

McCormick County Schools

Multi-Tiered Systems of Supports Process and Procedures

2018 - 2019



Multi-Tiered System of Supports (MTSS)

Multi-Tiered System of Supports (MTSS) is an umbrella framework that includes Response to Intervention (RTI) for academics, behavior and social/emotional components.



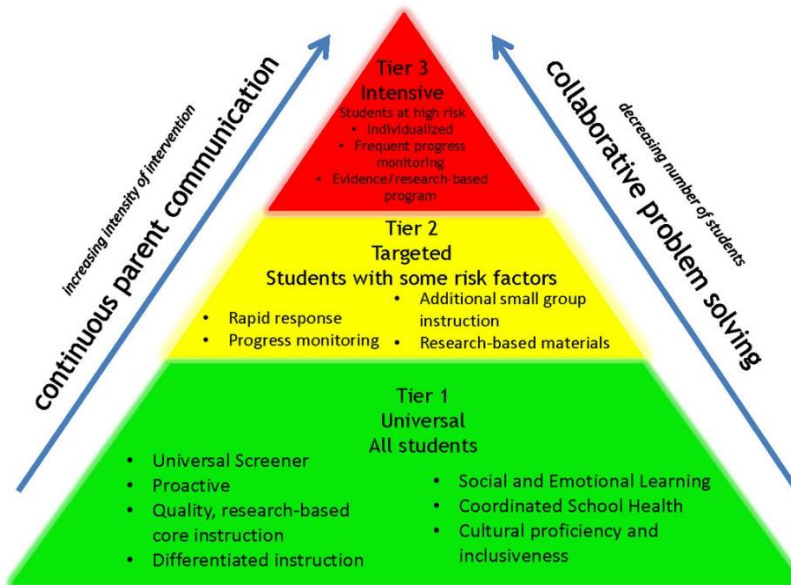
The purpose of an MTSS framework is to provide all students with the best opportunities to succeed in school, identify students with learning problems and ensure that they receive appropriate instruction and related supports. The goals of MTSS are to (a) integrate all the resources to minimize risk for the long-term negative consequences associated with poor learning due to academic, behavioral or social/emotional difficulties, and (b) strengthen the process of disability identification.

Within an MTSS framework schools use data to identify students at risk for poor learning outcomes, monitor student progress, provide evidence-based interventions, and adjust the intensity and nature of the interventions depending on a student's responsiveness.

MTSS is a general education initiative. Special education, however, is an important component of a comprehensive MTSS framework. All school staff (i.e., principal, certified staff, paraprofessionals, counselors, psychologists, etc.) should work together to implement the MTSS framework and make decisions regarding appropriate intensity of interventions for students. Movement to lesser intensive levels of the framework should be a high priority, as appropriate.

Multi-Tiered System of Support (MTSS)

A three-tiered system is utilized that increases with intensive (how much time is designated to the intervention) and frequency of the intervention (the number of times a week the intervention is implemented).



Tier 1: High-Quality Classroom Instruction, Screening, and Group Interventions

Tier I encompasses 80-90% of the student population. Instruction is the general education program. The general education teacher leads the Tier I instruction and support. This means that ALL students are receiving core instruction with flexible grouping and differentiation, in addition to preventive, proactive classroom management. Universal supports and interventions are employed. Screening and progress monitoring are utilized to determine instructional and behavioral needs as well as measure student progress.

Tier 2: Targeted Interventions

Tier 2 encompasses approximately 5-15% of the student population. These students have not responded to the universal interventions and differentiated instruction provided in Tier 1. These students are considered at-risk for academic, behavioral, or social emotional issues interfering with their learning. Tier 2 intervention is a strategic and targeted supplemental support. This may occur in the general education setting. The team will determine the amount of extra time that is needed, what curriculum will be taught, and what interventions and support will be implemented. The instructional materials can be drawn from the core curriculum or derived from other resources that complement it. Progress monitoring occurs more frequently

Tier 3: Intensive Interventions and Comprehensive Evaluation

Tier 3 encompasses approximately 1-5% of the student population. At this level, the MTSS Team will review student data including progress monitoring from previous interventions to develop a plan for

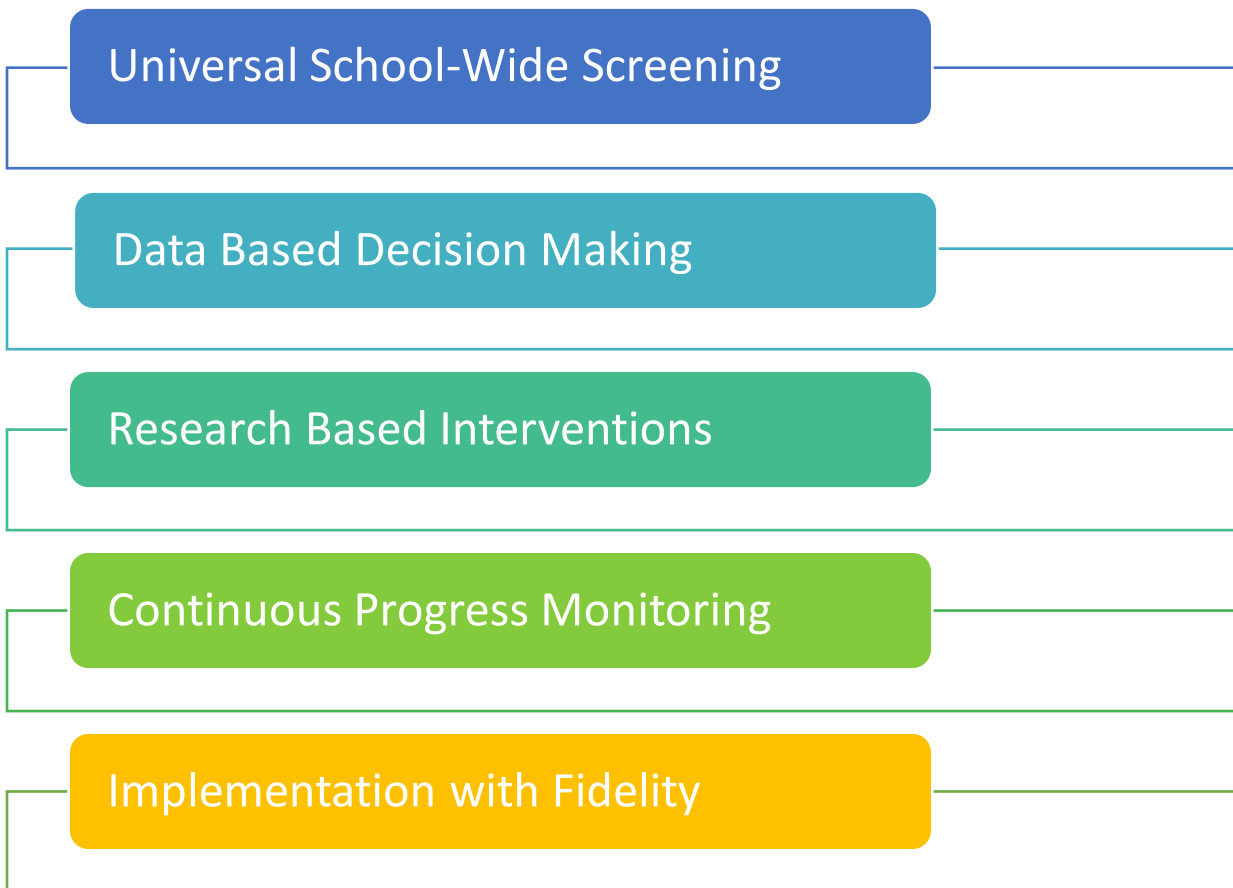
individualized, intensive interventions that target the students' skills, behavior, and/or social-emotional deficits. Progress monitoring will occur more frequently than in Tier 2 to adjust the plan as needed.

Students who do not achieve the desired level of progress in response to these targeted interventions during Tiers 2 and 3 may be referred for determination of the need for special education services under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004). The data collected during Tiers 1, 2, and 3 are included as part of the evaluation process.

What is MTSS Process?

MTSS is an educational process that provides high-quality, research-based instruction and intervention based on individual learners' academic, social, and behavioral needs which are identified through screening and progress monitoring. Using the MTSS, the school identifies students at risk for poor learning outcomes, monitors student progress, provides researched based interventions and adjusts the intensity and type of intervention depending on the student's response. This system is also used to identify students with learning disabilities.

There are five main components to the MTSS process in McCormick County Schools.



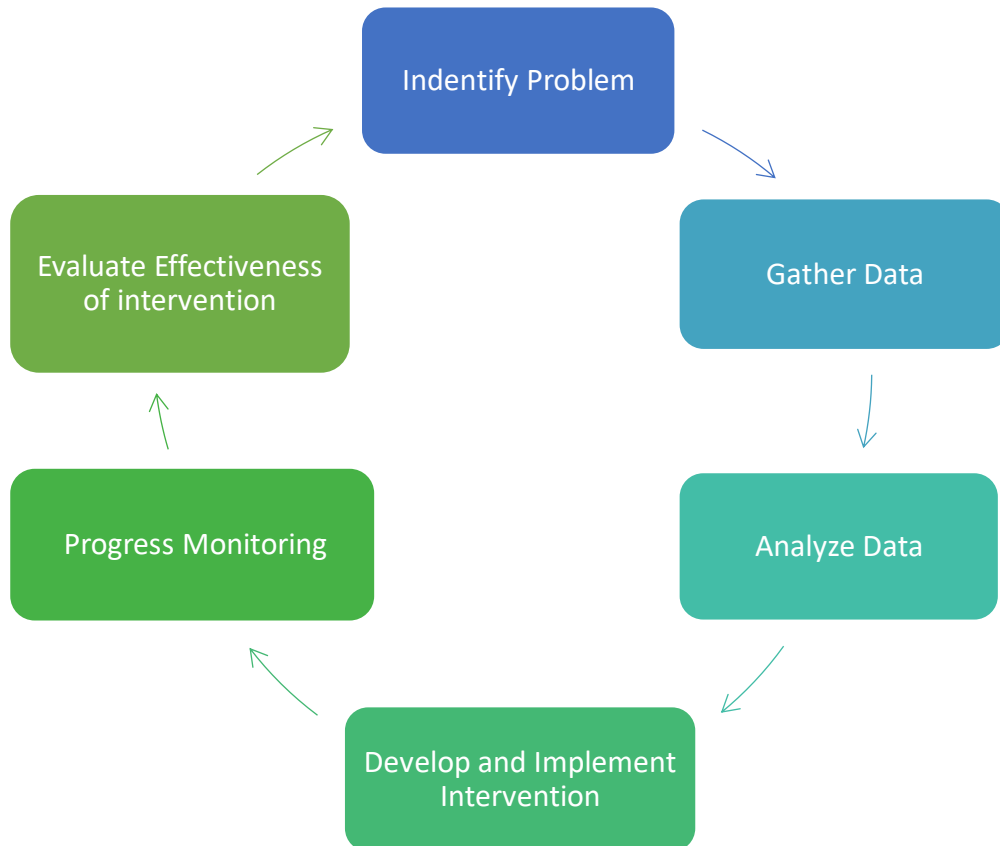
What is the Universal School Wide Screening?

Measures of Academic Progress (MAP) is used as a universal screener for academics and is given three times a year (fall, winter, and spring). Data is analyzed to determine the students that are in the at-risk range. The at-risk range for reading and math is determined by analyzing normative and standards-based/criterion-referenced data at each school and each grade level.

For students experiencing social/emotional problems, teacher input, office discipline referrals, guidance referrals and the use of behavior rating scales (see appendix) are used to determine an at-risk range in the area of behavior.

What is Data Based Decision Making?

Data is used to make decisions regarding a student's progress and needs. The data (MAP, statewide testing, FastBridge, Social Developmental History, Observations and other information) is collected and reviewed by the school team. The team will and the next steps regarding intervention implementation is made.



What are Researched Based Interventions?

For an intervention to be research based, valid research and studies have been completed to determine if the intervention works for the targeted population. The Pre-Referral Intervention manual contains interventions that are researched-based, as well as: What Works Clearinghouse (<http://ies.ed.gov/ncee/wwc/>), Intervention Central (www.interventioncentral.com), Best Evidence Encyclopedia (www.bestevidence.org), and National Center for Intensive Intervention (www.intensiveintervention.org). McCormick County School District also utilizes the Fountas and Pinnell leveled literacy intervention, System 44/Read 180, and Odysseyware Learning.

What is the Continuous Progress Monitoring?

Progress is monitored frequently (weekly or bi-weekly) to determine a student's response to intervention and to give timely feedback and support to quickly adjust the intervention plan as needed. The use of frequent and ongoing progress monitoring results in more efficient and better targeted instructional techniques and goals, which together, move all students to improved learning outcomes. Curriculum-based measurement (CBM) is the tool used to frequently monitor each child's progress. This data is easily graphed, and the team can make determinations if the child's intervention needs to be adjusted. Progress monitoring is done in the area of the child's deficiency (reading, writing, math, behavior). McCormick School District uses FastBridge and DIBELS as progress monitoring tools. Teachers may also use reading and math probes as monitoring tools.

What is Implementation with Fidelity?

Fidelity of implementation is the delivery of instruction in the exact way it was designed to be delivered (Gresham, MacMillan, Boebe-Frankenberger, & Bocian, 2000). Fidelity must also address the integrity with which screening and progress-monitoring procedures are completed so that an explicit decision-making model is followed. Fidelity is important at both the school level (e.g., implementation of the process) and the teacher level (e.g., implementation of instruction and progress monitoring).

How can schools ensure fidelity of implementation? (NRCLD 2006)

- Link interventions to improved outcomes (credibility)
- Definitively describe operations, techniques, and components
- Clearly define responsibilities of specific persons
- Create a data system for measuring operations, techniques, and components
- Create a system for feedback and decision making (formative)
- Create accountability measures for non-compliance

Who is on the MTSS School Team?

The MTSS School Team is made up of at least three team members. The following is a list of potential members of the team.

- Principal or Assistant Principal
- Academic Coach
- Interventionist
- Classroom Teacher
- Counselor
- School Psychologist
- Parent

Procedures

Measures of Academic Progress (MAP) is used as a universal screener and is given three times a year (fall, winter, and spring). Upon receiving results of the fall scores, the MTSS Team reviews scores to gather a combination of normative and criterion-based data to determine the most deficit scores/deficient skills in need of intervention. For students selected to receive intervention, the MTSS Chairperson sends the **Parent Notification Letter (RTI-1)** so parents will know about the RTI process and their child's participation.

Tier 1- A student is identified as at-risk based on teacher input and MAP data. On the universal screener (MAP), at-risk is determined at each school by the MTSS team analyzing normative and criterion-based data. Students selected for Tier 1 intervention begin to receive supplemental instruction within the general education classroom for 6 weeks. A description of this additional instruction, as well as the progress monitoring results, is documented on **RTI/MTSS Referral Form (RTI-2)** by the classroom teacher. The classroom teacher submits the completed form to the MTSS Chairperson. Once this form is received, the MTSS Chairperson will schedule an RTI meeting with appropriate school staff and the student's parent using **Parent Invitation (RTI-11)**. At this meeting, the team will review/discuss the student's progress by analyzing Tier 1 data. There is a possibility of three different outcomes:

- Redesign intervention and re-implement intervention within Tier 1;
- Continue in Tier I due to intervention success;
- Move to Tier 2.

Tier 2- The MTSS team collects and reviews data to develop a plan for additional instruction and/or interventions. The team determines the specific skills for which the student needs additional intervention based on information obtained in the RTI-1 form. Interventions can vary greatly and can be provided within the classroom or outside the classroom. Interventions should occur at least 3 times a week for 30 minutes for six to nine weeks. The classroom teacher or another trained professional may provide the intervention. Progress monitoring occurs every two weeks and the classroom teacher (or trained professional) completes **Documentation of Tier 2 Intervention (RTI-3)** and submits it to the MTSS Chairperson. The MTSS Chairperson will schedule a meeting with appropriate school staff and the student's parent using **Parent Invitation (RTI-11)**. The team reviews and discusses the progress monitoring data from Tier 2. There is a possibility of three different outcomes:

- Continue with current Tier 2 intervention or redesign a different Tier 2 intervention;
- Move back to Tier 1 due to intervention success;
- Move to Tier 3.

Tier 3- Tier 3 is characterized by more individualized and intense intervention for students who still have difficulty mastering skills after Tier 1 and Tier 2 interventions. At Tier 3, students receive 60 minutes of intervention daily. The intervention takes place in a small group (no more than 3) or one-on-one. Progress monitoring data should be taken weekly for students receiving a Tier 3 intervention. After six to nine weeks of intervention, the classroom teacher or other designated interventionist completes the **Documentation of Tier 3 Intervention (RTI-4)** and submits it to the

MTSS Chairperson. The MTSS Chairperson schedules a meeting with appropriate school staff and the student's parent using **Parent Invitation (RTI-11)** to review and discuss the Tier 3 data. There is a possibility of three different outcomes:

- Continue with current Tier 3 intervention or redesign a different Tier 3 intervention;
- Move back to Tier 2 due to intervention success;
- Refer the student for evaluation and possible placement in special education.

If the decision is made to pursue an evaluation for special education, the students' parents complete the following:

- **Parent Permission for Screening (RTI-5);**
- **Social Developmental History Form (RTI-6).**

Once the MTSS Chairperson has received parental consent for screening, the following screenings will be completed by appropriate school staff:

- **Vision Screening (RTI-7)** completed by school nurse;
- **Hearing Screening (RTI-8)** completed by school nurse;
- **Speech-Language Screening (RTI-9)** completed by speech-language therapist.
- See **Appendix** for any other Academic/Behavioral Screenings recommended by the MTSS Team to be completed by teacher/parent/student as needed.

In addition to the screenings identified above, the MTSS Chairperson will ensure that a **Classroom Observation (RTI-10)** is completed by the classroom teacher and one other school official (counselor, academic coach, administrator, etc.).

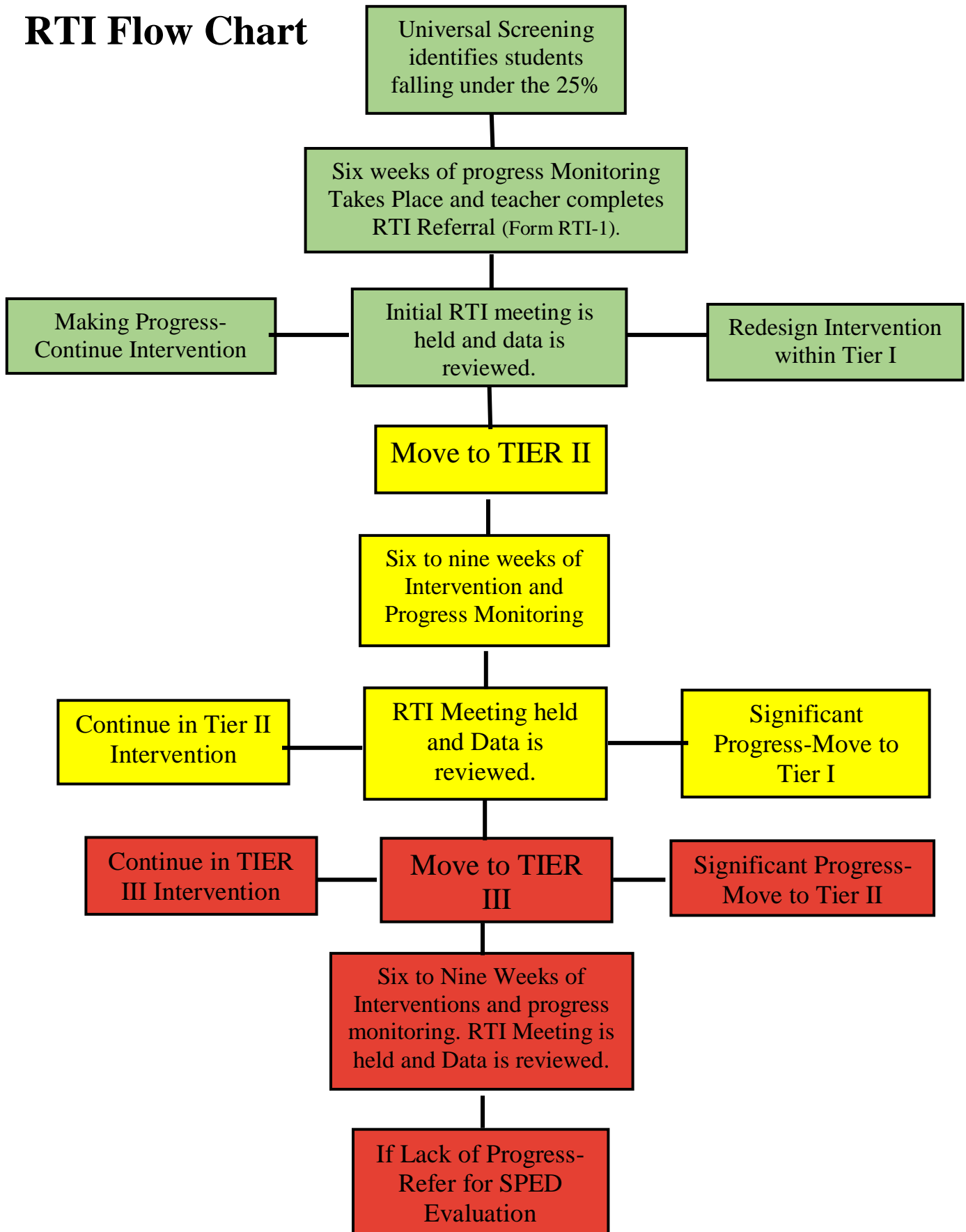
Before submitting the RTI/MTSS forms to the Office of Special Services, the MTSS Chairperson will also collect the following items that are necessary for the referral process:

- Student Writing Sample (provided by classroom teacher);
- Report Grades (printed from PowerSchool);
- Current Student Demographics (printed from PowerSchool);
- District/State Testing Results;
- Rating Scales (ED/ADHD referrals);
- Medical Form (provided by the parent);
- Referral Checklist (completed/signed by MTSS Chairperson).

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RTI Flow Chart



Parent Notification Letter

for Response to Intervention (RTI)

Dear Parent,

McCormick County Schools follows the Response to Intervention model which is an approach to teaching that uses data to determine appropriate interventions for at-risk students.

Response to Intervention integrates progress monitoring and interventions within a multilevel prevention system aimed at increasing student achievement and reducing behavior problems. Using RTI, the school identifies students at risk for poor learning outcomes, monitors student progress, provides researched based interventions and adjusts the intensity and type of intervention depending on the student's response. This system is also used to identify students with learning disabilities.

RTI enables teachers and interventionist to work with students who need some assistance in order to be more successful during their school day. This notification is to inform you that we will be working with your child in Reading and/or Math. The academic need was noted when reviewing your child's Measures of Academic Achievement (MAP) scores, as well as input from your child's teacher.

We will continue to monitor student progress on a regular basis in order to ensure student success. These results will be available for you to review at any time. Please contact your child's teacher or MTSS Chairperson, if you have any further questions regarding the RTI process, or for suggestions about what you can do at home to help your child make gains to meet grade level expectations.

Sincerely,

RTI/MTSS Chairperson

RTI/MTSS Referral Form

Student Name		DOB	
Teacher Name		Grade	

Has the student been retained? Yes No

UNIVERSAL SCREENING (current school year)

MAP DATA	Fall (score/percent)	Winter (score/percent)	Spring (score/percent)
Reading			
Math			

END OF YEAR DATA (last school year)

SC READY Reading	SC READY Math	PASS Science	PASS Social Studies

REFERRAL CONCERN: (Circle all that apply)

Basic Reading	Reading Comprehension	Reading Fluency	Written Expression
Oral Expression	Listening Comprehension	Articulation	Behavior
Math Reasoning	Math Calculation	Other: _____	

TIER 1 INTERVENTION(S):

Area of Concern (List all areas that are circled above)	Classroom Intervention/Differentiation

PROGRESS MONITORING DATA: (6 weeks of data collection)

Probe	Date/Score	Date/Score	Date/Score	Date/Score	Date/Score	Date/Score

TIER 2: Intervention Documentation and Progress Monitoring

Area of Intervention: (Circle One)

- | | | | |
|------------------|-------------------------|--------------------|-----------------|
| Basic Reading | Reading Comprehension | Written Expression | Reading Fluency |
| Oral Expression | Listening Comprehension | Articulation | Math Reasoning |
| Math Calculation | Behavior | Other: _____ | |

	<u>Date</u>	<u>Intervention</u>	<u>CBM Probe</u>
WEEK 1			
WEEK 2			
WEEK 3			
WEEK 4			
WEEK 5			
WEEK 6			
WEEK 7			

TIER 3: Intervention Documentation and Progress Monitoring

Area of Intervention: (Circle One)

Basic Reading

Reading Comprehension

Written Expression

Reading Fluency

Oral Expression

Listening Comprehension

Articulation

Math Reasoning

Math Calculation

Behavior

Other: _____

	<u>Date</u>	<u>Intervention</u>	<u>CBM Probe</u>
WEEK 1			
WEEK 2			
WEEK 3			
WEEK 4			

TIER 3: Intervention Documentation and Progress Monitoring

	<u>Date</u>	<u>Intervention</u>	<u>CBM</u> <u>Probe</u>
WEEK 5			
WEEK 6			
WEEK 7			
WEEK 8			

Parent Permission for Screening

Student: _____

Teacher: _____ School: _____ Grade: _____

Dear _____,

Your child, _____, has been recommended for screenings in the following areas due to difficulties he/she is experiencing in the classroom. You should have previously been contacted by your child's classroom teacher regarding his/her classroom performance.

 Vision Observation Hearing Review of Records Speech/Language Behavior

Screenings will be conducted by a school nurse, speech/language pathologist, and/or other school personnel. These results will be shared with you when screenings are complete.

If you have any questions, please feel free to contact me at _____.

Sincerely,

RTI/MTSS Chairperson



Parent to Complete this Section

**Please check if:

 Yes, I do give permission for my child to be given the screenings listed above. No, I do not give permission for my child to be given the screenings listed above. Yes, I have been contacted by my child's classroom teacher regarding his/her classroom performance. No, I have not been contacted by my child's classroom teacher regarding his/her classroom performance.

Parent Signature / Date

PARENT: PLEASE RETURN THIS SECTION TO YOUR CHILD'S TEACHER.

*TEACHER RETURNS THIS SECTION TO MTSS CHAIRPERSON.

Social Developmental History

Student Name: _____ DOB: _____
 Grade: _____ Teacher: _____ Sex: _____ Race: _____
 Student resides with: _____ Relationship: _____
 Mailing Address: _____
 Home phone number: _____ Work number: _____
 Other contact number: _____ Contact's name: _____
 Mother's name: _____ Employer: _____
 Father's name: _____ Employer: _____

Names/ages of brothers/sisters:

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>School</u>	<u>Living at home?</u>	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

Other persons who are currently living in the home:

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is the primary language spoken in the home? _____

What is the student's primary language? _____

Educational History

Please list schools the student has attended:

<u>Name of School</u>	<u>Location/address</u>	<u>Grade(s)</u>	<u>Date(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the student been retained? _____ If yes, what grade(s)? _____

School where retained: _____

Has the student had previous Intervention Team involvement? _____
 If yes, when? _____ Where? _____

Has the student had previous psycho-educational testing? _____
 If yes, When? _____ Where? _____
 Are the results available? _____ Yes (please attach a copy) _____ No

Does the student have a history of a Section 504 Plan? _____ Yes (please attach a copy) _____ No

Has the student ever been enrolled in a special education program? _____ Yes _____ No
 If yes, describe: _____

Developmental History/Information:

Where there any maternal health problems during pregnancy? _____ Yes _____ No
 If yes, describe: _____

Was the baby premature? _____ Yes _____ No
 If yes, number of weeks: _____

Were there any unusual circumstances or problems during pregnancy or delivery? _____ Yes _____ No
 If yes, describe: _____

Did the baby have any problems immediately after birth (1st two weeks)? _____ Yes _____ No
 If yes, describe: _____

Was baby diagnosed with any diseases/disabilities during the first two years of life? _____ Yes _____ No
 If yes, describe: _____

Please give approximate ages for the following major developmental milestones:
 Crawling: _____ Walking: _____ Feeding self: _____
 Single words: _____ Put words together: _____ Toilet trained: _____

Health/Medical History:

Has the student ever had any serious illnesses? _____ If yes, when? _____
 Describe: _____

Has the student ever had any serious accidents/head injuries? _____ If yes, when? _____
 Describe: _____

Has the student ever had seizures? _____ If yes, when: _____ Currently? _____

Has the student ever been hospitalized? _____ If yes, when? _____ Describe: _____

Has the student ever had surgery? _____ If yes, when? _____ Describe: _____

Does the student have frequent illnesses? If yes, describe: _____

Does the student have allergies? _____ If yes, describe: _____

Does the student carry any medical diagnosis? _____ If yes, describe: _____

Who is the diagnosing physician? _____

Location: _____

Does the student take any routine medications? _____

If yes, describe: _____

Who is the prescribing physician? _____

Location: _____

Does the student have any physical limitations/disabilities? _____

If yes, describe: _____

Does the student wear glasses? _____ Contact lenses? _____ Hearing aids? _____

How would you describe the student's current state of health?

Parent/Guardian Observations:

Is the student involved with any private or public service agencies (DSS, DMH, private counselors, etc.)? If yes, describe: _____

Does the student have daily chores or responsibilities? _____ If yes, describe: _____

Does the student enjoy active games/sports/outside activities? _____ If yes, describe: _____

What are some of the student's favorite indoor activities?

Is the student involved in church/community activities? _____ If yes, describe: _____

Does the student appear to enjoy school?

How would you describe the student's study habits: _____

What are the student's strengths? _____

What are the student's weaknesses? _____

How would you describe the student's ability to learn? Average Above Average Below Average

How would you describe the student's effort to learn? Average Above Average Below Average

Have you noticed any recent changes in the student's level of interest or effort in school?
If yes, describe: _____

**This information will serve as documentation of parental input
to the evaluation planning process.**

Parent/Guardian Signature

Vision Screening

Name: _____ Age: _____ Grade: _____

Evaluator: _____ Teacher: _____ Date: _____

Vision Screening Results

_____ Snellen Letter

_____ Symbol Chart

No Glasses			With Glasses			Pass	Fail
R	L	B	R	L	B		

_____ Your child passed today's vision screening.

_____ Your child did not pass today's vision screening. We will retest in a few weeks.

_____ Your child did not pass today's vision screening. Please follow-up with a primary care provider or ophthalmologist or optometrist.

Comments: _____

Hearing Screening

Name: _____ Age: _____ Grade: _____

Evaluator: _____ Teacher: _____ Date: _____

Hearing Screening Results (Pure Tones)

Frequency (Hz)	1000 Hz	2000 Hz	4000 Hz
Right Ear at 20 Decibels	Pass _____	Pass _____	Pass _____
	Fail _____	Fail _____	Fail _____
Left Ear at 20 Decibels	Pass _____	Pass _____	Pass _____
	Fail _____	Fail _____	Fail _____

_____ Your child passed today's hearing screening.

_____ Your child did not pass today's hearing screening. We will retest in a few weeks.

_____ Your child did not pass today's hearing screening. Please follow-up with a primary care provider or audiologist.

Comments: _____

Speech and Language Screening

Name: _____ Age: _____ Grade: _____

Evaluator: _____ Teacher: _____ Date: _____

<u>Area</u>	<u>Circle One</u>	<u>Recommendation</u>
Articulation	Pass/Fail	_____
Fluency	Pass/Fail	_____
Voice	Pass/Fail	_____
Expressive	Pass/Fail	_____
Receptive	Pass/Fail	_____

Check the appropriate item based on screening results:

_____ Refer to TIER II Intervention (attach intervention information for teacher)

_____ No further action needed

_____ Rescreen by _____

Classroom Observation Form

Name of Student _____ DOB _____
 Classroom Teacher _____ Observed by _____
 Date and Time _____ Location _____

***Please check one in each category**

Subject Area	Structure
Reading	Large Group
Math	Small Group
Science	Individual
Social Studies	
Related Arts	
Other _____	

1. Describe the type of instruction implemented during the observation and the number of students in the classroom:

2. Describe the student's performance in the following areas:

- a. Attending to the lesson/activity:

- b. Listening and following directions:

- c. Has appropriate materials needed to participate and is using them appropriately (if student does not have appropriate materials, were they provided so the student could participate?):

- d. Did student participate by asking and answering questions and making relevant/appropriate comments?

- e. Student's level of distractibility (was the student paying attention; if not what was the student doing?)

- f. Interactions with peers and teacher:

- g. Following transition directions (how did the student react to transition between activities; did he or she follow directions during transitions?)

Parent Invitation
Response to Intervention (RTI) Team Meeting

Today's Date: _____

Student's Name: _____

Dear Parent,

We will be holding an RTI meeting on _____ at _____
(date) (time)

at _____ to review your child's academic or behavioral
(location)

progress. You are invited to this meeting because your input is highly valuable

when determining interventions that will best fit your child's needs. If you cannot

attend this meeting, please contact me at _____
(phone / email)

to reschedule.

Sincerely,

MTSS Chairperson

APPENDIX



Teacher Rating Scale Soc Aca Emo Beh Risk Screen.pdf



ADHD-TeacherRatingScale.pdf



PreSchool Behavior Rating Scale.pdf



Developmental-Checklist-for-Preschoolers.pdf

Special Services Department
Referral Checklist for Pre-School (3-5)

Student: _____ School: _____ Age: _____

Suspected Disability Area: _____

Date Referral Packet Submitted to Special Services: _____

Procedure	Person Responsible	Needed For	Completed
RTI/MTSS Tier 1 Referral (RTI-2)	Lead Teacher	All	<input type="checkbox"/>
Parental Permission/Screen (RTI-5)	Lead Teacher	All	<input type="checkbox"/>
Social/Developmental History (RTI-6)	Lead Teacher	All	<input type="checkbox"/>
V/H/Speech Screenings (RTI 7,8,& 9)	Nurse/Speech	All	<input type="checkbox"/>
Classroom Observation (RTI-10)	Teacher/Lead Teacher	All	<input type="checkbox"/>
Developmental Checklist	Teacher/Parent		
Classroom Teacher Statement	Teacher(s)	All	<input type="checkbox"/>
Student Work Samples (drawings, worksheets)	Teacher	All	<input type="checkbox"/>
DIAL-3	Teacher/Interventionist	All	<input type="checkbox"/>
Rating Scales (as needed)	Teacher/Parent	Social/Emotional	<input type="checkbox"/>
Medical Forms (as needed)	Parent	Health/Medical	<input type="checkbox"/>
Other Relevant Information	Teacher/Interventionist Parent /Speech	All	<input type="checkbox"/>
Referral is Complete	LC Lead Teacher _____ Initials	All	<input type="checkbox"/>

Special Services Department

Referral Checklist K-12

Student: _____ School: _____ Grade: _____

Suspected Disability Area: _____

Date Referral Packet Submitted to Special Services: _____

Procedure	Person Responsible	Needed For	Completed
Parental Notification (RTI-1)	MTSS Chair	All	<input type="checkbox"/>
RTI/MTSS Tier 1 Referral (RTI-2)	MTSS Chair	All	<input type="checkbox"/>
RTI Data Tiers 2 – 3 (RTI-3 & 4)	MTSS Chair	All	<input type="checkbox"/>
Parent Permission/Screen (RTI-5)	MTSS Chair	All	<input type="checkbox"/>
Social/Developmental History (RTI-6)	MTSS Chair	All	<input type="checkbox"/>
V/H/Speech Screenings (RTI-7, 8, & 9)	Nurse/SPL Therapist	All	<input type="checkbox"/>
Classroom Observations (RTI-10) (at least 2)	Guidance, MTSS Literacy Coach, or Admin.	All	<input type="checkbox"/>
Student Writing Sample	Teacher	All	<input type="checkbox"/>
Report Card Grades	MTSS Chair	All	<input type="checkbox"/>
Current PowerSchool Demographics	MTSS Chair	All	<input type="checkbox"/>
District/State Test Scores	MTSS Chair	All	<input type="checkbox"/>
Rating Scales (As needed)	Teacher/Parent/Student	ED/ADHD	<input type="checkbox"/>
Medical Forms (As needed)	Parent	OH/OHI	<input type="checkbox"/>
Referral is Complete	MTSS Chair _____ Initials	All	<input type="checkbox"/>

