according to strategy or program requirements.
 - o If yes, proceed to the following question.
- Was the problem identified correctly?
 - o If no, are there other hypotheses to consider based on reviewing current data?
 - o If yes, proceed to the following question.
- Was intervention aligned with the verified hypothesis?
 - o If no, use data to identify an intervention to match the deficit.
 - o If yes, proceed to the following question.
- Was the response of entire group poor?
 - o If no, and the student is responding poorly, a disability may be suspected and a special education referral may be warranted. See “Recommended Practices for Determining if a Student is Suspected of Having a Disability” for further analysis.
 - o If yes, use data to identify a new intervention for the group.

Four-Point Decision Rule

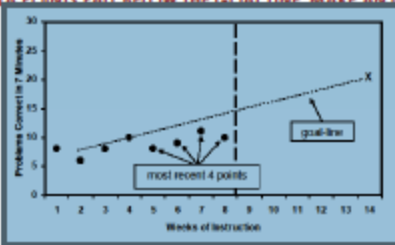
Many decision-making procedures include the four-point decision rule as a guideline for interpreting progress monitoring data. It is always necessary to discuss the accuracy and reliability of progress monitoring data. To use the four-point decision making rule:

1. Ensure proper graphing of the goal line (aim line) and trend line.
2. Collect a minimum of 6 data points, not counting the baseline data points.
3. Compare the last 4 consecutive data points to the goal line.
4. Make an instructional decision.

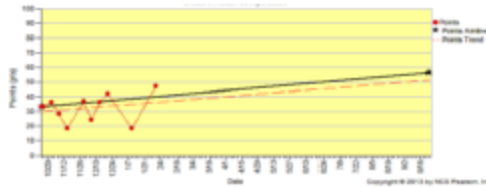
IF 4 CONSECUTIVE DATA POINTS FALL AT OR ABOVE THE GOAL LINE, CONSIDER RAISING THE GOAL OR CONSIDER FADING INTERVENTION.



IF 4 CONSECUTIVE DATA POINTS FALL BELOW THE GOAL LINE, MAKE AN INSTRUCTIONAL CHANGE.



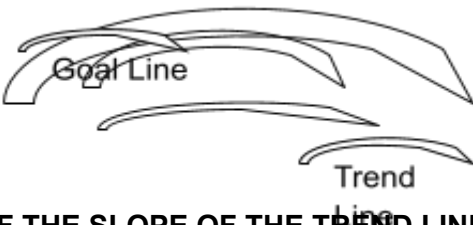
IF DATA POINTS FALL ABOVE AND BELOW THE GOAL LINE CONTINUE WITH CURRENT INSTRUCTIONAL STRATEGIES, MAINTAIN THE CURRENT GOAL, AND CONTINUE TO MONITOR PROGRESS.



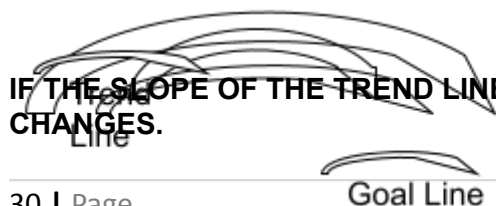
Trend line Analysis

A trend line analysis compares the slope of the trend line (student's actual rate of progress over time) to the slope of the goal line (student's expected progress) to determine if a student is achieving as predicted. In general, 8 to 11 data points are usually necessary to reliably analyze trend.

IF THE SLOPE OF THE TREND LINE IS FLATTER THAN THE GOAL LINE, CONSIDER AN INSTRUCTIONAL CHANGE.



IF THE SLOPE OF THE TREND LINE IS STEEPER THAN THE GOAL LINE, CONSIDER SETTING A HIGHER GOAL OR DETERMINING IF IT IS TIME TO FADE INTERVENTION.



IF THE SLOPE OF THE TREND LINE IS PARALLEL TO THE GOAL LINE, MAKE NO CHANGES.

IF THE SLOPE OF THE TREND LINE IS PARALLEL TO THE GOAL LINE, MAKE NO CHANGES UNLESS THE LEVEL OF THE TREND LINE IS SIGNIFICANTLY BELOW THE GOAL LINE.



WHAT CHANGES MIGHT NEED TO BE MADE TO THE INTERVENTION?

Sometimes the progress monitoring data will indicate that a change is needed (e.g., trend line is flatter than the goal line). Instructional activities that can be changed or altered to increase the intensity of the intervention include the following:

- Opportunities to learn – increase number, time, or intensity of intervention sessions
- Program Efficacy – examine effectiveness or level of curriculum materials and/or teaching strategies
- Program Implementation – monitor how instruction is being delivered for intensity & fidelity
- Grouping for Instruction – analyze setting or placement to determine if changes are necessary
- Coordination of Instruction – strategically plan with all those involved in intervention
- Student Motivation – increase positive reinforcement or provide meaningful incentives, consider student interest

Fidelity

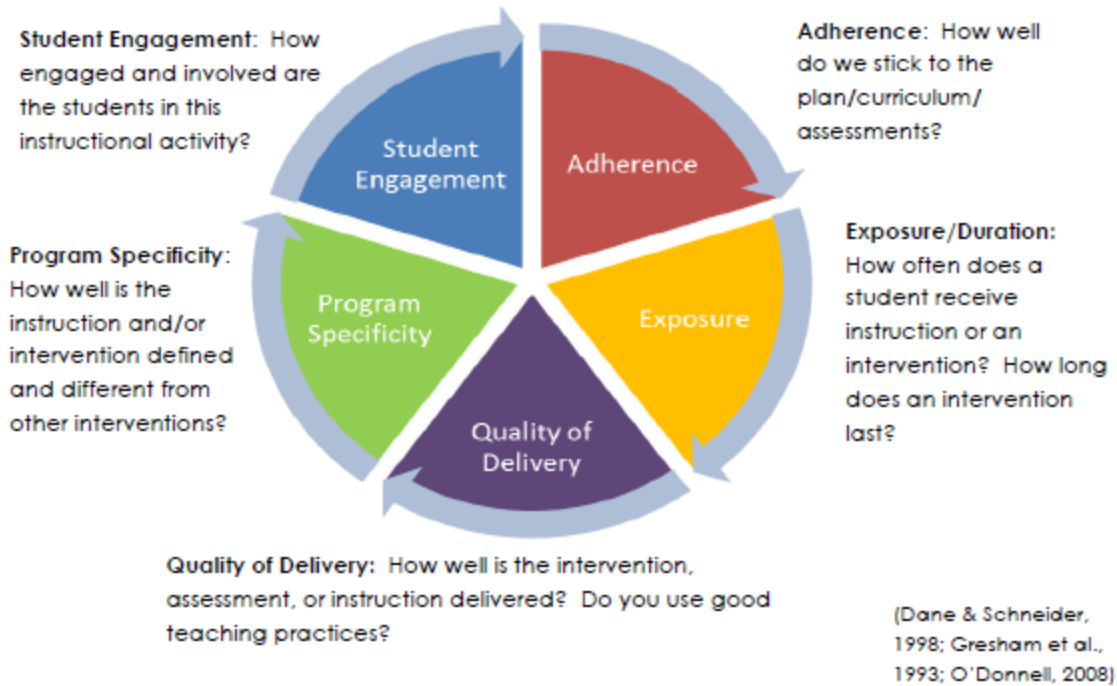
Fidelity is the degree to which a system can reproduce a desired outcome accurately and consistently. In an RtI model, fidelity is important at the district and school levels (e.g., implementation of the process) and at the teacher level (e.g., implementation of instruction and progress monitoring).

Fidelity refers to the degree and quality to which evidence-based instruction is implemented as designed. Fidelity must also address the integrity with which progress monitoring and screening procedures are completed and an explicit problem-solving process is followed. Failure to attend to fidelity results in unreliable data, ineffective decision-making and lack of student success.

FIDELITY = CONSISTENCY AND ACCURACY
FIDELITY = INTEGRITY

While components of fidelity may vary, it is helpful to think about fidelity as having five elements: adherence, exposure, quality of delivery, program specificity and student engagement.

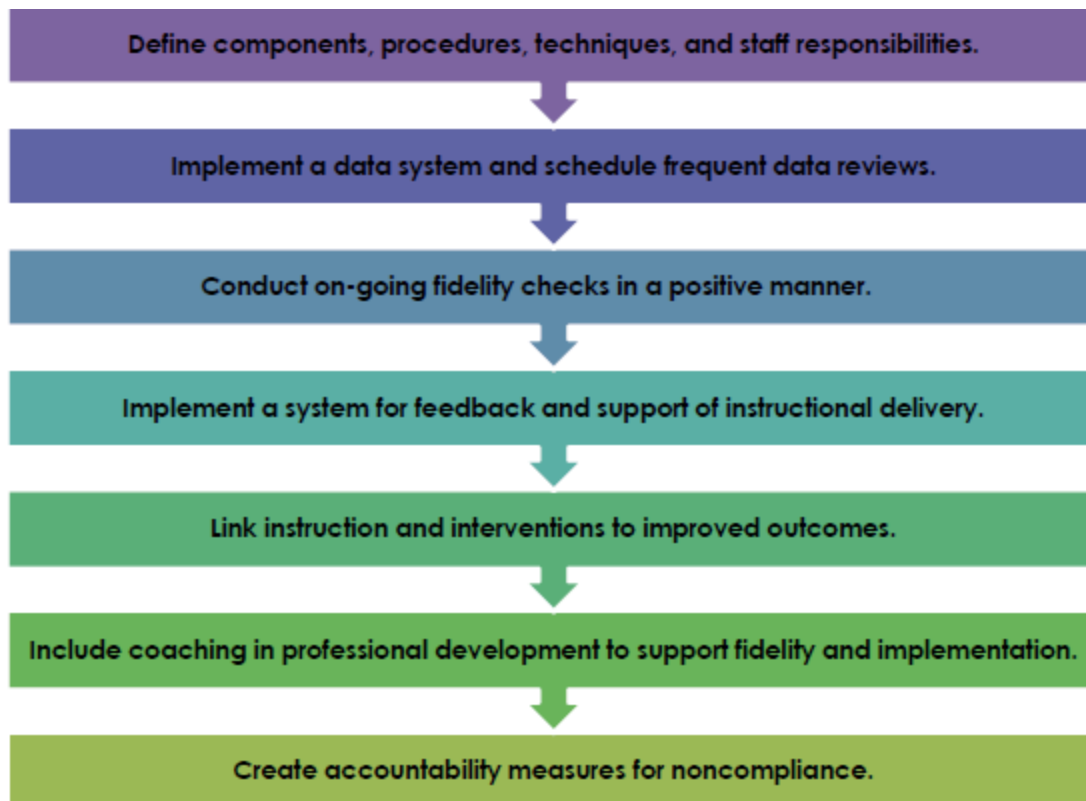
Five Elements of Fidelity



When evaluating Tier 1, it is necessary to consider effectiveness of instructional climate, core curriculum, quality of instructional practices and validity of assessments. When evaluating the effectiveness of Tier 2 and/or Tier 3, it is critical to document that interventions have been implemented with fidelity.

Practices to Ensure Fidelity of Implementation

School instructional leadership team shall:



UNACCEPTABLE PRACTICES

UNACCEPTABLE PRACTICES IN INTERVENTION DESIGN

The following are examples of unacceptable practices that may occur during intervention planning:

No Intervention System in Place

The district or the school does not have a system in place to ensure interventions are provided *prior to* or as a part of the referral.

Intervention Does Not Match the Problem

The intervention strategy and materials must meet the student's individual needs. For example, if the student exhibits deficits in decoding and word attack skills, an intervention to build fluency will have little effect on progress toward the desired outcome. Therefore, it is crucial that the MTSS Team identify the correct presenting problem and identify an evidence-based instructional strategy or program/curriculum that has the greatest likelihood of success.

An Adequate Problem Analysis Was Not Completed Prior to Designing or Implementing the Intervention

If during the Problem Solving Process the student's deficit was not clearly defined, it is probable that the intervention provided will not contain all of the crucial components necessary to reach the desired outcome.

For example: Assuming that lack of motivation is the problem without reviewing data to determine whether the student has a skill deficit.

The Timelines Chosen Are Not Specific to the Needs and Growth Rate of the Individual Student, But Rather Are Based on "Arbitrary" Criteria (E.g., All Interventions Last 4-6 Weeks, Regardless of the Problem)

As with choosing the best instructional strategy and materials for an intervention, the amount of time needed to make a data-based decision is based on the student's needs and the behavior to be affected. For example, improvement in reading comprehension may require a lengthier intervention period than acquisition of basic math facts. Typical decisions that inform when to discontinue or change an intervention include the following and should be a part of evaluating the intervention plan.

- Intervention is effective and is no longer needed.
- Student is not making sufficient progress and adjustments to plan are needed.
- Student is making progress, but the intervention is so intense it cannot be maintained in the current setting.

Intervention Selected Consists of Advice or Consultations That Are Not Child Specific or Targeted to a Specific Behavior

Consultation and parent contacts are not intervention strategies.

Retention, homework hotline, call parent, peer tutors, and teacher's aide are NOT interventions

Intervention Selected is a Measurement Strategy

Measurement strategies (e.g. student being on a chart, charting student behavior, or documenting student behavior without a co-existing intervention) are not intervention strategies. A student must be *taught* a skill or behavior for it to be considered an intervention.

Accommodations Are Cited As Research Based Interventions

Accommodations such as oral tests, worksheet drill, computer assisted drill, advanced organizers, number line charts, extended time, preferential seating, etc., are not research based interventions.

Research based means the intervention has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous objective, and scientific review (Federal Register, Volume 71, No 156, Rules and Regulations, page 46683).

Vague Intervention Information

Small group instruction and/or individual instruction are cited as interventions without any explanation about what specifically will be done during small group or individual instruction.

Treating Each Student Concern Similarly Rather Than Addressing Them on an Individual, Case-by Case Basis

It is sometimes necessary to veer from typical procedures based on individual student needs. (Typical procedures may include insisting that a student proceed through tier 2, supplementary intervention without considering the 'red flag' issues that must be addressed through immediate, intense, tier 3, systematic level of support.)

UNACCEPTABLE PRACTICES IN PROGRESS MONITORING

The following are examples of unacceptable practices that may occur in the process of evaluating interventions:

- No documentation of repeated assessments at regular intervals to evaluate the effectiveness of the intervention.
- Progress monitoring data are collected on an irregular or infrequent basis or are not collected. This could lead one to make inappropriate decisions about progress or lack of progress. The intervention plan should reflect the frequency of data collection and all efforts should be made to implement as planned.

- Progress monitoring data is not documented correctly or in a manner that is helpful to teachers. For example, saying “some help, little help, no help, little progress, some progress, helped just a little bit”. Data must be able to be graphed to determine trends.
- The progress monitoring data are not evaluated during the intervention implementation, but only at the end of the intervention. This would indicate that the decision-making rule(s) were not followed and necessary changes were not made in a timely manner. This could result in an intervention being used for too long, whether it is effective or ineffective.
- Changes are not made to the intervention when the progress monitoring data indicate the intervention is ineffective. If the data indicates that an intervention is ineffective, there are three likely causes:

Causes of Ineffective Interventions

- Stating that the intervention was ineffective, despite knowing that the intervention was not implemented as planned. This suggests a breakdown in the intervention fidelity check.
- Stating intervention outcomes that are not supported by the actual progress-monitoring data. This practice contradicts the intention of data-based decision making. Decision rules should guide future actions and outcomes that guide those actions.
- Progress monitoring tool does not match the deficit skill and, therefore, cannot accurately reflect progress. This may indicate that the team has identified the wrong problem or wrong measure (e.g., using a measure of basic skills when the problem is with content area knowledge).

Information on Dyslexia

The Kentucky Department of Education (KDE) developed the Kindergarten to Grade 3 Dyslexia Toolkit in response to The Ready to Read Act (House Bill 187, 2018). This toolkit provides educators and families with a useful resource to better meet the needs of students with dyslexia or those who display characteristics of dyslexia. This toolkit is intended to increase educators’ knowledge of the characteristics of dyslexia; appropriate teaching strategies to use when instructing students with dyslexia; and a process for identifying individual learning needs.

Dyslexia, as defined in KRS 158.307, “means a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede the growth of vocabulary and background knowledge.”

Making assumptions about a child’s reading difficulties based on a reading comprehension test or struggling phonological awareness is not a basis for determining dyslexia. Assessment of dyslexia should be situated coherently within a more general approach to the assessment and instruction of reading and literacy skills. Mistakenly referring to any and all reading problems as “dyslexia” (a label which should be restricted to cases of inherent and persistent phonological decoding difficulty) could result in ignoring other causes of reading difficulty that deserve equal

attention, such as poor language skills, limited vocabulary, weak executive function, visual or cognitive impairment or limited prior knowledge (e.g., content knowledge). These problems all create reading difficulty, but do not qualify as dyslexia. However, they must be addressed if a child is to develop as a reader.

Evidence Based Instruction

The NRP emphasized the importance of providing students with reading instruction supported by scientifically-based research consisting of five key components: phonemic awareness, phonics, vocabulary, fluency and comprehension. While students with dyslexia may benefit from this instruction as described by the NRP for typical developing readers, they are not likely to overcome reading difficulties without receiving reading instruction specifically designed for dyslexia. In order for a student with dyslexia to achieve the goal of reading efficiently, appropriate reading, writing and spelling instruction should be offered in a one-on-one or small group setting.

Systematic and cumulative instructional components specifically designed for dyslexia include:

- **Phonemic awareness** – Instruction on phonemic awareness enables students to detect, segment, blend and manipulate sounds in spoken language. A phoneme, the smallest unit of sound in a given language, is distinct from other sounds in the language. Once students have developed phonemic awareness, they must learn how to associate the phonemes to symbols or printed letters. Explicit instruction on phonemic awareness and sound-symbol association helps children learn to both read and spell.
- **Systematic phonics instruction** – Phonics teaches students about the relationship between phonemes and printed letters. Words carry meaning because they are made of sounds and sounds are written with letters in the right sequence. Students with this understanding can blend sounds associated with letters into words and can separate words into component sounds for spelling and writing. Phonological memory must be strong in order for readers to remember sequences of unfamiliar sounds, store sound sequences in short-term memory and recall words from short-term memory.
- **Language structure instruction** – Language study encompasses morphology (the study of meaningful units of language such as prefixes, suffixes and roots), semantics (ways that language conveys meaning), syntax (sentence structure) and pragmatics (how to use language in a particular context).
- **Linguistics instruction** – Linguistics instruction should be directed toward proficiency and fluency with the patterns of language so that words and sentences are the carriers of meaning. Reading fluently improves students' abilities to recognize new words, read with greater accuracy and expression, and better comprehend what they read.
- **Process-oriented instruction** – The procedures or strategies for decoding, encoding, word recognition, vocabulary, fluency and comprehension must be taught explicitly and directly so that students learn the skills needed to become independent readers.

Instructional Approaches for Students with Dyslexia

The following instructional approaches are components of multisensory, systematic, specific language-based reading programs that are specifically designed for dyslexia:

- Explicit, direct instruction that is systematic (structured), sequential and cumulative. Instruction is organized and presented in a way that follows a logical sequential plan, fits the nature of language (alphabetic principle) with no assumption of prior skills or language knowledge, and maximizes student engagement. This instruction proceeds at a rate commensurate with students' needs, ability level and demonstration of progress;
- Individualized instruction that meets the specific learning needs of each individual student in a small group setting using a reading curriculum that matches each student's individual ability level;
- Intensive, highly concentrated instruction that maximizes student engagement, uses specialized methods and materials, and produces results;
- Meaning-based instruction that is directed toward purposeful reading and writing, with an emphasis on comprehension and composition; and
- Multisensory instruction that incorporates the simultaneous use of two or more sensory pathways (auditory, visual, kinesthetic, tactile) during teacher presentations and student practice.

The What Works Clearinghouse (WWC) provides information related to K-3 programs that have demonstrated strong to moderate evidence for effectiveness in teaching alphabets, reading fluency, early reading/writing, literacy achievement and functional abilities for students with disabilities, such as, but not limited to, dyslexia. These are listed in order of strength of positive outcomes and the grade level examined is indicated in parentheses, as well as the current research available for these programs. To access this information, visit the WWC website.

Classroom Strategies for Students with Dyslexia

To support the success of students with dyslexia, teachers can implement strategies to accommodate their academic needs and address the challenges students face across all learning environments. The following examples offer strategies for providing support involving materials, instruction and student performance. For a comprehensive list of these strategies, see International Dyslexia Association's guidance for the classroom.

- Clarify or simplify written directions
- Present the work in small amounts
- Highlight essential information.
- Block out extraneous stimuli on a page.
- Use explicit teaching procedures.
- Repeat directions.
- Use balanced presentations and activities.
- Use graphic organizers.
- Change response mode for assessment of learning.
- Encourage students to use multisensory techniques, such as subvocalization.
- Allow students to use an instrument (pencil, index card, window card) to alleviate tracking issues.

GLOSSARY

Adequate Yearly Progress (AYP) - AYP is the term used in NCLB to refer to the minimum improvement required of each school and district over the course of one year. It is measured at the school and district levels by measuring growth in the percentage of students scoring proficient or above in reading and mathematics and assessing improvement on one "other academic indicator" while testing at least 95 percent of enrolled students and student subpopulations of sufficient size.

All Students - Every student enrolled in a school or district, regardless of identification, race, ethnicity, nationality, gender, socio-economic status, or primary spoken language.

Aimline (see Goal Line)

Baseline Data - The data collected prior to interventions being implemented and signifies the student's present level of performance on a targeted skill/concept.

Benchmarks - Logical breakdown of the major components of the long-term goal and how they measure progress toward meeting the long-term goal.

Classroom Performance – Educators assume an active role in students' assessment in the general education curriculum. This feature emphasizes the important role of the classroom staff in choosing and periodically completing student assessments of academics and

behavioral/social skills rather than relying on end-of-the-year achievement tests (e.g., state or nationally developed tests) or routine office referral/detention/suspension for behavior. (NRCLD)

Community - A community may be a neighborhood and places around school; local residents; and/or local groups based in neighborhoods.

Continuous Progress Monitoring - Students' classroom progress is monitored continuously. In this way, staff can readily identify those learners who are not reaching individual or classroom academic and behavioral goals. Curriculum-based assessment models (NRCLD) and data from instructionally-based classroom behavioral monitoring systems are useful in this role.

Criterion- versus Norm-Referenced - Screening measures can use either a criterion referenced or normative comparison standard of performance. In the former, a specific criterion level of skills is specified as indicating an acceptable level of proficiency or mastery. In the normative comparison, the screening results are compared to an appropriate peer group (e.g., other students in first grade).

Curriculum-Based Assessment (CBA) – An assessment that measures what a student understands, knows, or can accomplish in relation to specific performance objectives, tied to the curriculum, rather than to other students' performance.

Curriculum Based Measurement (CBM)

Instead of measuring mastery of a series of single short-term objectives, each CBM test assesses all the different skills covered in the annual curriculum. CBM samples the many skills in the annual curriculum in such a way that each weekly test is an alternate form (with different test items, but of equivalent difficulty). (Fuchs)

Cut score - Accuracy of screening also is determined by what cut scores are used. A cut score, also called cut point, is the score that represents the dividing line between students who are not at risk and those who are potentially at risk. (NRCLD)

Data Point - A data point is one score on a graph or chart, which represents a student's performance at one point in time.

Differentiated Instruction – Differentiated instruction refers to educators tailoring the curriculum, teaching environments, and practices, to create appropriately different learning experiences for students in order to meet each student's needs. To differentiate instruction is to recognize students' varying interests, readiness levels, and levels of responsiveness to the standard curriculum and to plan responsively to address these individual differences. There are four elements of the curriculum that can be differentiated: content, process, products, and learning environment.

Duration – The length (number of minutes) of a session multiplied by the number of sessions per school year.

Early Intervening - Early intervening in this context refers to catching problems while children are small... the problem is small? The term includes, but is not limited to, services for young children. (NASDSE)

Efficiency - A screening procedure must be brief as well as simple enough to be implemented reliably by teachers. (NRCLD)

Evidence-Based Practice - Instructional strategies and educational practices that are proven by scientific research studies. By proven, it is understood that these are classroom practices for which there is strong, or moderate, evidence of success.

Evidence-Based Instruction- Classroom practices and the curriculum vary in their effect on academic and behavioral outcomes. Thus, ensuring that the practices and curriculum have demonstrated their efficacy is important. If not, one cannot be confident that students' limited achievement or failure to meet behavioral expectations is independent of the classroom experiences. (NRCLD)

Evidence-Based Interventions - When students' screening results or progress monitoring results indicate a concern, an appropriate instructional intervention is implemented, either a standardized treatment protocol or an individually designed instructional intervention. The standardized treatment protocols are the academic and behavioral interventions that researchers have proven effective. School staff is expected to implement specific, research-based interventions to address the student's difficulties. These interventions might include a "double-dose" of the classroom instruction or other instructional methods that are not adaptations of the current curriculum or accommodations. (NRCLD)

Family - A family includes recognized related and non-related members (i.e., siblings, grandparents, aunts/uncles, friends/neighbors) who contribute to a child's learning in a significant way.

Fidelity Measures - While the interventions are designed, implemented, and assessed for their learner effectiveness, data on the fidelity of instruction is gathered. Fidelity measures assess whether the instructional methods and curriculum were used consistently and as they were intended. Staff members other than the classroom teacher have an important role in completing fidelity measures, which are usually an observational checklist of critical teaching behaviors or important intervention elements. (NRCLD)

Fidelity of Implementation Fidelity refers to the accurate and consistent provision or delivery of instruction in the manner in which it was designed or prescribed according to research findings and/or developers' specifications. Five common aspects of fidelity include: adherence, exposure, program differentiation, student responsiveness, and quality of delivery.

Flexible Grouping - Allows students to move among different groups based on their performance and instructional needs

Formative Assessment - Formative assessment is a process used by teachers and students during instruction that provides feedback to adjust ongoing teaching and learning to improve students' achievement of intended instructional outcomes. (CCSSO) The goal of formative assessment is to gain an understanding of what students know (and don't know) in order to make responsive changes in teaching and learning. (Black and William)

Functional Assessment - Academic-process to identify the skill gap, determine effective strategies and develop interventions to teach the desired skill
Behavior-Process to identify the problem behavior, decide the function of the behavior and develop interventions to teach acceptable alternatives to the behavior

Goal - System for measuring the student's progress toward long-range expectations

Goal Line (sometimes referred to as an aimline) The goal line on a graph connects the intersection of the student's initial performance level and date of that initial performance level to the intersection of the student's year-end goal and the date of that year-end goal. It represents the expected rate of student progress over time.

Highly Effective Classroom Instruction - Academic and behavioral instruction or intervention matched to student need that has been demonstrated through scientific research and practice to produce high learning rates for most students. (NASDSE) Students receive high-quality instruction in their general education setting. Before students are singled out for specific assistance, one has to have an assurance that the typical classroom instruction is of high quality. Instructional quality is indicated by several characteristics: e.g., personnel are appropriately and adequately prepared and trained, including having the knowledge and skills to serve children with disabilities (see [Sec. 612(a)(14)(A)]); the choice of the curriculum; the instructional practices used: and comparison of students' learning rates and achievement in different classrooms at the same grade level. (NRCLD)\

Intensity of Intervention – The adjustment of duration, length and/or teacher-to-student ratio based on a child's academic or behavioral needs.

Intensive Instruction (Tier 3) - Tier 3 and beyond provides universal instruction in addition to interventions for students not making adequate progress in the core curriculum and tier 2. These interventions are more intense and individualized for the student's academic or behavioral skill need. Frequent progress monitoring occurs with each student.

Intervention - An intervention is educational instruction, practice, strategy, curriculum or program. (US Department of Education)

Kentucky Academic Standards (KAS) - The Kentucky Core Academic Standards help ensure that all students throughout Kentucky are provided with common content, have opportunities to learn at high levels, learn how to solve problems and think creatively. The KAS outline the minimum content standards required for all students before graduating from Kentucky public high schools.

Kentucky System of Interventions (KSI) - A framework for providing systematic, comprehensive services to address academic and behavioral needs for all students, preschool through grade 12.

Learning Rate – Learning rate refers to a student's growth in achievement or behavioral competencies over time compared to prior levels of performance and peer growth rates. (NASDSE)

Level of Performance - Level of performance refers to a student's relative standing on some dimension of academic or behavioral achievement/ performance compared to expected performance (either criterion- or norm-referenced). (NASDSE)

Norm-Referenced - Evaluates a student's performance to that of an appropriate peer group

Off Level Testing - Administering assessments based on students' current academic ability.

Pace - The speed or rate at which learning takes place

Problem-Solving Approach (Individually Designed Instructional Package) - Most schools currently have an existing form of a problem-solving team, such as a student instructional team (SIT), student study teams (SST) or building assistance team (BAT). The purpose of these teams is to develop instruction to support the targeted student, while simultaneously providing a positive effect on the instructional program for all students. Under an Rtl service-delivery system, these teams would adopt a problem-solving approach that is based on data and a continuing system of evaluation. Academic and behavioral problems need to be objectively defined, observed and measured directly in the general education classroom. The data collected are then analyzed, using information to develop hypotheses about the causes of the problem and the appropriate selection of evidence-based strategies to remedy them. As the interventions are implemented, the student's progress is monitored at regular points in time. The team continues to meet to discuss the outcome data and determine whether the intervention is having its desired effect, whether the specific intervention needs to be revised or whether the student should be considered for further evaluation. (NRCLD)

Progress Monitoring - School staff use progress-monitoring data to determine effectiveness of the intervention and to make any modifications as needed. Carefully defined data are collected, perhaps daily, to provide a cumulative record of the learner's response to the intervention. (NRCLD)

Response to Intervention (RtI) - "Response to intervention" (RtI) integrates assessment and intervention within a multi-level prevention system to maximize student achievement and to maximize social and behavioral competencies. With RtI, schools identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions and adjust the intensity and nature of those interventions depending on a student's responsiveness, and identify students with learning disabilities" (National Center on Response to Intervention).

Student Growth - Student growth means both state assessment data, if available, and formative growth measures that are rigorous and comparable across schools in a Local Education Agency (LEA).

Summative Assessment - Summative Assessment is an assessment of the learning. It indicates a student's learning at a particular point in the instructional process. Summative assessment is typically administered to obtain a comprehensive evaluation of student knowledge and skills, rather than for short-term instructional decision-making

Targeted/Supplementary Instruction (Tier 2) - Tier 2 is targeted or supplementary instruction provided when a student's universal screening and other data results indicate a benchmark skills/grade level expectations has not been met. This tier provides appropriate instructional intervention(s) and progress is regularly monitored. About fifteen percent of students will succeed at this level of instruction. Students must receive general education instruction *plus* targeted intervention. Movement between the tiers/level of support should be fluid and based on the student's response or non-responsiveness to instruction.

Trend Line - A trend line is a line on a graph that represents a line of best fit through a student's data points. The trend line can be compared against the goal line/aimline to help inform responsiveness to intervention and to tailor a student's instructional program.

Underachievement - The development of a significant gap between a student's potential ability and demonstrated achievement to a degree that there is an overall diminished ability to achieve at the expected level of ability.

Universal/Core Instruction (Tier 1) - Tier I is highly effective, evidence-based core or universal instruction, provided to *all* students in the general education classroom. General education teachers must implement evidence-based programs with fidelity for both academic and behavioral instruction. About eighty percent of students will succeed at this level of instruction with little or no modifications of the curriculum or instructional practices

Universal Screening - School staff conducts universal screening of academics and behavior. This feature focuses on specific criteria for judging the learning and achievement of all students, not only in academics but also in related behaviors (e.g., class attendance, tardiness, truancy, suspensions and disciplinary actions). Those criteria are applied in determining which students need closer monitoring or an intensive intervention. Screening is a type of assessment that is characterized by providing quick, low-cost, repeatable testing of age-appropriate critical skills

(e.g., identifying letters of the alphabet or reading a list of high frequency words) or behaviors (e.g., problem-solving and social interaction skills, tardiness, or aggression). (NRCLD)

Validity - An indication that an assessment tool consistently measures what it is intended to measure.

Appendix A – Intervention Legislation

The reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA 2004) and the passage of the No Child Left Behind Act (NCLB 2001) stresses the use of professionally sound instruction and interventions based on defensible research, as well as the delivery of effective academic and behavioral supports to improve student performance. Research shows that multi-tiered models are effective educational practices with schools to bring high-quality instruction for all students.

Federal Legislation:

The No Child Left Behind Act (NCLB, 2001)

The No Child Left Behind Act of 2001 (NCLB) is the reauthorization of the Elementary and Secondary Education Act (ESEA, 1965). It is the main federal law affecting education from kindergarten through high school. NCLB is built on four principles: accountability for results, more choices for parents, greater local control and flexibility and an emphasis on doing what works based on scientific research.

The Individuals with Disabilities Education Act (IDEA) 2004 is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities.

Early intervening services should make use of supplemental instructional materials, where appropriate, to support student learning. Children targeted for early intervening services under IDEA are the very students who are most likely to need additional reinforcement to the core curriculum used in the regular classroom. These are in fact the additional instructional materials that have been developed to supplement and therefore strengthen the efficacy of comprehensive core curriculum.

Kentucky Intervention Legislation:

Kentucky has also passed legislation that addresses the need for Intervention strategies, models and programs to assist students not meeting state benchmarks. Following are the legislation that addresses a need for intervention:

KRS 158.6453 Definitions -- Assessment of achievement of goals -- Revision of academic content standards -- Components -- Criterion-referenced and norm-referenced tests -- Program assessments -- High school and college readiness assessments -- ACT and WorkKeys -- Accommodations for students with disabilities -- Assessment design --

Reporting timelines -- Biennial plan for validation studies—Local assessment—School report card—Individual student report—Inappropriate test preparation prohibited.

(subsection 20)

(b) An individual student report to parents for each student in grades three (3) through eight (8) summarizing the student's skills in reading and mathematics. The school's staff shall develop a plan for accelerated learning for any student with identified deficiencies or strengths;

(c) An individual report for each student who takes a high school or college readiness examination administered under subsection (11)(a) of this section that:

1. Provides the student's test scores;
2. Provides a judgment regarding whether or not a student has met, exceeded, or failed to meet the expectations for each standard assessed; and
3. Is designed to assist students, parents, and teachers to identify, assess, and remedy academic deficiencies prior to high school graduation

KRS 158.6459 Intervention strategies for accelerated learning

(1) A high school student whose scores on the high school readiness examination administered in grade eight (8), on the college readiness examination administered in grade ten (10), or on the WorkKeys indicate that additional assistance is required in English, reading, or mathematics shall have intervention strategies for accelerated learning incorporated into his or her learning plan.

(2) A high school student whose score on the ACT examination under KRS 158.6453

(4)(a)3. in English, reading, or mathematics is below the system-wide standard established by the Council on Postsecondary Education for entry into a credit bearing course at a public postsecondary institution without placement in a remedial course or an entry-level course with supplementary academic support shall be provided the opportunity to participate in accelerated learning designed to address his or her identified academic deficiencies prior to high school graduation.

(3) A high school, in collaboration with its school district, shall develop and implement accelerated learning that:

(a) Allows a student's learning plan to be individualized to meet the student's academic needs based on an assessment of test results and consultation among parents, teachers, and the student; and

(b) May include changes in a student's class schedule.

(4) The Kentucky Department of Education, the Council on Postsecondary Education, and public postsecondary institutions shall offer support and technical assistance to schools and school districts in the development of accelerated learning.

(5) A student who participates in accelerated learning under this section shall be permitted to take the ACT examination a second time prior to high school graduation at the expense of the Kentucky Department of Education. The cost of any subsequent administrations of the achievement test shall be the responsibility of the student.

KRS 158.649 Achievement gaps -- Data on student performance -- Policy for reviewing academic performance -- Biennial targets -- Review and revision of consolidated plan.

By December 1, 2002, each local board of education upon the recommendation of the local district superintendent shall adopt a policy for reviewing the academic performance on the state assessments required under KRS 158.6453 for various groups of students, including major

racial groups, gender, disability, free and reduced price school lunch eligibility, and limited English proficiency. The local board policy shall be consistent with Kentucky Board of Education administrative regulations. Upon agreement of the school-based decision making council, or the principal if there is not a council, and the superintendent, the local board shall establish a biennial target for each school for reducing identified gaps in achievement as set out in subsection (4) of this section.

(4) By February 1, 2003, and each February 1 in odd-numbered years thereafter, the school-based decision making council, or the principal if there is not a council, with the involvement of parents, faculty, and staff shall set the school's biennial targets for eliminating any achievement gap and submit them to the superintendent for consideration. The superintendent and the school-based decision making council, or the principal if there is not a council, shall agree on the biennial targets before they are submitted to the local board of education for adoption.

(5) By April 1, 2003, and each April 1 in odd-numbered years thereafter, the school council, or the principal if a school council does not exist, with the involvement of parents, faculty, and staff, shall review the data and revise the consolidated plan to include the biennial targets, strategies, activities, and a time schedule calculated to eliminate the achievement gap among various groups of students to the extent it may exist. The plan shall include but not be limited to activities designed to address the following areas:

- (a) Curriculum alignment within the school and with schools that send or receive the school's students;
- (b) Evaluation and assessment strategies to continuously monitor and modify instruction to meet student needs and support proficient student work;
- (c) Professional development to address the goals of the plan;
- (d) Parental communication and involvement;
- (e) Attendance improvement and dropout prevention; and
- (f) Technical assistance that will be accessed.

KRS 158.792 Reading diagnostic and intervention fund -- Grants for reading intervention programs --Administrative regulations -- Annual reports on use of grant funds and costs of intervention programs.

(1)(b) "Reading diagnostic assessment" means an assessment that identifies a struggling reader and measures the reader's skills against established performance levels in the essential components of reading. The purpose is to screen for areas that require intervention in order for the student to learn to read proficiently.

(1)(c) "Reading intervention program" means short-term intensive instruction in the essential skills necessary to read proficiently that is provided to a student by a highly trained teacher. This instruction may be conducted one-on-one or in small groups; shall be research-based, reliable, and replicable; and shall be based on the ongoing assessment of individual student needs.

(2) The reading diagnostic and intervention fund is created to help teachers and library media specialists improve the reading skills of struggling readers in the primary program. The Department of Education, upon the recommendation of the Reading Diagnostic and Intervention Grant Steering Committee, shall provide renewable, two (2) year grants to schools to support teachers in the implementation of reliable, replicable research-based reading intervention programs that use a balance of diagnostic tools and instructional strategies that emphasize phonemic awareness, phonics, fluency, vocabulary, comprehension, and connections between writing and reading acquisition and motivation to read to address the diverse learning needs of those students reading at low levels. Any moneys in the fund at the close of the fiscal year shall not lapse but shall be carried forward to be used for the purposes specified in this section.

(5) The Department of Education shall make available to schools:

(a) Information concerning successful, research-based comprehensive reading programs, diagnostic tools for pre- and post-assessment, and intervention programs, from the Collaborative Center for Literacy Development created under KRS 164.0207;

(b) Strategies for successfully implementing early reading programs, including professional development support and the identification of funding sources; and

(c) A list of professional development providers offering teacher training related to reading that emphasizes the essential components for successful reading: phonemic awareness, phonics, fluency, vocabulary, comprehension, and connections between writing and reading acquisition and motivation to read.

KRS 164.0207 Collaborative Center for Literacy Development: Early Childhood through Adulthood – Duties -- Report

(1) The Collaborative Center for Literacy Development: Early Childhood through Adulthood is created to make available professional development for educators in reliable, replicable research-based reading programs, and to promote literacy development, including cooperating with other entities that provide family literacy services. The center shall be responsible for:

(a) Developing and implementing a clearinghouse for information about programs addressing reading and literacy from early childhood and the elementary grades (P-5) through adult education;

(b) Providing advice to the Kentucky Board of Education regarding the Reading Diagnostic and Intervention Grant Program established in KRS 158.792 and in other matters relating to reading;

(c) Collaborating with public and private institutions of postsecondary education and adult education providers to provide for teachers and administrators quality preservice and professional development relating to reading diagnostic assessments and intervention and to the essential components of successful reading: phonemic awareness, phonics, fluency, vocabulary, comprehension, and the connections between writing and reading acquisition and motivation to read;

KRS 158.844 Mathematics achievement fund -- Creation -- Use and disposition of moneys -- Administrative regulations -- Requirements for grant applicants - Department to provide information to schools and to make annual report to Interim Joint Committee on Education.

(1) The mathematics achievement fund is hereby created to provide developmentally appropriate diagnostic assessment and intervention services to students, primary through grade 12, to help them reach proficiency in mathematics on the state assessments under KRS 158.6453 and in compliance with the "No Child Left Behind Act of 2001," 20 U.S.C. sec. 6301 et seq. as required under KRS 158.840.

(2) The grant funds may be used to support the implementation of diagnostic and intervention services in mathematics. The use of funds may include: pay for extended time for teachers, released time for teachers to serve as coaches and mentors or to carry out other responsibilities needed in the implementation of intervention services, payment of substitute teachers needed for the support of mathematics teachers, purchase of materials needed for modification of instruction, and other costs associated with diagnostic and intervention services or to cover other costs deemed appropriate by the Kentucky Board of Education.

KRS 158.070 School Term -- Professional development -- Holidays and days closed -- Continuing education for certain students -- Breakfast program -- Missed school days due to emergencies and service credit.

(8) Schools shall provide continuing education for those students who are determined to need additional time to achieve the outcomes defined in KRS 158.6451, and schools shall not be limited to the minimum school term in providing this education. Continuing education time may include extended days, extended weeks, or extended years. A local board of education may adopt a policy requiring its students to participate in continuing education. The local policy shall set out the conditions under which attendance will be required and any exceptions which are provided. The Kentucky Board of Education shall promulgate administrative regulations establishing criteria for the allotment of grants to local school districts and shall include criteria by which the commissioner of education may approve a district's request for a waiver to use an alternative service delivery option, including providing services during the school day on a limited basis. These grants shall be allotted to school districts to provide instructional programs for pupils who are identified as needing additional time to achieve the outcomes defined in KRS 158.6451. A school district that has a school operating a model early reading program under KRS 158.792 may use a portion of its grant money as part of the matching funds to provide individualized or small group reading instruction to qualified students outside of the regular classroom during the school day.

704 KAR 3:305 Minimum requirements for high school graduation

Section 2. Beginning with the graduating class of 2012, each student in a common school shall have a total of at least twenty-two (22) credits for high school graduation. Those credits shall include the content standards as provided in the Kentucky academic standards, 704 KAR 3:303. Additional standards-based learning experiences shall align to the student's individual learning plan and shall consist of standards-based content. The required credits and demonstrated competencies shall include the following minimum requirements:

(1) Language arts - four (4) credits (English I, II, III, and IV) to include the content contained in the Kentucky academic standards for English and language arts.

(a) Language arts shall be taken each year of high school.

(b) If a student does not meet the college readiness benchmarks for English and language arts as established by the Council on Postsecondary Education in 13 KAR 2:020, the student shall take an English and language arts transitional course or intervention, which is monitored to address remediation needs, before exiting high school;

(2) Social studies - three (3) credits to include the content contained in the Kentucky academic standards for social studies;

(3) Mathematics – four (4) courses of mathematics, including three (3) credits that shall include the content contained in the Kentucky academic standards for mathematics and include the following minimum requirements:

(a) Algebra I, Geometry, and Algebra II. An integrated, applied, interdisciplinary, occupational, or technical course that prepares a student for a career path based on the student's individual learning plan may be substituted for a traditional Algebra I, Geometry, or Algebra II course on an individual student basis if the course meets the content standards in the Kentucky academic standards, 704 KAR 3:303;

(b) A mathematics course or its equivalent as determined by the district shall be taken each year of high school to ensure readiness for postsecondary education or the workforce; and

(c) If a student does not meet the college readiness benchmarks for mathematics as established by the Council on Postsecondary Education in 13 KAR 2:020, the student shall take a mathematics transitional course or intervention, which is monitored to address remediation needs, before exiting high school; and

(d) Prealgebra shall not be counted as one (1) of the three (3) required mathematics credits for high school graduation but may be counted as an elective;

(4) Science - three (3) credits that shall incorporate lab-based scientific investigation experiences and include the content contained in the Kentucky academic standards for health;

(5) Health - one-half (1/2) credit to include the content contained in the Kentucky academic standards for health;

(6) Physical education - one-half (1/2) credit to include the content contained in the Kentucky academic standards for physical education;

(7) History and appreciation of visual and performing arts (or another arts course which incorporates this content) - one (1) credit to include the content contained in the Kentucky academic standards for arts and humanities or a standards-based specialized arts course based on the student's individual learning plan;

(8) Academic and career interest standards-based learning experiences - seven (7) credits including four (4) standards-based learning experiences in an academic or career interest based on the student's individual learning plan; and

(9) Demonstrated performance-based competency in technology.

12 RS HB 69 Response to Intervention K-3

Section 1, subsection 2. District-wide use of a response-to-intervention system for students in kindergarten through grade three (3), that includes a tiered continuum of interventions with varying levels of intensity and duration and which connects general, compensatory, and special education programs to provide interventions implemented with fidelity to scientifically based research and matched to individual student strengths and needs. At a minimum, evidence of implementation shall be submitted by the district to the department for:

- (a) Reading and writing by August 1, 2013;
- (b) Mathematics by August 1, 2014; and
- (c) Behavior by August 1, 2015.

Novice Reduction for Gap Closure

Novice Reduction for Gap Closure

Novice Reduction for Gap Closure

Novice Reduction for Gap Closure

Academic Interventions Diagnostic

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Academic Interventions Diagnostic

Area of Consideration	Fully Implemented	Partially Implemented	Implementat Plan in Developmen
3) The school has a School Implementation Team and a Student Intervention Team to help guide the System of Intervention and to make data-based decisions for moving students forward. Student and school progress is monitored and reviewed often.	☐	☐	☐
4) The school has a comprehensive schedule for interventions so that all students can receive the assistance they need without interrupting or supplanting core instruction.	☐	☐	☐
5) Intervention decisions for students are made based on multiple sources of data: Kindergarten Readiness Screener, KPREP, EPAS (EXPLORE, PLAN, ACT), End of Course exams, district/school level assessments, classroom performance, teacher recommendation and parent recommendation.	☐	☐	☐

Appendix C – Student Intervention System Readiness Tool

Academic Performance

Universal Content Standards: *the set of content and skill knowledge necessary for all students to be productive in a global society; Kentucky's Program of Studies/Kentucky's Core Academic Standards represents minimum content standards for graduation in Kentucky*

1. All students are given the opportunity to learn at high levels.
2. The minimum curriculum for all students aligns to the requirements of the *Kentucky's Academic Standards*.

Universal Screening: *school-wide screening of students to accurately identify those who are in need of learning or behavioral support beyond universal instruction and to assist with the efficacy of the core instruction*

1. Assessment tool(s) are used to assess the specific needs of students (e.g., reading, writing, mathematics, emotional/behavioral, language proficiency).
2. The school/district has an assessment plan/schedule that reflects frequent and balanced (diagnostic, formative, summative) assessments, ensuring early screening procedures.
3. The student intervention team reviews and analyzes the data as well as documents and maintains the individual plan for each student.

Progress Monitoring: *a set of assessment procedures for determining the extent to which students are benefiting from classroom instruction and for monitoring effectiveness of curriculum*

1. Intervention services provide systemic and intentional evidence-based strategies that meet individual learning needs of students and are frequently (weekly/biweekly) monitored for student progress.
2. A frequent and ongoing method of individual student data collection is in place that reflects a balanced assessment system (diagnostic, formative, summative).

3. A system is in place to document student progress data and is used by staff for review and analysis to evaluate the effectiveness of instructional decisions based on the data and modified as needed.

Student-based Instructional Services (tiers/levels): *multi-level, service-delivery model that incorporates increasing intensities of instruction designed to meet the continuum of student needs*

1. School offers a range of research-based instructional and behavioral interventions for any student at risk of not reaching his/her potential.

2. Student instruction is provided in tiers of increasing levels of intensity, frequency and duration.

3. All students have access to the universal/core curriculum in addition to needed levels of targeted and intensive supports.

4. Procedures for moving from tier to tier are clearly established.

5. Existing tiers of instruction and behavioral supports are clearly articulated and understood by all staff.

6. Staff and parents are informed as to the frequency, intensity and duration of an intervention that is needed for effectiveness.

7. The educational system incorporates a variety of evidence-based strategies such as differentiated instruction, grouping and scheduling to optimize student outcomes.

8. A plan is established to allocate sufficient instructional time and intensity.

9. Group size, instructional time and instructional programs are continually adjusted to respond to student performance.

10. Allocation of staff is used flexibly across all roles to provide various interventions.

11. Evidence-based instructional strategies/materials that address universal, targeted and intensive interventions are utilized with individual student needs.

12. School staff is trained on reliability and fidelity in the administration and scoring of all assessment instruments, data analysis, as well as the fidelity and implementation of interventions.

Data-Based Decision Making: *an integrated data collection/assessment system to inform decisions at each tier of service delivery; decisions are based on student performance data informed by professional judgment*

1. The data used for decisions are derived from assessments used for the purposes of screening, collecting diagnostic information and monitoring progress.

2. Integrated data collection/assessment system is used for instructional goal-setting and to inform decisions at each tier/level of service delivery.

3. The school implementation team constructs a data plan prior to beginning any intervening services.

4. Success of the intervention is determined by both acquisition of skills and rate of improvement.

5. Comparative data from multiple sources across multiple settings inform decision-making.

6. Data is collected in both academic and non-academic areas.

7. The data used for decisions are derived from assessments that measure student achievement within the context of the classroom curriculum.

8. Staff determines the barriers that inhibit learning and alter instruction based on assessment data.

Learning Environment

Parent/Guardian Involvement: *consistent, organized, and meaningful two-way communication between school staff and parents with regard to student progress and related school activities*

1. Parents/guardians have multiple opportunities to provide input in their child's instructional program.

2. Parents/guardians are aware of the explicit process for providing input in decision making.

3. Parents/guardians are involved in the decision-making process when their children transition from tier to tier.

4. Parents/guardians are informed of the elements of the core curriculum that correspond to evidence-based instruction.

Professional Learning: *those experiences which systematically over a sustained period of time, enable educators to acquire and apply knowledge, understanding, skills and abilities to achieve personal, professional and organizational goals and to facilitate the learning of students*

1. Professional learning opportunities are provided to teachers, administrators and paraeducators.

2. Professional learning opportunities are available to implement the Program of Studies and Kentucky's Academic Standards.

3. Professional learning opportunities are available for teachers in the areas of evidence-based curricular programs, implementation of evidence-based instructional practices, progress monitoring techniques and data collection and analysis.

5. Professional learning opportunities are available for teachers, administrators, and paraeducators in each of the components of RtI (tiered service delivery model, universal screening, progress monitoring, data-based decision making, fidelity of implementation and parent involvement).

5. Professional learning opportunities are available on the use of targeted and intensive interventions.

6. Professional learning opportunities are available to implement problem-solving teams and collaborative decision-making.

7. Professional learning opportunities are available on the change in staff roles and responsibilities in a tiered intervention system.

8. Professional learning provides a focus on collaboration among parents, teachers, paraeducators and administrators.

9. Awareness training/communication about the tiered intervention system is available to parents and commun

Efficiency

Leadership: effective guidance from individuals and within groups that focuses on instructional decisions that support teaching and learning, organizational direction, high performance expectations, creating a learning culture, and developing leadership capacity

1. There is district-level support to adopt a KSI model and allocate required resources.

2. There is an understanding of and commitment to a long-term change process (i.e., three or more years).

3. The school has a student intervention team in place.

4. The school implementation team guides and monitors implementation and fidelity of the intervention system.

5. The school implementation team ensures that the school applies a problem-solving model to make instructional decisions.

Fidelity of Implementation: the delivery of instruction in the way in which it was designed to be delivered; the integrity with which screening and progress-monitoring procedures are completed and an explicit decision-making model is followed (e.g., the implementation of the process, instruction and progress monitoring)

1. There is a systematic process for monitoring the consistency of universal screening tools, progress monitoring, data-based decision making and instructional interventions.
2. Procedures are in place to ensure reliable administration, scoring and analysis of assessments.
3. Instruction is monitored to ensure teachers are using evidence-based practices to meet the needs of all students.

Appendix D: Elements in Each Tier

	Element	Element	Element
Academic and behavioral curricula are taught.	X	X	X
Analysis of academic/behavioral instructional practices is complete.	X	X	X
Effective, high quality, evidence-based instructional practices in academics and behavior are used in classrooms.	X	X	X
Data collection plan is implemented for academics and behavior.	X	X	X
Universal academic and behavioral screenings are completed.	X		
Diagnostic academic and behavioral assessments are completed.	X	X	X
Formative and summative assessments of academic and behavioral/social interaction skills are used to drive instruction.	X	X	X
Family and community engagement is facilitated.	X	X	X

Multiple and varied academic/behavioral interventions are matched with individual student needs.		X	X
Professional learning opportunities (re: academic /behavioral instruction) are provided.	X	X	X
Progress monitoring of academics and behavior continues.		X	X

Appendix E - RTI Fidelity of Implementation Rubric

RTI Fidelity of Implementation Rubric

The Response to Intervention (RTI) Fidelity Rubric is for use by individuals who are responsible for monitoring school-level fidelity of RTI implementation. The rubric is aligned with the essential components of RTI and the infrastructure that is necessary for successful implementation. It is accompanied by a worksheet with guiding questions and score points for use in an interview with a school's RTI leadership team.

Assessments—Screening, progress monitoring, and other supporting assessments are used to inform data-based decision making.

Measures	1	3	
Screening —The RTI framework accurately identifies students at risk of poor learning outcomes or challenging behaviors.			
Screening Tools	Insufficient evidence that the screening tools are reliable, correlations between the instruments and valued outcomes are strong, and predictions of risk status are accurate.	Evidence indicates that the screening tools are reliable, correlations between the instruments and valued outcomes are strong, and predictions of risk status are accurate, but staff is unable to articulate the supporting evidence.	Evidence indicates that the screening tools are reliable, correlations between the instruments and valued outcomes are strong, and predictions of risk status are accurate, and staff is able to articulate the supporting evidence.
Universal Screening	One or none of the following conditions is met: (1) screening is conducted for all students (i.e., is universal); (2) procedures are in place to ensure implementation accuracy (i.e., all students are tested, scores are accurate, cut points/decisions are accurate); and (3) a process to screen all students occurs more than once per year (e.g., fall, winter, spring).	Two of the following conditions are met: (1) screening is conducted for all students (i.e., is universal); (2) procedures are in place to ensure implementation accuracy (i.e., all students are tested, scores are accurate, cut points/decisions are accurate); and (3) a process to screen all students occurs more than once per year (e.g., fall, winter, spring).	All of the following conditions are met: (1) screening is conducted for all students (i.e., is universal); (2) procedures are in place to ensure implementation accuracy (i.e., all students are tested, scores are accurate, cut points/decisions are accurate); and (3) a process to screen all students occurs more than once per year (e.g., fall, winter, spring).
Data Points to Verify Risk	Screening data are not used or are used alone to verify decisions about whether a student is or is not at risk.	Screening data are used in concert with at least one other data source (e.g., classroom performance, curriculum based assessment, performance on state assessment).	Screening data are used in concert with at least two other data sources (e.g., classroom performance, curriculum based assessment, performance on state assessment).

Center on Response to Intervention

RTI Fidelity of Implementation Rubric—1

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2094_05/14

		assessments, diagnostic assessment data, short-term progress monitoring) to verify decisions about whether a student is or is not at risk.	data, short-term progress monitoring, and other supporting assessments to inform data-based decisions about student learning outcomes or behaviors.
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Progress Monitoring—Ongoing and frequent monitoring of progress quantifies rates of improvement and informs instructional practices for individualized programs. Measures are appropriate for the student’s grade and/or skill level.

Progress-Monitoring Tools	Selected progress-monitoring tools meet no more than one of the following criteria: (1) have sufficient number of alternate forms of equal and controlled difficulty to allow for progress monitoring at recommended intervals based on intervention level; (2) specify minimum acceptable growth; (3) provide benchmarks for minimum acceptable end-of-year performance; and (4) reliability and validity information for the performance-level score is available.	Selected progress-monitoring tools meet two or three of the following criteria: (1) have sufficient number of alternate forms of equal and controlled difficulty to allow for progress monitoring at recommended intervals based on intervention level; (2) specify minimum acceptable growth; (3) provide benchmarks for minimum acceptable end-of-year performance; and (4) reliability and validity information for the performance-level score is available.	Selected progress-monitoring tools meet three or four of the following criteria: (1) have sufficient number of alternate forms of equal and controlled difficulty to allow for progress monitoring at recommended intervals based on intervention level; (2) specify minimum acceptable growth; (3) provide benchmarks for minimum acceptable end-of-year performance; and (4) reliability and validity information for the performance-level score is available.
Progress-Monitoring Process	Neither of the following conditions is met: (1) progress monitoring occurs at least monthly for students receiving secondary-level intervention and at least weekly for students receiving intensive intervention; and (2) procedures are in place to ensure implementation accuracy (i.e., appropriate students are tested, scores are accurate, decision-making rules are applied consistently).	Only one of the following conditions is met: (1) progress monitoring occurs at least monthly for students receiving secondary-level intervention and at least weekly for students receiving intensive intervention; and (2) procedures are in place to ensure implementation accuracy (i.e., appropriate students are tested, scores are accurate, decision-making rules are applied consistently).	Both of the following conditions are met: (1) progress monitoring occurs at least monthly for students receiving secondary-level intervention and at least weekly for students receiving intensive intervention; and (2) procedures are in place to ensure implementation accuracy (i.e., appropriate students are tested, scores are accurate, decision-making rules are applied consistently).

Data-Based Decision Making—Data-based decision-making processes are used to inform instruction, movement within the instructional model, and disability identification (in accordance with state law).

Measures	1	3	4
Decision-Making Process	The mechanism for making decisions about the participation of students in the instruction/ intervention levels meets no more than one of the following criteria: The process (1) is data-driven and based on validated methods; (2) involves a broad base of stakeholders; and (3) is operationalized with clear, established decision rules (e.g., movement between levels or tiers, data-based decision-making).	The mechanism for making decisions about the participation of students in the instruction/ intervention levels meets two of the following criteria: The process (1) is data-driven and based on validated methods; (2) involves a broad base of stakeholders; and (3) is operationalized with clear, established decision rules (e.g., movement between levels or tiers, data-based decision-making).	The mechanism for making decisions about the participation of students in the instruction/ intervention levels meets all of the following criteria: The process (1) is data-driven and based on validated methods; (2) involves a broad base of stakeholders; (3) is operationalized with clear, established decision rules (e.g., movement between levels or tiers, data-based decision-making); and (4) the process is reviewed and updated as needed.

	levels or tiers, determination of appropriate instruction or interventions).	levels or tiers, determination of appropriate instruction or interventions).	appropriate instruction or interventions).
Data System	A data system is in place that meets two or fewer of the following conditions: (1) the system allows users to document and access individual student-level data (including screening and progress-monitoring data) and instructional decisions; (2) data are entered in a timely manner; (3) data can be represented graphically; and (4) there is a process for setting/evaluating goals.	A data system is in place that meets three of the following four conditions: (1) the system allows users to document and access individual student-level data (including screening and progress-monitoring data) and instructional decisions; (2) data are entered in a timely manner; (3) data can be represented graphically; and (4) there is a process for setting/evaluating goals.	A data system is in place that meets four of the following four conditions: (1) the system allows users to document and access individual student-level data (including screening and progress-monitoring data) and instructional decisions; (2) data are entered in a timely manner; (3) data can be represented graphically; and (4) there is a process for setting/evaluating goals.
Responsiveness to Secondary and Intensive Levels of Intervention	Neither of the following conditions is met: (1) decisions about responsiveness to intervention are based on reliable and valid progress-monitoring data that reflect slope of improvement or progress toward the attainment of a goal at the end of the intervention; and (2) these decision-making criteria are implemented accurately.	Only one of the following conditions is met: (1) decisions about responsiveness to intervention are based on reliable and valid progress-monitoring data that reflect slope of improvement or progress toward the attainment of a goal at the end of the intervention; and (2) these decision-making criteria are implemented accurately.	Both of the following conditions are met: (1) decisions about responsiveness to intervention are based on reliable and valid progress-monitoring data that reflect slope of improvement or progress toward the attainment of a goal at the end of the intervention; and (2) these decision-making criteria are implemented accurately.

Multilevel Instruction —The RTI framework includes a school-wide, multilevel system of instruction and interventions for preventing and addressing academic failure. Commonly represented by the three-tiered triangle, multilevel instruction also is known as the multi-tiered system of supports.			
Measures	1	3	4
Primary-Level Instruction/Core Curriculum (Tier I)			
Research-Based Curriculum Materials	Few core curriculum materials are research based for the target population of learners (including subgroups).	Some core curriculum materials are research based for the target population of learners (including subgroups).	All core curriculum materials are research based for the target population of learners (including subgroups).
Articulation of Teaching and Learning (in and across grade levels)	Neither of the following conditions is met: (1) teaching and learning objectives are well articulated from one grade to another; and (2) teaching and learning is well articulated within grade levels so that students have highly similar experiences, regardless of their assigned teacher.	Only one of the following conditions is met: (1) teaching and learning objectives are well articulated from one grade to another; and (2) teaching and learning is well articulated within grade levels so that students have highly similar experiences, regardless of their assigned teacher.	Both of the following conditions are met: (1) teaching and learning objectives are well articulated from one grade to another; and (2) teaching and learning is well articulated within grade levels so that students have highly similar experiences, regardless of their assigned teacher.

Differentiated Instruction	Neither of the following conditions is met: (1) interviewed staff can describe how most teachers in the school differentiate instruction for students on, below, or above grade level; and (2) interviewed staff can explain how most teachers in the school use student data to identify and address the needs of students.	Only one of the following conditions is met: (1) interviewed staff can describe how most teachers in the school differentiate instruction for students on, below, or above grade level; and (2) interviewed staff can explain how most teachers in the school use student data to identify and address the needs of students.	Both of the following conditions are met: (1) interviewed staff can describe how most teachers in the school differentiate instruction for students on, below, or above grade level; and (2) interviewed staff can explain how most teachers in the school use student data to identify and address the needs of students.
Standards-Based	The core curriculum (reading and mathematics) is not aligned with the Common Core or other state standards.	The core curriculum (reading and mathematics) is partially aligned with the Common Core or other state standards.	The core curriculum (reading and mathematics) is fully aligned with the Common Core or other state standards.

Exceeding Benchmark	Neither of the following conditions is met: (1) the school provides enrichment opportunities for students exceeding benchmarks; and (2) teachers implement those opportunities consistently at all grade levels.	One of the following conditions is met: (1) the school provides enrichment opportunities for students exceeding benchmarks; and (2) teachers implement those opportunities consistently at all grade levels.	Both of the following conditions are met: (1) the school provides enrichment opportunities for students exceeding benchmarks; and (2) teachers implement those opportunities consistently at all grade levels.
Secondary-Level Intervention (Tier II)			
Evidence-Based Intervention	Secondary-level interventions are not evidence based in content areas and grade levels where they are available.	Some secondary-level interventions are evidence based in content areas and grade levels where they are available.	All secondary-level interventions are evidence based in content areas and grade levels where they are available.
Complements Core Instruction	Secondary-level intervention is poorly aligned with core instruction and incorporates different topics, even though those topics are not foundational skills that support core program learning objectives.	Secondary-level intervention incorporates foundational skills, but these only occasionally align with the learning objectives of core instruction.	Secondary-level intervention is well aligned with core instruction and incorporates foundational skills that support the learning objectives of core instruction.
Instructional Characteristics	One or none of the following conditions is met: (1) interventions are standardized; (2) secondary-level interventions are led by staff trained in the intervention according to developer requirements; and (3) group size and dosage are optimal (according to research) for the age and needs of students.	Two of the following conditions are met: (1) interventions are standardized; (2) secondary-level interventions are led by staff trained in the intervention according to developer requirements; and (3) group size and dosage are optimal (according to research) for the age and needs of students.	All three of the following conditions are met: (1) interventions are standardized; (2) secondary-level interventions are led by staff trained in the intervention according to developer requirements; and (3) group size and dosage are optimal (according to research) for the age and needs of students.
Addition to Primary	Secondary-level interventions replace core instruction.	Secondary-level interventions sometimes supplement core instruction and sometimes replace core instruction.	Secondary-level interventions supplement core instruction.
Intensive Intervention—Individualized with a focus on the academic needs of students with disabilities and those significant learning needs (Tier III)			
Data-Based Interventions Adapted Based on Student Need	Intensive interventions are not more intensive (e.g., no increase in duration or frequency, change in interventionist, change in group size, or change in intervention) than secondary interventions.	Intensive interventions are more intensive than secondary interventions based only on preset methods to increase intensity (e.g., sole reliance on increased duration or frequency, change in interventionist, decreased group size, or change in intervention program).	Intensive interventions are more intensive than secondary interventions and are adapted based on student needs in addition to increased duration or frequency, change in interventionist, change in instructional materials, or change in type of intervention, using an iterative manner with data.

Instructional Characteristics	None of the following conditions is met: (1) the intervention is individualized; (2) intensive interventions are led by well-trained staff experienced in individualizing instruction based on student data; and (3) the group size is optimal (according to research) for the age and needs of students.	Only one of the following conditions is met: (1) the intervention is individualized; (2) intensive interventions are led by well-trained staff experienced in individualizing instruction based on student data; and (3) the group size is optimal (according to research) for the age and needs of students.	All of the following conditions are met: (1) the intervention is individualized; (2) intensive interventions are led by well-trained staff experienced in individualizing instruction based on student data; and (3) the group size is optimal (according to research) for the age and needs of students.
Relationship to Primary	Neither of the following conditions is met: (1) decisions regarding student participation in both core instruction and intensive intervention are made on a case-by-case basis, according to student need; and (2) intensive interventions are aligned to the specific skill needs of students to help them make progress toward core curriculum standards.	Only one of the following conditions is met: (1) decisions regarding student participation in both core instruction and intensive intervention are made on a case-by-case basis, according to student need; and (2) intensive interventions address the general education curriculum in an appropriate manner for students.	Both of the following conditions are met: (1) decisions regarding student participation in both core instruction and intensive intervention are made on a case-by-case basis, according to student need; and (2) intensive interventions address the general education curriculum in an appropriate manner for students.

Infrastructure and Support Mechanisms—Knowledge, resources, and organizational structures necessary to operationalize RTI in a unified system to meet the established goals.

Measures	1	3	4
Prevention Focus	Staff generally perceives RTI as a program that solely supports the prereferral process for special education.	Some staff understand that RTI is a framework to prevent all students, including students with disabilities, from having academic problems.	All staff understand that RTI is a framework to prevent all students, including students with disabilities, from having academic problems.
Leadership Personnel	Decisions and actions by school and district leaders undermine the effectiveness of the essential components of the RTI framework at the school.	Decisions and actions by school and district leaders are inconsistent and only somewhat supportive of the essential components of the RTI framework at the school; support for RTI implementation is not very evident.	Decisions and actions by school and district leaders are consistent and fully supportive of the essential components of the RTI framework at the school; support for RTI implementation is a high priority.
School-Based Professional Development	The school has no well-defined, school-based professional development mechanism to support continuous improvement of instructional practice, data-based decision making, and delivery of interventions.	Some forms of school-based professional development are available, but most are not consistent or job embedded to ensure continuous improvement in instructional practice, data-based decision making, and delivery of interventions.	School-based professional development is institutionalized and all teachers consistently reflect upon, and improve, instructional practice, data-based decision making, and delivery of interventions.

Schedules	School wide schedules are not aligned to support multiple levels of intervention based on student need; inadequate time is available for interventions.	School wide schedules are partially aligned to support multiple levels of intervention based on student need; some additional time is built in for interventions.	School wide schedules are aligned to support multiple levels of intervention based on student need; additional time is built in for interventions.
Resources	Resources (e.g., funds, programs) are not allocated to support RTI implementation.	Resources (e.g., funds, programs) are partially allocated to support RTI implementation.	Resources (e.g., funds, programs) are adequately allocated to support RTI implementation.
Cultural and Linguistic Responsiveness	One or none of the following conditions is met: Staff can articulate information and factors that they consider when adopting	Two of the following conditions are met: Staff can articulate information and factors that they consider when adopting	All three of the following conditions are met: Staff can articulate information and factors that they consider when adopting

	culturally and linguistically relevant (1) instructional practices, (2) assessments, and (3) intervention programs.	culturally and linguistically relevant (1) instructional practices, (2) assessments, and (3) intervention programs.	culturally and linguistically relevant (1) instructional practices, (2) assessments, and (3) intervention programs.
Communications With and Involvement of Parents	One or none of the following conditions is met: (1) a description of the school's essential components of RTI is shared with parents; (2) a coherent mechanism is implemented for updating parents on the progress of their child who is receiving secondary or intensive interventions; and (3) parents are involved during decision making regarding the progress of students receiving intensive intervention.	Two of the following conditions are met: (1) a description of the school's essential components of RTI is shared with parents; (2) a coherent mechanism is implemented for updating parents on the progress of their child who is receiving secondary or intensive interventions; and (3) parents are involved during decision making regarding the progress of students receiving intensive intervention.	All of the following conditions are met: (1) a description of the school's essential components of RTI is shared with parents; (2) a coherent mechanism is implemented for updating parents on the progress of their child who is receiving secondary or intensive interventions; and (3) parents are informed about the progress of students receiving intensive intervention.
Communication With and Involvement of All Staff	One or none of the following conditions is met: (1) a description of the school's essential components of RTI and databased decision-making process is shared with staff; (2) a system is in place to keep staff informed; and (3) teacher teams collaborate frequently.	At least two of the following conditions are met: (1) a description of the school's essential components of RTI and databased decision-making process is shared with staff; (2) a system is in place to keep staff informed; and (3) teacher teams collaborate frequently.	All of the following conditions are met: (1) a description of the school's essential components of RTI and databased decision-making process is shared with staff; (2) a system is in place to keep staff informed; and (3) teacher teams collaborate frequently.

RTI Teams	Only one of the following conditions is met: (1) the RTI team is representative of all key stakeholders; (2) structures and clear processes are in place to guide decision making; and (3) time is set aside for the team to meet regularly.	At least two of the following conditions are met: (1) the RTI team is representative of all key stakeholders; (2) structures and clear processes are in place to guide decision making; and (3) time is set aside for the team to meet regularly.	All of the following conditions are met: (1) the RTI team is representative of all key stakeholders; (2) structures and clear processes are in place to guide decision making; and (3) time is set aside for the team to meet regularly.
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Fidelity and Evaluation—System for collecting and analyzing data to measure fidelity and effectiveness of the RTI model.

Measures	1	3	
Fidelity	Neither of the following conditions is met: (1) procedures are in place to monitor the fidelity of implementation of the core curriculum and secondary and intensive interventions; and (2) procedures are in place to monitor the processes of administering and analyzing assessments.	One of the following conditions is met: (1) procedures are in place to monitor the fidelity of implementation of the core curriculum and secondary and intensive interventions; and (2) procedures are in place to monitor the processes of administering and analyzing assessments.	Both of the following conditions are met: (1) procedures are in place to monitor the fidelity of implementation of the core curriculum and secondary and intensive interventions; and (2) procedures are in place to monitor the processes of administering and analyzing assessments.
Evaluation	None of the following conditions are met: (1) an evaluation plan is in place to monitor short- and long-term goals; (2) student data are reviewed for all students and subgroups of students across the essential components to evaluate effectiveness of the RTI framework (i.e., core curriculum is effective, interventions are effective, screening process is effective); and (3) implementation data (e.g., walkthroughs) are reviewed to monitor fidelity and efficiency across all components of the RTI framework.	At least one of the following conditions is met: (1) an evaluation plan is in place to monitor short- and long-term goals; (2) student data are reviewed for all students and subgroups of students across the essential components to evaluate effectiveness of the RTI framework (i.e., core curriculum is effective, interventions are effective, screening process is effective); and (3) implementation data (e.g., walkthroughs) are reviewed to monitor fidelity and efficiency across all components of the RTI framework.	All of the following conditions are met: (1) an evaluation plan is in place to monitor short- and long-term goals; (2) student data are reviewed for all students and subgroups of students across the essential components to evaluate effectiveness of the RTI framework (i.e., core curriculum is effective, interventions are effective, screening process is effective); and (3) implementation data (e.g., walkthroughs) are reviewed to monitor fidelity and efficiency across all components of the RTI framework.

Appendix F: Fidelity Observation Form

Fidelity Observation Form for Tiers II and III

Date: _____	Area/Skill Observed: _____
Name of Interventionist: _____	Name of Observer: _____
Number of Students: _____	
Time Designated for Intervention: _____	Minutes of Actual Instruction: _____ # of Days a week of Instruction: _____
Program/Strategy Observed	Program Requirements for _____ # of days a week _____ Amount of time per session

Instruction/Presentation	Fully Implemented	Partially Implemented	Not Implemented
Teacher and student materials ready			
Teacher is organized and familiar with lesson			
All students are engaged in lesson			
Provides all students many opportunities to respond			
Appropriate pacing to meet needs of student(s)			
Models skills/strategies explicitly			
Has students practice skills taught			
Provides immediate feedback of skill performance			
Multiple checks for understanding			
Student success in completing activities			
Teacher reinforcement of student effort			

Comments: _____

Appendix G – Examples of Tiered Behavioral Interventions

Tier I Behavior Strategies

School-wide PBIS

Classroom Management

Organization and Physical Structure

What is it?

The arrangements of classrooms items and visual supports to create visual boundaries, promote positive teacher- student relationships, promote collaborative peer relationships and minimize disruptions. It is also clear and distinct guidelines for implementing classroom expectations and rules.

What it looks like:

Daily Schedule- Daily schedule should maximize instructional time and responsible behavior. It should minimize wasted time in irresponsible behavior.

Physical Space- Arrange classroom to minimize congestion and clear traffic lanes, there are clear lines of vision to all students, students can see instructional displays, and all areas are clearly defined and labeled.

Attention Signal- Use a signal to gain students attention. The signal should quiet students and gain their attention so they focus on the teacher.

Beginning and Ending Routines-

Procedures for:

- Entering class
- Tardies
- Opening activities
- Dealing with student who are not prepared with materials
- Dealing with students who return after an absence
- End of day/class periods
- Dismissal

Student Assignments-

Procedures for:

- Assigning class work/homework
- Collecting completed work
- Keeping records and providing feedback
- Late/missing work

Independent Work Periods- Efficient and effective procedures for scheduling and monitoring independent work periods

Resources:

- CHAMPS Training-FDLRS
- Discipline in the Secondary Classroom-FDLRS

Visual Supports**What is it?**

Those things that we see that enhance the communication process and provide structure and routine. Visual supports should be used to prevent problem behaviors occurring from communication errors. They can be used with children with or without disabilities. The goal of visual supports is to enhance the students' understanding of the environment and communicate classroom expectations more clearly.

What it looks like:

Body language- eye gaze, eye gaze shift, gestures, proximity, stance, facial expressions

Natural Environmental Cues- objects (placement of furniture to show what is available and unavailable), barriers, photographs, rule signs, warning symbols (Stop, slow down, Do not enter), menus (pictures or words of choices available)

Tools for organization and giving information- schedules, calendars, reminder cues, To-Do list, rule chart, written instructions of task demand, timers, labeling (objects, belongings, areas), daily planners, home-school communication book,

Specially Designed Tools- choice board, mini-schedules (shows easy to follow steps of hard task), task organizer (displays schedule and words/pictures of items required to complete task), transition supports (line up rope, countdown to show task is ending, objects to carry from one activity to another, "No" signs for unavailable items or areas, Finish boxes and unfinished boxes to put completed and uncompleted work in)

Classroom Reinforcement System**What is it?**

A classroom reinforcement system is a systematic way of rewarding and reinforcing appropriate behaviors that are displayed by the students in order to increase and/or maintain the appropriate behaviors. There is a wide variety of classroom reinforcement systems that include systems that can be simple and easy to implement to more intense and time consuming systems.

What it looks like:

Depending on the need of the classroom and the students within the classroom the reinforcement system can vary. Components of a classroom reinforcement system that should be similar across all settings include the giving and earning of "something" (points, stickers, verbal praise, marbles, pictures of animals, stars) instead of taking away. Another component that should be a part of the reinforcement system is the pairing of a tangible item earned and specific verbal praise for displaying the appropriate behavior. A researched based and recommended ratio of positive statements to redirections is 4:1, for every redirection or "no" statement, four positive statements should be made by a staff person within a classroom or

educational setting. The 4:1 ratio allows for a teacher to provide a more positive learning climate within the classroom.

Example:

The Good Behavior Game is an approach to the management of classrooms behaviors that rewards children for displaying appropriate on-task behaviors during instructional times. The class is divided into two teams and a point is given to a team for any inappropriate behavior displayed by one of its members. The team with the fewest number of points at the Game's conclusion each day wins a group reward. If both teams keep their points below a preset level, then both teams share in the reward.

Step 1: Decide when to schedule the Game

Step 2: Clearly define the negative behaviors that will be scored during the Game.

Step 3: Decide upon suitable daily and (perhaps) weekly rewards for teams winning the Game.

Step 4: Introduce the Game to the class.

Step 5: Put the Game into effect.

Task Analysis

What is it?

Task Analysis is the process of breaking large tasks or behavior chains into teachable lessons, units, or parts.

What it looks like:

Task Analysis can be applied to a variety of skills such as teaching students classroom routines, academic skills, or social skills. An example of this may include how to appropriately ask a peer or adult to help out with something or teaching a student how to check out a book appropriately at the library.

Modeling

What is it?

A response prompt that is taught through having student imitate aspects of certain skills. The learner must be able to attend to the model and imitate the performance. Modeling can be used to assist in the instruction of academic, social and/or physical skills by showing the learner exactly what to do.

What is looks like:

- Videotape of a person emitting target behavior.
- Positive peer modeling- pairing the child with another student who acts in an appropriate manner and can demonstrate appropriate academic and/or social behaviors.
- Teacher displays to the student what written rules look like.
- Teacher replicates each step of a skill to show how to complete the entire skill.

Examples Tier 2/Tier 3 Behavior Interventions

Behavior Education Program – Check In/Check Out (CICO)

Check and Connect

Behavior Contracting

Token Economy

Cooperative Discipline

Peer Tutoring

Time Management Training

Social Skills Group – Developmental Deficits

Social Stories

Social Skills Group – Externalizing Behaviors

Role Playing

Teaching Calming Strategies

Conflict Resolution Training

I Can Problem Solve (ICPS)

Anger Management Training

Mentoring Program

De-escalation Training

Relaxation Training

Bounce Back

Second Step

Social Skills Picture Stories

Victims of Bullying Group

Bullying Aggressor Group

Orientation/Newcomers Club

Behavior Awareness

Homework Club

Organization and Study Skill Management – (Homework, Organization, and Planning Skills - HOPS)

Brief FBA and BIP

Self Monitoring

CAT Project (anxiety, coping skills)

CBITS (trauma, anxiety)* - Tier 3 trauma

Grief - curriculum provided by Hospice

DBT in schools

Recommended Trauma Programs for Each Building

MCSHS/Central/Day Tx	KMS	MCIS	MCES
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Psychological First Aid (PFA)**	Psychological First Aid (PFA)**	Psychological First Aid (PFA)**	Psychological First Aid (PFA)**
Check and Connect (mentoring)*	Check and Connect (mentoring)*	Check and Connect (mentoring)*	Check and Connect (mentoring)*
Check-in/Check-out (CICO)*	Check-in/Check-out (CICO)*	Check-in/Check-out (CICO)*	Check-in/Check-out (CICO)*
Skills For Psychological Recovery (SPR)**	Skills For Psychological Recovery (SPR)**	Skills For Psychological Recovery (SPR)**	Skills For Psychological Recovery (SPR)**
Support for Students Exposed to Trauma (SSET) (trauma, PTSD symptoms)**	Support for Students Exposed to Trauma (SSET) (trauma, PTSD symptoms)**	A program for this age group is currently under-development	A program for this age group is currently under-development
Cope2Thrive (anxiety and depression)	Cope2Thrive (anxiety and depression)	Need to find a program for depression	Need to find a program for depression
CAT Project (anxiety, coping skills)*	Coping Cat (anxiety, coping skills)*	Need to find a program for depression	Coping Cat (anxiety, coping skills)*
CBITS (trauma, anxiety)*	CBITS (trauma, anxiety)*	Coping Cat (anxiety, coping skills)*	Bounce Back* (trauma, stress)
Grief (toolkit provided by Hospice)	Grief (toolkit provided by Hospice)	Bounce Back* (trauma, stress)	Grief (toolkit provided by Hospice)
DBT in schools	DBT in schools	Grief (toolkit provided by Hospice)	DBT in schools

		DBT in schools	
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All programs above are evidence based

* recommended by KYABRI and supported by KDE

**recommended by the National Child Traumatic Stress Network

Recommended Training Needs For Each Building

MCSHS/Central/Daily Tx	KMS	MCIS	MCES
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Psychological First Aid (PFA)** - all mental health professionals in the building; training is free online https://learn.nctsn.org/course/index.php?categoryid=11	Psychological First Aid (PFA)** - all mental health professionals in the building; training is free online https://learn.nctsn.org/course/index.php?categoryid=11	Psychological First Aid (PFA)** - all mental health professionals in the building; training is free online https://learn.nctsn.org/course/index.php?categoryid=11	Psychological First Aid (PFA)** - all mental health professionals in the building; training is free online https://learn.nctsn.org/course/index.php?categoryid=11
Check and Connect*	Check and Connect*	Check and Connect*	Check and Connect*
Check-in/Check-out (CICO)*	Check-in/Check-out (CICO)*	Check-in/Check-out (CICO)*	Check-in/Check-out (CICO)*
Skills For Psychological Recovery (SPR)** - all mental health professionals in the building; training is free online https://learn.nctsn.org/course/index.php?categoryid=11	Skills For Psychological Recovery (SPR)** - all mental health professionals in the building; training is free online https://learn.nctsn.org/course/index.php?categoryid=11	Skills For Psychological Recovery (SPR)** - all mental health professionals in the building; training is free online https://learn.nctsn.org/course/index.php?categoryid=11	Skills For Psychological Recovery (SPR)** - all mental health professionals in the building; training is free online https://learn.nctsn.org/course/index.php?categoryid=11
Support for Students Exposed to Trauma (SSET) ** - all mental health professionals in the building; training is free online https://ssetprogram.org/	Support for Students Exposed to Trauma (SSET) ** - all mental health professionals in the building; training is free online https://ssetprogram.org/ Cope2Thrive - all school counselors and social	A program for this age group is currently under-development Need to find a program for depression	A program for this age group is currently under-development Need to find a program for depression
83 Page			

Cope2Thrive - all school counselors and social workers that will be implementing the program; training is \$385 (7 session program) -\$450 (15 session program) (renewed annually) CAT Project *- all mental health professionals in the building; training not required, just need to read manual; there is a 1-2 day training if you need it https://www.cebc4cw.org/program/c-a-t-project/ CBITS* - all mental health professionals in the building; there is a free online training option http://cbitsprogram.org/public-training Grief – information provided by Hospice DBT in schools	workers that will be implementing the program; training is \$385 (7 session program) -\$450 (15 session program) (renewed annually) Coping Cat* - all mental health professionals in the building ; training not required, just need to read manual; look under the Education and Training tab for training if you need it https://www.cebc4cw.org/program/coping-cat/detailed CBITS* - all mental health professionals in the building; there is a free online training option http://cbitsprogram.org/public-training Grief - information provided by Hospice DBT in schools	Coping Cat*- all mental health professionals in the building; training not required, just need to read manual; look under the Education and Training tab for training if you need it https://www.cebc4cw.org/program/coping-cat/detailed Bounce Back* - all mental health professionals in the building; there is a free online training option https://bouncebackprogram.org/ Grief - information provided by Hospice DBT in schools	Coping Cat*- all mental health professionals in the building; training not required, just need to read manual; look under the Education and Training tab for training if you need it https://www.cebc4cw.org/program/coping-cat/detailed Bounce Back*- all mental health professionals in the building; there is a free online training option https://bouncebackprogram.org/ Grief-information provided by Hospice DBT in schools
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MTSS Parent Information Letter

Date: _____

Dear Parent/Guardian,

Please be informed that we will begin Tier 2_____Tier 3_____ interventions with your child. The subject(s)/skills that we will focus on with your child will be:

_____reading	_____social
_____writing	_____emotional
_____math	_____behavioral

You may remember reading in the student handbook about our MTSS instructional approach. We want to make sure that all students receive a sound educational program designed to meet the state standards and meet your child's individual potential. Our staff members will use research based program(s) and strategies to provide the necessary academic and/or social/emotional/behavioral instruction. They will also keep data to determine the effectiveness of the interventions provided to your child. If you have any questions about the intervention team process or your child's response to the intervention, please contact your child's teacher.

Sincerely,

School Principal



Parent/Student Request for Assistance/Referral to Support Team

Student: _____ Date of Birth: _____
Grade: _____ Teacher: _____
Parent: _____ Home Phone: _____
Father Work Phone: _____ Mother Work Phone: _____
Address: _____

I am requesting that _____ be referred to the School Support Team (Student)

due to concerns with reading____, writing____, math____, social____, emotional____, behavioral____ skills. Please include specific information about the areas of concern (academic and/or behavioral) and strategies/interventions attempted to address the concern:

Has the classroom teacher indicated concerns about your child's academic or behavioral performance?

☐ Yes ☐ No If yes, please list: _____

What classroom instructional strategies do you think would help your child? _____

Has your child had any previous evaluations through any school system or private provider?

☐ Yes ☐ No If yes, does the school have a copy of that evaluation _____

Who did the evaluation? _____

Please describe any significant factors (developmental, medical, or situational) you feel may impact this student's ability to benefit from the current educational program:

Signature _____ Date Received by School _____
(Parent, Adult Student, Legal Guardian)

*Note: The Support Team will review your concerns about your child and make suggestions, if appropriate.

Appendix J - Mercer County Schools Documentation of Intervention Forms

Mercer County Schools Tier 1 Documentation Form

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

Student Information	Tier I Supports Provided What, If Anything Are You Doing Differently For This Student
Enrollment history Consistent school enrollment ___Y___N Tranient ___Y___N	
Retention ___Y___N If so, what grade? _____	
Does attendance affect performance? ___Y___N If student has missed more than 10 days in a school year, lack of educational opportunity must be considered.	
Universal Screening Data	Medical Diagnoses/Health Conditions
State Assessment Data	
Grades/Classroom Performance	
Discipline Data # of in-school suspensions _____ # of out-of-school suspensions _____ # of classroom removals _____	Other Supports or Actions (Involvement with CDW, wrap-around services, counseling, medication, tutoring, ESS, etc)
ELL ___Y___N Are any other languages spoken in home? ___Y___N	
504 Accommodation Plan ___Y___N	

Tier 1 Universal Level Instruction

Date	Area of Concern	Evidence-Based Instructional Curriculum, Strategies, materials, level, etc	Frequency/Duration of Instruction

Tier 1 Instructional fidelity checks completed by_____

Mercer County Schools Tier 2 Intervention Planning Form

STUDENT NAME: _____ Date of Birth: _____

MTSS Team Members Present:

Areas of Concern:

_____Reading _____Writing _____Math _____Behavior

Screenings (as needed, based on hypothesis):

Vision: P F (date _____) Hearing: P F (date _____) Communication: P F (date _____) Health/Motor: P F (date _____)

Cognitive:_____ Academic:_____ Attention:_____ Behavior:_____

Intervention Plan:

Date	Skill to teach	Goal	Evidence- based Instructional Strategy(s), materials, level	Implementer(s) (Name & Position)	Instructional Arrangement (setting and teacher: student ratio)	Frequency of instruction & anticipated duration	Progress Monitoring (tools-CBA and CBM/Frequency/ Person Responsible) Attach graphed data

Parent Notified of Tier Change: Y N
 Parent Contacted and Documented in IC – Date:
 Form Sent Home - Date:

Mercer County Schools Tier 3 Intervention Planning Form

STUDENT NAME: _____ Date of Birth: _____

MTSS Team Members Present:

Areas of Concern:

_____Reading _____Writing _____Math _____Behavior

Screenings (as needed, based on hypothesis):
 Vision: P F (date _____) Hearing: P F (date _____) Communication: P F (date _____) Health/Motor: P F (date _____)

 Cognitive: _____ Academic: _____ Attention: _____ Behavior: _____

Intervention Plan:

Date	Skill to teach	Goal	Evidence- based Instructional Strategy(s), materials, level	Implementer(s) (Name & Position)	Instructional Arrangement (setting and teacher: student ratio)	Frequency of instruction & anticipated duration	Progress Monitoring (tools-CBA and CBM/Frequency/ Person Responsible) Attach graphed data

Parent Notified of Tier Change: ___Y___N Parent Contacted and Documented in IC – Date: _____ Form Sent Home - Date: _____

Mercer County Schools Tier 2/3 Intervention Data Review Form

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

Intervention Data Review:

Date	Intervention Response Based on Data (Positive, Questionable, Poor)	Action Based on Student Response • Continue instruction with current goal. • Continue instruction with increased goal. • Gradually fade intervention to determine if student(s) have acquired functional independence. • Modify/intensify intervention for a short period of time and assess impact. If rate improves, continue. If rate does not improve, return to problem solving. • Change intervention • Change tier

Instructional Fidelity Checks completed by: _____ Date: _____ Date: _____ Date: _____

Progress Monitoring Fidelity Checks completed by: _____ Date: _____ Date: _____ Date: _____

Appendix K – School level MTSS Information

Mercer County Elementary School MTSS Information

School Intervention Team	Student Intervention Team

	Tier 1 Strategies	Tier 2 Research Based Interventions	Tier 3 Research Based Interventions
Reading			
Writing			
Math			
Behavior (social, emotional, behavior)			

	Universal Screener	Progress Monitoring Tools
Reading		
Writing		
Math		
Behavior (social, emotional, behavior)		

Mercer County Intermediate School MTSS Information

School Intervention Team	Student Intervention Team

	Tier 1 Strategies	Tier 2 Research Based Interventions	Tier 3 Research Based Interventions
Reading			
Writing			
Math			
Behavior (social, emotional, behavior)			

	Universal Screener	Progress Monitoring Tools
Reading		
Writing		
Math		
Behavior (social, emotional, behavior)		

King Middle School MTSS Information

School Intervention Team	Student Intervention Team

	Tier 1 Strategies	Tier 2 Research Based Interventions	Tier 3 Research Based Interventions
Reading			
Writing			
Math			
Behavior (social, emotional, behavior)			

	Universal Screener	Progress Monitoring Tools
Reading		
Writing		
Math		
Behavior (social, emotional, behavior)		

Mercer County Senior High School MTSS Information

School Intervention Team	Student Intervention Team

	Tier 1 Strategies	Tier 2 Research Based Interventions	Tier 3 Research Based Interventions
Reading			
Writing			
Math			
Behavior (social, emotional, behavior)			

	Universal Screener	Progress Monitoring Tools
Reading		
Writing		
Math		
Behavior (social, emotional, behavior)		

ADDENDUM - Trauma

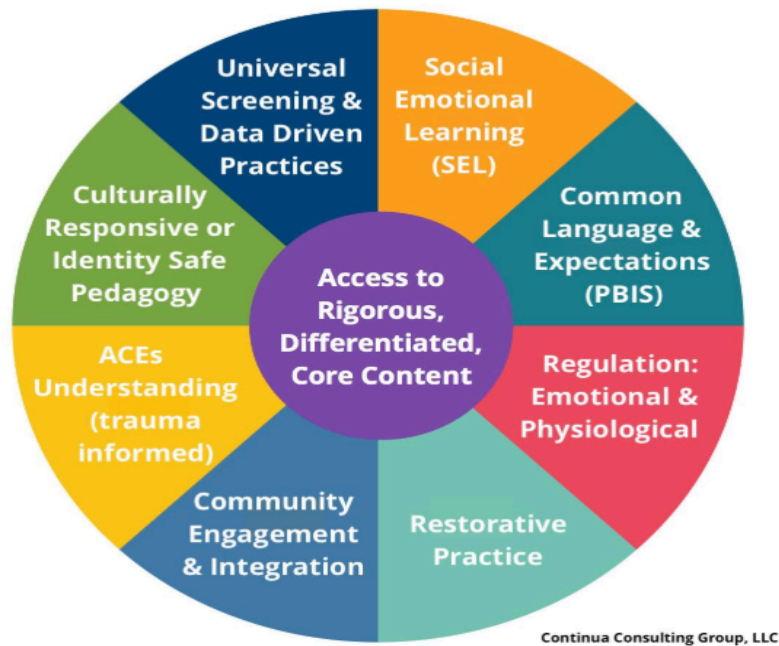
Mercer County School District Trauma Informed Plan
<https://docs.google.com/document/d/1luDX9hdCzLnKye9xk0yvq7KbfD56Bg61xcEKwNrB5kc/edit?usp=sharing>

TRAUMA

Trauma is defined by the DSM-5 as exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: directly experiencing the traumatic event(s); witnessing, in person, the traumatic event(s) as it occurred to others; learning that the traumatic event(s) occurred to a close family member or close friend (in case of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental); or experiencing repeated or extreme exposure to aversive details of the traumatic event(s). Trauma is essentially exposure to a distressing experience or event that overwhelms a person's ability to respond and it can be acute (resulting from a single incident), chronic (repeated and prolonged exposure), or complex (exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long term impact of this exposure).

Trauma-informed approaches in schools utilize a Multi-tiered System of Supports (MTSS). MTSS are ideal frameworks for implementing strategies to support students who have experienced trauma and to prevent and address further challenges. A tiered approach focuses on attending to the whole school environment to help the vast majority of students be successful and providing a continuum of support for those who need more. By incorporating universal screening for social-emotional concerns and using data to drive our practice in the area of behavior and social-emotional well-being, similar to best practice with academic instruction, we can better meet the needs of students. Using data allows us to efficiently identify and align resources for students that need higher levels of support and intervention. This comprehensive approach utilizes systems, data, and evidence based practices to increase social, emotional, and academic success for all students. This graphic, developed by [Continua Consulting](#), depicts the crucial elements of comprehensive Tier 1 supports for students.

Trauma-Informed Multi-Tiered Systems of Support
Tier 1 Main Components



Tier 1: Trauma

Tier 1 is the highly effective, culturally responsive, evidence-based instruction, provided to ***all*** students. The impact of Tier 1 instruction should result in at least 80% of the students having a positive response on their social, emotional, and behavioral wellbeing.

The universal screening process at Tier 1 should be implemented three times a year (fall, winter, spring) and/or after a widespread traumatic event (natural disaster, act of terrorism, pandemic, act of violence, racism/marginalization/dehumanization of a group of people, etc.). When addressing trauma and the potential effects, an important factor to consider is resilience. For this reason, schools may also want to consider an additional screening for resilience.

The universal screening process at Tier 1 is important in identifying students who are potentially experiencing adverse symptoms of trauma. These screenings should be conducted 3 times a year (fall, winter, spring) and/or after a widespread traumatic event (natural disaster, act of terrorism, pandemic, act of violence, racism/marginalization/dehumanization of a group of people, etc.). Teacher administered universal screeners should only be administered after the teacher has known the student for at least 30 days.

Instruction in Tier 1 is focused on staff and students, as well as, providing information to parents. Staff, students, and parents should be provided with information on procedures the district/school is implementing to keep everyone safe. Staff should be trained on trauma and the effects of trauma on student's learning, social, emotional, and behavioral functioning. This may also include training on grief, as well as, self-care. Information should also be provided to parents on trauma and the potential effects. Depending on the nature of the traumatic event, Psychological First Aid may be necessary to promote safety, stabilize survivors of disasters, and connect individuals to help and resources. Trauma responsive practices should be

implemented by all school staff to encourage a trauma sensitive school where both students and staff feel safe, welcomed, and supported and the educational mission includes emphasis on addressing trauma's impact on learning. Social-emotional learning for all students should focus on coping strategies for stress, calming strategies, empathy, and strength/resilience building. Depending on the nature of the traumatic event, schools may implement additional Tier 1 interventions to address the specific needs that have resulted from the traumatic event.

Questions to Consider

- How can our leadership team embrace and communicate to staff that we can get through this and that we have an opportunity to create a new perception of our school?
- How can we celebrate the return of staff and students?
- How will everyone – staff, students and families – be welcomed, oriented and positively connected to the school?
- What outreach will be made to those students and families who were expected but did not return?
- How will staff minimize problems during daily transition times (e.g., before school, during breaks, lunch and after school)?
- How will we provide supports for (and not punish/re-traumatize) those not adjusting well?
- How can we incorporate social and emotional learning activities in every classroom, at the beginning, middle or end of every lesson?
- What structures, activities and programming will we have in place to facilitate a culture where everyone feels safe, valued and cared for?
- Have we made time for our counselors to address the mental health of students through Tier 1 instruction (whole group guidance)?
- How are we going to communicate to students the various help/supports they can reach out to if schools are closed again?
- What resources/partners are available to assist students who may need additional services?

During Times of Distance Learning

- How can schools and districts find innovative ways to check in on faculty, staff, students and families to ensure mental health and wellness? How might district-vetted, FERPA compliant virtual platforms be used?
- How can schools and districts help faculty, staff, students and families cope with anxiety and/or depression as a result of the social and emotional consequences of not being at school?
- How can schools and districts promote connectivity?
- How can educators support students who are out of their routines and need mental health services during this time?
- What kinds of stressors or potential trauma will families and caregivers be facing during this time that educators should be aware of? How can educators help?

Questions Teachers Should Consider

- What am I doing to create a physically and psychologically safe classroom to support students in both “Learning Brain” and “Survival Brain”?
- Are we engaging our students in a manner that honors their voices and choices?
- How do we create tasks that do not convey high stakes or pressure?
- Are our lessons relevant and engaging to the lives of students?
- Am I taking care of myself so I can engage with students in a calm, warm and caring manner?

Tier 2: Trauma

Tier 2 targeted social/emotional and mental health supports should be initiated based on universal screening data and for those who have experienced a traumatic event(s) and are experiencing adjustment problems. These students should receive interventions that are tailored to meet their needs. These interventions are typically implemented by the school counselor or other school based mental health provider. Even with sound Tier 1 supports in place, up to 20% of a school’s population may need additional support.

Intervention at the Tier 2 level may include outreach to students who are reluctant to return to school; re-engaging students who are disconnected; modifying instructional practices; mentoring programs; check-in/check-out; and small group counseling to address symptoms of trauma, anxiety, depression, grief/loss, and to develop coping skills.

Questions to Consider

- What do we have in place to support students and staff who appear to be deeply sad, withdrawn or in distress?
- Are our counselors situated to handle many individual counseling sessions with students in need?
- Have we made time for our counselors to address the mental health of students through Tier 2 direct student services (individual or small group counseling)?
- Have we been clear on the protocol for teachers to let counselors know when a student is in distress and how they should go about doing this?
- What other support staff do we have in place to help students who need extra support?
- What buddy/peer support systems can be set up to support connection among students?

Tier 3: Trauma

Tier 3 interventions are designed to provide intensive supports to approximately 1-5% of students who have experienced a traumatic event and are experiencing significant adverse symptoms where Tier 1 and Tier 2 supports were not sufficient enough to meet their needs.

Mental health professionals within the school should consider referring students to a mental health professional when appropriate. Traumatic grief can be very difficult to resolve, and professional help is often needed. If possible, the student and his or her family should be referred to a professional who has considerable experience in working with children and adolescents who are experiencing symptoms of trauma (grief, anxiety, depression, etc.). Referrals may be considered based on parent or student reported concerns, as well as teacher

reported concerns. School counselors should act as a liaison between the school and outside agency to support addressing student needs. School counselor should also engage in consultation/collaboration with parents/families.

Questions to Consider

- What do we have in place to support Tier 3 students (students who we think may be at risk of harming themselves or someone else)?

Mercer County Senior High School Tiered Trauma Response Plan

Trauma is defined by the DSM-5 as exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: directly experiencing the traumatic event(s); witnessing, in person, the traumatic event(s) as it occurred to others; learning that the traumatic event(s) occurred to a close family member or close friend (in case of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental); or experiencing repeated or extreme exposure to aversive details of the traumatic event(s). Trauma is essentially exposure to a distressing experience or event that overwhelms a person's ability to respond and it can be acute (resulting from a single incident), chronic (repeated and prolonged exposure), or complex (exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long term impact of this exposure).

Multi-tiered Systems of Supports (MTSS), such as PBIS, are ideal frameworks for implementing strategies to support students who have experienced trauma and are coming back to school and to prevent and address further challenges. A tiered approach focuses on attending to the whole school environment to help the vast majority of students be successful and providing a continuum of support for those who need more. With this in mind, the following strategies will be implemented by school teams to ensure a safe, predictable, and positive school year.

Universal screeners are important in identifying students who are potentially experiencing adverse symptoms of trauma. These screenings should be conducted 3 times a year (fall, winter, spring) and only after the teacher has known the student for at least 30 days.

	Tier 1	Tier 2	Tier 3
General Trauma Informed Response Plan	Tier 1/Universal interventions should be implemented with all staff, students, and/or parents. Please see the information below and select all Tier 1 interventions that are appropriate/needed based on the nature of the traumatic event	Tier 2 targeted social/emotional and mental health supports should be initiated for those who have experienced a traumatic event(s) and are experiencing adjustment problems. One or more of the interventions below may be considered	Tier 3 interventions should be initiated for those students that tier 1 and 2 interventions were implemented and were not sufficient to meet student's needs
	Staff Training – provided by School Mental Health Professionals on trauma and the effects of trauma on student's learning, social, emotional, and behavioral functioning Train All Staff on Trauma Trauma Facts for Educators [see NCTSN Child Trauma Toolkit for Educators (pg. 4)] Suggestions for Educators [see NCTSN Child Trauma Toolkit for Educators (pgs. 5-6)] Understanding Trauma: Learning Brain vs. Survival Brain [video referenced in KDE COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness Pg. 9] https://www.youtube.com/watch?reload=9&v=KogqUANGvpA Psychological and Behavioral Impact of Trauma High School Students [see NCTSN Child Trauma Toolkit for Educators (pgs. 13-14)] Helping Youth After Community Trauma: Tips for Educators (NCTSN document) Preparing for, Understanding and Responding to Traumatic Stress Responses in Students and Staff [KDE COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness pgs. 7-8]	How to help students who are grieving and reluctant to return to school -outreach through home visit or phone call -special support through a trusted adult at school and accommodations at school -grief counseling [KDE COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness Pg. 7] Re-engaging Students Disconnected in Instructional Activity [KDE COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness Pg. 9] There are several ways to re-engage students who become disconnected in the class. Here are some suggestions: Understand their mindset. Learning Brain vs. the Survival Brain -	DBT in Schools – is a social—emotional learning curriculum have been demonstrated to be effective in helping adolescents manage difficult emotional situations, cope with stress, and make better decisions. Make referrals Mental health professionals within the school should consider referring students to a mental health professional when appropriate. Traumatic grief can be very difficult to resolve, and professional help is often needed. If possible, the student and his or her family should be referred to a professional who has considerable experience in working with children and adolescents who are experiencing symptoms of trauma (grief, anxiety, depression, etc.). Referrals may be considered based on parent or student reported concerns, as well as

	Wearing a Trauma Lens [KDE COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness pg. 11] Train All Staff on Grief Traumatic Grief for School Personnel [see NCTSN Child Trauma Toolkit for Educators Trauma Facts for Educators (pgs. 15-16)] Prepare Staff to Respond to those Experiencing Grief and Loss [see KDE COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness (pgs. 5-7)] Train All Staff on Trauma Related Self Care Self Care for Educators [see NCTSN Child Trauma Toolkit for Educators Trauma Facts for Educators (pg. 17)] Train All Staff on Resilience Building Resilience [see KDE COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness Pg. 12] Provide Information to Parents Understanding Child Traumatic Stress: A Guide for Parents [see NCTSN Child Trauma Toolkit for Educators Trauma Facts for Educators (pgs. 18-19)] Brief Information on Childhood Traumatic Grief [see NCTSN Child Trauma Toolkit for Educators Trauma Facts for Educators (pgs. 20-21)] Depending on the nature of the traumatic event it may be appropriate for mental health staff to initiate Psychological First Aid (PFA). PFA is an initial disaster response intervention with the goal to promote safety, stabilize survivors of disasters, and connect individuals to help and resources. PFA is delivered to affected individuals by mental health professionals and other first responders. The	when children are in survival mode (Survival Brain), the Learning Brain is stifled. Adults can help students shift into the Learning Brain by creating a physically and psychologically safe environment. Providing student choice and voice is important. Personalization and differentiation are going to be key in all classrooms. Students are going to come back with varying experiences and responses to the trauma. For some, engaging in typical teaching and learning activities may be comforting. For others who may be in “Survival Brain,” they may not have the capacity to interact in this way. Do not make tasks high stakes. This increases the likelihood of compounding existing stressors. Plan for student engagement by ensuring the instructional approach honors student needs, circumstances and interests while being relevant and valuable to their lives. Students must perceive the tasks given to them as attainable and worthy of their participation.	teacher reported concerns. School counselors should acts as a liaison between the school and outside agency to support addressing student needs School counselor should engage in consultation/collaborati on with parents/families
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	purpose of PFA is to assess immediate concerns and needs of individuals in the aftermath of a disaster and to reduce the initial distress caused by traumatic events to foster short- and long-term adaptive functioning and coping. Trauma Responsive/Sensitive Practices For Teachers/Staff To Implement with Students - Encourage a trauma sensitive school where students feel safe, welcomed, and supported and the educational mission includes emphasis on addressing trauma's impact on learning (see Getting Back to School After Disruptions Document) Re-teach, remind, and acknowledge positive school-wide expectations Yes, you may have taught your school-wide expectations at the start of the year, but students coming back to school after an unplanned absence have been in different environments, with different expectations for their behavior. Hence, a strong focus on re-teaching and modeling expected school behaviors will help to re-establish and maintain a school culture where students can expect to see prosocial behavior from their peers and the adults in the building. It is often useful for us to keep in mind that students may have been practicing different behaviors while away from school and will benefit from re-teaching and opportunities for practice rather than exclusion Re-teach classroom routines. Because students spend most of their time in classroom settings, it's critical that teachers establish a supportive environment and emphasize positive and proactive classroom behavior support approaches Directly teaching classroom routines in the context of positive schoolwide expectations, engaging students with effective instruction, and providing specific feedback to encourage desired behaviors will go a long way to establishing a positive classroom climate. After traumatic or unplanned events, making routines as predictable as possible will help students regain a sense of safety that they may have	Implement mentorship programs such as Check and Connect - which is designed to increase school attendance, persistence in school, accrual of credits, and school completion rates; while decreasing truancy, tardies, behavioral referrals, and dropout rates Check-in/Check-out – is a commonly used option for behavior supports and can give students a boost to meet their social, emotional, behavioral, and academic goals. This intervention can be personalized and customized to meet student's needs. Skills for Psychological Recovery (SPR), is an intervention designed to follow Psychological First Aid (PFA) in the weeks and months following disasters, mass violence events, and wide spread traumatic events. SPR aims to help survivors gain skills to manage distress and cope with post-disaster stress and adversity. Cope2thrive – is a CBT based program designed to help children, teens, and young adults deal with anxiety, stress, and depression by showing them how to develop the skills needed to stop negative thoughts and	
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been missing

Focus on the positive, and avoid punitive approaches. Some teachers, in efforts to add structure and predictability to the classroom, will use class-wide clip charts or colored behavior cards as a behavior management tool. In our experience, these public punishment systems can do more harm than good, particularly for students with disabilities or those experiencing trauma. Instead, focus on teaching, practicing, and acknowledging expected behaviors, with the understanding that some student may need more teaching, practice, and acknowledgement to use them.

Get to know your students - again. Simple strategies—like greeting students at the door by name, learning about students’ interests outside of school, and using their strengths and preferences in instruction—can put students at ease and build student engagement. Make every attempt to recognize and value individual strengths or skills in each of your students. During the absence from school, students may have experienced extreme loss, so it’s important to re-connect and understand their recent experiences.

Look for signs that students might need more help. The strategies described here can be effective in supporting the vast majority of students, even those experiencing trauma, to be successful, but others will need more support. Be aware of signs of trauma and use universal screeners to identify students who may need more support—short or long term—to have a positive school experience.

Re-engage families as partners in their child’s education

Building common messages across home and school related to safety, responsibility, and respect for all is helpful to students. Schools become a unifying and supportive part of the community when they reach out to families and find new ways to partner meaningfully with them in the education of their son or daughter. It is crucial to review strategies for

start thinking and behaving in more positive ways.

The CAT Project – is a CBT based program designed to address anxiety in older adolescents.

Support for Students Exposed to Trauma: School Support for Childhood Trauma (SSET) - is a school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of post-traumatic stress disorder (PTSD). It is designed specifically for use by teachers and school counselors. SSET teaches many of the same cognitive and behavioral skills as CBITS, such as social problem solving, psychoeducation, and relaxation.

Small group counseling for grief/loss

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) may be appropriate for students who have experienced trauma and are reporting several related symptoms. CBITS is a school-based, group and individual intervention. It is designed to reduce symptoms of

	communicating with parents to ensure they are timely, supportive, and accessible (e.g., in home languages). Host informal events for families at school to increase connections, and consider inviting community leaders to attend the events as well. How School Personnel Can Help a Child with Traumatic Grief [see NCTSN Child Trauma Toolkit for Educators (pg 15-16)] Inform others and coordinate services Inform school administration and school counselors/psychologists about your concerns regarding the student. If you feel a student could benefit from the help of a mental health professional, work within your school mental health professionals to suggest a referral. Answer a child's questions Let the child know that you are available to talk about the death/traumatic event if he or she wants to. When talking to these children, accept their feelings (even anger), listen carefully, and remind them that it is normal to experience emotional and behavioral difficulties following the death of a loved one. Do not force a child to talk about the death if he or she doesn't want to. This may be more harmful than helpful for the child. Create a supportive school environment Maintain normal school routines as much as possible. A child with traumatic grief can feel that life is chaotic and out of his or her control. It's beneficial for the child to have a predictable class schedule and format. The child may also need extra reassurance and explanation if there is a change. Staff should look for opportunities to help classmates who are struggling with how best to help and understand a student with traumatic grief. Raise the awareness of school staff and personnel Teachers and school staff may misinterpret changes in children's behaviors and school performance when they are experiencing childhood traumatic grief. Although it is always a priority to protect and respect a child's privacy, whenever possible it	post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills. CBITS uses cognitive-behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure).	
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may be helpful to work with school staff who have contact with the child to make sure they know that the child has suffered a loss and may be experiencing difficulties or changes in school performance as a result. In this way, the school staff can work together to ensure that children get the support and understanding they need.

Modify teaching strategies Balance normal school expectations with flexibility. You might avoid or postpone large tests or projects that require extensive energy and concentration for a while following the death/traumatic event. Be sensitive when the student is experiencing difficult times—for example, on the anniversary of a death/traumatic event—so that you can be supportive and perhaps rearrange or modify class assignments or work. Use teaching strategies that promote concentration, retention, and recall and that increase a sense of predictability, control, and performance.

Support and Engage families

Build a relationship of trust with the student's family. On a personal level, be reliable, friendly, consistently caring, and predictable in your actions. Keep your word, and never betray the family's trust. It can be helpful for the school or district to designate a liaison who can coordinate the relationship among teachers, the principal, the guidance counselor, other appropriate school personnel, the family, and the child.

What Can Be Done to Help a Traumatized Child [see NCTSN Child Trauma Toolkit for Educators (pg 5-6)]

- Maintain usual routines. A return to “normalcy” will communicate the message that the child is safe and life will go on.
- Give children choices. Often traumatic events involve loss of control and/or chaos, so you can help children feel safe by providing them with some choices or control when appropriate.
- Increase the level of support and encouragement given to the traumatized child.

Designate an adult who can provide additional support if needed.

- Set clear, firm limits for inappropriate behavior and develop logical—rather than punitive—consequences.
- Recognize that behavioral problems may be transient and related to trauma. Remember that even the most disruptive behaviors can be driven by trauma-related anxiety.
- Provide a safe place for the child to talk about what happened. Set aside a designated time and place for sharing to help the child know it is okay to talk about what happened.
- Give simple and realistic answers to the child's questions about traumatic events. Clarify distortions and misconceptions. If it isn't an appropriate time, be sure to give the child a time and place to talk and ask questions.
- Be sensitive to the cues in the environment that may cause a reaction in the traumatized child. For example, victims of natural storm-related disasters might react very badly to threatening weather or storm warnings. Children may increase problem behaviors near an anniversary of a traumatic event.
- Anticipate difficult times and provide additional support. Many kinds of situations may be reminders. If you are able to identify reminders, you can help by preparing the child for the situation. For instance, for the child who doesn't like being alone, provide a partner to accompany him or her to the restroom.
- Warn children if you will be doing something out of the ordinary, such as turning off the lights or making a sudden loud noise.
- Be aware of other children's reactions to the traumatized child and to the information they share. Protect the traumatized child from peers' curiosity and protect classmates from the details of a child's trauma.

• Understand that children cope by re-enacting trauma through play or through their interactions with others. Resist their efforts to draw you into a negative repetition of the trauma. For instance, some children will provoke teachers in order to replay abusive situations at home. • Although not all children have religious beliefs, be attentive if the child experiences severe feelings of anger, guilt, shame, or punishment attributed to a higher power. Do not engage in theological discussion. Rather, refer the child to appropriate support. Counselors should provide weekly evidence based SEL curricula teaching the competencies of CASEL, (empathy) Counselors should provide evidence based coping strategies for stress and calming strategies COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness (KDE) • Promote psychological safety. All the basic tenets of creating psychological safety, a positive culture and trauma-responsive schools will be even more important. Maintaining a trauma-informed approach is critical. Troublesome behaviors are attempts to cope with a feeling of being overwhelmed and should not be punished, but rather understood and addressed in context with compassion and understanding. Utilize the trauma lens to understand the range of reactions. When we see student misbehavior, we need to ask what happened (or what is happening) to them vs. what is wrong with them, and then ask what is strong with them. [KDE COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness (pgs. 5-7)] • School staff should recognize that grief and loss can apply to experiences, milestones and changes as well as the literal loss of people or things – and those losses will feel big to		
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students and should be taken seriously and not dismissed as “less than” other, more impactful losses in the adult world.

- Acknowledge what has happened.
- Offer time to allow students to express their reactions and then validate the emotions that emerge at each grief stage.

Provide Activities/Opportunities to Build Resilience

Connection

- frequent sustained outreach
- mentors/buddies
- check in/check out

Safety

- normalize stress response
- look, ask, listen
- model appropriate emotional behavior

Nutrition and Exercise

- Healthy snacks
- movement breaks

Competence

- frequent, targeted affirmation
- small chunks
- repetition, patience

Empowerment

- choice
- voice
- flexibility

Self-Regulation

- SEL and emotional literacy
- mindful focusing
- regular breaks

Incorporating Brain/Body Breaks into Daily Lessons

Provide brain and body breaks to support both academic and social/emotional learning:

- **Squeeze muscles:** Starting at your toes, pick one muscle and squeeze it tight. Count to five. Release, and notice how your body changes. Repeat exercise moving up your body.
- **Belly breathing:** Put one hand on your stomach and one hand on your chest. Slowly

	breathe in from your stomach (expand like a balloon) and slowly breathe out (deflate). • Mindful meal/snack: Pay attention to the smell, taste and look of your food. No multitasking. • A restful moment: Sit in a relaxed, comfortable position. Pick something to focus on, like your breath. When your mind wanders, bring your attention back to your breath. • Blowing bubbles: Notice their shapes, textures and colors. • Coloring: Color something. Focus on the colors and designs. • Listening to music: Focus on the whole song or listen specifically to the voice or an instrument. Creating a Space Where People Feel Safe, Respected and Cared For Creating a space where people feel safe, respected and cared for is essential to addressing traumatic stress at the beginning of and throughout the year. The following may help: • Consider a whole-school or whole-class brief lesson on how traumatic stress impacts our brains to help normalize and reduce shame, as well as lessen the likelihood that schools will engage in punitive re-traumatizing reactions. • Encourage self-compassion and provide time, spaces and places for embedding self-care activities for both students and staff. Group spaces, breathing together, journaling time, etc., can be integrated into classroom activities and staff meetings and routines.		
Distance Learning Tiered Trauma Response (when needed)	School wide SEL curricula will continue to be provided during distance learning as this will be an especially important time that students will need these skills. Using school PBIS systems at home • Define home expectations – consider using one’s consistent with the school (MERCER) • Create predictable routines • Give positive feedback(5 positive to 1 negative)	Check-In/Check-Out has a modified version for distance learning [see document Guidance on Adapting Check-In/Check-Out (CICO) for Distance Learning] • Ensure positive adult interactions	Referrals, liaison activities, and consultation/collaboration with families should continue via video conferencing or telephone calls during distance learning.

	• Model emotional wellness -Define and teach expectations for distance learning 1. Keep the school-wide expectations 2. Use online activities as settings 3. Teach online-specific behaviors -Tips • Use evidence-based practices • Attend to equity in access Weekly SEL lessons should continue during distance learning	• Reassess needs of students • Revise the card and re-teach • Include families and other staff • Plan for flexibility in parent capacity SPR, SSET, CBITS, and small group counseling could be implemented via online resources such as Google Meets and Zoom. If this is done, groups of students should stay the same as in person counseling and these groups of students should not be mixed.	
Racial Trauma	Race-based stress and trauma result from the cumulative effects of racism on mental and physical health. This psychological and physical injury results from direct or vicarious discrimination, micro- and macro-aggressions, marginalization, and dismissal based on one's race. While the recent events are dramatic, they are not new, and we must acknowledge that reality and be prepared to face the pervasiveness of race-based stress and trauma. Staff Training • Training for all staff on racial trauma and implicit bias • Teach staff about disrupting dehumanization for boys and young men of color. [see https://forwardpromise.org/research-resources/disrupting-dehumanization-and-affirming-the-humanity-of-bymoc-and-their-villages/ attached dehumanization concept paper] • Begin efforts to implement an anti-racism framework in your school and classroom. [See attachment Continuum on Becoming an Anti-Racist Multicultural Organization]	Tier 2 interventions should be considered for students and staff who are struggling with understanding tier 1 concepts or for students and staff who are victimized by events that have happened in their own lives, their own community, or the world.	Tier 3 interventions should include School mental health professionals making referrals to community agencies for students and staff members who might have reached a point where they are a danger to themselves or others.

Facilitate conversations about racial trauma and implicit bias

Considerations for Facilitating Conversations About Race-Based Stress and Trauma

- Prepare by reading and processing the “Courageous Conversations About Race Protocol.” [See attachment]
- Create agreed-upon norms that help keep the conversation respectful.
- Acknowledge what has happened and the pain many people are feeling at this time.
- Honor everyone’s participation and center on the humanity of those most impacted.
- There will be different opinions, but now might not be the time for perspectives that are hurtful and could trigger others.
- Use a healing-centered approach. Instead of asking students what is wrong with them, ask **them what is strong with them or what has happened to them.** [see attachment **The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement**]
- Openly discuss what racism looks like and might feel like for the victim. Remember that racism diminishes us all.
- Explain that micro-aggressions may not be overt displays of racism, but to the victim, they can feel like “death by a thousand cuts” because they happen so often and in so many ways and environments. [see attachment **Micro-aggressions Matter**]
- Remember, when you are having these conversations, there will be a range of responses from students, families and staff, and even among people of the same race. Trauma is a unique experience. Never assume that one person represents or speaks for all members of their race or ethnicity; avoid tokenizing people for any reason, including race.

SEL lessons for Staff and Students

- Teach staff and students how to be an upstander (a person who speaks or acts in support of an individual or cause, particularly someone who intervenes on behalf of a person

being attacked or bullied) when racism is witnessed [see <https://www.facinghistory.org/upstander>]

- School counselor will provide lessons to teach resilience skills as a part of SEL to adults/staff (see attached chart <https://www.viacharacter.org/pdf/StrengthsbyVirtue2020.pdf>)

- School counselor will provide lessons to teach character strengths/resilience skills to students (see attached chart <https://www.viacharacter.org/pdf/YouthStrengthIcons2020.pdf>)

- School counselor will provide lessons on how to teach staff and students about cultural humility, equity, etc.

Provide Information to Parents/Caregivers

- Acknowledge the difficulty of raising children during this time and the emotional response this takes from families.
- Acknowledge the pain that parents are enduring as a result of either their own race-based stress and trauma or from witnessing graphic violence, excess negative messaging on the news and/or social media, or feelings of grief.
- Remind parents it is OK not to be OK. Ask them to remind their children of this.
- Provide parents with resources about how to have difficult conversations about race. We suggest starting with this piece from Teaching Tolerance: [see attachment - 10 Ways to Start a Conversation About Race.]
- Offer parents a safe space at school to openly discuss their own concerns. Model courageous conversations.
- Remind parents to limit access to media for their children and themselves.
- Remind parents how to get outside help for children who may be at risk of hurting themselves or others.

What Staff and Students Can Do

- Show people love and acceptance for who they are and recognize that many are hurting

during this time.

- Acknowledge what has happened.
- Acknowledge the emotional response this creates for students and staff.
- Remind students and staff that it is OK not to be OK.
- Acknowledge that events in the community are not separate from the context of school.
- Create a safe space for dialogue; allow all voices to be heard and seek input and suggestions to make our educational settings safer and more equitable. Further considerations for creating a safe space are below.
- Learn about and acknowledge our own biases and seek to grow by participating in training in equity and diversity, implicit bias, cultural responsiveness, cultural humility and anti-racism. Provide these opportunities for others.
- Check in routinely with your staff and students (not just after a tragic event). Be willing to openly listen to how they are feeling and how you can help. Explore the emotions of staff and children and honor them; never dismiss.

What Staff Can Do to Take Care of Themselves

- Acknowledge the pain of the current events.
- Acknowledge the pain that Black and African American staff especially have experienced as a result of their own race-based stress and trauma or from witnessing graphic violence, excess negative messaging on the news and/or social media, or feelings of grief.
- Remind staff that it is OK not to be OK.
- Provide staff with resources about the importance of taking care of themselves.
- Offer staff a safe space at school to openly discuss their own concerns and model courageous conversations.
- Remind staff to limit access to media for their children and themselves.

Sample routines and expectations during distance learning

Elementary Routine Example	Secondary Routine Example
Get Ready to Learn Wake up, get ready for the day, & eat breakfast	Get Ready to Learn Wake up, get ready for the day, & eat breakfast
Morning Check-in Review morning schedule & expectations. Check-in (How are you doing today? Do you have any questions?)	Morning Check-in Together, set schedule & expectations. Check-in (How are you doing today? Do you have any questions?)
Morning Movement^a Consider a walk outside, yoga, "fiddle" inside on the stairs, etc.	Morning Exercise^a Choose an exercise activity to do in the home or outdoors
Structured Learning¹ Establish times for core academic activities, like reading, math, writing	Morning Distance Learning^a Support the student in engaging in distance or remote learning activities
Lunch Check-in Eat healthy lunch, review afternoon schedule & expectations. Check-in (How are you doing? Do you have any questions?)	Lunch Check-in Eat healthy lunch, discuss afternoon schedule & expectations. Check-in (How are you doing? Do you have any questions?)
Afternoon Learning Activities Consider a virtual field trip, art, music, science, or other fun learning activity	Afternoon Distance Learning Support the student in re-engaging in distance or remote learning activities
Afternoon Movement Consider a walk, dance party, or similar active movement options	Afternoon Exercise Choose an exercise activity to do in the home or outdoors
Social Connection¹ Connect with family members or friends via social media, phone, etc.	Social Connection^a Connect with family members or friends via social media, phone, etc.
Evening Family Time & Bedtime Maintain typical evening routines to connect with each other	Evening Family Time & Bedtime Maintain typical evening routines to connect with each other

	Virtual Classroom	Mealtime	Bedtime
Be Respectful	Keep background noise to a minimum when engaged in lesson	Be kind to family members during conversations Put away dishes in the sink	Be polite when reminded about bedtime
Be Responsible	Do your best work Turn in your homework when it is due	Wash your hands before helping with meal preparation and/or eating	Go to bed on time
Be Safe	Keep open drink away from computer keyboard	Keep feet on the floor	Wash your hands before brushing your teeth

Mercer County Elementary School Tiered Trauma Response Plan

Trauma is defined by the DSM-5 as exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: directly experiencing the traumatic event(s); witnessing, in person, the traumatic event(s) as it occurred to others; learning that the traumatic event(s) occurred to a close family member or close friend (in case of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental); or experiencing repeated or extreme exposure to aversive details of the traumatic event(s). Trauma is essentially exposure to a distressing experience or event that overwhelms a person's ability to respond and it can be acute (resulting from a single incident), chronic (repeated and prolonged exposure), or complex (exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long term impact of this exposure).

Multi-tiered Systems of Supports (MTSS), such as PBIS, are ideal frameworks for implementing strategies to support students who have experienced trauma and are coming back to school and to prevent and address further challenges. A tiered approach focuses on attending to the whole school environment to help the vast majority of students be successful and providing a continuum of support for those who need more. With this in mind, the following strategies will be implemented by school teams to ensure a safe, predictable, and positive school year.

Universal screeners are important in identifying students who are potentially experiencing adverse symptoms of trauma. These screenings should be conducted 3 times a year (fall, winter, spring) and only after the teacher has known the student for at least 30 days. Mercer County Elementary School has selected the Student Risk Screening Scale (SRSS) as a universal screener for both PBIS and trauma that will be conducted three times a year.

	Tier 1	Tier 2	Tier 3
General Trauma Informed Response Plan	Tier 1/Universal interventions should be implemented with all staff, students, and/or parents. Please see the information below and select all Tier 1 interventions that are appropriate/needed based on the nature of the traumatic event	Tier 2 targeted social/emotional and mental health supports should be initiated for those students who have experienced a traumatic event(s) and are experiencing adjustment problems. One or more of the interventions below may be considered	Tier 3 interventions should be initiated for those students for whom tier 1 and 2 interventions were implemented but were insufficient to meet the student's needs

	Staff Training - Provide staff training on trauma and the effects of trauma on student's learning, social, emotional, and behavioral functioning Train All Staff on Trauma Trauma Facts for Educators [see NCTSN Child Trauma Toolkit for Educators (pg. 4)] Suggestions for Educators [see NCTSN Child Trauma Toolkit for Educators (pgs. 5-6)] Psychological and Behavioral Impact of Preschool students [see NCTSN Child Trauma Toolkit for Educators (pgs. 8-9)] Psychological and Behavioral Impact of Elementary School students [see NCTSN Child Trauma Toolkit for Educators (pgs. 10-11)] Helping Youth After Community Trauma: Tips for Educators (NCTSN document)	How to help students who are grieving and reluctant to return to school -outreach through home visit or phone call -special support through a trusted adult at school and accommodations at school -grief counseling [KDE COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness Pg. 7] Re-engaging Students Disconnected in Instructional Activity [KDE COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness Pg. 9] There are several ways to re-engage students who become disconnected in the class. Here are some suggestions: • Understand their mindset. Watch the brief video about the Learning Brain vs. the Survival Brain. It explains that when children are in	Make referrals Mental health professionals within the school should consider referring students to a mental health professional when appropriate, or contact their existing counselor if they are already involved in counseling. Traumatic grief can be very difficult to resolve, and professional help is often needed. If possible, the student and his or her family should be referred to a professional who has considerable experience in working with children and adolescents who are experiencing symptoms of trauma (grief, anxiety, depression, etc.). Referrals may be considered based on parent or student reported concerns, teacher reported concerns, and for students who have not responded to Tier 2 interventions related to behaviors and emotional functioning associated with trauma. School counseling team members should act as a liaison between the school and outside agency to support addressing student needs
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	Train All Staff on Grief Traumatic Grief for School Personnel [see NCTSN Child Trauma Toolkit for Educators Trauma Facts for Educators (pgs. 15-16)] Train All Staff on Trauma Related Self Care Self Care for Educators [see NCTSN Child Trauma Toolkit for Educators Trauma Facts for Educators (pg. 17)] Train All Staff on Resilience Building Resilience	survival mode (Survival Brain), the Learning Brain is stifled. Adults can help students shift into the Learning Brain by creating a physically and psychologically safe environment. • Providing student choice and voice is important. Personalization and differentiation are going to be key in all classrooms. Students are going to come back with varying experiences and responses to the trauma. For some, engaging in typical teaching and learning activities may be comforting. For others who may be in “Survival Brain,” they may not have the capacity to interact in this way. • Do not make tasks high stakes. This increases the likelihood of compounding existing stressors. • Plan for student engagement by ensuring the instructional approach honors student needs, circumstances and interests while being relevant and valuable to their lives. Students must perceive the tasks given to them as attainable and worthy of their participation.	School counseling team members should engage in consultation/ collaboration with parents/families to provide support as needed
	Provide Information to Parents Understanding Child Traumatic Stress: A Guide for Parents [see NCTSN Child Trauma Toolkit for Educators Trauma Facts for Educators (pgs. 18-19)]		

	Brief Information on Childhood Traumatic Grief [see NCTSN Child Trauma Toolkit for Educators Trauma Facts for Educators (pgs. 20-21)]	Implement mentorship programs such as Check and Connect - which is designed to increase school attendance, persistence in school, accrual of credits, and school completion rates; while decreasing truancy, tardies, behavioral referrals, and dropout rates Check-in/Check-out – is a commonly used option for behavior supports and can give students a boost to meet their social, emotional, behavioral, and academic goals. This intervention can be personalized and customized to meet student’s needs. Skills for Psychological Recovery (SPR), is an intervention designed to follow Psychological First Aid (PFA) in the weeks and months following disasters, mass violence events, and wide spread traumatic events. SPR aims to help survivors gain skills to manage distress and cope with post-disaster stress and adversity. Support for Students Exposed to Trauma: School Support for Childhood Trauma (SSET) -	
	Depending on the nature of the traumatic event it may be appropriate for mental health staff to initiate Psychological First Aid (PFA). PFA is an initial disaster response intervention with the goal to promote safety, stabilize survivors of disasters, and connect individuals to help and resources. PFA is delivered to affected individuals by mental health professionals and other first responders. The purpose of PFA is to assess immediate concerns and needs of individuals in the aftermath of a disaster and to reduce the initial distress caused by traumatic events to foster short- and long-term adaptive functioning and coping.		

	Trauma Responsive/Sensitive Practices For Teachers/Staff To Implement with Students - Encourage a trauma sensitive school where students feel safe, welcomed, and supported and the educational mission includes emphasis on addressing trauma's impact on learning (see Getting Back to School After Disruptions Document) - Re-teach, remind, and acknowledge positive school-wide expectations Yes, you may have taught your school-wide expectations at the start of the year, but students coming back to school after an unplanned absence have been in different environments, with different expectations for their behavior. Hence, a strong focus on re-teaching and modeling expected school behaviors will help to re-establish and maintain a school culture where students can expect to see prosocial behavior from their peers and the adults in the building. It is often useful for us to keep in mind that students may have been practicing different behaviors while away from school and	is a school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of post-traumatic stress disorder (PTSD). It is designed specifically for use by teachers and school counselors. SSET teaches many of the same cognitive and behavioral skills as CBITS, such as social problem solving, psychoeducation, and relaxation. Small group counseling for grief/loss provided by school staff or local counseling agency Small group counseling for anxiety provided by school staff or local counseling agency Small group counseling for depression provided by school staff or local counseling agency Small group counseling for coping skills provided by school staff or local counseling agency For students who have experienced trauma and are	
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	will benefit from re-teaching and opportunities for practice rather than exclusion Re-teach classroom routines. Because students spend most of their time in classroom settings, it's critical that teachers establish a supportive environment and emphasize positive and proactive classroom behavior support approaches. Directly teaching classroom routines in the context of positive school wide expectations, engaging students with effective instruction, and providing specific feedback to encourage desired behaviors will go a long way to establishing a positive classroom climate. After traumatic or unplanned events, making routines as predictable as possible will help students regain a sense of safety that they may have been missing Focus on the positive, and avoid punitive approaches. Some teachers, in efforts to add structure and predictability to the classroom, will use class-wide clip charts or colored behavior cards as a behavior management tool. In our experience, these public punishment systems can do more harm than good,	reporting several related symptoms, Bounce Back may be appropriate. Bounce Back is a school-based, group intervention for elementary students exposed to stressful and traumatic events. With 20-50% of American children experiencing trauma within their families, at their schools, and in their communities, it's essential to help children heal. Bounce Back teaches students ways to cope with and recover from traumatic experiences, so they can get back to doing what they want to do and need to do.	
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	particularly for students with disabilities or those experiencing trauma. Instead, focus on teaching, practicing, and acknowledging expected behaviors, with the understanding that some student may need more teaching, practice, and acknowledgement to use them. Get to know your students - again. Simple strategies—like greeting students at the door by name, learning about students’ interests outside of school, and using their strengths and preferences in instruction—can put students at ease and build student engagement. Make every attempt to recognize and value individual strengths or skills in each of your students. During the absence from school, students may have experienced extreme loss, so it is important to re-connect and understand their recent experiences. Look for signs that students might need more help. The strategies described here can be effective in supporting the vast majority of students, even those experiencing trauma, to be successful, but others will need more support. Be aware		
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	of signs of trauma and use universal screeners to identify students who may need more support—short or long term—to have a positive school experience. Re-engage families as partners in their child’s education Building common messages across home and school related to safety, responsibility, and respect for all is helpful to students. Schools become a unifying and supportive part of the community when they reach out to families and find new ways to partner meaningfully with them in the education of their son or daughter. It is crucial to review strategies for communicating with parents to ensure they are timely, supportive, and accessible (e.g., in home languages). Host informal events for families at school to increase connections, and consider inviting community leaders to attend the events as well. How School Personnel Can Help a Child with Traumatic Grief [see NCTSN Child Trauma Toolkit for Educators (pg 15-16)]		
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	Inform others and coordinate services Inform school administration and school counselors/psychologists about your concerns regarding the student. If you feel a student could benefit from the help of a mental health professional, work within your school mental health professionals to suggest a referral. Answer a child's questions Let the child know that you are available to talk about the death/traumatic event if he or she wants to. When talking to these children, accept their feelings (even anger), listen carefully, and remind them that it is normal to experience emotional and behavioral difficulties following the death of a loved one. Do not force a child to talk about the death if he or she does not want to. This may be more harmful than helpful for the child. Create a supportive school environment Maintain normal school routines as much as possible. A child with traumatic grief can feel that life is chaotic and out of his or her control. It is beneficial for the child to have		
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	a predictable class schedule and format. The child may also need extra reassurance and explanation if there is a change. Staff should look for opportunities to help classmates who are struggling with how best to help and understand a student with traumatic grief. Raise the awareness of school staff and personnel Teachers and school staff may misinterpret changes in children's behaviors and school performance when they are experiencing childhood traumatic grief. Although it is always a priority to protect and respect a child's privacy, whenever possible it may be helpful to work with school staff who have contact with the child to make sure they know that the child has suffered a loss and may be experiencing difficulties or changes in school performance as a result. In this way, the school staff can work together to ensure that children get the support and understanding they need. Modify teaching strategies Balance normal school expectations with flexibility. You might avoid or postpone large tests or projects that		
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	require extensive energy and concentration for a while following the death/traumatic event. Be sensitive when the student is experiencing difficult times—for example, on the anniversary of a death/traumatic event—so that you can be supportive and perhaps rearrange or modify class assignments or work. Use teaching strategies that promote concentration, retention, and recall and that increase a sense of predictability, control, and performance. Support and Engage families Build a relationship of trust with the student’s family. On a personal level, be reliable, friendly, consistently caring, and predictable in your actions. Keep your word, and never betray the family’s trust. It can be helpful for the school or district to designate a liaison who can coordinate the relationship among teachers, the principal, the guidance counselor, other appropriate school personnel, the family, and the child. What Can Be Done to Help a Traumatized Child [see		
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	NCTSN Child Trauma Toolkit for Educators (pg 5-6)] • Maintain usual routines. A return to “normalcy” will communicate the message that the child is safe and life will go on. • Give children choices. Often traumatic events involve loss of control and/or chaos, so you can help children feel safe by providing them with some choices or control when appropriate. • Increase the level of support and encouragement given to the traumatized child. Designate an adult who can provide additional support if needed. • Set clear, firm limits for inappropriate behavior and develop logical—rather than punitive— consequences. • Recognize that behavioral problems may be transient and related to trauma. Remember that even the most disruptive behaviors can be driven by trauma-related anxiety.		
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	• Provide a safe place for the child to talk about what happened. Set aside a designated time and place for sharing to help the child know it is okay to talk about what happened. • Give simple and realistic answers to the child's questions about traumatic events. Clarify distortions and misconceptions. If it is not an appropriate time, be sure to give the child a time and place to talk and ask questions. • Be sensitive to the cues in the environment that may cause a reaction in the traumatized child. For example, victims of natural storm-related disasters might react very badly to threatening weather or storm warnings. Children may increase problem behaviors near an anniversary of a traumatic event. • Anticipate difficult times and provide additional support. Many kinds of situations may be reminders. If you are able to identify reminders, you can help by preparing the child for		
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	the situation. For instance, for the child who does not like being alone, provide a partner to accompany him or her to the restroom. • Warn children if you will be doing something out of the ordinary, such as turning off the lights or making a sudden loud noise. • Be aware of other children's reactions to the traumatized child and to the information they share. Protect the traumatized child from peers' curiosity and protect classmates from the details of a child's trauma. • Understand that children cope by re-enacting trauma through play or through their interactions with others. Resist their efforts to draw you into a negative repetition of the trauma. For instance, some children will provoke teachers in order to replay abusive situations at home. • Although not all children have religious beliefs, be attentive if the child experiences severe feelings of anger, guilt, shame,		
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	or punishment attributed to a higher power. Do not engage in theological discussion. Rather, refer the child to appropriate support. Instruction will be provided using evidence based SEL curricula teaching the competencies of CASEL, (empathy). At MCES, that curriculum is Positive Action for grades K-2, supplemented with additional lessons over time from additional resources that also target empathy, coping, and calming strategies. COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness (KDE) -Promote psychological safety. All the basic tenets of creating psychological safety, a positive culture and trauma-responsive schools will be even more important. Maintaining a trauma-informed approach is critical. Troublesome behaviors are attempts to cope with a feeling of being overwhelmed and should not be punished, but rather understood and addressed in context with compassion and understanding. Utilize the		
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	trauma lens to understand the range of reactions. When we see student misbehavior, we need to ask what happened (or what is happening) to them vs. what is wrong with them, and then ask what is strong with them. [KDE COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness (pgs. 5-7)] -School staff should recognize that grief and loss can apply to experiences, milestones and changes as well as the literal loss of people or things – and those losses will feel big to students and should be taken seriously and not dismissed as “less than” other, more impactful losses in the adult world. -Acknowledge what has happened. -Offer time to allow students to express their reactions and then validate the emotions that emerge at each grief stage.		
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	Provide Activities/Opportunities to Build Resilience [KDE COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness Pg. 12] Connection -frequent sustained outreach -mentors/buddies -check in/check out Safety -normalize stress response -look, ask, listen -model appropriate emotional behavior Nutrition and Exercise -Healthy snacks -movement breaks Competence -frequent, targeted affirmation -small chunks -repetition, patience Empowerment		
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	-choice -voice -flexibility Self-Regulation -SEL and emotional literacy -mindful focusing -regular breaks Incorporating Brain/Body Breaks into Daily Lessons [KDE COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness pg. 9] Provide brain and body breaks to support both academic and social/emotional learning: • Squeeze muscles: Starting at your toes, pick one muscle and squeeze it tight. Count to five. Release, and notice how your body changes. Repeat exercise moving up your body. • Belly breathing: Put one hand on your stomach and one hand on your chest. Slowly breathe in from your stomach (expand like a balloon) and slowly breathe out (deflate). • Mindful meal/snack: Pay attention to the smell, taste		
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	and look of your food. No multitasking. • A restful moment: Sit in a relaxed, comfortable position. Pick something to focus on, like your breath. When your mind wanders, bring your attention back to your breath. • Blowing bubbles: Notice their shapes, textures and colors. • Coloring: Color something. Focus on the colors and designs. • Listening to music: Focus on the whole song or listen specifically to the voice or an instrument. Creating a Space Where People Feel Safe, Respected and Cared For [KDE COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness Pg. 8] Creating a space where people feel safe, respected and cared for is essential to addressing traumatic stress at the beginning of and throughout the year. The following may help:		
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	• Consider a whole-school or whole-class brief lesson on how traumatic stress impacts our brains to help normalize and reduce shame, as well as lessen the likelihood that schools will engage in punitive re-traumatizing reactions. • Encourage self-compassion and provide time, spaces and places for embedding self-care activities for both students and staff. Group spaces, breathing together, journaling time, etc., can be integrated into classroom activities and staff meetings and routines.		
COVID-19 Specific Trauma Response Information	Share strategies (via letter, webpage, PA system) the district/school will be implementing to keep students, parents, and staff healthy and safe COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as handwashing, staying home when sick) and environmental cleaning and disinfection are important principles, as well as social distancing strategies. The following strategies will be	Outreach by home visit or phone call should be made by school counselors to students who were expected to return but did not.	

	implemented to reduce the spread of COVID-19 and help keep students, parents, and staff healthy. -staff and students should stay home if they have tested positive or are showing symptoms of COVID-19 -staff and students should stay home if they have had close contact with someone who has tested positive with covid-19 - daily temperature checks for all students and staff - hand sanitizing stations using hand sanitizer that contains at least 60% alcohol located around the building and in each classroom - wearing of cloth face coverings by staff, students, and anyone who enters the building - frequent disinfecting of frequently touched surfaces - frequent disinfecting of busses and other transport vehicles - reduced student capacity on busses in accordance with the most recent directive - discourage the use of sharing items, objects, devices		
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	- keep student's belongings separated - reduced building capacity - staggered scheduling - students spaced 6 ft apart with modified classroom layouts - closing of communal spaces - use of disposable food service items - signage to promote protective measures and how to stop the spread of COVID-19 - Use PBIS systems to teach hygiene and safety skills • Frequent handwashing • Maintaining safe distances • Wearing a mask - proper use, removal, and washing of cloth face masks Responding to the Novel Coronavirus (COVID-19) Outbreak Through PBIS – Center on PBIS Prompt, teach, and reinforce “wash, cover, clean, and maintain distance behaviors.” That is, explicitly		
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	teach prevention measures such as frequent hand washing (20-30 seconds), keeping hands away from face, coughing into the crook of your arm, sneezing into a tissue, and wiping shared materials with disinfectant after use within your school routines. Tie these practices to your current schoolwide expectations (e.g., be responsible by washing your hands, be respectful by keeping hands and feet to self – use “air” high fives to encourage others). Make sure all staff are teaching these prevention strategies, creating routines to ensure they occur (e.g., extra hand washing and sanitizing breaks in the day), and delivering high rates of positive specific feedback. Make sure to emphasize the use of your school-wide expectations when students follow the intensified routines. Consider teaching and reinforcing an incompatible behavior (e.g., holding hands in lap) to touching one’s face. Teach the facts about the virus and the system’s response. Share information about the virus and steps the school and district are taking to keep students, families, and staff healthy and safe. Do not overemphasize, simply embed factual information into your daily instruction.		
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	Support and engage families. Communicate with families about these prevention strategies. Encourage families to engage in similar prompting, teaching, and reinforcing at home. Also, encourage families to increase their usual health and safety behaviors—keep their children home if they are sick. Emphasize respect and sense of community. There have been reports of individuals from groups being harassed. Re-teach, prompt, and reinforce respectful behavior in the context of schoolwide expectations. If you observe a student being disrespectful to others, (a) quickly correct signal the error (“That was not respectful”), (b) re-state expectations (“We speak kindly to each other to show respect”), and (c) provide an opportunity for the students to engage in a positive interaction (“Let’s try that again. How would you show respect?”) and receive positive feedback (“That was a kind thing to say.”). If the comment reflects a lack of understanding or bias, provide factual information to counteract the misunderstanding (e.g.,		
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	“Anyone can get sick, and we are a community that takes care of each other.”). Plan for disruptions. Given that school serves a very important function for students—a place of safety, consistent meals, service delivery, in addition to being a rich instructional and social environment—consider how to provide these supports to students who are not able to be at school (due to their own health or a school closure). For example, consider making work available online so students can stay on track, record instructional lessons for students to watch, provide access school meals, and send out regular communications to families and students to maintain positive connections to school. Emphasize the continuum of support. Monitor students and create a simple referral process for teachers to report any students who are especially anxious about the situation. Consider small groups or individual work with a school-based mental health provider to teach them coping strategies.		
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	Maintain health and safety as a priority. If students, staff, or visitors are sick and show up to school, alert district health providers to create a plan of supports to quicken recovery and reduce spread. Work in accordance with district, state, and federal guidance to consider when it may be necessary to “pause” school for cleaning and re-establish a healthy and safe learning environment. Once the risk has decreased, make sure you revisit universal rules and routines to restore your school climate to a safe and healthy environment. Acknowledge what happened and who is not there. Students or staff members might be struggling because of someone who is missing from their lives. They may not be there because of a transition to high school, graduating, moving to a different school, or unfortunately, because they have passed away. Acknowledge any loss of life that could affect students or your school community. Also, acknowledge opportunities, activities or celebrations that might have been lost because of the pandemic. (KDE -		
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	COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness) Preparing for, Understanding and Responding to Traumatic Stress Responses in Students and Staff Address response to collective trauma of a public health emergency that has isolated people and had direct and indirect impacts on students, families, and staff. Several key COVID-19 stressors include anxiety about exposure and illness; limited connections to others; a limited support system; lack of cognitive stimulation; monotony; limited access to normal coping strategies; stressed family members; limited resources; financial stress; losses and grief; and uncertainty. Provide information to Parents Helping Children Cope with Changes Resulting from Covid-19 (NASP document 3/25/2020)		
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Distance Learning Tiered Trauma Response	See the Powerpoint on MTSS During the Pandemic: Adapting Systems of Behavior Support - Using school PBIS systems at home • Define home expectations – consider using one’s consistent with the school (MERCER) • Create predictable routines • Give positive feedback(5 positive to 1 negative) • Model emotional wellness -Define and teach expectations for distance learning 1. Keep the school-wide expectations 2. Use online activities as settings 3. Teach online-specific behaviors • Tips • Use evidence-based practices • Attend to equity in access	Check-In/Check-Out has a modified version for distance learning [see document Guidance on Adapting Check-In/Check-Out (CICO) for Distance Learning] • Ensure positive adult interactions • Reassess needs of students • Revise the card and re-teach • Include families and other staff • Plan for flexibility in parent capacity SPR, SSET, Bounce Back, and small group counseling could be implemented via online resources such as Google Meets and Zoom. If this is done, groups of students should stay the same as in person counseling and these groups of students should not be mixed.	Referrals, liaison activities, and consultation/collaboration with families should continue via video conferencing or telephone calls during distance learning.
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	Weekly SEL lessons should continue during distance learning If we return to this, review Oklahoma resources for additional guidance http://www.otiss.net/ https://sde.ok.gov/counseling#COVID19		
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Sample routines and expectations during distance learning