

Appendix D Clark County Public Schools

**Clark County Intervention System (CCIS)
Response to Intervention Forms**

PRE-TIER FORMS

- A** RTI Letter to ALL Parents
- B** RTI Team Tracking of Screens & Tiers

TIER ONE FORMS

- C** RTI Parent Input Form
- D** RTI School Referral Form
(Including Teacher Documentation)

TIER TWO FORMS

- E** Tier II Parent Letter
- F** Tier II Academic Plan
(Including Teacher Documentation)
- G** Tier II Behavior Plan
(Including Teacher Documentation)

TIER THREE FORMS

- H** Tier III Parent Letter
- I** Tier III Academic Plan
(Including Teacher Documentation)
- J** Tier III Behavior Plan
(Problem-Solving Model: FBA and BIP, including Teacher Documentation)

FORM A
Letter to All Parents
<SCHOOL LETTERHEAD>

Parent Information Letter
Introducing Response to Intervention (RTI)
2009 - 2010 School Year

To All Clark County Parents/ Guardians:

The Clark County Public School District believes in providing the highest quality of education for our students. This letter is to provide you with information about a new three-tiered instructional approach we are using to meet this goal, referred to as Response to Intervention (RTI) which is now part of federal educational law.

For RTI, all students will participate in the core curriculum, with three levels (tiers) of interventions for students who demonstrate at-risk skills in general academics or behavior. Each tier provides additional support beyond the core curriculum. All students will be tested three times a year to measure their progress to determine if they are performing at grade-level. Behavioral expectations will also be monitored on a regular basis throughout the year.

- **Tier One** – Teachers will use different strategies within the core curriculum to address all student educational needs.
- **Tier Two** – Based on progress data, students who are unsuccessful in Tier One will be provided supplemental research-based interventions matched to their needs. The RTI team, an instructional support team, will track the student’s progress, and parents will receive ongoing progress data.
- **Tier Three** – Students who continue to struggle in Tier Two will receive more intensive interventions at this level. Parents will receive ongoing progress data. After Tier Three implementation, students who continue to display limited progress may then be considered for further evaluation and services.

Our school is excited to take part in this process to improve educational outcomes for all students. As always, do not hesitate to contact your child’s teacher or myself if you have questions or concerns.

Principal

FORM B
Clark County Intervention System (CCIS)
Tracking of Universal Screenings & Tier Levels for RTI

School Year: _____

School: _____ **Principal:** _____

Universal Academic Screening Tool: _____

Dates Administered:

Fall _____ **Winter** _____ **Spring** _____

Universal Behavior Screening Tool: _____

Dates Administered:

Fall _____ **Winter** _____ **Spring** _____

FORM C

Clark County Intervention System (CCIS)

Parent Input to Support Team

Student: _____ Date of Birth: _____

School: _____ Teacher: _____

Parent/Guardian: _____ Home Phone: _____

Father Work/Cell Phone: _____ Mother Work/Cell Phone: _____

Address: _____

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

Team for review of the educational program. The review is requested because [please include behaviors observed at home, academic strengths/weaknesses noted during homework completion, strategies attempted to correct the problem at home and in conjunction with the classroom teacher(s)]:

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

Yes No If yes, please list:

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

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

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

Who did the evaluation? _____

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

Signature: _____

(Parent/Guardian Signature)

Date Received by School: _____

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

FORM D

Clark County Intervention System (CCIS) Response-to-Intervention (RTI) School Referral Form

Student: _____ Date of Birth: ____/____/____
Last First Middle

Race/Ethnicity: _____ Gender: _____ Parent/Guardian: _____

Address: _____ Phone: _____

School: _____ Teacher: _____ Grade: _____

Identification Number: _____

REASON FOR REFERRAL:

- Reading skills Math skills Writing skills Behavioral skills

A. STUDENT RECORD REVIEW – Each area must be addressed - OR - Indicate as Not Applicable (n/a)

UNIVERSAL SCREENINGS		
Academic: Fall: Mid-Year: Spring:		
___ Screening Name: _____	Results: _____	_____
___ Screening Name: _____	Results: _____	_____
Behavior:		
___ BASC-2-BESS Fall: Mid-Year: Spring: <small>(Behavior Emotional Screening System)</small>		
___ Analysis of Behavior Indicators	Results: _____	_____
___ Analysis of Behavior Indicators	Results: _____	_____
<small>(Red Flags)</small>		
Attendance: Last year - # Days ___ Present ___ Absent This year - # Days ___ Present ___ Absent List all schools attended: _____ _____ _____ Retentions: Year(s) _____ Grade(s) _____	Testing Information: Standardized Test Name: ___ CATS ___ CTBS ___ EXPLORE ___ PLAN ___ ACT ___ Other: _____ Current Test Scores by Area: Reading: _____ Math: _____ Writing: _____ Science: _____ Social Studies: _____ Arts/Humanities: _____ Prac. Living/VS: _____ Portfolio: _____	Academic Grades: School Year: _____ Grade: _____ Subject: _____ Grade/Score: _____ _____ _____ _____ _____
Discipline Record Number of Classroom Discipline Reports _____ Number of Office Referrals _____ Number of Suspensions _____ In-School _____ Out of School _____ Total # of days _____	Screening Information Date _____ Results _____ Recheck needed _____ Speech: _____ Hearing _____ Vision _____ Academic Screening (DIAL III, CELF etc.) _____ _____	
Special Concerns Medical History _____ Health Conditions _____ Social/Family _____	Currently Receiving OT _____ PT _____ Individual Guidance _____ Speech/Language Therapy _____ Mental Health Counseling _____ Tutoring _____ Other _____	

Pg. 2 - Response-to-Intervention (RTI) School Referral Form

B. LIMITED ENGLISH PROFICIENCY - If not applicable, check this box and skip to next section.

How long has the student spoken English? _____

Is there a language other than English spoken by the student? _____

Is there a language other than English spoken in the home? _____

(If the above information indicates the student has not always had English as their primary language, please address the following questions)

What Limited Proficiency services or assistance has been provided? _____

Do the results of the evaluation by the ELL teacher indicate expected progress in the English language Yes No

If not, explain _____

C. TEACHER OBSERVATIONS

For each area, rate the student in comparison to classmates using a scale from 0-5. (If NA – use 0, in lower 10% use 1, below average-use 2; average- use 3, above average-use 4; in highest 10%-use 5)

<ul style="list-style-type: none"> _____ Basic Reading Skills _____ Reading Comprehension Skills _____ Basic Math Skills _____ Math Reasoning Skills _____ Written Language Skills _____ Handwriting Skills _____ Spelling Skills _____ Communicates Clearly 	<ul style="list-style-type: none"> _____ Follows Directions _____ Functions Independently _____ Attends to class work _____ Completes Assignments _____ Motivation and Effort _____ Retention of Information _____ Motor Coordination _____ Disrupts Learning of Others 	<ul style="list-style-type: none"> _____ Relates well to peers _____ Organizational Skills _____ Relates well with adults _____ Punctuality
Other _____ _____ _____ _____		

D. DOCUMENT ATTEMPTS TO MEET STUDENT NEEDS WITHIN THE REGULAR PROGRAM

Indicate below the strategies/interventions used over a reasonable period of time in response to this student's problem(s).

Attach ***Tier I Documentation Form: Student Interventions/Strategies***

Signature of Principal or Designee upon receipt of referral

Date

Clark County Intervention System (CCIS) Tier I Teacher Documentation Form

- Note: This form is to be completed during the intervention phase and presented to the Support Team.*

Student: _____ Subject Area: _____ Grade: _____ Date: _____

Alternative strategies and interventions for improvement of the student’s skills have been implemented and the student has/has not made progress. **(Documentation of student’s performance must be provided.)**

Skill	Strategies/Interventions	Results	Dates: From/To

Examples of intervention modalities for Tier I may include:

- Explicit and systematic small group instruction within the general education classroom.
- Instruction that has been broken down into manageable steps.
- Instruction that has been provided using a different teaching strategy.
- Instruction was provided using a different response mechanism.
- Student has been provided with additional practice activities.
- Student has been provided with immediate and specific feedback.

Signature of Classroom Teacher Implementing Tier I

Date

FORM E
Tier II Parent Letter
<SCHOOL LETTERHEAD>

Parent Notification Letter
Response to Intervention (RTI) – Tier II Referral

Date: _____

Dear Parent/Guardian of _____,

As part of district-wide efforts to improve student achievement, all Clark County Public School students are given brief assessments, or universal screenings, three times per year (fall, winter, spring) to measure their progress in the curriculum over time. Interventions (extra support) will be provided as needed to all students who did not meet expected levels of achievement in reading, writing, math, and/or behavior. This system of providing intervention based on individual student needs is called **Response to Intervention (RTI)**.

On the universal screening, your child did not meet the expected range for his/her grade level for the fall winter spring benchmark assessment. To better meet your child's needs, our school will begin providing your child with supplemental and/or small group instruction in the following area(s): reading math writing behavior. Your child will be involved in a level of RTI referred to as **TIER II**, which is best described as a level of intervention in which teacher(s) use different instructional strategies and/or interventions with your child. The teacher(s) track your child's progress over time to monitor his/her success, and you will be periodically notified about your child's performance.

If you have any questions about this process, please do not hesitate to contact the school.

Respectfully,

RTI Team Member

FORM F

Clark County Intervention System (CCIS) Tier II Academic Intervention Plan

School: _____

Student: _____ Subject Area: _____ Grade: _____ Date: _____

Based on the referral, the following Tier II intervention will be applied to this student.

Intervention(s)	Frequency of Service	Amount of Time	Intervention Dates		Progress Monitoring	
			Date Started	Date Complete	Weekly	Bi-Weekly

After the interventions are implemented for the time period above, return this form to the principal and **attach the progress monitoring.**

Validity Statement:

I certify that the above named intervention (s) was conducted as described. My progress monitoring has been analyzed and any lack of adequate progress has been referred to the RTI Team.

Signature of Interventionist

Date

- Intervention Plan was successful. Student returns to core curriculum.
 - Continue Intervention Plan because student is making progress but goals have not been met.
 - Intervention Plan was not successful. Student referred to Support Team
- Parent Notified on: _____

Clark County Intervention System (CCIS) Tier II Teacher Documentation Form (Academics)

Student Name: _____ DOB: _____ School: _____
Grade _____ Teacher(s): _____

Targeted Area(s) for Intervention (based on Universal Screening Data):

Reading Math Writing

Intervention Plan:

Name of Supplemental Intervention Program(s) Selected:	How often will this program be implemented?	By Whom?	Type of data to be collected (do not include student grades or work samples):
	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Three times weekly <input type="checkbox"/> Other: _____		<input type="checkbox"/> Curriculum-based measurement probes /graphs <input type="checkbox"/> AIMSweb probes / graphs <input type="checkbox"/> DIBELS reading probes / graphs <input type="checkbox"/> Software program charts / graphs / print-outs
	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Three times weekly <input type="checkbox"/> Other: _____		<input type="checkbox"/> Curriculum-based measurement probes /graphs <input type="checkbox"/> AIMSweb probes / graphs <input type="checkbox"/> DIBELS reading probes / graphs <input type="checkbox"/> Software program charts / graphs / print-outs
	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Three times weekly <input type="checkbox"/> Other: _____		<input type="checkbox"/> Curriculum-based measurement probes /graphs <input type="checkbox"/> AIMSweb probes / graphs <input type="checkbox"/> DIBELS reading probes / graphs <input type="checkbox"/> Software program charts / graphs / print-outs
	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Three times weekly <input type="checkbox"/> Other: _____		<input type="checkbox"/> Curriculum-based measurement probes /graphs <input type="checkbox"/> AIMSweb probes / graphs <input type="checkbox"/> DIBELS reading probes / graphs <input type="checkbox"/> Software program charts / graphs / print-outs

Records:

Date of Intervention:	Implemented by:	Progress data added to chart / graph/ program?	Notes:

FORM G

Clark County Intervention System (CCIS)

Tier II Behavior Intervention Plan

Student: _____

Date: _____

School: _____

Teacher: _____

I. Target Behaviors:

This student is expected to improve behavior in the following operationally-defined area(s):

- a. _____
- b. _____
- c. _____

II. Instruction & Skill Development:

Before implementing the following plan, the student will receive training/modeling on behavioral expectations for these goals (i.e., what the behavior looks like & sounds like), followed by explanation of the positive reinforcement system (i.e., what rewards can be earned for appropriate behavior) and the correction techniques (i.e., the consequences that will be utilized for inappropriate behavior).

Additional notes: _____

III. Positive Reinforcement System:

Compliance with specified behaviors will result in earning frequent positive reinforcement.

Description: _____

IV. Correction Techniques:

Steps to follow to correct inappropriate behavior:

Description: _____

V. Personnel Responsibilities

Personnel Assigned:	Responsibilities:

VI. Data Collection:

Documentation System: _____

Goals: _____

Graph: _____

FORM H
Tier III Parent Letter
<SCHOOL LETTERHEAD>

Parent Notification Letter
Response to Intervention (RTI) – Tier III Referral

Date: _____

Dear Parent/Guardian of _____,

As part of district-wide efforts to improve student achievement, all Clark County Public School students are given brief assessments, or universal screenings, three times per year (fall, winter, spring) to measure their progress in the curriculum over time. Interventions (extra support) will be provided as needed to all students who did not meet expected levels of achievement in reading, writing, math, and/or behavior. This system of providing intervention based on individual student needs is called **Response to Intervention (RTI)**.

Earlier this year, your child did not meet the expected range for his/her grade level for one of these benchmarks, and was referred to Tier II supplemental intervention and/or small group instruction in the following area(s): reading math writing behavior. Your child's teacher(s) have monitored his/her success, and the obtained data indicates the need for more intensive intervention, referred to as Tier III. Using these more intensive interventions, the teacher(s) track your child's progress over time to monitor his/her success, and you will be periodically notified about your child's performance.

If you have any questions about this process, please do not hesitate to contact the school.

Respectfully,

RTI Team Member

FORM I

Clark County Intervention System (CCIS) Tier III Academic Intervention Plan

School: _____

Student: _____ Subject Area: _____ Grade: _____ Date: _____

Based on the referral, the following Tier II intervention will be applied to this student.

Intervention(s)	Frequency of Service	Amount of Time	Intervention Dates		Progress Monitoring	
			Date Started	Date Complete	Weekly	Bi-Weekly

After the interventions are implemented for the time period above, return this form to the principal and **attach the progress monitoring.**

Validity Statement:

I certify that the above named intervention (s) was conducted as described. My progress monitoring has been analyzed and any lack of adequate progress has been referred to the RTI Team.

Signature of Interventionist

Date

- Intervention Plan was successful. Student returns to core curriculum.
- Continue Intervention Plan because student is making progress but goals have not been met.
- Intervention Plan was not successful. Student referred to Support Team
- Parent Notified on: _____

Clark County Intervention System (CCIS) Tier III Teacher Documentation Form (Academics)

Student Name: _____ DOB: _____ School: _____

Grade _____ Teacher(s): _____

Targeted Area(s) for Intervention (based on Universal Screening Data):

Reading Math Writing

Intervention Plan:

Name of Intensive Intervention Program(s) Selected:	How often will this program be implemented?	By Whom?	Type of data to be collected (do not include student grades or work samples):
	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Three times weekly <input type="checkbox"/> Other: _____		<input type="checkbox"/> Curriculum-based measurement probes /graphs <input type="checkbox"/> AIMSweb probes / graphs <input type="checkbox"/> DIBELS reading probes / graphs <input type="checkbox"/> Software program charts / graphs / print-outs
	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Three times weekly <input type="checkbox"/> Other: _____		<input type="checkbox"/> Curriculum-based measurement probes /graphs <input type="checkbox"/> AIMSweb probes / graphs <input type="checkbox"/> DIBELS reading probes / graphs <input type="checkbox"/> Software program charts / graphs / print-outs
	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Three times weekly <input type="checkbox"/> Other: _____		<input type="checkbox"/> Curriculum-based measurement probes /graphs <input type="checkbox"/> AIMSweb probes / graphs <input type="checkbox"/> DIBELS reading probes / graphs <input type="checkbox"/> Software program charts / graphs / print-outs
	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Three times weekly <input type="checkbox"/> Other: _____		<input type="checkbox"/> Curriculum-based measurement probes /graphs <input type="checkbox"/> AIMSweb probes / graphs <input type="checkbox"/> DIBELS reading probes / graphs <input type="checkbox"/> Software program charts / graphs / print-outs

Records:

Date of Intervention:	Implemented by:	Progress data added to chart / graph/ program?	Notes:

FORM J
Clark County Intervention System (CCIS)
Tier III Behavior Plan
(Functional Behavior Assessment & Behavior Intervention Plan)

Date: _____

Student Information

Student: _____	Date of Birth: _____	
Age: _____	Gender: _____	Parent/Guardian: _____
Home Phone: _____	Work Phone: _____	
School: _____	Grade: _____	

Meeting Attendance

Participant's Signature	Title/Relationship to Student
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1. DEFINE THE PROBLEM:

Points to Consider: Identify the area to be targeted for intervention. Consider the needs of the student in the following areas: environment, curriculum, instruction, and individual learner profile (learning styles, multiple intelligences, and readiness for content).

2. ANALYZE THE PROBLEM:

Points to Consider: Look at the problem as the difference between what is expected and what occurs. Analyze the problem with respect to the characteristics of the environment, instruction, curriculum, and the individual learner. Other questions may include:

Based on the data you have collected, why do you think the problem is occurring?

Skill Deficit(s): _____

Compliance Deficits(s): _____

Notes:

3. DEVELOP A PLAN:

Goal:

Write a meaningful, measurable, observable goal. Include the conditions (time frame, materials, setting), student's name, behavior, and criterion.

Identify Potential Interventions:

Generate a list of interventions. Evaluate each one keeping in mind the research base and record the top six. Place an asterisk (*) by the intervention methods selected to implement.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

4. IMPLEMENT THE PLAN:

Identify the setting where implementation occurs:

- General Education Setting Alternate Setting Combination

Record what the Support Team members need to do in preparation for implementing the intervention plan and monitoring.

Intervention(s)	Frequency of Service	Dates: From/To	Progress Monitoring		Interventionist
			Weekly	Bi-Weekly	

5. EVALUATE THE PLAN:

Make alterations and conclusions based on data analysis and the monitoring plan. Record conclusions made.

Date of Team Meeting: _____

Team Conclusions:

- Discontinue plan as goal has been met.
 Continue the plan because progress is evident (although goal has not been met).
 Revise the plan because the goal has not been met.

Date of Team Meeting: _____

Team Conclusions:

- Discontinue plan as goal has been met.
 Continue the plan because progress is evident (although goal has not been met).
 Revise the plan because the goal has not been met.

Date of Team Meeting: _____

Team Conclusions:

- Discontinue plan as goal has been met.
 Continue the plan because progress is evident (although goal has not been met).
 Revise the plan because the goal has not been met.

Date of Team Meeting: _____

Team Conclusions:

- Discontinue plan as goal has been met.
 Continue the plan because progress is evident (although goal has not been met).
 Revise the plan because the goal has not been met.

Date of Team Meeting: _____

Team Conclusions:

- Discontinue plan as goal has been met.
 Continue the plan because progress is evident (although goal has not been met).
 Revise the plan because the goal has not been met.

FORM K

Clark County Intervention System (CCIS)

Tier III Behavior Intervention Plan

Student: _____

Date: _____

School: _____

Teacher: _____

I. Target Behaviors:

This student is expected to improve behavior in the following operationally-defined area(s):

- a. _____
- b. _____
- c. _____

II. Instruction & Skill Development:

Before implementing the following plan, the student will receive training/modeling on behavioral expectations for these goals (i.e., what the behavior looks like & sounds like), followed by explanation of the positive reinforcement system (i.e., what rewards can be earned for appropriate behavior) and the correction techniques (i.e., the consequences that will be utilized for inappropriate behavior).

Additional notes: _____

III. Positive Reinforcement System:

Compliance with specified behaviors will result in earning frequent positive reinforcement.

Description: _____

IV. Correction Techniques:

Steps to follow to correct inappropriate behavior:

Description: _____

V. Personnel Responsibilities

Personnel Assigned:	Responsibilities:

VI. Data Collection:

Documentation System: _____

Goals: _____

Graph: _____

