Minneapolis Public Schools
Total Special Education System (TSES)

This document serves as the Total Special Education System Plan (TSES) for the Minneapolis Public Schools (MPS) in accordance with Minnesota Rule pt. 3525.1100. This TSES is in addition to the assurance for compliance with the federal requirements pertaining to districts' special education responsibilities found in United States Code, title 20, chapter 33, sections 1400 et seq., and Code of Federal Regulations, title 34, part 300. That document is a companion to the Application for Special Education Funds – Statement of Assurances (ED-01350-29).

The Associate Superintendent of the MPS Special Education Department is responsible for program development, coordination, evaluation; in-service training, and general special education supervision and administration. The current Associate Superintendent is Dr. Elizabeth Keenan, who may be reached at 612-668-5404.

I. Child Study Procedures

The district's identification system is developed according to the requirement of nondiscrimination as MPS does not discriminate in education on the basis of race, color, creed, religion, national origin, sex, age, marital status, status with regard to public assistance, sexual orientation, or disability.

A. Identification

MPS has developed systems designed to identify students with disabilities beginning at birth, students with disabilities attending public and nonpublic schools, and students with disabilities who are of school age and are not attending any school.

MPS's plan for receiving referrals from parents, physicians, private and public programs, and health and human services agencies is attached as *MPS TSES Appendix A.*

1) Infant and toddler intervention services birth through two years of age –

Infant and toddler intervention services birth through two years of age under United States Code, title 20, chapter 33, section 1431 et seq., and Code of Federal Regulations, title 34, part 303, are available in MPS to children from birth through two years of age who meet the outlined criteria.

The team determines that a child from birth through the age of two years is eligible for infant and toddler intervention services if:

A. the child meets the criteria of one of the disability categories in United States Code, title 20, chapter 33, sections 1400, et. seq., as defined in Minnesota Rules; or

B. the child meets one of the criteria for developmental delay in subitem (1) or the criteria in subitem (2);

(1) the child has a diagnosed physical or mental condition or disorder that has a high probability of resulting in developmental delay regardless of whether the child has a demonstrated need or delay; or

(2) the child is experiencing a developmental delay that is demonstrated by a score of 1.5 standard deviations or more below the mean, as measured by the appropriate diagnostic measures and procedures, in one or more of the following areas:

(a) cognitive development;

(b) physical development, including vision and hearing;

(c) communication development;

(d) social or emotional development; and

(e) adaptive development.

2) Early childhood services age three through six years of age –

The team shall determine that a child from the age of three years through the age of six years is eligible for special education when:

A. the child meets the criteria of one of the categorical disabilities in United States Code, title 20, chapter 33, sections 1400 et seq., as defined in Minnesota Rules; or

B. the child meets one of the criteria for developmental delay in subitem (1) and the criteria in subitem (2).

(1) The child:

(a) has a diagnosed physical or mental condition or disorder that has a high probability of resulting in developmental delay; or

A. has a delay in each of two or more of the areas of cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development, that is verified by an evaluation using one or more technically adequate, norm-referenced instruments. The instruments must be individually administered by appropriately trained professionals, and the scores must be at least 1.5 standard deviations below the mean in each area.

(2) The child's need for special education is supported by:

(a) at least one documented, systematic observation in the child's routine setting by an appropriate professional or, if observation in the daily routine setting is not possible, the alternative setting must be justified;

(b) a developmental history; and

(c) at least one other evaluation procedure in each area of identified delay that is conducted on a different day than the medical or norm-referenced evaluation; which may include criterion-referenced instruments, language samples, or curriculum-based measures.

B. Evaluation

1) Infant and toddler intervention services birth through two years of age –

The evaluation used to determine whether a child is eligible for infant and toddler intervention services must be conducted within the timelines established in Code of Federal Regulations, title 34, part 303. It must be based on informed clinical opinion; and must be multidisciplinary in nature, involving two or more disciplines or professions; and must be conducted by personnel trained to utilize appropriate methods and procedures. The evaluation must include:

a) A review of the child's current records related to health status and medical history;

b) an evaluation of the child's levels of cognitive, physical, communication, social or emotional, and adaptive developmental functioning;

c) an assessment of the unique needs of the child in terms of each of the developmental areas in item b; and

d) at least one documented, systematic observation in the child's daily routine setting by an appropriate professional or, if observation in the child's daily setting is not possible, the alternative setting must be justified.

For infants and toddlers birth through two years of age, any screening, the initial evaluation and initial assessments of the child and family, and the initial IFSP meeting must be completed within 45 calendar days from the date MPS receives the referral of the child. The 45-day timeline does not apply if: (1) the child or parent is unavailable to complete the screening, the initial evaluation, the initial assessments of the child and family, or the initial IFSP meeting due to exceptional family circumstances documented in the child's early intervention records; or (2) the parent has not provided consent for the screening, the initial evaluation, or the initial assessment of the child despite documented, repeated attempts by MPS to obtain parental permission. In the latter cases, the screening, initial evaluation, initial assessments of child and family and the initial IFSP meeting should be completed as soon as possible after the documented exceptional family circumstances no longer exist or parental consent to the screening, initial evaluation, and initial assessment of the child is obtained and MPS should develop an interim IFSP, to the extent appropriate, while the evaluation process proceeds.

2) Special education services age three through 22 years of age –

MPS conducts a comprehensive individual initial evaluation before the initial provision of special education and related services to a student. The initial evaluation consists of procedures to determine: (1) whether a child has a disability that adversely affects the child's educational performance as defined in Minnesota Statutes section 125A.02, and (2) because of that disability needs special education and related services. The evaluation also determines the educational needs of the student. To conduct an initial evaluation to determine if the child qualifies for special education and related services, MPS will obtain written informed consent from the child's parent or guardian before the evaluation is conducted. Parental consent for evaluation will not be construed as consent for placement for receipt of special

education and related services. The District will not override the written refusal of a parent to consent to an initial evaluation or re-evaluation.

MPS will conduct evaluations and reevaluations according to the following procedures:

A. Notice will be given to the parents of the student, according to Code of Federal Regulations, title 34, sections 300.500 to 300.505, which describes any evaluation procedures the district proposes to conduct.

B. In conducting the evaluation MPS will:

(1) use a variety of evaluation tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that are designed to assist in determining whether the child is a student with a disability and the content of the student's individualized education program, including information related to enabling the student to be involved in and progress in the general curriculum, or for preschool students, to participate in appropriate activities;

(2) not use any single procedure as the sole criterion for determining whether a child is a student with a disability or determining an appropriate education program for the student; and

(3) use technically sound instruments that are designed to assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

C. MPS ensures that:

(1) tests and other evaluation materials used to evaluate a child under this part are selected and administered so as not be discriminatory on a racial or cultural basis, and are provided and administered in the student's native language or other mode of communication, unless it is clearly not feasible to do so;

(2) materials and procedures used to evaluate a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education and related services, rather than measure the child's English language skills;

(3) any standardized tests that are given to the child have been validated for the specific purpose for which they are used, are administered by trained and knowledgeable personnel, and are administered in accordance with any instructions provided by the producer of such tests;

(4) the child is evaluated in all areas of suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities;

(5) evaluation tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the pupil are provided;

(6) if an evaluation is not conducted under standard conditions, a description of the extent to which it varied from standard conditions is included in the evaluation report;

(7) tests and other evaluation materials include those tailored to evaluate specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient;

(8) tests are selected and administered so as best to ensure that if a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills, unless those skills are the factors that the test purports to measure; and

(9) in evaluating each student with a disability, the evaluation is sufficiently comprehensive to identify all of the student's special education and related service needs, whether or not commonly linked to the disability category in which the student has been classified.

D. Upon completion of the administration of tests and other evaluation procedures, MPS will determine whether the child is a student with a disability as defined in Minnesota Statutes, section 125A.02, using a team of qualified professionals and the parent of the student, and a copy of the evaluation report and the documentation of determination of eligibility will be provided to the parent.

E. In making a determination of eligibility under item D, a child shall not be determined to be a student with a disability if the determinant factor for such determination is lack of instruction in reading or math or limited English proficiency, and the child does not otherwise meet eligibility criteria under Minnesota Rule parts 3525.1325 to 3525.1351.

F. As part of an initial evaluation, if appropriate, and as part of any reevaluation, or a reinstatement of services under part 3525.3100, the IEP team and other qualified professionals, as appropriate, will:

(1) review existing evaluation data on the student, including evaluations and information provided by the parents of the student, current classroom-based assessments and observations, and teacher and related services providers observation; and

(2) on the basis of the review, and input from the student's parents, identify what additional data, if any, are needed to determine whether the student has a particular category of disability, as described in Minnesota Statutes, section 125A.02, or, in case of a reevaluation of a student, whether the student continues to have such a disability, the present levels of performance and educational needs of the student, whether the student needs special education and related services, or in the case of a reevaluation of a student, whether the student continues to need special education and related services, and whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals set out in the individualized education program of the student and to participate, as appropriate, in the general curriculum.

G. The district shall administer such tests and other evaluation materials as may be needed to produce the data identified by the IEP team under item F, subitem (2).

H. The district will obtain informed parental consent prior to conducting any reevaluation of a student, except that such informed parental consent need not be obtained if the district can demonstrate that it had taken reasonable measures to obtain such consent and the student's parent failed to respond.

I. If the IEP team and other qualified professionals, as appropriate, determine that no additional data are needed to determine whether the student continues to be a student with a disability, the district will notify the student's parents of that determination and the reasons for it, and the right of the

parents to request an evaluation to determine whether the student continues to be a student with a disability, and the district will not be required to conduct an evaluation unless requested to by the student's parents.

J. MPS will evaluate a student before determining that the student no longer needs special education and related services and exiting the student from special education.

K. Procedures for determining eligibility and placement.

In interpreting the evaluation data for the purpose of determining if a child is a student with a disability under Minnesota Rules and the educational needs of the child, the school district will:

(1) draw upon information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior; and

(2) ensure that the information obtained from all of the sources is documented and carefully considered.

L. An evaluation report must be completed and delivered to the student's parents within the specified evaluation timeline. At a minimum, the evaluation report must include:

(1) a summary of all evaluation results;

(2) the student's present levels of performance and educational needs that derive from the disability;

(3) whether the child needs special education and related services or, in the case of a reevaluation, whether the student continues to need special education and related services and documentation of the basis for this determination; and

(4) whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals set out in the student's IEP and to participate, as appropriate, in the general curriculum.

II. Method of Providing Special Education Services to Students Eligible for Special Education and Related Services

If based on an initial evaluation it is determined that a child is a student with a disability who needs special education and related services, or a reevaluation shows that the student continues to need special education and related services, an individual education plan will be developed for the student to address those identified needs.

MPS provides a full continuum of educational service alternatives. All students with disabilities eligible for special education services are provided with the special instruction and services that are appropriate to meet their identified educational needs. Set out below are descriptions of MPS's: (A) methods of providing special education services for identified students, (B) available sites at which services may be provided, and (C) special education and related services available.

A student's current level of performance, special education and related service needs, and special education goals and objectives are identified in a student's individual education program. Appropriate

special education and related services to meet these special education needs, goals, and objectives are determined on an individual basis. Program alternatives are comprised of the types of services provided, the setting in which services occur, and the amount of time and frequency in which the services are delivered. A student may receive special education and related services in more than one program based on the student's Individual Education Program (IEP) (ages 3 to 22), or Individual Family Service Plan (IFSP)(ages birth through age 2).

A. Methods of providing special education and related services in MPS for identified special education students:

B. Early childhood services delivered in the home, in a center-based program, or at an MPS or community early childhood site

(1) Instruction by general education teachers in a general education classroom with modifications, accommodations, supplemental services, and indirect services by special education staff

(2) Pull out direct instruction services in a small group special education resource classroom

(3) One-on-one instruction

(4) Co-teaching instruction by general education and special education teachers

(5) Services in small structured special education classrooms with high staff-to-student ratios

(6) Homebound and home-based instructional services

(7) Instruction and other services in a highly structured environment in a separate special education site

(8) Transition services provided at an MPS high school or in a separate special education site, including community-based vocational training programs and work-based learning programs

(9) Instruction and other services at MPS locations for students needing special education services who attend non-public schools located in the City of Minneapolis, including home schooled students.

B. Alternative sites available in MPS at which special education and related services may occur:

(1) Each MPS mainstream school site has setting I and II special education services available

(2) Citywide Setting III special education programs are available in many MPS schools

(3) Special Education Setting IV services for students in grades K-8 are available at River Bend Educational Center, 1510 Glenwood Avenue, Minneapolis, MN 55405

(4) Special Education Setting IV services for students in grades 9-12 are available at Harrison Educational Center, 501 Irving Avenue N., Minneapolis, MN 55405

(5) On-site educational services, including special education services, provided by MPS are available in the City of Minneapolis at the following care and treatment facilities:

Catholic Charities Children's Day Treatment/MPS Metro/Wilder
(Day Treatment program)
932 E. 34th Street, Minneapolis, MN 55407

Hennepin County Juvenile Detention Center/Stadium View Campus A
510 Park Ave., Minneapolis, MN 55415

Hennepin County Adult Detention Center/Stadium View Campus B
350 S. 5th Street, Room 36, Minneapolis, MN 55415

Hennepin County Youth Stabilization Center
(Short Term Residential Center)
1800 Chicago Ave S, Minneapolis, MN 55404

(6) On-site educational services, including special education services, provided by MPS are available in the City of Minneapolis at the following hospitals:

University of Minnesota Masonic Children's Hospital/MPS Metro HA
2450 Riverside Ave., Minneapolis, MN 55454

Fairview Riverside Hospital/MPS Metro HA
2312 S. 6tth St., Minneapolis, MN 55454

Abbott Northwestern Hospital/ MPS Metro HA
800 E 28th St., Minneapolis, MN 55407

Tutoring services on an as-needed basis are provided by MPS teachers at Ronald McDonald House, Fairview Children's Masonic, Abbott Northwestern Hospital, Minneapolis Children's Hospital, and Hennepin Healthcare.

(7) Early Childhood Special Education Services:

Home services
Early Childhood Special Education Center, 3320 Elliot Ave. S., Minneapolis, MN 55407
Community-based programs

(8) Transition Plus (Services for students 18-22)
2015 E. Lake St., Minneapolis, MN 55407

(9) MPS Contract Alternative Programs have on-site special education services:

American Indian OIC (Takoda Prep)
Loring Nicollet Alternative School
Menlo Park Academy High School
MERC Alternative High School
NaWayEe Center School
PYC Arts & Technology High School
Ronald McDonald House
VOA High School

C. Longfellow Alternative High School, 3017 E. 31st St., Minneapolis, MN 55406 and Wellstone International High School, 10 South 10th St., Minneapolis, MN 55405 have on-site special

education services

(10) Online Learning has available special education services

(11) Minneapolis Academy and Career Center, Davis Center, 1250 W. Broadway Ave., Minneapolis 55411, 5th floor North, has available special education services

C. Available special education and related services:

(1) Physical Therapy

(2) Occupational Therapy

(3) Speech services

(4) Deaf/Hard of Hearing (DHH) & Audiology services

(5) Blind/Vision Impaired (BVI) services

(6) School social work services

(7) School psychology services

(8) Assistive technology

(9) Developmental Adaptive Physical Education (DAPE) services

(10) Special Transportation for students who live within MPS district boundaries.

D. Restrictive Procedures

MPS has a `District Restrictive Procedures Plan`, which can be found on the MPS Special Education website under resources.

III. Administration and Management Plan.

MPS utilizes the following administration and management plan to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils:

A. The following table illustrates the organization of administration and management to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils:

Staff Name and Title	Contact Information	Brief Description of Staff Responsibilities relating to child study procedures and method of providing special education services	Additional Information

District Office	MPS Special Education Dept., Davis Center, 1250 W. Broadway Ave. Mpls. MN 55411 Phone: 612-668-5444 Fax: 612-668-5446 Special Education Website		
Dr. Elizabeth Keenan, Associate Superintendent	Davis Center 612-668-5404	Associate Superintendent of Special Education, Health Services, 504, Homeless and Highly Mobile Services, School Mental Health, and Tuition Billing	Also directly supervises Principals at Harrison, River Bend, Metro SJ, Stadium View, Transition Plus
Davionna Hicks Program Director	Davis Center 612-668-0914	Program Director	Redesign, Work-based Learning Coordination, Blind/Vision, Non-public spec.ed., SEA coordinator
Kristin Johnson Program Director	Davis Center 612-668-5495	Program Director	Also supervises Homebound, Music Therapy, Professional Development, PIC
Hai-Yen Vo Program Director	Davis Center 612-668-5404	Program Director	Also supervises DHH, ESY, Sp. Ed., Assistive Technology Team, DAPE, and Third Party Billing, and supervises Managers for OT/PT, SSWs, Psychologists, and Speech Language Clinicians, MPS Special Ed interpreters.
Carissa Tebben Program Director	Wilder Complex 612-668-5100	Program Director for Early Childhood Special Education and Birth-3 Early Intervention Programs	Directly supports Building Principals around early childhood special education and kindergarten, MPS Special Ed interpreters.

Katie Cruz Honsa Director of Special Education Compliance and Monitoring	Davis Center 612-668-0168	Director of Special Education Monitoring & Compliance	Also supervises Sp. Ed. Placement specialists, program monitoring, restrictive procedures, and special sites
Monique Tweh Social Work Services Manager	Davis Center 612-668-5436	Manager of District School Social Workers	Also is lead contact for Mental Health Resources available in the district
Isadora Szadokierski Psychological Services Manager & MPS Crisis Recovery Lead	Davis Center 612-668-5443	Manager of District School Psychologists	Also heads the MPS Crisis Recovery Team
Erin Lawrence Speech/Language Services Manager	Davis Center 612-668-5433	Manager of District Speech Language Clinicians	
Kaley Czech Occupational/Physical Therapy Services Manager	Davis Center 612-668-5414	Manager of District Occupational and Physical Therapists	
Judy Brown Manager, Mental Health Services	Davis Center 612-668-5469	Coordinates District Mental Health Services	
Amber Spaniol Health Services Director	Davis Center 612-668-5343	Director of School Health Care staff	Also is the district 504 Manager
Erin Jensen Transition Plus Principal	Adult Learning Center 612-668-4101	Principal for MPS Transition Plus Programs	
Mal Edwards Harrison Principal	Harrison Education Center 612-668-2686	Principal for Harrison Education Center	
Clint Whisler W. Harry Davis/River Bend Principal	W. Harry Davis 612-668-2884	Principal for River Bend Education Center and other programs located at W. Harry Davis	
Jason Backes MPS Metro Programs Principal	Wilder Center 612-668-4781	Principal for MPS Metro, Hospital Agencies, and Residential	
Rhonda McIntosh Stadium View Principal	Stadium View/Juvenile Detention Center 612-348-7740	Principal for Stadium View Campus A and Campus B	

Additional Information:

B. Due Process assurances available to parents: MPS has appropriate and proper due process procedures in place to assure effective and efficient results of child study procedures and method of providing special education services for the identified pupils, including alternative dispute resolution and due process hearings. *A description of these processes are as follows:*

(1) Prior written notice to a) inform the parent that except for the initial placement of a child in special education, the school district will proceed with its proposal for the child's placement or for providing special education services unless the child's parent notifies the district of an objection within 14 days of when the district sends the prior written notice to the parent; and b) state that a parent who objects to a proposal or refusal in the prior written notice may request a conciliation conference or another alternative dispute resolution procedure.

(2) MPS will not proceed with the initial evaluation of a child, the initial placement of a child in a special education program, or the initial provision of special education services for a child without the prior written consent of the child's parent or guardian. A district may not override the written refusal of a parent to consent to an initial evaluation or reevaluation.

(3) A parent, after consulting with health care, education, or other professional providers, may agree or disagree to provide the parent's child with sympathomimetic medications unless medical, dental, mental and other health services are necessary, in the professional's judgment, that the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment.

(4) Parties are encouraged to resolve disputes over the identification, evaluation, educational placement, manifestation determination, interim alternative educational placement, or the provision of a free appropriate public education to a child with a disability through conciliation, mediation, facilitated team meetings, or other alternative process. All dispute resolution options are voluntary on the part of the parent and must not be used to deny or delay the right to a due process hearing. All dispute resolution processes are provided at no cost to the parent.

(5) Conciliation Conference: a parent may request a conciliation conference and have the opportunity to meet with appropriate district staff if the parent objects to any proposal of which the parent receives prior written notice. MPS will offer to the parent to have a conciliation conference within ten calendar days from the date it receives the parent's request for a conciliation conference. All discussions held during a conciliation conference are confidential and are not admissible in a due process hearing. Within five school days after the final conciliation conference, the district will prepare and provide to the parent a conciliation conference memorandum that describes the district's final proposed offer of service. This memorandum is admissible in evidence in any subsequent proceeding.

(6) In addition to offering at least one conciliation conference, MPS informs parents of other dispute resolution processes, including mediation and facilitated team meetings. The fact that an alternative dispute resolution process was used is admissible in evidence at any subsequent proceeding. State-provided mediators and team meeting facilitators shall not be subpoenaed to testify at a due process hearing or civil action under special education law, nor are any records of mediators or state-provided team meeting facilitators accessible to the parties.

D. Descriptions of the mediation process, facilitated team meetings, state complaint process, and impartial due process hearings may be found in Notice of Procedural Safeguards, found at https://education.mn.gov/mde/dse/sped/proc/.

IV. Operating Procedures of Interagency Committees

A. Interagency Early Intervention Committee

Help Me Grow represents early childhood services for infants, toddlers and preschoolers with developmental delays or disabilities are provided to eligible children and their families. **The Region 11 Interagency Early Intervention Committee (IEIC)** is responsible for the implementation of *Help Me Grow child find and public awareness* in the 7-county metro area. Help Me Grow is a statewide initiative that conducts outreach and public awareness activities to connect young children who have developmental delays or disabilities and their families to free early intervention services. Help Me Grow (http://helpmegrowmn.org/) offers information on child development and a way to refer an infant, toddler, or preschooler for free help when there are developmental concerns. The regional IEIC for the seven county metro area is Region 11.

The Region 11 IEIC meets quarterly. The website for Region 11 can be found at:

https://www.brightworksmn.org/explore-our-programs/special-education/region11ieicproject/regional-ieic-committee-meetings-updates

Anna Paulson, Region 11 IEIC Program Manager, 612 638-1557, anna.paulson@metroecsu.org
Kathy McKay, Region 11 Help Me Grow Child Find and Public Awareness Coordinator
651 728-0400, Kathy.McKay@metroecsu.org

Members of the Region 11 IEIC for 2025-26 are listed in:

https://www.brightworksmn.org/about/membership

The regional IEIC's operating procedures are attached as *Appendix D.*

V. Interagency Agreements into which the District has Entered.

MPS has entered in the following interagency agreements or joint powers board agreements for eligible children, ages 3 to 21, to establish agency responsibility that assures that coordinated interagency services are coordinated, provided, and paid for, and that payment is facilitated from public and private sources:

1. **Operating Agreement for Joint Classrooms Between Parents In Community Action, Inc. (PICA) and MPS**
   Terms of Agreement: To provide appropriate educational services for children with disabilities and their families, specifically children and families participating in PICA's Head Start program and who are eligible for Early Childhood Special Education services provided through MPS.
   Agreement Period: Signed 2019, Agreement to be evaluated and revised on an annual basis as needed but unless changes are made or action is taken to rescind via a 30-day notice, the Agreement remains in force from the date signed.

2. **Facility Use Agreement Between MPS and Catholic Charities**

Terms of the Agreement: To describe the facility arrangement with Catholic Charities Children's Day Treatment to utilize MPS-owned space to provide day treatment and educational services for students in the day treatment program.

VI. Special Education Advisory Council.

In order to increase the involvement of parents of children with disabilities in district policy making and decision making, MPS has a special education advisory council (SEAC). MPS's Special Education Advisory Council is individually established.

A. MPS's Special Education Advisory Council consists of the following individuals:

E. Dr. Elizabeth Keenan
MPS Special Education Associate Superintendent

(1) Erika Lamboglia – Co-chair
Parent of a student with special needs

(2) Sarah Vinueza – Co-chair

Parent of a student with special needs

F. MPS's Special Education Advisory Council meets in person and online throughout the school year. More information about MPS's SEAC can be found at:

https://www.mpschools.org/academics/special-education/parent-and-caregiver-involvement

VII. Assurances

Code of Federal Regulations, section 300.201: Consistency with State policies. MPS, in providing for the education of children with disabilities within its jurisdiction, has in effect policies, procedures, and programs that are consistent with the State policies and procedures established under sections 300.101 through 300.163, and sections 300.165 through 300.174. (Authority: 20 U.S.C. § 1413(a)(1)).

Yes: Assurance given.

Minneapolis Public Schools Birth-2 years Early Intervention Central Intake Protocol

Minneapolis Public Schools Early Intervention Central Intake services are provided for children birth through two years of age who may be experiencing delays in their development for several reasons, including special health conditions. These services are designed to meet the unique developmental needs of each child and their family.

Who Is Eligible?

Young children with developmental delays or with diagnosed physical or mental condition or disorder with a high probability of resulting in a delay, regardless of whether the child is currently demonstrating a need or delay.

Intake Process:

Minneapolis Public Schools Early Intervention receives referrals by email, fax and phone. Referrals may be submitted through the Minnesota Help Me Grow Program or directly to the Minneapolis Public School Early Intervention Program. Referrals are received from medical clinics, hospitals, social workers, community organizations and families.

MPS Early Intervention Central Intake Referral Process:

When a referral is received:

1. A student identification number (SIN) is searched for in our student data system. If the child is not in our system they are added into discovery and a SIN is created.
2. An intake form is completed with demographic information and the reason for the referral. The completed form is saved in our month referral file.
3. The student information is added to the referral Birth to 2 years referral log.
4. An initial contact is made to the family by call, email or letter to inform them that a referral has been received and to gather further information as needed.
5. A mailing is sent to the family which includes educational rights information, a health and developmental history form and a cover letter explaining ECSE services and evaluation process.
6. A paper student file is made and taken to the ECSE Birth-2 year evaluation team office.

   The file folder is titled the Minneapolis Public School Special Education Due Process File. The file paperwork includes the following forms:

   - Home Visit Safety Guidelines
   - MDE Procedural Safeguards(in 4 languages)
   - Parent Interview Form
   - Child Observation Form
   - Language Survey(English and Spanish)

- Documentation of Oral Interpretation Form(for ELL)
- Health and Developmental History Form
- Health and Medical Data Release Form
- Educational Data Release Form
- HC Follow Along Program Enrollment Form (English and Spanish)
- Evaluation Report Form
- Birth-5 ECSE Placement Grid
- ECFE Referral Form
- Family Survey(English, Spanish, Somali)
- 3rd Party Payment Form Consent form to submit reimbursement for IEP/IIIP Health Related Services
- Family Outcomes Survey(English, Spanish, Somali)
- Conference Summary Notes

This initiative is made possible through an interagency agreement from the Minnesota Department of Education to the Metropolitan Educational Service Cooperative Unit (Metro ECSU) using federal funding under CFDA number 84.181 Special Education Grants for Infants and Families with Disabilities. 1/12/13

OPERATING PROCEDURES
Region 11 Help Me Grow Interagency Early Intervention Committee (IEIC)

Glossary of terms:
ICC – Governor's Interagency Coordinating Council
IEIC – Interagency Early Intervention Committee
Regional IEIC – Region 11 Help Me Grow IEIC

Purpose of the Committee
The purpose of the Region 11 Help Me Grow IEIC is to develop and assure the implementation of interagency policies and procedures, in a way that is consistent with other regions throughout the state, so that eligible children ages birth to five and their families are identified and have access to appropriate services and supports.

Requirements of the Committee
Statutory Requirements:
Purpose of Interagency Early Intervention Committee: M.S. 125A.30

(a) A school district, group of districts, or special education cooperative, in cooperation with the health and human service agencies located in the county or counties in which the district or cooperative is located, must establish an Interagency Early Intervention Committee for children with disabilities under age five and their families under this section, and for children with disabilities ages three to 22 consistent with the requirements under sections 125A.023 and 125A.027. Committees must include representatives of local health, education, and county human service agencies, county boards, school boards, early childhood family education programs, Head Start, parents of young children with disabilities under age 12, child care resource and referral agencies, school readiness programs, current service providers, and may also include representatives from other private or public agencies and school nurses. The Committee must elect a chair from among its members and must meet at least quarterly.

(b) The Committee must develop and implement interagency policies and procedures concerning the following ongoing duties:

(1) develop public awareness systems designed to inform potential recipient families, especially parents with premature infants, or infants with other physical risk factors associated with learning or development complications, of available programs and services;

(2) to reduce families' need for future services, and especially parents with premature infants, or infants with other physical risk factors associated with learning or development complications, implement interagency child find systems designed to actively seek out, identify, and refer infants and young children with, or at risk of, disabilities, including a child under the age of three who: (i) is involved in a substantiated case of abuse or neglect or (ii) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure;

(3) establish and evaluate the identification, referral, child and family assessment systems, procedural safeguard process, and community learning systems to recommend, where necessary, alterations and improvements;

(4) assure the development of individualized family service plans for all eligible infants and toddlers with disabilities from birth through age two, and their families, and individual education plans and individual service plans when necessary to appropriately serve children with disabilities, age three and older, and their families and recommend assignment of financial responsibilities to the appropriate agencies;

(5) implement a process for assuring that services involve cooperating agencies at all steps leading to individualized programs;

(6) facilitate the development of a transitional plan if a service provider is not recommended to continue to provide services;

(7) identify the current services and funding being provided within the community for children with disabilities under age five and their families;

(8) develop a plan for the allocation and expenditure of additional state and federal early intervention funds under United States Code, title 20, section 1471 et seq. (Part C, Public Law 108-446) and United States Code, title 20, section 631, et seq. (Chapter I, Public Law 89-313); and

(9) develop a policy that is consistent with section 13.05, subdivision 9, and federal law to enable a member of an interagency early intervention committee to allow another member access to data classified as not public.

(c) The local Committee shall also:

(1) participate in needs assessments and program planning activities conducted by local social service, health and education agencies for young children with disabilities and their families; and

(2) review and comment on the early intervention section of the total special education system (TSES) for the district, the county social service plan, the section or sections of the community health services plan that address needs of and service activities targeted to children with special health care needs, the section on children with special needs in the county child care fund plan, sections in Head Start plans on coordinated planning and services for children with special needs, any relevant portions of early childhood education plans, such as early childhood family education or school readiness, or other applicable coordinated school and community plans for early childhood programs and services, and the section of the maternal and child health special project grants that address needs of and service activities targeted to children with chronic illness and disabilities.

Relationships/ Alignment / Priorities

This section serves to clarify the required roles of the state, regional and local entities within the statewide early intervention system. Roles and responsibilities have either changed from how things have been done in the past or they have been clarified to comply with state statute. Clarifying the roles will help to ensure that communication occurs within and between the three entities.

- **Lead Agency and State Partners:** Minnesota Department of Education is the lead agency for Part C Early Intervention services, with Minnesota Department of Health and Department of Human Services participating as state partners, in delivering a comprehensive and coordinated interagency system. State agency staff may attend and participate in the Region 11 HELP ME GROW IEIC as ex officio members. Minnesota Department of Education will determine a way to establish this across the state (i.e., state staff could be a liaison with each region for attendance at meetings, etc.).
- **Governor's Interagency Coordinating Council (ICC):** The Region 11 Help Me Grow IEIC Chair(s) and a designee will attend the ICC meetings and report the business of the Regional IEIC to the ICC in the role of a guest when requested.
- **Special Education Administrative Units (SEAU):** The Region 11 Help Me Grow IEIC will collaborate with SEAUs to examine and distinguish local vs. regional priorities. Funding priorities will be established to help guide funding decisions at the SEAU.
- **Other local agencies:** Linkages to local entities (community-based service providers) should be maintained. SEAUs and local agencies will collaborate to maintain established relationships.
- **Centers of Excellence for Young Children with Disabilities Project (COE):** The Region 11 Help Me Grow IEIC will collaborate with the COE to ensure that ongoing training needs are met. The COE will participate in assessing district/local agency needs for training. Districts are strongly encouraged to align training with the COE to avoid duplication of training efforts.

Operational Considerations

Fiscal host: Metro ECSU

The agency designated as the fiscal host must be an eligible recipient of federal special education funds and agrees to expend these federal funds consistent with the approved budget and in accordance with the "Statement of Assurances" as signed by the district special education director and superintendent.

Local Primary Agency (LPA): Metro ECSU

The LPA will perform duties consistent with Minnesota Statutes, section 125A.31 including: providing oversight of funds received through the annual fund request, providing oversight for data collection efforts and the submission of hearing procedures.

Maintain documents:

Local Primary Agency will maintain IEIC documents. Examples of documents include Operating Procedures, Work Plan, meeting minutes, fiscal host, membership rosters, meeting sign-in sheets, and other documents as identified.

Website posting:

Minutes, agendas, etc., need to be on a website. Meeting minutes, decisions and regional Committee work could be placed on the website to make information available to other stakeholders and interested parties. It can be linked to HELP ME GROW. There could be an

interactive map and a link from HELP ME GROW to the Regional IEIC's.

Data privacy:

Member agencies will ensure the protection of the confidentiality of any personally identifiable data, information, and records collected or maintained in accordance with the protections under the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Process to change Operating Procedures:

- Changes proposed at one meeting would be voted on at the meeting or within two weeks electronically providing electronic quorum has been met. (See description of a quorum on page 6).
- If electronic voting is needed, proper documentation explaining the proposed change will be sent with the request for electronic vote.
- Within 30 days of the date the proposed change is received, it shall be submitted in writing to the IEIC Chair, who will then distribute the request to the Regional IEIC membership (as defined below).
- The membership shall have received the proposed amendment or amendments at least 14
  days prior to the meeting.
- The overall system will be evaluated using the same measures at 1 year and at the 3 year mark to evaluate effectiveness and impact of the new structure. The Interagency Coordinating Council will create that process.

Demographics

- **Geographic area served:** All school districts that fall within the 7 county metro area (Anoka,
  Hennepin, Ramsey, Scott, Carver, Washington and Dakota).

Membership

Mandated Sector Membership requirement: (*according to st*atute)

- Local Health – county
- Education
- County human services
- County board
- School board
- Early Childhood Family Education programs
- Head Start
- Parents of young children with disabilities under age 12 (one from each metro county
  - total of 7)
- Child Care Resource and Referral
- School Readiness programs
- Current service providers
- May also include representatives from:
  o Private agencies
  o Public agencies
  o School nurses

Additional Members Identified:

- One representative from each of the former local IEICs. This will be re-determined in conjunction with membership changes, with some individuals possibly fulfilling two roles (mandated membership role and optional membership role).

Other members to be identified by the Region 11 Help Me Grow IEIC:

- Children's mental health
- Advocacy
- Pediatrician

Recruitment and Selection of Members: The current membership list will be reviewed at each Membership Subcommittee meeting. Any vacancies or necessary changes will be communicated to the Region 11 IEIC chair(s) or IEIC staff. Vacancies will be filled by having the members of the Membership Subcommittee and IEIC staff contact local partners for nomination recommendations. The Membership Subcommittee will forward nominees to the Region 11 IEIC for approval.

Chair, Past Chair and Chair-Elect: Terms of office shall be for one year to match the fiscal year (July 1 – June 30). The Chair will automatically serve as the Past Chair the year following their term as Chair. The Chair-Elect will automatically serve as chair the year following their term as chairelect. The Chair/Past Chair/Chair-Elect will be responsible to facilitate the Region 11 Help Me Grow IEIC meetings.

Assurance of area representation: Membership in the Region 11 Help Me Grow IEIC will be representative of each geographic area (including former local IEICs), cross sector in nature and will include the legislatively-required representation. Each representative will be responsible to serve as a liaison for the geographic area and the sector they represent and will maintain regular communication between the Region 11 IEIC and their respective constituent groups.

Removal/replacement: If a member of the Region 11 Help Me Grow IEIC is not able to continue on the Regional IEIC, the vacancy must be filled by another member from the same representative category.
In the event a Regional IEIC member shall miss two consecutive IEIC meetings in a twelve-month period without notifying the IEIC Chair(s) or IEIC staff, the Chair(s) of the Regional IEIC shall have
the right to remove the absent member and the vacancy thereby created shall be filled as noted above.

Conflict of interest: Any individual working for an agency that may benefit from a decision that is made would need to disclose that potential conflict of interest. No member of the Committee may cast a vote on any matter that would provide direct financial or other perceived benefit to that member or otherwise give the appearance of a conflict of interest.

Terms of membership: Membership terms shall be for three years. Terms shall be assigned randomly initially and shall be staggered so that approximately one-third of the committee membership would be elected in any given year. There is no limit to the number of terms any given member may serve. A member may indicate an interest in serving another three year term and, if selected by their representative group as the nominee, the procedure documented above would be followed.

Member orientation: New Region 11 IEIC members will participate in an orientation session that will be scheduled prior to attending an IEIC meeting whenever possible.

Attendance: When members are unable to attend a scheduled Region11 Help Me Grow IEIC meeting, they must notify the Chair(s) or IEIC staff in writing prior to the meeting. The absent member may assign a designee and must notify the chair(s) or the IEIC staff in writing (email is sufficient). The designee shall have the authority to exercise the full privileges of the absent member. Designees must be representative of the same sector as the absent member.

Meetings

Meeting cycle:

- Region 11 IEIC will meet at least four times per year (minimum frequency):
  1st Q: Summer
  2nd Q: Fall
  3rd Q: Winter
  4th Q: Spring
- Hold an annual meeting with the ICC, if requested.
- Meeting notification:
  Notices, agendas, and supporting documents will be sent out electronically (unless requested otherwise) 2 weeks prior to meetings.

Decision-making process/voting:

- A member who is unable to attend a meeting may vote on any noticed action item by submitting his or her vote in writing to the Chair(s) in advance of the meeting in which the action will be taken. Such vote may be sent by mail, email or facsimile transmission.
- The Region 11 Help Me Grow IEIC may not vote without a quorum. Two-thirds (2/3) of the voting membership needs to be present at a meeting for quorum requirements to be met.
- Electronic Voting: The IEIC staff at the Metro ECSU will work with the Region 11 Help Me
- Grow IEIC to facilitate electronic voting on IEIC matters, as needed. Results of electronic
- voting will be shared with the Region 11 IEIC as documented in future IEIC meeting minutes.
- Decisions by the Region 11 Help Me Grow IEIC shall, to the extent possible, will be made by consensus of members (and designees), unless an exception is noted.
- If there is no consensus, decisions shall be made by a majority vote (51% or more) of the members (and designees).
- When a decision cannot be reached, an outside facilitator could be brought in to assist, if needed.

Distribution of meeting minutes to other stakeholders, interested parties:

- There will be communication mechanisms (e.g., website postings) in place to ensure that decisions and regional committee work are available to all interested parties.

Standing agenda format:

- The Region 11 IEIC will determine if a standing agenda format is needed.

Reimbursement policies:

- The Region 11 IEIC will determine if any members or positions shall receive reimbursement for participation and duties on the IEIC.

- If a Regional IEIC member is serving within his/her assigned job duties, expenses will not be reimbursed by the Regional IEIC committee.
- Parent members (7) or their designee, if the member is unable to attend, will receive a $50 stipend plus mileage when they attend a meeting.

Standing Subcommittees: (optional)

- Subcommittees will have a chair and membership may include members from outside of the Region 11 IEIC.
- At least one Region 11 IEIC representative will be at subcommittee meetings.
- The committee structure shall be determined by the Regional IEIC.
- The Chair(s) of the Sub Committees will be appointed by the Region 11 IEIC Chair(s).
- The Region 11 IEIC Chair(s) shall appoint IEIC members, community representatives, agency liaisons to each committee, considering individual interests and expertise.
- Other workgroups and task forces may be designated in order to conduct the business of the Regional IEIC.
- Suggested Committees could include:
    - Communication
    - Membership – determine terms of membership
    - Parent Involvement
    - Public Awareness/Child Find/Outreach
    - Cultural & Linguistic Diversity

Budget Subcommittee Bylaws

Core values for the IEIC budget:

- Fiscal transparency
- Fiscal responsibility
- Communication
- Accountability and Equity
- Child-centered and family- centered

A. Membership, Voting, Meeting Schedule

1. Budget Subcommittee members must be Region 11 Help Me Grow IEIC members and the membership must be representative of the constituencies and include a representative from the fiscal host.
2. Voting will take place on recommendations that will be brought to the Region 11 Help Me Grow IEIC.
3. A quorum must be present in order to vote on an issue. A quorum is 2/3 of the members.
4. The Budget Subcommittee chair will bring recommendations, reports and updates to the Region 11 Help Me Grow IEIC as needed.
5. Budget Subcommittee meetings are open meetings and the public may attend.
6. Budget Subcommittee will meet, at a minimum, quarterly to review the budget prior to Region 11 IEIC meetings or more often, as appropriate.

B. Fiscal Host Responsibilities

1. The fiscal host will provide a minimum of quarterly updates on the budget and a summary at the end of the State Fiscal Year which occurs annually in June 30.
2. The fiscal host representative will attend Budget Subcommittee meetings as a non-voting member.
3. The fiscal host will be responsible for following requirements from the Minnesota

Department of Education in all subcontracts.

C. IEIC Budget

1. The Budget Subcommittee will create an annual budget once the state allocations for Part C funds are available, based on the IEIC work plan. The annual budget will be submitted to the Region 11 Help Me Grow IEIC for approval prior to submitting the annual work plan and budget to the Minnesota Department of Education (MDE).
2. Budget reallocations or line item changes over 10% need to be approved by the Budget Subcommittee.

D. Subcontracts or other distribution of funds

1. The Budget Subcommittee will develop specific criteria for subcontracts according to the IEIC work plan.
2. If there are local entities wishing to present proposals for funding consideration, a written proposal must be submitted at least 2 weeks prior to the Budget Subcommittee meeting. The Subcommittee may defer making a decision on the funding proposal or request further information. If the Subcommittee approves a request, it will be brought to the Region 11 Help Me Grow IEIC as a recommendation for their approval.
3. Final approval of subcontracts must be given by the Region 11 Help Me Grow IEIC based on a recommendation from the Budget Subcommittee.
4. In order to expedite subcontracting, voting can take place electronically.
5. Availability of subcontracts will be posted on the Metro ECSU Region 11 Help Me Grow IEIC website.
6. Disputes regarding subcontracts will be brought to the Budget Subcommittee for review and to make recommendations to the Region 11 Help Me Grow IEIC for resolution or possibly assigned to the appropriate Subcommittee. The IEIC budget should include a line item for mediation assistance, if needed, to resolve disputes.

Child Find and Public Awareness Subcommittee Bylaws:

1. Membership in the Child Find and Public Awareness subcommittee is established on an annual basis in order to ensure a stable membership body for continuity.
2. Attendance at the subcommittee meetings is required and members who are not able to attend must notify the subcommittee chair in advance.
3. Individuals interested in joining may contact the subcommittee chair.
4. The Child Find and Public Awareness subcommittees may include individuals who are not voting
members of the IEIC.
5. New members must be approved by a majority vote of the subcommittee.
6. Guests will be invited to participate in discussions on special topics, as needed.

Year IEIC established: 2011

MPS TSES - Appendix C

Minn Rule pt. 3525.1341, subp. 4

The district's plan for identifying a child with a specific learning disability consistent with this part must be included with its total special education system (TSES) plan. The district must implement its interventions consistent with that plan. The plan should detail the specific SRBI approach, including timelines for progression through the model; any SRBI that is used, by content area; the parent notification and consent policies for participation in SRBI; procedures for ensuring fidelity of implementation; and a district staff training plan.

Minneapolis Public Schools
System of Scientific Research-Based Intervention (SRBI) Plan: Multi-Tiered Systems of Supports (MTSS)

The purpose of this document is to detail the Minneapolis Public Schools (MPS) multi-tiered systems of supports (MTSS) plan, which is the MPS system of scientific research-based interventions (SRBI) to be implemented in identifying a child with a specific learning disability in the area of reading consistent with Minnesota Rule 3525.1341. This plan details the specific scientific research-based intervention (SRBI) approach, including timelines for progression through the model; any SRBI that is used, by content area; the parent notification and consent policies for participation in SRBI; procedures for ensuring fidelity of implementation; and a district staff training plan.

At full implementation, Minneapolis Public Schools will implement its interventions consistent with this plan. Full implementation means that all components are fully integrated and part of how a district and school allocates resources. The focus is on measuring how well the interventions and instructional practices are being implemented so that changes in student performance can be attributed to the scientific evidence-based intervention.

Schools will know they have reached full implementation when:

A. Anyone entering an MPS school and classroom would observe multi-layered core instruction and targeted interventions.

B. Data systems are efficient and generate valid data that is used for decision making. Data is being used to assess the extent to which student progress is equivalent to what is expected (based upon the research).

C. The focus of coaching has shifted from supporting staff in implementing the components of SRBI to using data to determine if SRBI is being implemented as designed.
D. Continuous improvement cycles are in place at the classroom, school, and district level to ensure resources are aligned to improve and maintain the system of SRBI.

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I. School Information

a. **School District:** ISD #1; Minneapolis Public Schools
b. School Sites Implementing Scientific Research Based Intervention Systems
i. All sites serving grades K-5
c. Contact Information for program lead

Name: Elizabeth Keenan
Title: Associate Superintendent of Special Education
Phone: 612-668-5404
Email: elizabeth.keenan@mpls.k12.mn.us

d. **Staff Completing the Initial Draft of the Plan**:
1. MPS School Psychologists: Amanda Hensgen, Hannah Jacobs, Abbey Karich, Sarah Labin, Matthew Lau, Emily Prager, Robert Purple, Megan Troyer
2. Directors of Special Education

3. MPS Literacy Content Leads
4. MPS MTSS Content Leads
5. Director of Research, Evaluation, and Assessment (REA)

II. Systematic Research-Based Intervention (SRBI) System Plan: Overview

MN Rule 3525.1341: Specific Learning Disability

Definition. "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

The disorder is:
A. manifested by interference with the acquisition, organization, storage, retrieval, manipulation, or expression of information so that the child does not learn at an adequate rate for the child's age or to meet state-approved grade-level standards when provided with the usual developmental opportunities and instruction from a regular school environment; and
B. demonstrated primarily in academic functioning, but may also affect other developmental, functional, and life adjustment skill areas; and may occur with, but cannot be primarily the result of: visual, hearing, or motor impairment; cognitive impairment; emotional disorders; or environmental, cultural, economic influences, limited English proficiency or a lack of appropriate instruction in reading or math.

SLD Criteria:
Minnesota Rule 3525.1341 specifies that a child is eligible and in need of special education and related services for a specific learning disability when the child meets the criteria in items A, B, and C *or* in items A, B, and D below. Information about each item must be sought from the parent and be included as part of the evaluation data. The evaluation data must confirm that the effects of the child's disability occur in a variety of settings. The child must receive two interventions, as defined in Minnesota Statutes, section 125A.56, prior to evaluation, unless the parent requests an evaluation or the IEP team waives this requirement because it determines the child's need for an evaluation is urgent.

A. The child does not achieve adequately in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, reading fluency, mathematics calculation, or mathematical problem solving, in response to appropriate classroom instruction.
B. The child has a disorder in one or more of the basic psychological processes which includes an information processing condition that is manifested in a variety of settings by behaviors such as inadequate: acquisition of information; organization; planning and sequencing; working memory, including verbal, visual, or spatial; visual and auditory processing; speed of processing; verbal and nonverbal expression; transfer of information; and motor control for written tasks.
C. The child demonstrates a severe discrepancy between general intellectual ability and achievement in one or more of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, reading fluency, mathematics calculation, or

mathematical problem solving. The demonstration of a severe discrepancy shall not be based solely on the use of standardized tests. The group shall consider these standardized test results as only one component of the eligibility criteria. The instruments used to assess the child's general intellectual ability and achievement must be individually administered and interpreted by an appropriately licensed person using standardized procedures. For initial placement, the severe discrepancy must be equal to or greater than 1.75 standard deviations below the mean of the distribution of difference scores for the general population of individuals at the child's chronological age level.

D. The child demonstrates an inadequate rate of progress. Rate of progress is measured over time through progress monitoring while using intensive SRBI, which may be used prior to a referral, or as part of an evaluation for special education. A minimum of 12 data points are required from a consistent intervention implemented over at least seven school weeks in order to establish the rate of progress. Rate of progress is inadequate when the child's:

a. rate of improvement is minimal and continued intervention will not likely result in reaching age or state-approved grade-level standards;

b. progress will likely not be maintained when instructional supports are removed;

c. level of performance in repeated assessments of achievement falls below the child's age or state-approved grade-level standards; and

d. level of achievement is at or below the fifth percentile on one or more valid and reliable achievement tests using either state or national comparisons. Local comparison data that is valid and reliable may be used in addition to either state or national data. If local comparison data is used and differs from either state or national data, the group must provide a rationale to explain the difference.

Scope of this Plan:

- SLD Criteria Part D - Inadequate rate of progress in response to scientific research-based intervention (SRBI)
    - The following 3 areas in which a student may be found to have a specific learning disability may use the criteria in items A, B, and D that require an inadequate rate of progress as measured over time through progress monitoring while using intensive scientifically research-based intervention as defined in this plan:
        - Basic Reading Skills
        - Reading Fluency
        - Reading Comprehension
    - This plan applies to students in Kindergarten through grade 8.
- SLD Criteria Part C - Severe Discrepancy:
    - The following 5 areas in which a student may be found to have a specific learning disability will continue to use the criteria in items A, B, and C that require a severe discrepancy between cognitive ability and academic achievement:
        - Oral Expression
        - Listening Comprehension
        - Written Expression
        - Mathematics Calculation
        - Mathematics Problem Solving
    - The criteria in items A, B, and C will also continue to be used to determine SLD eligibility across all 8 disability areas for students in grades 9-12.
    - If a parent requests an immediate evaluation and/or a school team agrees the need for immediate evaluation is urgent, the team can waive the SRBI process and proceed to evaluation using the A, B, C criteria.

III. SRBI System Approach: Multi-Tiered System of Supports

A. Levels of Support

a. Tier 1: General Education Curriculum

i. Classroom teachers deliver high quality grade level core instruction that is scaffolded and differentiated to student needs. All teachers systematically implement evidence-based curricula aligned to state and core standards. Instruction is horizontally and vertically aligned to ensure students within the same grade level have equitable, inclusive learning, and are adequately prepared to succeed in subsequent grade levels.

ii. Literacy- 120 minutes per day (per MPS Scheduling Requirements)

b. Tier 2: Additional research-based, systematic, explicit instruction that addresses a skill deficit identified from diagnostic data

.Students receive scientific research based, supplemental interventions, in addition to standards-based core instruction, to target missing prerequisite skills using a validated intervention program.

1. Interventions are standardized, aligned to grade level standards, and led by staff who are trained according to vendor requirements on the intervention.
2. Group size, frequency, and duration is optimal (according to research and the intervention curricula) for the age and needs of students.
3. Program has been demonstrated through rigorous research to have a positive impact on target outcomes for students at risk, when delivered with fidelity.

i. Students who respond adequately to Tier 2 interventions return to the core curriculum with ongoing formative assessment and/or progress monitoring.

ii. Students who show minimal response to Tier 2 interventions may move to Tier 3, where more intensive and individualized support is provided.

iii. Several intervention options exist depending on the school building and the area of reading need identified in diagnostic assessment. A full list of available interventions and their research-supported methods of use will be available to decision-making teams at each building. Available interventions that target certain reading skills should be consistently updated based on newly released research.

iv. All instructional interventions are selected with attention to their evidence of effectiveness and with sensitivity to culturally and linguistically diverse students.

c. Tier 3: Intensive and individualized intervention; research-based, systematic, explicit instruction, based on frequent and in-depth analysis of student data and response to intervention

1. Individualized and intensified intervention for students who have not demonstrated adequate rate of progress based on progress monitoring data in comparison to peers in Tier 2 intervention.
2. May differ in terms of dosage, learning environment, cognitive processing strategies, or instruction.

B. Data-Based Decision Making (per MPS Literacy Decision Trees)

Progress monitoring, a key component of MTSS, occurs throughout the SRBI process to assess responsiveness to the validated intervention platform, as well as adaptations to the intervention.

- *Prior* to delivering the validated intervention platform, intervention teams should develop a progress monitoring plan that outlines the progress monitoring tool, student goal, and frequency of data collection and review.
- *During* delivery of the validated and adapted intervention, educators should collect and graph frequent progress monitoring data.
- *After* sufficient data are collected., they are graphed and evaluated against the student's instructional goal to determine whether the student is making sufficient progress. If so, the teacher continues to implement the validated or adapted intervention. If the student's progress is insufficient, the teacher consults with a team to determine how to further intensify the intervention. This cycle repeats regularly throughout the DBI process, with adaptations to the intervention indicated using phase change lines on the progress monitoring graph.

Progress monitoring includes both **Skills Measures** and **General Outcome Measures**. Skills measures reflect how a student is progressing at their instructional level. They help determine when to move a student from one skill/intervention to the next. These measures may change depending on which intervention a student is receiving. General outcome measures reflect how a student is progressing at their grade level towards grade level targets (Minnesota Center for Reading Research, 2019). While skills measures may be used to make instructional decisions during interventions, general outcome measures will be used to evaluate a student's progress over time and to make decisions about special education evaluation and eligibility in the SRBI process.

Progress monitoring data also may be reviewed along with other diagnostic data to assist teams in developing a hypothesis about why the student may not be responding. As part of the diagnostic data review, the team may conduct an error analysis or look for other trends in the progress monitoring data.

Diagnostic data are collected when a student fails to respond to core instruction and/or a validated intervention, and teams need to identify why the student is not responding to instruction. Diagnostic data can assist teams in this process. They may be used to understand a student's specific skill strengths and needs or to identify the environmental events that predict and maintain the student's lagging skills. Diagnostic data may be collected through various formal and informal approaches. These may include standardized tools available through publishers; more informal approaches, such as error analysis of frequent progress monitoring data; or review of class assessments and work samples.
Educators use diagnostic data to develop a hypothesis about the potential cause(s) of the student's reading difficulties. This hypothesis drives the team's decisions about how best to support the student and adapt the intervention.

C. Tiers of Instructional Support based on MPS Intervention Definitions and Guidance

D. What makes an intervention effective?
    1. Correctly targeted
    2. Explicit instruction

3. Appropriate challenge
4. Opportunities to respond
5. Immediate feedback (with contingent reinforcers)

IV. Specific Components Included in the SRBI System: Screening

Overview of Screening and Purpose

Universal screening is the administration of an assessment to *all* students in a school. The purpose of a screening assessment is to determine which students are on track to meet grade level reading standards and to identify which students may need additional support. Evidence should indicate that the screening tools used by MPS are reliable, correlations between the instruments and valued outcomes are strong (i.e., MCAs), and predictions of risk status are accurate.

The universal screening plan ensures that 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).

At all sites, screening data are used in concert with at least two other data sources (e.g., classroom performance, performance on state assessments, diagnostic assessment data, short-term progress monitoring) to verify decisions about whether a student is or is not at risk.

Seasonal Screening Assessment Timeline

	Fall	**Winter**	**Spring**
Kindergarten and Grade 1	earlyReading	earlyReading	earlyReading
Grades 2-3	aReading CBMreading	aReading CBMreading	aReading CBMreading
Grades 4-5	aReading CBMreading	aReading CBMreading	aReading (optional)* CBMreading (optional)*
Grades 6-8	aReading	aReading	aReading (optional)*

	CBMreading (optional)*	CBMreading (optional)*	CBMreading (optional)*

*Required for students receiving interventions

All students in kindergarten through 8th grade are screened each Fall and Winter using FASTbridge. Students in grades K-3 are also screened in Spring, while for students in grades 4-8 Spring screening is optional based on building-level decision-making. The reading screening assessment for students in grades 2-8 is aReading, while the reading screening assessment for kindergarten and first grade students is earlyReading. Risk categories and cut-scores indicating high risk, some risk, low risk, and exceeds were last revised by Minneapolis Public Schools in fall of 2019 using MPS norms correlated to student performance on the Minnesota Comprehensive Assessment (MCA) tests.

FAST earlyReading

earlyReading is used to screen kindergarten and first grade students, and selected subtests can also be used as diagnostic tools and progress monitoring measures. earlyReading is available in English and Spanish. earlyReading English performance is an indicator, or "thermometer," of student reading development. It is designed to assess reading skills that predict successful reading of connected text. Although there are 13 total earlyReading English and Spanish subtests available, not all of them are used at once. For screening, selected subtests are organized to be given together to generate a Composite score for each student. For each screening period, there are four subtests included in the Composite. Below are the earlyReading subtests for each screening period given to all kindergarteners and first graders, along with information about what is measured by each subtest.

Kindergarten - English

Fall Composite Subtests	Winter Composite Subtests	Spring Composite Subtests
Concepts of Print	Onset Sounds	Letter Sounds
Onset Sounds	Letter Sounds	Word Segmenting
Letter Names	Word Segmenting	Decodable Words
Letter Sounds	Decodable Words	Sight Words - 50

Subtest	Skill Measured
Concepts of Print	Page Orientation, left to right word order, etc
Onset Sounds	Phonemic Awareness
Letter Names	Alphabetic Principle (Phonics)
Letter Sounds	Alphabetic Principle (Phonics)
Word Segmenting	Phonemic Awareness
Sight Words - 50	Fluency
Decodable Words	Alphabetic Principle (Phonics)

The following tables detail the earlyReading English composite cut scores, and earlyReading English subtest cut scores for kindergarten and first grade.

Kindergarten earlyReading English Composite Score Cuts

Grade	Risk Classification/Benchmark	earlyReading Composite Score Cuts		
		Fall	Winter	Spring
Kindergarten	Low Risk/Meets Proficiency	32	50	64
	Some Risk **(!)**/Partially Meets Proficiency	28	42	56
	High Risk (!!)/Does Not Meet Proficiency	<28	<42	<56

Kindergarten earlyReading English Individual Subtest Cut Scores

Grade	Subtest	Metric	Risk Classification/Benchmark	Fall	Winter	Spring
KG	Concepts of Print	# Correct Items/12	Low Risk/Meets Proficiency	7	Not Tested	Not Tested
			Some Risk **(!)**/Partially Meets Proficiency	5	Not Tested	Not Tested
			High Risk (!!)/Does Not Meet Proficiency	<5	Not Tested	Not Tested
KG	Onset Sounds	# Correct Items/16	Low Risk/Meets Proficiency	11	16	Not Tested

			Some Risk **(!)**/Partially Meets Proficiency	5	13	Not Tested
			High Risk (!!)/Does Not Meet Proficiency	<5	<13	Not Tested
KG	**Letter Names**	**# Correct Letter Names/ minute**	Low Risk/Meets Proficiency	14	Not Tested	Not Tested
			Some Risk **(!)**/Partially Meets Proficiency	3	Not Tested	Not Tested
			High Risk (!!)/Does Not Meet Proficiency	<3	Not Tested	Not Tested
KG	**Letter Sounds**	**# Correct Letter Sounds/ minute**	Low Risk/Meets Proficiency	3	26	41
			Some Risk **(!)**/Partially Meets Proficiency	0	13	27
			High Risk (!!)/Does Not Meet Proficiency	0	<13	<27
KG	**Word Segment -ing**	**# Correct/34**	Low Risk/Meets Proficiency	Not Tested	25	30
			Some Risk **(!)**/Partially Meets Proficiency	Not Tested	10	24
			High Risk (!!)/Does Not Meet Proficiency	Not Tested	<10	<24
KG	**Decodable Words**	**# Correct Words/ minute**	Low Risk/Meets Proficiency	Not Tested	7	12
			Some Risk **(!)**/Partially Meets Proficiency	Not Tested	3	8
			High Risk (!!)/Does Not Meet Proficiency	Not Tested	<3	<8
KG	**Sight Words (50)**	**# Correct Words/ minute**	Low Risk/Meets Proficiency	Not Tested	Not Tested	13
			Some Risk **(!)**/Partially Meets Proficiency	Not Tested	Not Tested	4
			High Risk (!!)/Does Not Meet Proficiency	Not Tested	Not Tested	<4

Kindergarten - Spanish **(note: specific screening measures may be updated based on new information)**

Fall Composite Subtests	Winter Composite Subtests	Spring Composite Subtests
Concepts of Print	Onset Sounds	Letter Sounds
Onset Sounds	Letter Sounds	Word Segmenting
Letter Sounds	Word Segmenting	Syllable Reading
Syllable Reading	Syllable Reading	Sight Words

Subtest	Skill Measured
Concepts of Print	Page Orientation, left to right word order, etc
Onset Sounds	Phonemic Awareness
Letter Sounds	Alphabetic Principle (Phonics)
Syllable Reading	Alphabetic Principle (Phonics)
Word Segmenting	Phonemic Awareness
Sight Words	Fluency

The following tables detail the earlyReading Spanish composite cut scores for kindergarten and first grade.

Kindergarten earlyReadingSpanish Composite Score Cuts

Grade	Risk Classification/Benchmark	earlyReading Composite Score Cuts		
		Fall	Winter	Spring
Kindergarten	Low Risk/Meets Proficiency	31	48	66
	Some Risk (!)/Partially Meets Proficiency	26	38	57

	High Risk (!!)/Does Not Meet Proficiency	<26	<38	<57

First Grade - English

Fall Composite Subtests	Winter Composite Subtests	Spring Composite Subtests
Word Segmenting	Word Segmenting	Word Segmenting
Decodable Words	Decodable Words	Decodable Words
Sight Words - 150	Sight Words - 150	Sight Words - 150
Sentence Reading	CBMreading	CBMreading

Subtest	Skill Measured
Word Segmenting	Phonemic Awareness
Decodable Words	Alphabetic Principle (Phonics)
Sight Words - 150	Fluency
Sentence Reading	Fluency
CBMreading	Fluency

earlyReading English Composite Score Cuts

Grade	Risk Classification/Benchmark	earlyReading Composite Score Cuts		
		Fall	Winter	Spring
Grade 1	Low Risk/Meets Proficiency	33	52	66
	Some Risk (!)/Partially Meets Proficiency	25	36	44
	High Risk (!!)/Does Not Meet Proficiency	<25	<36	<44

Grade 1 earlyReading English Individual Subtest Cut Scores

Grade	Subtest	Metric	Risk Classification/Benchmark	Fall	Winter	Spring
G1	Word Segmenting	# Correct Items/34	Low Risk/Meets Proficiency	28	31	32
			Some Risk **(!)**/Partially Meets Proficiency	22	27	28
			High Risk (!!)/Does Not Meet Proficiency	<22	<27	<28
G1	Decodable Words	Rate	Low Risk/Meets Proficiency	6	17	28
			Some Risk **(!)**/Partially Meets Proficiency	2	9	16
			High Risk (!!)/Does Not Meet Proficiency	<2	<9	<16
G1	Sight Words	Rate	Low Risk/Meets Proficiency	16	49	65
			Some Risk **(!)**/Partially Meets Proficiency	5	19	40
			High Risk (!!)/Does Not Meet Proficiency	<5	<19	<40
G1	Sentence Reading	Rate	Low Risk/Meets Proficiency	12	Not Tested	Not Tested
			Some Risk **(!)**/Partially Meets Proficiency	4	Not Tested	Not Tested
			High Risk (!!)/Does Not Meet Proficiency	<4	Not Tested	Not Tested
G1	CBM Reading	Rate	Low Risk/Meets Proficiency	Not Tested	37	66
			Some Risk **(!)**/Partially Meets Proficiency	Not Tested	16	30
			High Risk (!!)/Does Not Meet Proficiency	Not Tested	<16	<30

FAST adaptiveReading (aReading)

aReading is a computer-administered adaptive test that measures broad reading. The aReading assessment consists of 30 items and takes 15-30 minutes. Items on the aReading assessment measure a variety of reading skills including concepts of print, phonemic awareness, phonics, comprehension, and

vocabulary. It also measures attainment of grade-level ELA standards. aReading correlates with a student's performance on high-stakes tests including the MCAs.

Grades 2-8 English

The following table details the aReading cut scores for Fall, Winter, and Spring in grades 2-8.

FAST aReading Benchmark Cut Scores 2019-2020

** Note: The percentile ranks and scaled scores for risk classification/benchmarks differ from the FAST website *Norms and Benchmark Tab*. MPS uses a higher cut-score for most classifications compared to FAST. Classifications on FAST reports will reflect the MPS cut-scores.

Grade	Risk Classification/Benchmark	Percentile Cut	aReading Scale Score Cuts		
			Fall	Winter	Spring
TWO	Exceeds (★)	76	492.8	502.7	508.5
	Low Risk/Meets Proficiency	54	477.5	490.0	497.5
	Some Risk (!)/Partially Meets Proficiency	35	465.7	477.8	486.0
	High Risk (!!)/Does not Meet Proficiency	<35	<465.7	<477.8	<486.0
		Percentile	Fall	Winter	Spring
THREE	Exceeds (★)	83	513.2	519.0	523.5
	Low Risk/Meets Proficiency	53	497.3	504.2	509.5
	Some Risk (!)/Partially Meets Proficiency	41	490.7	499.0	504.0
	High Risk (!!)/Does not Meet Proficiency	<41	<490.7	<499.0	<504.0
		Percentile	Fall	Winter	Spring
FOUR	Exceeds (★)	76	520.0	524.5	529.0
	Low Risk/Meets Proficiency	52	508.0	514.2	518.67
	Some Risk (!)/Partially Meets Proficiency	35	500.4	506.5	510.5
	High Risk (!!)/Does not Meet Proficiency	<35	<500.4	<506.5	<510.5
		Percentile	Fall	Winter	Spring
FIVE	Exceeds (★)	73	529.7	533.4	538.0
	Low Risk/Meets Proficiency	43	514.0	518.4	522.0
	Some Risk (!)/Partially Meets Proficiency	29	505.8	511.6	514.5

	High Risk **(!!)**/Does not Meet Proficiency	<29	<505.8	<511.6	<514.5

Grade	Risk Classification/Benchmark	Percentile Cut	aReading Scale Score Cuts		
			Fall	Winter	Spring
SIX	Exceeds **(★)**	72	535.5	538.95	542.0
	Low Risk/Meets Proficiency	50	522.15	526.0	530.0
	Some Risk **(!)**/Partially Meets Proficiency	37	515.5	520.45	523.0
	High Risk **(!!)**/Does not Meet Proficiency	<37	<515.5	<520.45	<523.0
		Percentile	**Fall**	**Winter**	**Spring**
SEVEN	Exceeds **(★)**	74	543.5	548.0	550.5
	Low Risk/Meets Proficiency	51	531.44	534.5	538.5
	Some Risk **(!)**/Partially Meets Proficiency	34	521.0	525.44	528.0
	High Risk **(!!)**/Does not Meet Proficiency	<34	<521.0	<525.44	<528.0
		Percentile	**Fall**	**Winter**	**Spring**
EIGHT	Exceeds **(★)**	64	549.38	554.0	555.5
	Low Risk/Meets Proficiency	40	536.94	538.65	541.5
	Some Risk **(!)**/Partially Meets Proficiency	33	529.89	534.0	536.0
	High Risk **(!!)**/Does not Meet Proficiency	<33	<529.89	<534.0	<536.0

FAST CBMreading

Curriculum Based Measurement for Reading (CBMreading) is a way to screen and monitor student reading progress. CBMreading assesses fluency and accuracy of words read.

CBMreading English is part of earlyReading composite in the Winter and Spring of Grade 1, and is required as an MPS screening assessment in the Fall and Winter (optional in the Spring unless a student is receiving intervention for Grades 2-5).

CBMreading English is administered individually with each student reading from a paper form while the teacher simultaneously records errors in the FastBridge system. A teacher listens to a student read aloud from a grade-level passage for 1 minute while recording student errors. Passages are available for grades 1-8.

*CBMreading in Spanish may be administered to students in the Spanish dual language programs depending on district guidance.

FAST CBMreading English Benchmark Cut Scores

**** Note: The percentile ranks and scaled scores for risk classification/benchmarks are drawn directly from the FAST website *Norms and Benchmark Tab*.**

Grade	Risk Classification/Benchmark	Percentile Cut	Words Read Correctly per Minute Cuts		
			Fall	Winter	Spring
ONE	Exceeds (★)	71	42	74	97
	Low Risk/Meets Proficiency	40	14	37	66
	Some Risk (!)/Partially Meets Proficiency	15	6	16	30
	High Risk (!!)/Does not Meet Proficiency	<15	<6	<16	<30
		Percentile	**Fall**	**Winter**	**Spring**
TWO	Exceeds (★)	71	87	114	131
	Low Risk/Meets Proficiency	40	56	84	101
	Some Risk (!)/Partially Meets Proficiency	15	51	75	90
	High Risk (!!)/Does not Meet Proficiency	<15	<51	<75	<90
		Percentile	**Fall**	**Winter**	**Spring**
THREE	Exceeds (★)	71	117	138	151
	Low Risk/Meets Proficiency	40	87	110	125
	Some Risk (!)/Partially Meets Proficiency	15	51	75	90
	High Risk (!!)/Does not Meet Proficiency	<15	<51	<75	<90
		Percentile	**Fall**	**Winter**	**Spring**
FOUR	Exceeds (★)	71	144	161	175
	Low Risk/Meets Proficiency	40	115	133	147
	Some Risk (!)/Partially Meets Proficiency	15	84	101	113
	High Risk (!!)/Does not Meet Proficiency	<15	<84	<101	<113

		Percentile	Fall	Winter	Spring
FIVE	Exceeds (★)	71	163	178	192
	Low Risk/Meets Proficiency	40	132	149	162
	Some Risk (!)/Partially Meets Proficiency	15	100	114	127
	High Risk (!!)/Does not Meet Proficiency	<15	<100	<114	<127
		Percentile	**Fall**	**Winter**	**Spring**

SIX	Exceeds (★)	71	173	188	200
	Low Risk/Meets Proficiency	40	144	159	171
	Some Risk (!)/Partially Meets Proficiency	15	107	123	134
	High Risk (!!)/Does not Meet Proficiency	<15	<107	<123	<134
		Percentile	**Fall**	**Winter**	**Spring**
SEVEN	Exceeds (★)	71	195	205	217
	Low Risk/Meets Proficiency	40	166	177	187
	Some Risk (!)/Partially Meets Proficiency	15	132	141	152
	High Risk (!!)/Does not Meet Proficiency	<15	<132	<141	<152
		Percentile	**Fall**	**Winter**	**Spring**
EIGHT	Exceeds (★)	71	186	190	207
	Low Risk/Meets Proficiency	40	155	161	177
	Some Risk (!)/Partially Meets Proficiency	15	123	125	147
	High Risk (!!)/Does not Meet Proficiency	<15	<123	<125	<147

FAST earlyReading, aReading, & CBM-Reading Growth

Growth in FAST is explained by growth percentiles. Each student in the winter (or spring) is assigned a growth percentile based on their start score in the fall and where they scored in the winter (if determining growth from fall to winter). The growth is calculated by comparing a student (and their growth rate) to every student across the nation that also achieved that same start score in the fall (or winter).

FAST Growth Categories: Percentile Ranges

Below are the growth percentile ranges for each of the growth categories defined by FAST. These are the same across all grade levels.

Growth Categories	Growth Percentile Range
Aggressive Growth	75th - 99th
Typical Growth	40th - 74th
Modest Growth	15th - 39th
Flat Growth	1st to 14th

V. Specific Components Included in the SRBI System: Decision rules used to indicate progress through the model

A. List the relevant indices, cut-offs or data review procedures that are to be used to indicate inadequate response.

Tier 1: Core Instruction

1. Benchmark: Students scoring at the 30th percentile (using Fastbridge national norms) and above on screening will receive Core Instruction without supplemental reading intervention.
2. Slope (Growth): Growth of students in Tier 1 Core Instruction is monitored via universal screening benchmark scores in the Fall, Winter, and Spring (optional).
3. Level: Targets for students in Tier 1 Core Instruction are to reach the screening Benchmark score designated as "Low Risk" at the next screening period, thus keeping pace with grade level targets.
4. Other: If more than 50% of a class or grade in a school scores below the grade-level Benchmark designated as "Low Risk" on screening, classwide interventions will be considered.

Tier 2: Supplemental Intervention

1. Benchmark: Students in grades 2-8 scoring below the 30th percentile (using Fastbridge national norms) on aReading screening, corroborated by CBMreading score below the 30th percentile, will be further assessed for consideration of supplemental Tier 2 reading intervention. Students in grades K-1 scoring below the 30th percentile (using FASTbridge national norms) on earlyReading will be further assessed for consideration of supplemental Tier 2 reading instruction.
2. Slope (Growth): Growth is monitored via FASTbridge progress-monitoring at least every other week, using grade level CBMreading passages in grades 2-8, Letter Sounds or Decodable Words in kindergarten, and CBMreading, Letter Sounds, or Decodable Words for 1st grade

students.* Goal is set using the FASTbridge defaults, which equate to the average rate of growth for each measure (1.4 words per week growth on CBMreading, 1.89 letter sounds per week growth on Letter Sounds, 1.15 words per week growth on Decodable Words). Growth rate is evaluated after 6-8 data points have been collected throughout 6-12 weeks of Tier 2 intervention.

    1. If the slope of the trend line is as high or higher than the slope of the goal line, continue intervention.
    2. If the slope of the trend line is less than the slope of the goal line, change the intervention or intensify to Tier 3.

3. Level: Target is for student to reach the grade-level benchmark score for "Low Risk" on CBMreading, Letter Sounds, or Decodable Words. When that target is reached and/or the student scores at or above the 30th percentile (using Fastbridge national norms) on two consecutive screenings, intervention may be discontinued and the student returns to Tier 1.

Tier 3: Targeted Intervention

1. Benchmark: Students in grades 2-8 scoring at the 10th percentile (using Fastbridge national norms) or below on aReading screening, corroborated by a CBMreading score at or below 10th percentile, will be assessed for supplemental Tier 3 reading intervention. Students in grades K-1 scoring at the 10th percentile (using FASTbridge national norms) or below on earlyReading screening will be assessed for supplemental Tier 3 reading intervention. Students who have demonstrated limited progress in response to Tier 2 interventions may also receive Tier 3 reading intervention.
2. Slope: Growth is monitored via weekly FASTbridge progress-monitoring, using grade level CBMreading passages in grades 2-8, Letter Sounds or Decodable Words in kindergarten, and CBMreading, Letter Sounds, or Decodable Words for 1st grade students. However, it is important to note that the progress monitoring tool chosen will match the target skill of intervention. Goal is set using the FASTbridge defaults, which equate to the average rate of growth for each measure (1.4 words per week growth on CBMreading, 1.89 letter sounds per week growth on Letter Sounds, 1.15 words per week growth on Decodable Words). Growth is evaluated after 6-8 data points are collected throughout 6-8 weeks of Tier 3 intervention.
    1. If the slope of the trend line is as high or higher than the slope of the goal line: Continue intervention.
    2. If the slope of the trend line is lower than the slope of the goal line:
        1. Check the fidelity of the intervention via observation checklist, ensuring it is implemented with at least 80% fidelity.
        2. Check the student's time and attendance in the intervention. If the student has received the intervention less than 80% of the time as planned, implement attendance interventions.
        3. Use the Exclusionary Factors Guiding Questions (Appendix B) to determine if other factors such as language, culture, health, and environmental factors may be impacting the student's progress.
        4. Change and/or increase the intensity of the intervention, ensuring it matches the student's instructional need.

Level:

. If the student exceeds the 15th percentile on grade level progress-monitoring in 4 out of 5 trials and/or exceeds the 15th percentile on screening, consider decreasing to Tier 2.

a. If the student's level of performance on grade level progress-monitoring is consistently at or below the 5th percentile, corroborated by a recent screening score at or below the 5th percentile, *and* their growth rate (trend line) is below the goal line, the steps below may be followed to consider a referral for special education evaluation.

*Off-Level Monitoring: FASTbridge recommends that grade level progress-monitoring passages be used in the majority of cases. Exceptions may be made for students in tier 3 in grades 2-8 who are reading 10-15 words correctly per minute or less on grade level CBMreading measures and whose instructional targets do not match with grade-level measures. For example, students in grades 2 and up who have not yet met the Spring first grade benchmark for Decodable Words or the Spring kindergarten benchmark for Letter Sounds, and who are receiving interventions targeting those skills, can be monitored on those specific skills rather than on grade level CBMreading measures. Once they reach the Spring benchmark scores for those measures, they can be monitored on 1st grade CBMreading progress-monitoring measures until reaching the end of 1st grade target. First grade CBMreading measures in FASTbridge are designed with a readability that targets reading of CVC, silent-e, and the 1st 100 sight words in connected text. Once a student reaches end of first grade proficiency on 1st grade CBMreading measures, they can generally be monitored on grade level CBMreading passages. For more information about off-level monitoring, see "FASTfact: Survey Level Assessment of Oral Reading" (FastBridge Learning, 2017) and "Iowa: Off-Level Progress-Monitoring" (FastBridge Learning, 2023), in the FASTbridge Knowledge Base (https://fastbridge.illuminateed.com/hc/en-us).

Referral for Special Education Evaluation: SLD Criteria

If the above process has been implemented through Tier 3 and a total of at least 12 data points have been collected between Tiers 2-3 with the student's growth rate (trend line) below the goal line:

1. Determine if the student's level of performance on grade level progress-monitoring is consistently below the 5th percentile by comparing the median of the student's last 3 progress-monitoring scores to FASTbridge norms tables. This should be corroborated by a recent screening score below the 5th percentile.
2. Determine if the student demonstrates an inadequate rate of progress. Rate of progress is inadequate when the following are true:
    - The student's rate of improvement is minimal and continued intervention will not likely result in reaching age or state-approved grade-level standards. Rate of improvement is minimal when the student's growth rate (i.e., trend line) is below their goal line, using the FASTbridge default progress-monitoring goal. FASTbridge default progress-monitoring goals equate to the average rate of growth for each measure.
    - progress will likely not be maintained when instructional supports are removed;
    - level of performance in repeated assessments of achievement falls below the child's age or state-approved grade-level standards; and
    - level of achievement is at or below the fifth percentile on one or more valid and reliable achievement tests using either state or national comparisons. Local comparison data that

is valid and reliable may be used in addition to either state or national data. If local comparison data is used and differs from either state or national data, the group must provide a rationale to explain the difference.

If both the student's level of performance is below the 5th percentile *and* their rate of progress is inadequate, a special education evaluation in the area of SLD may be proposed. A score at or below the 5th percentile on an individually administered, standardized assessment of reading achievement will be required for eligibility per state criteria.

Reading Comprehension Concerns:

The recommended FastBridge measures for progress monitoring reading skills are the CBMreading and earlyReading measures, as described in the decision rules above. While CBMreading is a measure of oral passage reading fluency, a wide body of research supports the use of oral passage reading fluency measures as indicators of reading comprehension or general reading ability (Deno, 1985; Hosp & Suchey, 2014). Measures of oral passage reading fluency have been found to be highly correlated to reading comprehension and general reading ability (Reschly, et. al, 2009; Silberglitt, et. al, 2006). Still, there may be students for whom reading comprehension skills are a concern, but whose oral passage reading fluency skills as measured by CBMreading are at grade level targets. For those students, FastBridge COMPefficiency measures can be considered in addition to other progress monitoring tools while they participate in reading comprehension interventions, in addition to CBMreading in grades 2-8. COMPefficiency is a measure of reading comprehension processes (e.g., summarizing, connecting, bridging, elaborating) and product (e.g., qualities and coherence of the mental representation). However, COMPefficiency should only be substituted for CBMreading when the student's CBMreading score is at or above the benchmark for their grade level AND their aReading score remains below the 25th percentile for Tier 2 or at the 10th percentile or below for Tier 3. For those students, the same decision rules as in the above chart will apply using COMPefficiency in place of CBMreading.

COMPefficiency is in "FASTBridge Lab." As long as a tool is in a Lab phase, FASTBridge does not recommend using data as the sole basis of instructional decisions. Instead, other FASTBridge tools as well as additional information from classroom performance and district or state assessments should be considered when making decisions about what instruction and intervention students will receive.

COMPefficiency benchmarks are shown below.

COMPefficiency Benchmarks:

Grade	Fall	Winter	Spring
2	56	70	88
3	72	70	92
4	70	66	77

5	61	68	87
6	N/A	50	83
7	N/A	64	N/A
8	N/A	68	N/A

Exclusionary Factors Guiding Questions:

Prior to moving forward with a decision to evaluate for special education, teams will complete the Exclusionary Factors Guiding Questions in Appendix B. If any of the factors listed are the *primary* reason for the student's low reading progress, the team will not proceed with a special education evaluation.

B. Describe rationale/basis for the decision rules and note the year during which they were determined (check to ensure decision rules allow for equitable treatment of diverse populations):

Normative data on FastBridge measures, including percentile ranks and growth norms can be found on the "Training and Resources" section of the FastBridge.org website, and were last updated in 2019 (Christ & Colleagues, 2018). EarlyReading benchmark scores used are those identified by FASTbridge for kindergarten and 1st grade students. CBMreading benchmark scores used are the benchmarks identified by FastBridge for each grade level. These were last updated in 2018 and are based on the 40th National percentile rank. Reaching the benchmark indicates that the student has reached the average range proficiency for that grade level at that time of year. This is consistent with established procedures and published recommendations (e.g., RTI Network). Minneapolis Public Schools uses higher benchmark cut scores for aReading than those determined by FASTbridge, to better align with likelihood of meeting standards on the Minnesota Comprehensive Assessments (MCA's). MPS aReading benchmarks were last updated in 2019.

Cut-scores for identifying students in need of Tier 2 and Tier 3 intervention were selected with the goal of keeping 75% or more of students in Tier 1 (core instruction). Students scoring below the 25th national percentile on screening are evaluated for Tier 2 intervention, thus keeping intervention resources for the 25% of students or fewer who demonstrate the most need. The 10th percentile and below is used for Tier 3 in order to reserve the most intensive intervention for the 10% or fewer students with the most intensively demonstrated need. Screening scores using aReading are corroborated by CBM reading scores to ensure accurate identification of students based on multiple measures.

Students may move between tiers based on both scores from their 3 times per year screening and based on their progress-monitoring (CBMreading or earlyReading) level and growth. Students whose growth is

below the default goal line (which indicates below average growth) will have their intervention intensified to Tier 3. The fidelity of the intervention will be reviewed, along with the student's attendance and participation in the intervention. Other factors that may be impacting the student's progress, such as language, culture, health, and environmental factors, will be reviewed by the team using the Exclusionary Factors Guiding Questions in Appendix B. If a student's progress in Tier 3 remains below the goal line after a total of at least 12 data points have been collected, the Exclusionary Factors have been considered, *and* their level remains at or below the 5th percentile, the team will make a referral for special education evaluation.

Trend line and goal line slopes are calculated automatically in FASTbridge using Ordinary Least Square Regression (OLSR) method to estimate the intercept and the slope. From the FastBridge Learning Support: "This is common between vendors and in general statistics methods. The intercept is the point that the trend line intersects the y-axis. The slope is the 'rise over run', which is the change in the y-axis unit (test score) per unit change in the x-axis (weeks). OLSR is a least squares method that minimizes the summed differences of all observed data with a straight line of best fit. More can be found online and in statistical text-books." (2018)

C. Special Education Progress Monitoring and Exit Criteria: Note this section is optional but may be useful for sites using data in re-evaluations or documenting improvement of Special Education students in Continuous Improvement Monitoring Process (CIMP) Plans.

Does the site use time series analysis graphs to assess progress before and after entrance into special education?

- MPS recommends, per best practice, that progress-monitoring data be collected weekly for students receiving special education services in the area of reading.

Is a school-wide method established to evaluate student progress in special education? (tests/procedures, data collection, frame of reference, criterion)

- Students receiving special education services participate in Universal Screening, and MPS recommends that the progress of students receiving special education instruction in reading be monitored weekly, as in Tier 3, to evaluate their progress.

What are the special education exit criteria for students?

- A student will be exited from special education when they no longer demonstrate a continuing need for special education services. This may be defined as scoring at or above the 17th percentile on multiple measures of performance, including progress-monitoring, screening, and standardized individually administered achievement tests conducted or reviewed as a part of a comprehensive evaluation. Upon exiting special education services, a student may enter Tier 2 reading intervention if data indicate that their reading skills remain below the 30th percentile, as per the procedures outlined above.

VI. Parental/Caregiver Notification and Consent Policies

The information below are specifically related to students who are identified as needing a reading intervention. However, they also reflect best practices in parent/caregiver notification and consent overall related to interventions.

A. Description of parent/caregiver notification and consent policies

1. When a student is initially identified as needing an intervention, the parent/caregiver is contacted, either by letter or in person (e.g., phone call or face-to-face), and informed of the following:
1. Rationale for why the child was identified
2. What additional services the child will receive, including the program used, the duration, frequency, and what classroom activities will be missed when pulled for intervention
3. What kind of progress monitoring data will be collected and expected timelines for formal review
4. Explanation of possible outcomes
5. The parent/caregiver is provided an opportunity to ask questions and provide feedback on the plan
2. When Tier 2 data are reviewed, parents/caregivers should be notified of the outcome, either by letter or in person contact (e.g., phone call or face-to-face), and informed of the following:
1. Child's progress in response to the intervention
2. Modifications that will be made to intervention to better meet child's learning needs
3. Revised timeline
3. When Tier 3 data is reviewed, parents/caregivers should be notified of the outcome, either by letter or in person contact (e.g., phone call or face-to-face), and informed of the following:
1. Child's response to the intervention
2. If student has made sufficient progress, follow procedures for Tier 2 review
3. If the student has made insufficient progress, a discussion of a potential evaluation for special education services may follow.
    1. The parent/caregiver will receive an invitation to a meeting.
    2. Parent/caregiver is given Notice of Procedural Safeguards and informed of their rights as a member of the Special Education Team
    3. If the team moves to an evaluation, a Prior Written Notice Consent to Evaluate is drafted

VII. Procedures for Ensuring Integrity of Implementation

In this section, describe the process you will use to ensure consistent implementation of: assessments, interpretation of data, interventions, and a data-based decision making process, in order to obtain valid knowledge and data about the integrity of implementation. Recommended documentation follows requirements of Minn. R. 3525.1341 and Minn. Stat. § 122A.60 (a)(1-6).

A. Briefly describe procedures to address implementation of assessment and instructional practices

Subsumed under Minn. R. 3525.1341 Subp. 4.

1. What steps does the school follow to ensure that assessment and instructional methods are meeting the needs of all groups of students (e.g., accountability for equity within core instruction, which is the first step in reducing over-representation of linguistically and culturally diverse populations within a continuum of supports)?

   Each school site will have an Instructional Leadership Team (ILT). One role of the Instructional Leadership Team is to annually review data on both MCA and district screening assessments (FAST), by student group, to analyze gaps in achievement which may result in over-representation of linguistically and/or culturally diverse populations within special education. School improvement goals will be set by Instructional Leadership Teams at each school toward reducing those achievement gaps by increasing the achievement of identified student groups. Strategies for school improvement will be identified by the Instructional Leadership Team and included in the School Improvement Plan, which will be monitored by the Instructional Leadership Team.

2. Document who checks accountability of assessment and instructional practices across continuum of supports and how often.

   Assessment practices: The staff who administer the progress-monitoring tools and screening assessments within FASTbridge will complete the training modules and certifications for those measures prior to administration. This will be verified by the school site's assessment coordinator.

   Instructional practices: The fidelity of implementation of each intervention will be ensured via direct observation using an intervention fidelity checklist according to intervention publisher recommendations, by a staff member in the school trained on the intervention. This will occur in Tier 2 prior to intensifying to Tier 3, and in Tier 3 prior to a decision to evaluate. Upon observing, if intervention fidelity is less than 80%, modeling and coaching will be provided and another observation will be conducted within 2 weeks. An intervention should not be intensified unless it was implemented with at least 80% accuracy for the recommended duration. In addition, students' attendance in intervention will be documented and reviewed prior to intensifying. The intervention attendance documentation must verify that the intervention took place for the time and frequency recommended. When student absences exceed 20% of scheduled intervention days/times, the team will consider the impact of those absences on the student's progress.

B. Briefly describe steps to address integrity of implementation of policies and procedures

Subsumed under Minn. R. 3525.1341 Subp. 4.

1. What systems are in place to ensure that policies and procedures for notifying parents, data-based decision making, and moving students through the model are consistently implemented?

   A professional development plan will include ongoing training and monitoring practices to ensure that policies are implemented consistently across schools. Each school will have a

designated MTSS team who will be responsible for monitoring the implementation of these policies and procedures within the school and reporting to the school administrator and/or District MTSS Content Lead.

2. When implementation is inconsistent, what steps will be taken to address inconsistencies?

When implementation is inconsistent, the MTSS team will consult with the school administrator to determine a plan of action as a part of the continuous improvement process, to include staff training, mentoring, or other support as determined by the Instructional Leadership Team.

VIII. Professional Development Plan for SRBI Systems and Procedures.
Recommended documentation follows the requirements of Minn. R. 3525.1341 and Minn. Stat. § 122A.60 (a)(1-6).

A. Staff development plan for implementing a system of SRBI

TEAMS:

- Each school will identify a site-based MTSS/SRBI team who will be trained in-depth by MPS on implementing an SRBI system. This team may be one that already exists (e.g. an Instructional Leadership Team or MTSS Work Group), or may be created for the purpose of adopting an SRBI system. At a minimum, this MTSS/SRBI Team should include:
  - Staff member designated as MTSS Lead for the school
  - Administrator
  - Interventionist(s)
  - Instructional Specialist
  - School Social Worker(s)
  - School Psychologist(s)
  - At least one special education teacher
  - At least one general education teacher
  - *Special Education District Program Facilitators will also attend these trainings*

TRAINING CONTENT:

- Site-based SRBI Teams will attend trainings that address the following topics:
  - Definition of an SRBI
    - Types of curricula/strategies that are considered SRBIs
    - Best practices for using SRBIs
    - Standards for using data from an SRBI in a special education evaluation
  - Selection of SRBIs (including examining alignment between SRBIs and state and local grade-level standards)
  - Assessment practices for interventions
    - Screening
    - Diagnostics
    - Using data to match student need to appropriate SRBI
    - Progress monitoring (including how to set appropriate goals)
    - Data-based decision-making (including decision-making rules)
  - Instructional practices for interventions

- Tracking fidelity of implementation of assessment and interventions
- Eligibility criteria for SLD, including how to complete this on EdPlan
- Creating protocols to ensure sustainability of practice

TRAINING PROCESS:

- Site-based teams will be trained on an ongoing basis. The goal is that this would be a team-based train-the-trainer model involving fidelity checks and ongoing supports/technical assistance.
- MTSS/SRBI Teams will then train relevant school staff at their sites on topics that need to be addressed based on practices already in place. At a minimum, all licensed staff should receive a broad overview of the new SRBI system which includes a summary of changes that will be made at the school and how staff can assist in facilitating these changes.

PROPOSED TIMELINE:

Timeline	***Training***	***Implementation***	***Use of SNAP label****
Year 1 (2023-24)	Train Elementary MTSS/SRBI Teams (Gr K-8 Focus)	Elementaries and Middle Schools implement SRBI system for K-8 Reading	SNAP label will be used for re-evaluations only.
Year 2 (2024-25)	Train High School MTSS/SRBI Teams (Gr 9-12)	High schools implement SRBI system for 9-12 Reading	SNAP label will be used for re-evaluations only.
Year 3 (2025-26)	Continued training and fidelity checks	All grade levels implementing SRBI system for reading	SNAP label will be used for re-evaluations only.
Year 4 (2026-2027)		All students with a SNAP label will be evaluated for initial criteria.	SNAP label will be removed.

**Note: Discontinuing use of SNAP refers to stopping the use of SNAP for initial evaluations. Any student who already receives services under the category of SNAP can continue to qualify under the SNAP label.*

IX. Next steps: Math and Writing

The district will continue to work on the MTSS plan for mathematics and writing. MPS needs to determine which evidence-based skill inventories, interventions, and progress monitoring procedures will be used in order to meet the needs of students and address the Specific Learning Disabilities criteria in MN Rule 3525.1341.

Appendix A: Definitions

Accommodation: A change made to instruction and/or assessment that does not change the expectations for performance or change the construct that is being measured. Accommodations provide access to buildings, curriculum, and assessments. Accommodations include preferential seating, movement breaks, noise canceling headphones, extra time, etc.

Assessment: Measurement of student skill level. The assessment tool choice depends on the purpose of doing the assessment.

Benchmark: A criterion score which is used to predict a student's proficiency on grade level standards. A student scoring at or above the benchmark score is likely to meet grade level standards.

Core Instruction: A course of study deemed critical and usually made mandatory for all students of a school or school system. Core curricula are often determined at the district level and should be research-based.
Curriculum-Based Measurement (CBM): A method for measuring student progress and competency in a basic skill area.
Cut score: A score at or below which a student would be considered for intervention.
Data Points: Points on a graph that represent a student's skill level in relation to the date each data point was collected.
Data teams (also MTSS teams, problem-solving teams): Teams of educators that are responsible for data analysis and decision making. Teams function at the level of the district, school, and grade (or content area) as well as across grade levels in the same content area (i.e., vertical teams). Teams may include school administrators, school psychologists, grade/content area general educators, intervention teachers, special education teachers, various specialists, and other behavioral/mental health personnel.
Data-Based/Data-Driven Decision Making: A process of collecting, analyzing, and summarizing data points to answer questions and to guide development, implementation, and evaluation of an action such as reteaching a lesson, starting an intervention, and determining student progress.
Differentiated Instruction: A process that focuses on teaching the same content to all students using different instructional strategies, instructional groupings, and materials based on unique needs.

Duration: The number of minutes an intervention session lasts and the number of weeks it lasts. Duration depends on factors including the intervention being used, the age of the student, and the intensity of the intervention (Tier II or III).

Elementary and Secondary Education Act/No Child Left Behind. The Elementary and Secondary Education Act (ESEA) [original passage in 1965], renamed the "No Child Left Behind" (NCLB) Act of 2001; federal statute relative to K-12 public education.

Evidence-Based Practice: “Evidence-Based” is defined under SEC.8101.[20 U.S.C. 7801] in Every Student Succeeds Act of 2015 as an activity, strategy, or intervention that:

1. Demonstrates a statistically significant effect on improving student outcomes based on strong evidence from at least 1 well-designed and well-implemented experimental study; moderate evidence from at least 1 well-designed and well-implemented quasi-experimental study; or promising evidence from at least 1 well-designed and well-implemented correlational study with statistical controls for selection bias; or

2. Demonstrates a rationale based on high quality research findings or positive evaluation that such activity, strategy, or intervention is likely to improve student outcomes or other relevant outcomes; and includes ongoing efforts to examine the effects of such activity, strategy, or intervention.

Explicit Instruction: Systematic instructional approach that includes a set of specific delivery and design procedures derived from effective research merged with behavior analysis.

Fidelity of Implementation & Instruction: Implementation of an intervention program, or curriculum as intended according to developers' specifications.

General Outcome Measures: General outcome measures are a form of progress-monitoring that reflect how a student is progressing at their grade level towards grade level targets. While skills measures may be used to make instructional decisions during interventions, general outcome measures will be used to evaluate a student’s progress over time and to make decisions about special education evaluation and eligibility in the SRBI process.

Goal-line: The straight line connecting a student's baseline level of performance with his or her long-range goal; the slope of the line shows the necessary rate of progress if the student is going to meet the goal.

Intervention: The systematic and explicit instruction provided to accelerate growth in an area of identified need. Interventions are designed to improve performance relative to a specific, measurable goal. Intervention programming is based on data about current performance, fidelity of implementation, and progress monitoring.

Multi-tiered System of Supports (MTSS): A framework of increasingly intensive levels of instruction designed to meet the learning needs of all students. (Minnesota Department of Education, 2019).

Progress Monitoring: A scientifically based practice used to measure student progress and evaluate the effectiveness of instruction or intervention. The frequency of monitoring progress depends on the skill being targeted in the intervention. Progress monitoring can be done with individual students or with a group depending on the measurement tool.

Rate of Progress: Average progress over a period of time and determined through progress monitoring data analysis.

Scientific Research-Based Intervention (SRBI): Intervention derived from research that involves the application of rigorous, systematic, and objective methods that draw on observation or experiment and involves data analyses to support the research conclusion of intervention effectiveness. The research uses experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the intervention. Research carries a preference for random-assignment experiments or other designs to the extent that those designs contain within-condition or across-condition controls. The research on an intervention presents experimental studies in sufficient detail and clarity to allow for replication or, at a minimum, offer the opportunity to build systematically on their findings. (Specific Learning Disabilities Glossary, Minnesota Department of Education, 2010).
Skills Measures: A form of progress-monitoring that reflects how students are progressing at their instructional level. They help determine when to move a student from one skill/intervention to the next. These measures may change depending on which intervention a student is receiving. While skills measures may be used to make instructional decisions during interventions, general outcome measures will be used to evaluate a student's progress over time and to make decisions about special education evaluation and eligibility in the SRBI process.

Slope: The slope is the 'rise over run', which is the change in the y-axis unit (test score) per unit change in the x-axis (weeks) in a progress-monitoring graph.

Specific Learning Disability (SLD): The Individuals with Disabilities Education Act (IDEA) 2004 defines a Learning Disability/Specific Learning Disability in the following manner: The child does not achieve adequately for the child's age or adequately to meet state-approved grade-level standards in one or more of the following areas, when provided with instruction and interventions appropriate for the child's age or state-approved grade-level standards.

(i) Oral expression.
(ii) Listening comprehension.
(iii) Written expression.
(iv) Basic reading skill.
(v) Reading fluency skills.
(vi) Reading comprehension.
(vii) Mathematical calculation.
(viii) Mathematical problem solving

Trendline: A line on a graph that connects progress monitoring data points.

Universal Screening: The administration of an assessment to *all* students in a school. The purpose of a screening assessment is to determine which students are on track to meet grade level reading standards and to identify which students may need additional support.

Validity: An indication that an assessment instrument consistently measures what it is designed to measure, excluding extraneous features from such measurement.

Appendix B: Exclusionary Factors Guiding Questions

Draft Feb 2020

Exclusionary Factors Guiding Questions

Reducing bias in evaluation indicates the following socio-cultural and other exclusionary factors should be considered PRIOR TO DECISION to evaluate. If ANY of the factors below are the PRIMARY reason for observed poor school performance, DO NOT proceed to a special education evaluation. For below, connect with the student's family, consult with a person familiar with the student's culture, complete as a TEAM; and for Multilingual students, consult with ESL staff. Describe each factor below for the student:	
☐ **Has the student had sufficient opportunities to learn?** Describe the student's number of missed school days due to health (e.g., asthma), school moves, and other absence reasons. Is it possible attendance factors are the PRIMARY reason for observed poor performance? (if so, do not proceed to SPED eval)	
☐ **Has student had sufficient time to adjust to school?** Describe how the student is adjusting to the school culture and compare behavior in the community to behavior at school. Describe the student's previous school experiences. Is it possible school adjustment factors are the PRIMARY reason for observed poor performance? (if so, do not proceed to SPED eval)	
☐ **Does the student have an oral language pattern that is different from the written language in the classroom curricula?** Describe any cultural dialects and for Second Language Learners, how long the student has been exposed to Second Language instruction and what Second Language services have been provided. Is it possible language factors are the PRIMARY reason for observed poor performance? (if so, do not proceed to SPED eval)	
☐ **Does the classroom environment have universal learning design for all students?** Describe how the classroom environment supports the student's learning style. Is it possible classroom factors are the PRIMARY reason for observed poor performance? (if so, do not proceed to SPED eval)	
☐ **Is the student experiencing a crisis?** Describe how the crisis (e.g., loss of a parent, loss of housing) may be affecting the student's learning. Is it possible the crisis is the PRIMARY reason for observed poor performance? (if so, do not proceed to SPED eval)	
☐ **What is the status of the student's vision and hearing?** List the results of the most recent vision and hearing screening. Is it possible vision/hearing factors are the PRIMARY reason for observed poor performance? (if so, do not proceed to SPED eval)	

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