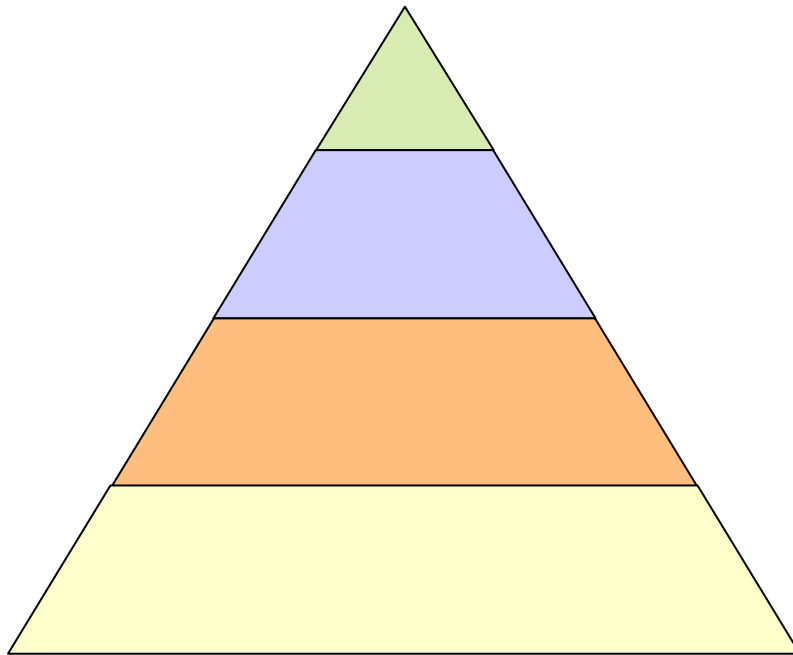


# Response to Intervention Resource Packet



**Duanesburg Middle School  
Delanson, New York  
2014-15**



### **District Level RtI Team:**

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Christine Crowley	Superintendent
Polly Benjamin	Elementary Teacher
Beth DeLuke	High School Principal
Noreen Egan	Middle School Reading Teacher
Mary Neitzel	Elementary Special Education Teacher
Karen Kanarkiewicz	High School Social Studies Teacher
Penny Hardenstine	Middle School Principal
Andrea Conover	Elementary School Principal/ Director of Special Education

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# Section 1: RtI Process



## **Section 1: RtI Process**

*This framework is flexible with regard to duration of interventions.*

**Tier I:** high quality differentiated instruction provided by the teacher for all students.

**1 indicates elementary specific criteria**

**2 indicates secondary specific criteria**

- 1 Teacher discusses students in question at Grade Level Monitoring Meeting. The teacher receives Initial Referral Form and guidance on information that they need to gather from RtI Team Leader.
- 2 RtI Team Leader notifies all teachers working with the student of the initial referral through grade level meeting minutes.
- RtI Team Leader will work with referring teacher to share and develop Tier I interventions.
- At the end of 4-6 weeks the RtI Team will meet to discuss the data collected by the referring teacher.
- Within this Tier teachers may collaborate with one of the RtI Coaches for suggestions and resources.
- Determination is made at the RtI meeting to:
  - a. Reduce services; continue to monitor (Initial Referral Form is kept on file).
  - b. Continue Tier I.
  - c. Go to Tier II (devise plan and follow up meeting date).

**Tier II:** supplemental strategic interventions provided by teacher and/or support person. Tier II is in addition to Tier I.

**1 indicates elementary specific criteria**

**2 indicates secondary specific criteria**

- Parent notification will be sent in writing by the RtI Team Leader (co-signed by referring teacher and service provider) that the student will be working with a support person and that support may come in the form of push-in or pull-out services (see sample letter).
- 1 Teacher will notify the grade level at the Grade Level Monitoring Meeting of the current status.

- 2 RtI Team Leader will notify all teachers working with that student of the current status (i.e., art, music, content areas, etc.)
- Teacher and support person document interventions and data points for 4-8 weeks.
- At the end of the 4-8 weeks the RtI Team will meet to discuss the data collected by the referring teacher and support person.
- Determination is made at the RtI meeting to:
  - a. Reduce services; continue to monitor (Initial Referral Form is kept on file).
  - b. Continue Tier II.
  - c. Go to Tier III (devise plan and follow up meeting date).

**Tier III:** intense individualized interventions provided by support person.

- Referring teacher and support person document interventions and data points for 4-8 weeks.
- At the end of the 4-8 weeks the RtI Team will meet to discuss the data collected by the referring teacher and support person.
- Determination is made at the RtI meeting to:
  - a. Reduce services; continue to monitor (Initial Referral Form is kept on file).
  - b. Continue Tier III.

**Referral to CSE:**

- After all interventions from Tier I, II, and III have been deemed unsuccessful, a referral to CSE may be made.



# Section 2: RtI Team Roles & Responsibilities



## Section 2: RtI Team Roles and Responsibilities

**RtI Team Leader:** ES - Building Principal; MS – teacher representative from each team; HS – teacher member from PST. Leader is the contact person in the building who schedules meetings and maintains and secures all RtI forms.

**RtI Coach:** a resource person who is trained to assist teachers in selecting appropriate interventions. This person will provide guidance to improve or adjust interventions throughout the process.

**Support Person(s):** implements interventions. May include remedial math and reading teachers, special education teachers, speech teachers, social workers, and guidance personnel. Aides, parents and volunteers may assist under the direction of a certified staff member.

**Referring Teacher:** any teacher who identifies a student with learning and/or performance difficulties who is not likely to meet grade level expectations. May include classroom teachers, subject area teachers or special area teachers.

**Department Chairs:** MS/HS Department Chairs will provide time during the department meeting to review students who are being referred to or are involved in the RtI process.





# Section 3: Initial Referral Form



**Section 3: Initial Referral Form**

**Duanesburg Central School District  
Initial Documentation form for Student Referral to Rtl Team**

\*Information on this form should be current as of meeting date.

<b>Intervention Start Date:</b> <b>Rtl Coach:</b>	<b>*Scheduled Rtl Meeting Date:</b>
<b>Student:</b> <b>Grade:</b>	<b>Date of Birth:</b> _____ <b>Student ID #:</b> _____
<b>AIMSWeb</b> <b>MAZE</b> _____ Fall _____ Winter _____ Spring <b>CBM</b> _____ Fall _____ Winter _____ Spring <b>LNF</b> _____ Fall _____ Winter _____ Spring <b>LSF</b> _____ Fall _____ Winter _____ Spring <b>PSF</b> _____ Fall _____ Winter _____ Spring <b>NWF</b> _____ Fall _____ Winter _____ Spring	<b>Benchmarks</b> <b>Independent Level</b> _____ Fall _____ Spring <b>Instructional Level</b> _____ Fall _____ Spring <b>High Frequency Words</b> _____ Fall _____ Spring <b>Letter Recognition</b> _____ Fall _____ Spring <b>Letter Sounds</b> _____ Fall _____ Spring

<b>Reason for Referral</b> (Describe academic and/or behavioral difficulties in detail)

<b>Cumulative Record Review</b>	
<b>Do you see attendance or tardiness as an issue?</b> _____ Yes _____ No	<b>Health Conditions:</b>
<b>Please check all that apply. Please highlight current services.</b> _____ Private Tutoring _____ Banana Splits _____ Speech/Language Services _____ Counseling _____ a. in school _____ b. private _____ c. recommended in the past _____ Motor Group _____ OT/PT (circle one or both) _____ AIS for reading- # of years _____ _____ AIS for math- # of years _____ _____ Academic Management Plan _____ Behavior Management Plan _____ Retention _____ Referral to CSE- found ineligible _____ Special Education Services now _____ Special Education Services in past _____ Liberty Partnership _____ 504 Plan _____ Social Skills Building _____ Other: _____	<b>Parent Communication regarding student concern:</b>  <b>Date(s):</b> _____  <b>Outcome/Comments:</b>

<b>Describe this student's general classroom behavior and work habits:</b>
Strengths:
Weaknesses:

<b>Describe what you would like the student to be able to do that he/she is not currently doing:</b>

**\*\*Please attach a copy of the most recent report card and/or progress report.\*\***



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

<b>Intervention/Strategy</b>	<b>Start Date/ End Date</b>	<b>Frequency</b>	<b>Level of performance before intervention</b>	<b>Level of performance after intervention</b>

**Attach any additional information you feel is important to identify this student's educational needs (i.e. writing samples, behavior plan, etc.)**

\_\_\_\_\_  
Referring Teacher Signature

\_\_\_\_\_  
Date

# Section 4: Minute/Planning Form



### Section 4: Minute/Planning Form

**Duanesburg Central School District  
RtI Team Meeting  
Planning Form**

<b>Review Date:</b>		
<b>Attendance:</b>	<b>RtI Coach:</b>	

**Student's Name:** \_\_\_\_\_

**Review of Referral: Summary of concern(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Data:**

**AIMS Sores:**

Before interventions: \_\_\_\_\_

After Interventions: \_\_\_\_\_

**Benchmark Used:** \_\_\_\_\_

**Benchmarks Scores:**

Before Interventions: \_\_\_\_\_

After Interventions: \_\_\_\_\_

**Other:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interventions:

Intervention/Strategy	Start Date	End Date	Frequency	Outcome

**FINAL TEAM RECOMMENDATIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Review of Tier 1 Intervention (Please refer to Intervention Log)**

Attendance during intervention period:	<b>Is current intervention effective?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Intervention status-check one:</b>	
<input type="checkbox"/> Concern addressed, student no longer experiencing difficulty	Reduce services; continue to monitor
<input type="checkbox"/> Student progressing, but needs more time with interventions at this tier	continue Tier 1
<input type="checkbox"/> Student still experiencing difficulty and needs more intense interventions	Go to Tier 2 (devise plan & follow up meeting date)
<b>Next RtI Meeting Date:</b>	<b>Team Leader Signature:</b>



Review Date:		
Attendance:	RtI Coach:	

Student's Name: \_\_\_\_\_

Review of Referral: Summary of concern(s):

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Data:

**AIMS Sores:**

Before interventions: \_\_\_\_\_

After Interventions: \_\_\_\_\_

**Benchmark Used:** \_\_\_\_\_

**Benchmarks Scores:**

Before Interventions: \_\_\_\_\_

After Interventions: \_\_\_\_\_

**Other:**

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Interventions:

Intervention/Strategy	Start Date	End Date	Frequency	Outcome

**Review of Intervention Plan (Please refer to Intervention Log)**

Attendance during intervention period:	<b>Is current intervention effective?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Intervention status-check one:</b>	
<input type="checkbox"/> Concern addressed, student no longer experiencing difficulty	Reduce services; continue to monitor
<input type="checkbox"/> Student progressing, but needs more time with interventions at this tier	continue Tier ____
<input type="checkbox"/> Student still experiencing difficulty and needs more intense interventions	Go to Tier __ (devise plan & follow up meeting date)
<b>Next RtI Meeting Date:</b>	<b>Team Leader Signature:</b>

How has the parent been notified?	<input type="checkbox"/> Letter (date sent _____) <input type="checkbox"/> Phone call (date _____) <input type="checkbox"/> Email (date sent _____) <input type="checkbox"/> Other _____ (date _____)
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**FINAL TEAM RECOMMENDATIONS:**

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<b>Review Date:</b>		
<b>Attendance:</b>	<b>RtI Coach:</b>	

**Student's Name:** \_\_\_\_\_

**Review of Referral: Summary of concern(s):**

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**Data:**

**AIMS Sores:**

Before interventions: \_\_\_\_\_

After Interventions: \_\_\_\_\_

**Benchmark Used:** \_\_\_\_\_

**Benchmarks Scores:**

Before Interventions: \_\_\_\_\_

After Interventions: \_\_\_\_\_

**Other:**

---

---

---

Interventions:

Intervention/Strategy	Start Date	End Date	Frequency	Outcome

**FINAL TEAM RECOMMENDATIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Review of Intervention Plan (Please refer to Intervention Log)**

Attendance during intervention period:	<b>Is current intervention effective?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Intervention status-check one:</b>	
<input type="checkbox"/> Concern addressed, student no longer experiencing difficulty	Reduce services; continue to monitor
<input type="checkbox"/> Student progressing, but needs more time with interventions at this tier	continue Tier ____
<input type="checkbox"/> Student still experiencing difficulty and needs more intense interventions	Go to Tier ____ (devise plan & follow up meeting date)

Next RtI Meeting Date:	Team Leader Signature:
------------------------	------------------------

Review of Tier 3 Intervention Results		
Review Date:		
Attendance:		

Level of performance before Tier 3 intervention plan was implemented:	Level of performance after intervention plan was implemented: (Attach graph or documentation of progress monitoring - optional)
Attendance during intervention period:	Is current intervention plan effective? <input type="checkbox"/> Yes <span style="float:right"><input type="checkbox"/> No</span>
Intervention status-check one:	
<input type="checkbox"/> Concern addressed, student no longer experiencing difficulty	Reduce services; continue to monitor
<input type="checkbox"/> Student progressing, but needs more time with interventions at this Tier	continue Tier 3
<input type="checkbox"/> Student still experiencing difficulty and needs more intense interventions	Referral to CSE (Principal Signature needed below)

Screening Results: (If applicable)		
Cognitive:		
Achievement:		
Social-Emotional/Behavioral:		
Adaptive:		
SP / LA:		
Occupational Therapy:		
Physical Therapy:		
Audio logical:		
Medical / Physical:		
Need for additional evaluation: <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span> (Principal signature needed)		
<input type="checkbox"/> Cognitive	<input type="checkbox"/> Adaptive	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Achievement	<input type="checkbox"/> Speech / Language	<input type="checkbox"/> Audiological

<input type="checkbox"/> Social-Emotional	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Medical / Physical
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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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Person Submitting Request      Title      Date

\_\_\_\_\_  
Referring Principal      Date

\_\_\_\_\_  
Director of Special Education      Date Received

# Section 5:

- RtI Record Form
- Letter to Parents
- Consent for Academic Testing







### 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 Duanesburg 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

# Duanesburg Elementary School

165 Chadwick Road  
Delanson, NY 12053

Phone: 518-895-2580 / Fax: 518-895-2957

Dear: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

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

\_\_\_\_ Additional assistance to prepare for the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> Grade NYS Assessment exam

\_\_\_\_ A score in level 1 or level 2 on the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> Grade NYS Assessment exam in Math

\_\_\_\_ A score in level 1 or level 2 on the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> Grade NYS Assessment exam in English Language Arts

\_\_\_\_ A score in level 1 or level 2 on the 4<sup>th</sup> Grade NYS Assessment exam in Science

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:

\_\_\_\_\_ at \_\_\_\_\_.

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

Sincerely,

Andrea Conover  
Elementary Principal

# Duanesburg Elementary School

165 Chadwick Road  
Delanson, NY 12053  
Phone: 518-895-2580 / Fax: 518-895-2957

Dear: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

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.

Periodically, your child's teachers meet to evaluate the effectiveness of the services offered to your child under the school's Academic Intervention Program. It is their recommendation that your child **does not need at this time** to continue to receive additional support beyond participation in the regular school program in the following academic areas:

\_\_\_\_ Math    \_\_\_\_ Science    \_\_\_\_ Social Studies    \_\_\_\_ English Language Arts

Further Intervention services are not necessary due to one or more of the following reasons:

\_\_\_\_ Now meeting specific grade level requirements

\_\_\_\_ Increased standardized test scores

\_\_\_\_ A score in level 3 or level 4 on the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> Grade NYS Assessment exam in Math

\_\_\_\_ A score in level 3 or level 4 on the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> Grade NYS Assessment exam in English Language Arts

\_\_\_\_ A score in level 3 or level 4 on the 4<sup>th</sup> Grade NYS Assessment exam in Science

Our goal is to help your child become a competent, independent learner. At this time, we are satisfied that your child is making adequate progress in the content areas noted above.

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

Sincerely,

Andrea Conover  
Elementary Principal

# Duanesburg Middle School

163 School Drive  
Delanson, NY 12053

Phone: 518-895-5350 / Fax: 518-895-2957

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

\_\_\_\_ Additional assistance to prepare for the 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> Grade NYS Assessment exam

\_\_\_\_ A score in level 1 or level 2 on the 5<sup>th</sup>, 6<sup>th</sup>, or 7<sup>th</sup> Grade NYS Assessment exam in Math

\_\_\_\_ A score in level 1 or level 2 on the 5<sup>th</sup>, 6<sup>th</sup>, or 7<sup>th</sup> Grade NYS Assessment exam in English Language Arts

\_\_\_\_ A score in level 1 or level 2 on the 8<sup>th</sup> Grade NYS Assessment exam in Science

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:

\_\_\_\_\_ at \_\_\_\_\_.

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

Sincerely,

Penny Hardenstine  
Middle School Principal

# Duanesburg Middle School

163 School Drive  
Delanson, NY 12053  
Phone: 518-895-5350 / Fax: 518-895-8560

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.

Periodically, your child's teachers meet to evaluate the effectiveness of the services offered to your child under the school's Academic Intervention Program. It is their recommendation that your child **does not need at this time** to continue to receive additional support beyond participation in the regular school program in the following academic areas:

Math     Science     Social Studies     English Language Arts

Further Intervention services are not necessary due to one or more of the following reasons:

Now meets specific grade level requirements

Increased standardized test scores

A score in level 3 or level 4 on the 5<sup>th</sup>, 6<sup>th</sup>, or 7<sup>th</sup> Grade NYS Assessment exam in Math

A score in level 3 or level 4 on the 5<sup>th</sup>, 6<sup>th</sup>, or 7<sup>th</sup> Grade NYS Assessment exam in English Language Arts

A score in level 3 or level 4 on the 8<sup>th</sup> Grade NYS Assessment exam in Science

Our goal is to help your child become a competent, independent learner. At this time, we are satisfied that your child is making adequate progress in the content areas noted above.

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

Sincerely,

Penny Hardenstine  
Middle School Principal

# Duanesburg 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 level 1 or level 2 on an 8<sup>th</sup> Grade State Assessment: \_\_\_\_\_

\_\_\_\_ A score in level 1 or level 2 on a Regents exams: \_\_\_\_\_

\_\_\_\_ 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:

\_\_\_\_\_ at \_\_\_\_\_.

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

Sincerely,

Beth DeLuke

High School Principal

# Duanesburg 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.

Periodically, your child's teachers meet to evaluate the effectiveness of the services offered to your child under the school's Academic Intervention Program. It is their recommendation that your child **does not need at this time** to continue to receive additional support beyond participation in the regular school program in the following academic areas:

Math     Science     Social Studies     English Language Arts

Further Intervention services are not necessary due to one or more of the following reasons:

Now meets specific grade level requirements

Increased standardized test scores

A score in level 3 or level 4 on 8<sup>th</sup> Grade State Assessments

A score in level 3 or level 4 on a Regents exam

Our goal is to help your child become a competent, independent learner. At this time, we are satisfied that your child is making adequate progress in the content areas noted above.

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

Sincerely,

Beth DeLuke  
High School Principal



# **Section 6: Interventions and Strategies**



Interventions and strategies will be age and grade appropriate. At the elementary level, more focus may be placed on letter identification, fluency, comprehension, vocabulary, spelling and specific math skills. At the middle/high school level, study skills, test-taking strategies, note-taking and additional skills may be more appropriate – as well as skill-specific strategies.

The RtI Coach will work with the referring teacher to develop Tier I and Tier II interventions.

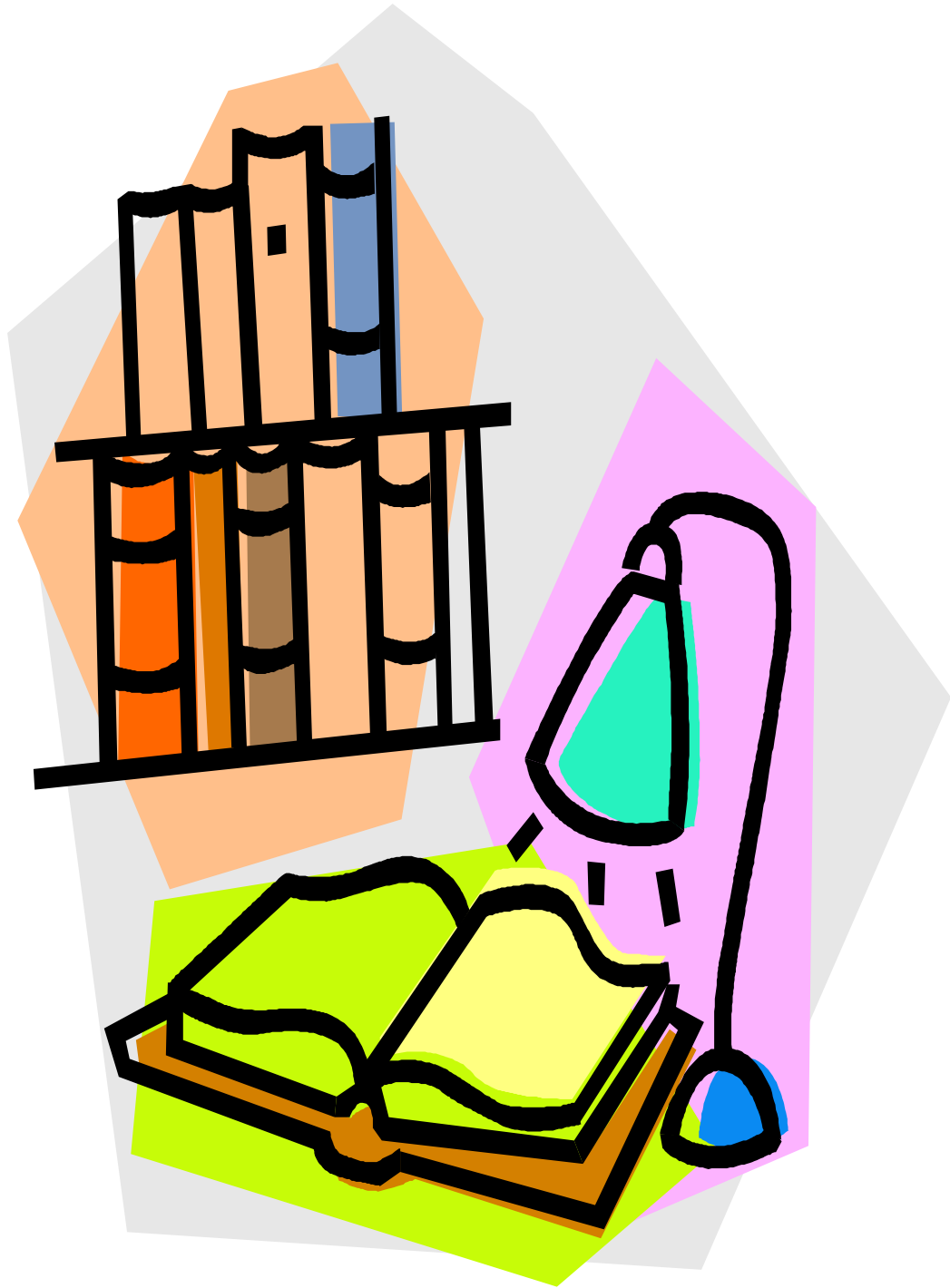
# **Section 7: Common Definitions**



## Section 7: Common Definitions

- **Accommodation:** allowing individuals the ability to perform academically by providing them with alternate tools to remove obstacles and achieve a goal (changes to setting or instructional program).
- **Curriculum Based Measures (CBM):** method of monitoring student educational progress through direct assessment of academic skills. CBM can be used to measure basic skills in reading, mathematics, spelling and written expression. It can also be used to monitor readiness skills. While using CBM, the instructor gives the student brief, timed samples or “probes”, made up of academic material taken from the child’s school curriculum. *Taken from [www.jimwrightonline.com](http://www.jimwrightonline.com).*
- **Data point:** evidence from a curriculum based measure (CBM) of student performance over time that can be quantified (graphed). This evidence should be similar in nature and easily compared.
- **Differentiation:** teaching that uses different delivery methods to meet the individual needs, abilities, perspectives, and interests of all learners.
- **Evidence:** an objective measure of performance used to compare, evaluate, and/or monitor progress, both academic and behavior (tangible data).
- **Grade Level Monitoring Meeting:** grade-level teachers meet with the principal, speech therapist, special education, and remedial teachers associated with the grade level. If a student has been discussed previously at a grade level monitoring meeting, and concerns appear to require closer investigation, the teacher should discuss with the principal whether or not to refer the student to the RtI Team.
- **Initial Referral Form:** *Initial step in the RtI process.* This form is completed by the referring teacher. The form includes current level of achievement and interventions being used. An RtI Coach may assist teachers in completing the form and selecting appropriate interventions.
- **Intervention:** a designed change in the manner and/or degree in which a student is being instructed. Interventions are based on progress monitoring.
- **Minute/Planning Form:** this form will be completed during the RtI Team meeting. It serves as a tool to plan, guide and document the RtI process.
- **Modification:** changing an activity or task in order to make it possible for a child to learn the intended goal and meet curriculum expectations (altering delivery, format).
- **Research-based:** instructional techniques and methods that have been scientifically proven to be effective in increasing student achievement.
- **Response to Intervention (RtI):** is a *process* that generally refers to a multi-step approach to providing services and interventions to students with learning and/or performance difficulties at increasing levels of intensity. This scientifically based, intensive instruction focuses on prevention, screening, early intervention, and systematic data collecting to produce optimal student learning.
- **RtI Team:** this team consists of:
  - Referring Teacher(s)
  - RtI Team Leader
  - RtI Coaches
  - Support Person(s)

# Section 8: Resources



## Section 8: Resources

Buffum, Austin, Mike Mattos, and Chris Weber. Pyramid Response to Intervention: RTI, Professional Learning Communities, and How to Respond When Kids Don't Learn. Bloomington: Solution Tree, 2008.

Eaton, Mary Ann, and Karen A. Kemp. RTI: The Classroom Connection for Literacy. Null: Dude Publishing/ National Professional Resources, Inc., 2007.

Joseph, and Ph.D. Casbarro. RtI Reference Guide. Null: National Professional Resources, Inc., 2008.

Scanlon, Donna, and Joan Sweeney. "Response to Intervention: An Overview: New Hope for Struggling Learners." Educator's Voice 10025 (2008). 24 Sep. 2008 <www.nysut.org>.

Wright, Jim. RTI Toolkit: A Practical Guide for Schools. Null: Dude Publishing/ National Professional Resources, Inc., 2007.

### Websites

- *Intervention Central* [www.interventioncentral.org](http://www.interventioncentral.org)
- *National Professional Resources, Inc.* [www.NPRinc.com](http://www.NPRinc.com)
- *National Center for Learning Disabilities* [www.nclld.org](http://www.nclld.org)

