

DUANESBURG HIGH SCHOOL

RtI Plan

(Response to Intervention for At Risk Students)

HS RtI Best Practices

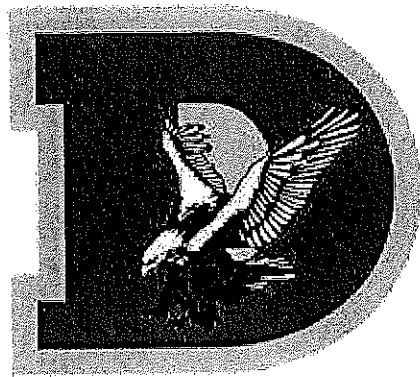
RtI Program Members

Jodi Marvin, Jr./Sr.High School Principal
Arleen Schafer, Special Education Teacher
Laurel Hallberg, School Psychologist

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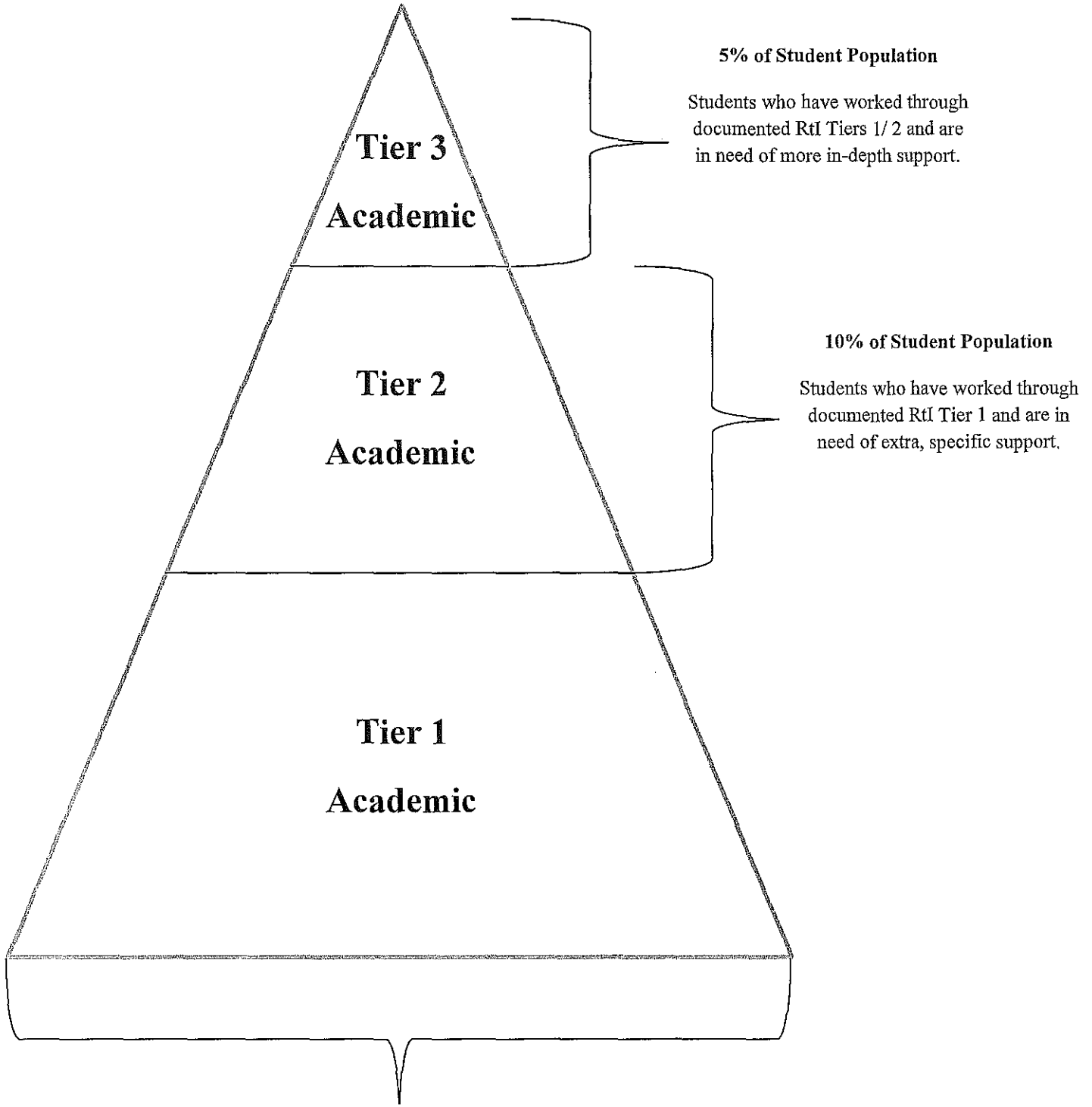
Section 1	RtI Process (HS RtI Triangle and Flow Chart)
Section 2	Team Roles and Responsibilities
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Section 4	RtI Meeting Minutes Information (To be completed by RtI Committee)
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Section 1: RtI Process



Duanesburg High School

Academic Rtl Triangle—Tier 1

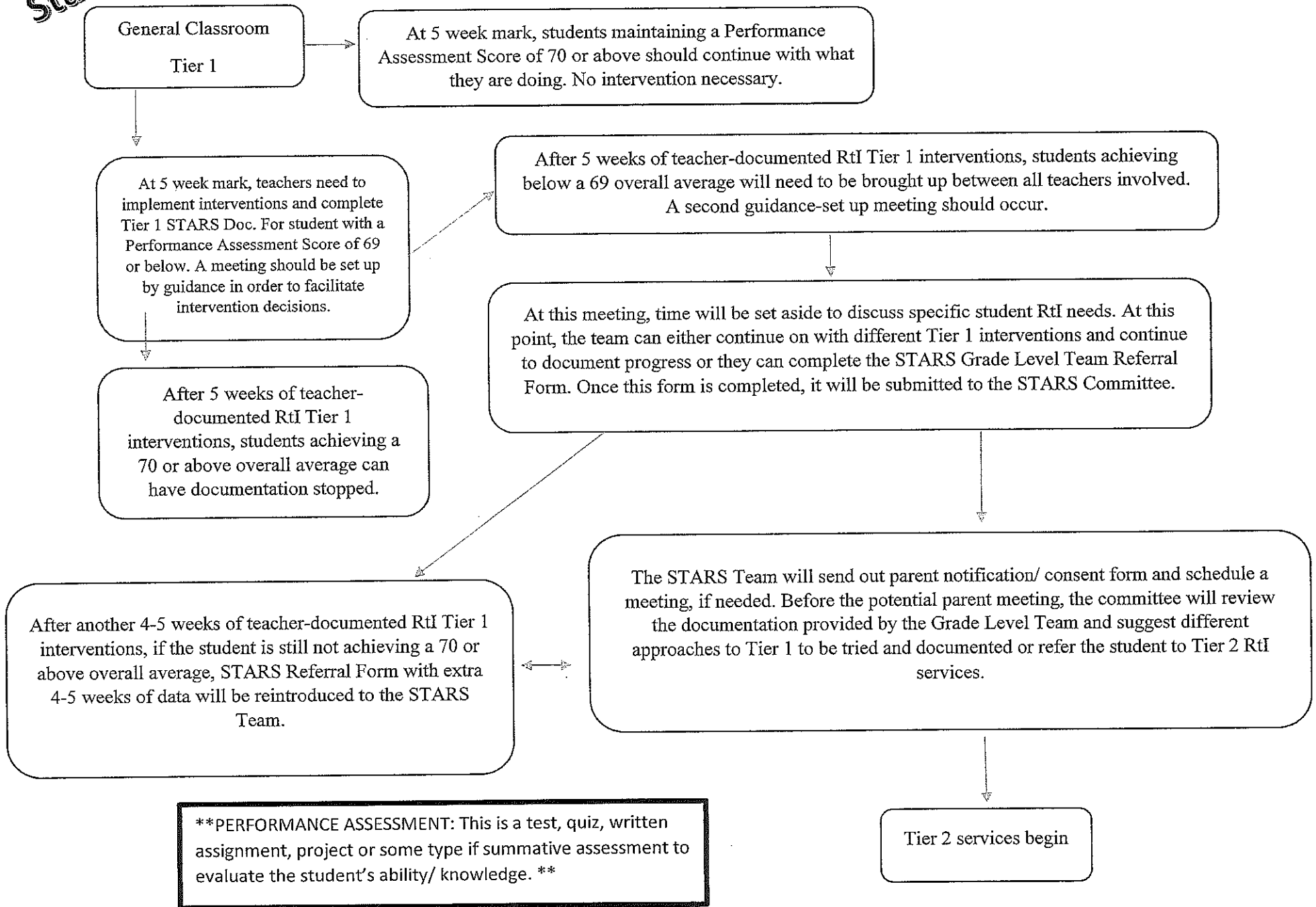


100 % of Student Population—Tier 1 interventions will work for approximately 85 % of Student Population

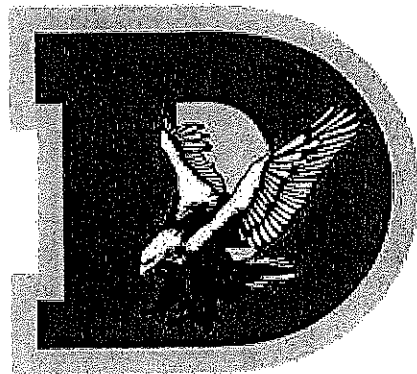
This tier involves the documentation of “best practice” strategies for each subject area. All students can be exposed to these strategies, with particular attention given to and documentation for struggling students.

STARS Program Flow Chart

Start



Section 2: RtI Team Roles & Responsibilities



RtI Committee:

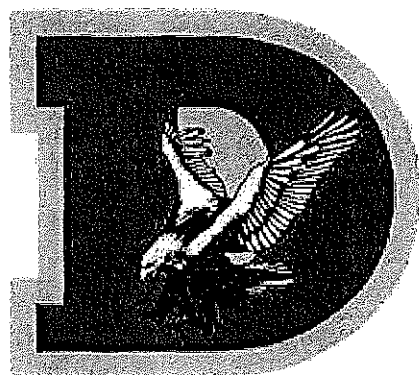
1. Meets regularly on Wednesdays beginning the end of September.
2. Reviews referral form with grade level case liaison.
3. Suggests and interventions at the Tier 1 and 2 level(s).
4. Determines next steps.
5. Records and distributes RtI meeting minutes.

RtI Team Leader: HS Principal is the contact person in the building who schedules meetings and maintains and secures all RtI forms. STARTS team leader will print and attach cumulative attendance report.

Grade Level Case Liaison:

1. Complete RtI referral form at team meetings.
2. Submit all required documents for referrals to RtI team leader.
3. Attend all Committee meetings for this student.
4. Share RtI meeting information with team.

Section 3:
RtI
Initial Referral Form
(To be created by grade level teams)





RtI: Students At-Risk Referral Form

GENERAL INFORMATION

Student Name:

Grade: _____ Homeroom: _____

Referring Teachers:

Parent(s)/ Guardian(s):

To be completed RtI Committee Meeting

ID Number: _____

Date of Birth: _____

Referral Date: _____

Address: _____

Phone: _____

Parent(s)/ Guardian(s) Email: _____

How/ When was Parent Notified of Referral:

REASON FOR REFERRAL:

_____ Academic _____ Behavioral _____ Attendance

What are the student's strengths, talents or specific interests?

Describe the specific concerns that prompted this referral. What, do you as the teacher(s) see, are the impediments to this student's learning? List any academic, social, behavioral, attendance or medical factors that negatively impact the student's performance.

How do the academic skills of this student compare to expected grade level achievement in your classroom(s)?

In what settings/ situations does this problem occur most often?

In what settings/ situations does this problem occur least often?

Please provide any additional pertinent information such as more detailed question answers, student's current grades, schedule, and attendance record and return with this referral.

Parent/ Guardian Contact Prior to Referral (With Dates)

_____ Phone Call _____ Note Home/ Email _____ Conference _____ Home Visit

TIER 1 RtI DOCUMENTATION

(Please attach Tier 1 RtI Documentation Forms to this referral)

1. Name of Intervention: _____ Person Responsible: _____

Begin Date: _____ End Date: _____ Frequency/ Time: _____

What were the steps used to try and resolve this problem?

How did this intervention work?

2. Name of Intervention: _____ Person Responsible: _____

Begin Date: _____ End Date: _____ Frequency/ Time: _____

What were the steps used to try and resolve this problem?

How did this intervention work?

3. Name of Intervention: _____ Person Responsible: _____

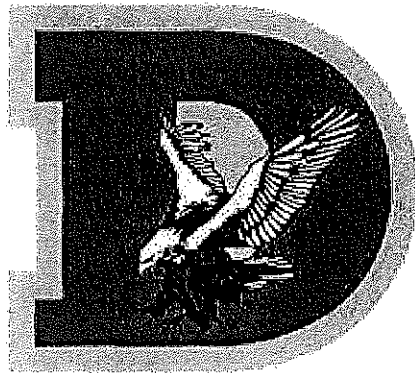
Begin Date: _____ End Date: _____ Frequency/ Time: _____

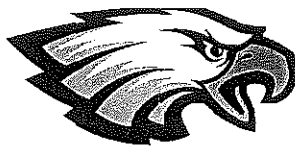
What were the steps used to try and resolve this problem?

How did this intervention work?

What would be the best day(s)/ time(s) to observe the student having the difficulties described above?

Section 4:
RtI Meeting Minute
Information
(To be completed by RtI Committee)





RtI Meeting Minutes Information

Date: ___/___/20__

Time: _____

Student: _____ Grade: ___ Homeroom: ___

Referring Teachers:
How was Parent/ Guardian contacted regarding referral? ___ U.S. Mail ___ Conference ___ Phone Call/Email By whom:
Date Official Parent/ Guardian letter mailed: ___/___/20__
Who will contact Parent/ Guardian regarding referral meeting? Date: ___/___/2-___ ___ N/A as parent attended meeting

RtI PROGRAM INITIAL MEETING MEMBERS AND SUPPORTERS

<u>Team Roles</u>	<u>Area of Content/ Grade Level/ Title</u>
RtI Team Leader:	
Grade Level Representative:	
RtI COMMITTEE:	
Need: Facilitator (F), Time-Keeper (T) and Recorder (R) for each meeting	
Others Attending:	

TEACHER CONCERNS

Teacher: _____ Subject: _____ Period: _____

Attendance: Abs. _____ Tardy _____ Dates: ____/____/20__ to ____/____/20__

<p style="text-align: center;">Student Strengths, Talents and Reinforcers in particular subject:</p>	<p style="text-align: center;">Teacher Concern:</p>
<p style="text-align: center;">Behavioral:</p> <ul style="list-style-type: none"> <input type="radio"/> Lacks necessary skills <input type="radio"/> Has limited motivation <input type="radio"/> Seeks attention from adults (Pos. or Neg.?) <input type="radio"/> Seeks attention from Peers (Pos. or Neg.?) <input type="radio"/> Reacting to teasing/ bullying <input type="radio"/> Doing teasing/ bullying <input type="radio"/> Tried to escape work demands or setting <input type="radio"/> Seeks access to privileges/ rewards <input type="radio"/> Seeks sensory stimulation (ex. playing with objects) <input type="radio"/> Other: <input type="radio"/> Other: <input type="radio"/> Other: <input type="radio"/> Other: 	<p style="text-align: center;">Academic:</p> <ul style="list-style-type: none"> <input type="radio"/> Lacks necessary skills <input type="radio"/> Has limited motivation <input type="radio"/> Struggling academically in current instructional placement <input type="radio"/> Needs drill and practice <input type="radio"/> Other: <input type="radio"/> Other: <input type="radio"/> Other: <input type="radio"/> Other: <input type="radio"/> Other: <input type="radio"/> Other: <input type="radio"/> Other:

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Teacher: _____ Subject: _____ Period: _____

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Teacher: _____ Subject: _____ Period: _____

Attendance: Abs. _____ Tardy _____ Dates: ____/____/20__ to ____/____/20__

Student Strengths, Talents and Reinforcers in particular subject:	Teacher Concern:

RtI INTERVENTION PLAN

Concern

1: _____

Describe the intervention, resources necessary for implementation and behavioral changes that need to occur to aid in achieving academic excellence.

Plan Implementation:

When will the intervention(s) start? _____

When will the intervention(s) be re-discussed? _____

When will the intervention(s) end? _____

RtI INITIAL MEETING SUMMARY

Student:	Initial Meeting: ____ / ____ / 20__
Case Liaison:	Follow-up Meeting: ____ / ____ / 20__
Duanesburg High School	Grade Level Team:
Person Contacting Parent(s)/ Guardian(s):	

SUMMARY	
Concern(s): _____	
Intervention Plan(s): _____ _____ _____	
Reinforcers:	
Consequences:	
Materials Needed:	Person Responsible:

MONITORING PLAN:

Intervention: _____

Implementation: Who? _____ When/ Where? _____

How Long? _____ Case Liaison Check-In: _____

Progress:

Baseline:	Goal:	Outcome:

Difficulties Encountered: _____

**Make a copy of this sheet for RtI teacher and for student file. **

Plan Implementation:

When will the intervention(s) start? _____

When will the intervention(s) be re-discussed? _____

When will the intervention(s) end? _____

Who is responsible for carrying out this intervention plan and where?

When will the Case Liaison check-in with the teacher about this intervention? _____

RtI Meeting Debriefing Form

Directions: As a team, rate your group's performance at today's initial meeting on the items below by circling the group response to each task. Responses of "No" or "Partly" need to be discussed to provide clarification.

1. Were the target academic/behavioral concern(s) clearly defined in observable terms?	YES	PARTLY	NO
2. Did the team come up with possible reasons/ functions that support or help to explain the presenting student concern(s)?	YES	PARTLY	NO
3. Were ambitious, but attainable goals for improvement clearly specified in measurable terms?	YES	PARTLY	NO
4. Did the team come up with at least one method to track student progress for each referral concern?	YES	PARTLY	NO
5. Were the intervention plan(s) clearly and specifically defined? (e.g. persons responsible, when, where, how often, etc.)	YES	PARTLY	NO
6. Does the team feel that overall it closely followed the steps of the initial meeting format? (e.g. The concerns expressed at the Grade Level Team meeting were adequately presented and discussed at this meeting.)	YES	PARTLY	NO

(OPTIONAL) What are some additional ideas that the group has for helping this particular teacher to successfully carry out the intervention plan?

Request for evaluation through CSE:

- 1.) Attach documentation of RtI interventions to date
- 2.) Attach records of parent contact in which concerns were discussed, including the date and person who contacted the family notifying them that a request for evaluation was being presented to the CSE (Approval for the CSE referral will not be given without this documentation)
- 3.) Have all attempts been exhausted to ensure that this referral is not due to cultural differences, lack of instruction or limited English proficiency?
 ___ Yes ___ No: (Please explain) _____

- 4.) Why is the evaluation being requested? What supports and/or services are being sought that are not available without being classified as a Student with a Disability?

RtI Team Member Title Date

Referring Principal Date

Director of Special Education Date Received

SET GOALS: ACADEMIC

Observable, Measurable and Attainable Goals

<u>Academic Goals</u>			
<u>Category</u>	<u>Current Grade</u>	<u>Data Baseline/ Indicators*</u>	<u>Goal</u>
English			
Math			
Science			
Social Studies			

* *Data Baseline is an average of 69 and under. May add additional information, if needed (ex. Regents Score, etc.).**

Section 5:

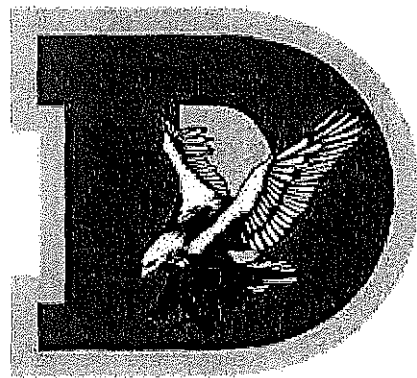
Tier 1 RtI – Documentation Form

Tier 2 RtI – Documentation Form

- Referral meeting Tier 2
- Initial Letter
- Graduation Letter

Consent for Academic Testing

- RtI Movement Form



Tier 1 RtI Documentation

Period/ Group: _____ Subject: _____ Grade: _____

Teacher: _____ Teacher's Signature and Date: _____

For each Intervention and /or Strategy used in your classroom, please provide the following information:

Intervention/ Strategy	Start/ End Dates	Frequency and Time	Level of Performance Before Strategy	Level of Performance After Strategy	Notes

Attach any additional information you feel is important to identify this student's RTI needs (writing sample, behavior plan, working strategy, etc.). This will be helpful to determine what type and level of service is needed.

Tier 2 RtI Documentation

Group/ Student(s): _____ Subject: _____ Grade: _____

Teacher: _____ Teacher's Signature and Date: _____

For each Intervention and /or Strategy used in your classroom, please provide the following information:

Intervention/ Strategy	Start/ End Dates	Frequency and Time	Level of Performance Before Strategy	Level of Performance After Strategy	Notes

Attach any additional information you feel is important to identify this student's RTI needs (writing sample, behavior plan, working strategy, etc.). This will be helpful to determine what type and level of service is needed.

Duanesburg Jr. / Sr. High School

163 School Drive
Delanson, NY 12053
Phone: 518-895-5350 / Fax: 518-895-9971

Dear: _____

Date: _____

Student Name: _____

Grade: _____

New York State Education Department Regulations require school districts to provide additional instruction and/or support services to help your child meet the New York State Learning Standards.

Your child's teachers have met and it is their recommendation that your child receive additional support beyond participation in the regular school program in the following academic areas:

_____ Math _____ Science _____ Social Studies _____ English Language Arts

Response to Intervention services are state mandated and necessary due to one or more of the following reasons:

_____ Not meeting specific grade level requirements

_____ Low standardized test scores

_____ A score in levels 1 or 2 on the 8th Grade State Assessment/ Regents exam: _____

_____ Failing a course required for graduation

These services will include additional support, either in the classroom or in small group settings outside the classroom to strengthen skills necessary for success at our child's grade level. If you have additional questions or concerns about this support you may contact:

Liz Halvorsen, Guidance Counselor at ehalvorsen@duanesburg.org (A-LA)

Or

Kristina Goebel, Guidance Counselor at kgoebel@duanesburg.org (LE-Z)

Thank you for your continued support in helping us make your child's school experience a successful and rewarding one.

Sincerely,
Jodi Marvin, Jr. / Sr. High School Principal



Duanesburg Central School District

Central Office
133 School Drive
Delanson, NY 12053
518-895-2279

Elementary School
165 Chadwick Road
Delanson, NY 12053
518-895-2580

Jr./Sr. High School
163 School Drive
Delanson, NY 12053
518-895-2355

"To be a socially responsible school community where learning and the pursuit of excellence are valued."

June 10, 2016

To the Parent(s) of _____,

It is our distinct pleasure to report that our student has completed the **2014-2015** Tier 2 _____ RTI program! By working with me one period every four day cycle, our student has improved on various skills from reading comprehension to the incorporation of more Common Core State Standard based textual evidence in formal, academic writing. With persistence and dedication, these skills can carry over into English 10 and beyond.

Starting in the **2015-2016** school year, all academic subjects will be looking at their ability to provide RTI, Response to Intervention, services for our students. All students will be in Tier 1, where teachers will learn their individual strengths and adapt their core curriculum instruction to make it a more personalized, student-centered experience. If your student needs more support, they will be moved to Tier 2, as they were this year for _____, where they will be able to get additional support beyond the core curriculum.

We would like to emphasize that just because our student has completed the _____ RTI Tier 2 program does not mean that they will never have to attend another RTI session. As our school embraces this practice, students will be progress monitored in such a way that all teachers will be looking to provide early intervention services to struggling students. This way, we can take a proactive stance and help students find more successes than failures.

Duanesburg High School recognizes that students have different needs and learn in different ways. We are committed to the success of each and every student. We look forward to sharing additional information as we begin this transition into an RTI based instructional plan. For more information on RTI, please visit the Center on Response to Intervention (<http://www.c4success.org/>). As always, please contact our school with any questions. We are always willing to help.

Sincerely

INSERT RTI TEACHER'S NAME

Jodi Marvin,
Principal

Fax Numbers
Central Office: 518-895-2626
Elementary School: 518-895-2957
High School: 518-895-9971

Auto-Attendant Numbers
Central Office: 518-895-5350
Elementary School: 518-895-0310
High School: 518-895-5350

ELA RTI Movement Record

Student Name: _____

Teacher Name: _____

ELA RTI: Day _____, Period _____ Grade: _____

8th Grade NYS ELA Assessment Score: _____

9th Grade ELA Averages:

Quarter 1: _____ Quarter 2: _____ Quarter 3: _____ Quarter 4: _____

Current ELA Average and Date: _____

NWEA Scores:

Test Date	Reading Score	Language Usage Score
Fall _____		
Winter _____		
Spring _____		

Academic Interventions:

Intervention	Time Frame	Notes

Based upon the review of the data above, the Duquesburg High School RTI Committee recommends that this child may be released from RTI services *at this time*. Due to the periodic review of student needs, this child may be placed back into RTI as an academic intervention, if needed.

RTI Teacher Signature and Date: _____

Principal Signature and Date: _____

Consent for Academic Testing

Throughout the school year, assessments are given to all students in our school. Sometimes additional information is needed for individual students, to assess specific areas of development. In order to perform individual assessments, your consent must be obtained. Your child's teacher has contacted you to discuss his/her concerns and has indicated which assessments will be performed.

Permission is granted to the Duquesne Central School District to administer academic assessment(s) for my child, _____.

I understand that this/these evaluations will assess development of ability, academic skills, and learning style in one or several areas of academic performance. I further understand that the results and recommendations will be shared with me.

Principal's Signature

Date

Teacher completing assessment

Date

Parent Signature

Date