

Holmes District School Board

MTSS

Required Referral Documentation

ACADEMIC

The following worksheets/forms must be completed before a packet is sent to the district office. Please check each item as you complete it and arrange the documents in the order listed below. This sheet must be completed, signed, and submitted with each referral.

- ☐ MTSS 1ACA Required Referral Documentation
- ☐ MTSS 2 Tier 1 Core Problem Solving (this form is to be completed during grade level/subject/data meetings a minimum of 3 times per year following progress monitoring assessments)
- ☐ MTSS 3 Parent Notification of Intervention Activities
- ☐ MTSS 4 Request for Intervention Team Meeting
- ☐ MTSS 5ACA Student Statement of Concerns
- ☐ MTSS 6 Student History
- ☐ MTSS 7 Student Observation
- ☐ MTSS 8 Review of Exclusionary Factors
- ☐ MTSS 9 Parent Conference Screenings and Consent
- ☐ MTSS 10 Social Developmental History
- ☐ MTSS 11 Initial Functional Behavior Assessment Teacher input (if needed) and Positive Behavior Intervention Plan (if needed)
- ☐ MTSS 12 Intervention Meeting Parent Notification
- ☐ MTSS 13 Tier 2 Academic Focus Step 1
- ☐ MTSS 14 Individual Student Documentation (both Tier 2 and Tier 3)
- ☐ MTSS 15 Tier 2/Tier 3 Progress Monitoring
- ☐ MTSS 16 Tier 2 Academic Focus Step 2 (MTSS 16SEC for secondary students)
- ☐ MTSS 16A&B Tier 2 Academic Focus Step 3 and step 4 (if needed)
- ☐ MTSS 17 Tier 3 Academic Focus Step 1
A graph of student's performance should follow (MTSS 15)
Tier 3 Intervention Documentation should follow (MTSS 14)
- ☐ MTSS 18 Tier 3 Focus Step 2
- ☐ MTSS 18A&B Tier 3 Focus Step 3 and step 4 (if needed)

ESE #2 Referral for Review of Eligibility Determination

ESE #4 Consent for Evaluation (Other: Response to Intervention Review)

Person submitting documentation: _____

Signature: _____ Date: _____

Holmes District School Board
701 East Pennsylvania Avenue
Bonifay, Fl. 32425
TEL (850) 547-9341 FAX (850) 547-0381

Tier 1- Core Focus Worksheet

School:	Date:
Grade:	Teacher(s):
Target area or subject:	

Personnel Present:

Is the core academic instruction/behavior effective for students?

Yes ☐ **No** ☐

If yes, what percent of students is the core instruction effective for?

_____ %

List any demographic groups for which the core is not effective.

If the core is NOT effective, what modifications will be made to the core?

Parent Notification of Intervention Activities

Student _____ School Year _____ Grade _____ Teacher _____

Dear Parent/Guardian,

In an effort to maximize individual student success, our school has an Intervention Team. The mission of the Intervention Team is to:

- Identify the learning needs of students who are struggling with academics and/or behaviors and who may be at risk of school failure.
- Provide students with academic, emotional, behavioral and social support needed to succeed in school by implementing interventions within the classroom.

The Intervention Team may be comprised of teachers, administrators, school level student support staff (guidance counselor, curriculum) and additional district level staff such as the school psychologist or speech/language therapist.

To assist your child in experiencing greater school success, he/she has been referred to the school's Intervention Team to address his/her school performance. The Intervention Team would like to gather additional information by administering individual screenings/diagnostic testing/observations. The consent may include screening/testing/ observations for vision, hearing, speech, language, behavior, cognitive ability and academic functioning. Based on results of the screenings/testing/observations, behavioral and/or academic interventions may be developed and implemented.

In order to conduct the necessary screenings/testing/observations and implement intervention activities, your consent is requested. All information gathered will assist in the educational planning of your child and will be shared with you.

The following describes Tier II (supplemental) measures that will be performed daily:

Intervention being used: _____

(Specify the amount of time, the focus and the program or activities used)

Please check the appropriate box below, sign your name and provide the date.

If you have any questions, please contact _____ at _____ (phone).

Please return the form to _____ at _____ (school).

Thank you for your concern and interest.

____ YES, I give consent for my child to have individual screening/testing/observations.

____ NO, _____
(comments)

Parent/Guardian signature _____ Date _____

Request for Intervention Team Meeting

Student _____ School Year _____ Grade _____ Teacher _____

Date of Request _____

Parent Name _____ Phone Number _____

Parent Address _____

I request a meeting of the Intervention Team to assist in providing interventions for the above named student. I have administered Tier I Core Instruction with fidelity and determined it to be ineffective. The performance of the above named student is significantly less than benchmarks and/or approximately 80% of the class. The student's parents have been contacted concerning the effectiveness of Tier 1 Core Instruction. I have completed MTSS forms that include the Student History, Observations, Problem Solving Worksheet and Tier I Comparison.

I have observed problems that interfere with the above named student's educational progress in the following area(s): check all that apply.

☐ Academic performance with low or failing grades in:
☐ Reading ☐ Math ☐ Writing ☐ Other (specify): _____

☐ Behavior, discipline or attendance:

Specify concern: _____

☐ Language

☐ Medical

☐ Other, specify: _____

DATE RECEIVED BY THE INTERVENTION TEAM CHAIR: _____

The Intervention Team meeting has been scheduled for:

_____ at _____
(Date) (Time)

Holmes District School Board			701 East Pennsylvania Ave. Bonifay, FL 32425 (850) 547-9341		STUDENT STATEMENT OF ACADEMIC CONCERNS FORM	
Student Name			School		Today's Date	
DOB	Age	Current Grade	Grade Retained <small>(if applicable)</small>	Parent Phone		
Parent/Guardian Name			Address			
Teacher's Name			Absences		Tardies	
1. Initial Parent Notification Date <small>(Required)</small>			Method of Notification: <input type="checkbox"/> Letter to Parent/Guardian <input type="checkbox"/> Phone <input type="checkbox"/> Conference			
2. Second Parent Notification Date			Method of Notification: <input type="checkbox"/> Letter to Parent/Guardian <input type="checkbox"/> Phone <input type="checkbox"/> Conference			
Concerns: <input type="checkbox"/> Academic <input type="checkbox"/> Communication <input type="checkbox"/> Medical <input type="checkbox"/> Other _____						
Does the student receive ESE services?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the student Homeless?	
Does the student have a 504 Plan?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe <i>Specific Academic Concerns</i> :						
Student Data <small>(Fill in all that apply with the most current data.)</small>						
	FSA Level	Scale Score	iReady Scale Score	Star/FLKRS	Other Data Source <small>(if applicable)</small>	
Reading						
Math						
List the Student's Current Grades Below						
English / Language Arts		Math		Social Studies		Science
Prior Interventions						
What specific interventions are currently implemented for this student?						
Check all of the following that appear to affect the student's academic:						
<input type="checkbox"/> Absences	<input type="checkbox"/> Limited English Proficiency <small>(EL)</small>	<input type="checkbox"/> Motivation	<input type="checkbox"/> Hearing/Vision	<input type="checkbox"/> Concentration		
<input type="checkbox"/> Medical Concerns	<input type="checkbox"/> Peer/Family Relationships	<input type="checkbox"/> Speech Articulation	<input type="checkbox"/> Social Skills	<input type="checkbox"/> Impulsivity		
<input type="checkbox"/> Anxious	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Off-Task	<input type="checkbox"/> Other _____			
Additional Comments <small>(optional)</small>						
<small>No person shall, on the basis of race, color, religion, gender, age, ethnicity, national origin, marital status, disability, political or religious beliefs be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or in any employment conditions or practices conducted by this School District, except as provided by law.</small>						

Student History

Student _____ School Year _____ Grade _____ Teacher _____

Report Card Final Grades							
	____ Grade	____ Grade	____ Grade	____ Grade	____ Grade	____ Grade	____ Grade
Reading							
Language Arts							
Math							
Science							
Social Studies							

Grades of Previous Retentions if Applicable	
---	--

Attendance						
	____ Grade	____ Grade	____ Grade	____ Grade	____ Grade	____ Grade
Absences						
Tardies						

Discipline Referrals						
	____ Grade	____ Grade	____ Grade	____ Grade	____ Grade	____ Grade
Discipline Referrals						

District Assessment										
	____ Grade		____ Grade		____ Grade		____ Grade		____ Grade	
	Reading	Math	Reading	Math	Reading	Math	Reading	Math	Reading	Math
Assessment 1										
Assessment 2										
Assessment 3										
Assessment 4										

FCAT/FSA					
	____ Grade	____ Grade	____ Grade	____ Grade	____ Grade
Reading					
Math					

STAR					
Date:	Date:	Date:	Date:	Date:	Date:
Score:	Score:	Score:	Score:	Score:	Score:

Other: _____

Parent Signature: _____ Date: _____

Holmes District School Board

Student Observation Worksheet

Student	School	Date of Observation
Date of Birth	Teacher	Grade

Observer Name & Position	Class Activity	Whole group <input type="checkbox"/> Small group <input type="checkbox"/> Independent work <input type="checkbox"/>
Location of Observation	Activity Type (indicate one)	Other:

OBSERVATIONS: Please "X" behaviors frequently observed. Class activity should be centered on area of concern.

Observed Behavior	Observed Behavior
Reverses or confuses letters, numbers & words	Poor gross motor control
Misinterprets verbal questions & directions	Poor fine motor control
Makes inappropriate responses to conversation & questions	Frequently loses place when reading
Works one/or more grade level below peers in an academic subject	Difficulty staying on line when writing
Possible hearing problems (e.g. recurrent ear infections, tubes, allergies)	Appears inattentive, easily distracted
Poor judgment in social & interpersonal relations	Poor understanding of vocabulary
Constantly seeks attention, especially from adults	Speech not fluent (e.g. stuttering)
Leads or joins other in inappropriate behavior	Low frustration tolerance
Engages in destructive and/or aggressive behavior	Difficulty completing assignments
Vocal quality not appropriate (e.g. hoarse, nasal, strident pitch)	Withdrawn
Slow to react to & follow directions	Short attention span
Performs inconsistently from day to day	Cannot imitate sounds correctly
Difficulty following directions in sequence	Difficulty expressing ideas
Impulsive, talks out, difficulty waiting turn	Other speech related problems, describe:

Guiding Questions for written Narrative:

1. During the observation, what was the student's response to the classroom activity? Level of participation?
2. How was the student's behavior similar to the other students in the classroom? How was the behavior different?
3. According to his/her classroom teacher, is the behavior being observed consistent with the student's daily performance? If not, how was it different?

NARRATIVE: Please refer to the guiding questions as well as describing any observed behavior(s).

Holmes District School Board

Student Observation Worksheet

Student	School	Date of Observation
Date of Birth	Teacher	Grade

Observer Name & Position	Class Activity	Whole group <input type="checkbox"/> Small group <input type="checkbox"/> Independent work <input type="checkbox"/>
Location of Observation	Activity Type (indicate one)	

OBSERVATIONS: Please "X" behaviors frequently observed. Class activity should be centered on area of concern.

Observed Behavior	Observed Behavior
	Poor gross motor control
Reverses or confuses letters, numbers & words	Poor fine motor control
Misinterprets verbal questions & directions	Frequently loses place when reading
Makes inappropriate responses to conversation & questions	Difficulty staying on line when writing
Works one/or more grade level below peers in an academic subject	Appears inattentive, easily distracted
Possible hearing problems (e.g. recurrent ear infections, tubes, allergies)	Poor understanding of vocabulary
Poor judgment in social & interpersonal relations	Speech not fluent (e.g. stuttering)
Constantly seeks attention, especially from adults	Low frustration tolerance
Leads or joins other in inappropriate behavior	Difficulty completing assignments
Engages in destructive and/or aggressive behavior	Withdrawn
Vocal quality not appropriate (e.g. hoarse, nasal, strident pitch)	Short attention span
Slow to react to & follow directions	Cannot imitate sounds correctly
Performs inconsistently from day to day	Difficulty expressing ideas
Difficulty following directions in sequence	Other speech related problems, describe:
Impulsive, talks out, difficulty waiting turn	

Guiding Questions for written Narrative:

1. During the observation, what was the student's response to the classroom activity? Level of participation?
2. How was the student's behavior similar to the other students in the classroom? How was the behavior different?
3. According to his/her classroom teacher, is the behavior being observed consistent with the student's daily performance? If not, how was it different?

NARRATIVE: Please refer to the guiding questions as well as describing any observed behavior(s).

Review of Exclusionary Factors

Student's Name: _____ Student Number: _____ Date of Review: _____
Date of Birth: _____ School: _____ Grade: _____ Teacher: _____

Review the following factors –THAT COULD POSSIBLY AFFECT ACCESS TO EFFECTIVE INSTRUCTION and check the appropriate box(es). Comment if information is significant.

1. Date of Entry: _____
2. Social data reviewed (ODR's, etc.) ☐ YES ☐ N/A Significant? _____
3. Attendance data reviewed ☐ YES ☐ N/A Significant? _____
4. Number of Schools attended since initial entry _____ List: _____
5. Retention: Grade(s) _____
6. Psychological Data reviewed ☐ YES ☐ N/A Significant? _____
7. Medical Data reviewed ☐ YES ☐ N/A Significant? _____
8. Achievement data reviewed ☐ YES ☐ N/A Significant? _____
Short Cycle Assessment: Current Year results ____/____/____ Previous Year ____/____/____
9. Did the school subgroup of which the student is a member meet Adequately Yearly Progress?
Check one: ☐ YES or ☐ NO (If the student's subgroup did not meet proficiency, provide percentage for total group and subgroup.)
10. Do cultural or language differences exist that would impact learning or affect access to effective instruction?
Check one: ☐ YES or ☐ NO
If YES, describe how it affects the student's performance.

11. Do economic or environmental circumstances exist that would prevent access to effective instruction?
Check one: ☐ YES or ☐ NO If YES, list and identify how?

Factors 1 – 11 must be acceptable or addressed as part of the Tier I Decision-making process.

Are any factors unacceptable? If yes, which one(s):

What action is the team taking to resolve the unacceptable factor(s) or assist the student in accessing effective instruction?

Team Members:

Parent Conference, Screening Consent and Screening Results

Student's Name: _____
 Date of Birth: _____ Teacher: _____ Grade: _____
 School: _____

Parent: _____
 Address: _____
 Parent Contact Number: _____

A: Consent for Screenings:

I, _____, give my permission for my child, _____, to receive vision, hearing, speech screenings, as well as, any other screening(s), including academic and/or behavioral needed in making decisions within the Multi-Tiered System of Supports for my child.

Parent Signature: _____

B: Parent Conferences: (Teacher, Counselor, Parent)

Conference# _____ Date: _____

What is the student's academic or behavioral concern:

Conference# _____ Date: _____

What is the student's academic or behavioral concern:

C: SCREENINGS: (Nurse, and Speech/Language pathologist)

Screener	Status	Instrument	Date
Vision	passed	failed	_____
Hearing	passed	failed	_____
Speech	passed	failed	_____
Language (if required)	passed	failed	_____
Other	passed	failed	_____

Comments: _____

Signature of Speech/Language pathologist: _____

Signature of School Nurse _____

MTSS 9

Social/Developmental History

I. Identifying Information:

Student Name: _____ Student Number: _____

Date of Birth: _____ Current Age: _____ Grade: _____

School: _____ Race: _____ Sex: _____

Home Address: _____ Telephone: _____

Person Being Interviewed: _____

Relationship to Student: _____

Completed by: _____ Date: _____

II. Family Information:

Father's Name: _____ Age: _____ Occupation: _____

Last Grade Completed in School: _____ Is this person a legal guardian? Yes ☐ No ☐

The above person is: biological father ☐ or stepfather ☐ or other, specify: _____

Mother's Name: _____ Age: _____ Occupation: _____

Last Grade Completed in School: _____ Is this person a legal guardian? Yes ☐ No ☐

The above person is: biological mother ☐ or stepmother ☐ or other, specify: _____

Is the student adopted, in foster care or in another situation? If yes, please explain: _____

With whom does the student live?

V. Developmental History:

State the age at which your child did the following:

Sat alone: _____ Crawled: _____ Said first word: _____

Walked: _____ Toilet trained: _____

Note any difficulties for the above milestones:

Did you child attend a pre-kindergarten program? ☐ Yes ☐ No If yes, where? _____

What grade(s) has your child repeated? _____

VI. Family History:

Please describe family history in the following areas.

Emotional Problems: _____

Person's relationship to student: _____

Academic Difficulties: _____

Person's relationship to student: _____

Medical/Physical Problems: _____

Person's relationship to student: _____

VII. Parent/Child Interaction:

How is the student's relationship to parents? Excellent ☐ Good ☐ Fair ☐ Poor ☐

Describe the most effective types of discipline:

What circumstances commonly cause conflict between parent and student?

Describe how parents see the student's problem:

Describe when and how parents feel the student's problem began:

☐ Speech:

☐ Temper Tantrums:

☐ Timidity/Shyness:

☐ Vision:

☐ Withdrawal/Depression:

☐ Worries:

☐ Other:

Intervention Meeting Parent Invitation

To the Parent/Guardian of: _____

Student _____ School Year _____ Grade _____ Teacher _____

Date: _____

The Intervention Team is a committee of people at our school that meets on a regular basis to help general education teachers find new or different ways to help specific students to achieve academic or behavioral success at school. Your child has been referred to the team by his/her classroom teacher.

Meetings are held on a regular basis regarding students referred to the Intervention Team to discuss appropriate interventions to help your child succeed academically and/or behaviorally in the general education setting. Meetings are also held to discuss your child's response to the interventions and make further recommendations.

You are invited to attend and participate in these important meetings pertaining to your child. You will have the opportunity to express any concerns you have or ask questions you may have regarding your child.

The meeting is scheduled for:

Date: _____

Time: _____

Location: _____

If you have questions or need more information, please do not hesitate to contact _____
at _____
(phone)

PLEASE CHECK THE APPROPRIATE RESPONSE, SIGN AND RETURN TO THE SCHOOL PRIOR TO THE SCHEDULED MEETING.

_____ Yes, I will attend the meeting.

_____ I do not plan to attend the meeting. You may contact me at _____ (phone)
to discuss the results of the meeting.

Parent/Guardian Signature

Date

Holmes District School Board		701 East Pennsylvania Ave. Bonifay, FL 32425 (850) 547-9341		MULTI-TIERED SYSTEM OF SUPPORTS TIER 2 ACADEMIC FOCUS WORKSHEET	
School		Grade		Date of Initial Meeting	
Teacher		Interventionist			
Student(s) in the Focus Group <i>(list individual students)</i> <i>MTSS requires that Tier 2 interventions be delivered in groups no larger than six.</i>					
Reason for the Problem					
State the reason/hypothesis student(s) are performing below grade level:					
Reason for the Problem: Check all that Apply and Provide Details for Each					
<input type="checkbox"/> Instruction <i>(i.e. types of student production, methods of teaching practices, etc.):</i>					
<input type="checkbox"/> Curriculum <i>(i.e. rigor, scope & sequence expectations, level of assignments & curriculum material difficulties, etc.):</i>					
<input type="checkbox"/> Environment <i>(i.e. rules & policies, routines & management, adult & peer interactions, etc.):</i>					
<input type="checkbox"/> Other <i>(i.e. medical, onset & duration, etc.):</i>					
Target Areas <i>(check all that apply)</i>					
<input type="checkbox"/> Reading	<input type="checkbox"/> Phonemic Awareness/Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension				
<input type="checkbox"/> Math	<input type="checkbox"/> Numbers/Operations <input type="checkbox"/> Geometry/Measurement <input type="checkbox"/> Algebra <input type="checkbox"/> Problem Solving				
<input type="checkbox"/> Language	<input type="checkbox"/> Receptive Language <input type="checkbox"/> Expressive Language <input type="checkbox"/> Pragmatic Language				
<input type="checkbox"/> Other _____				Core is effective for _____ % of all students.	
Intervention Documentation must be provided for all "Target Areas" checked.					
In _____ weeks, the student(s) will:					
No person shall, on the basis of race, color, religion, gender, age, ethnicity, national origin, marital status, disability, political or religious beliefs, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or any employment conditions or practices conducted by this School District, except as provided by law.					

SMALL GROUP INSTRUCTION

Teacher:

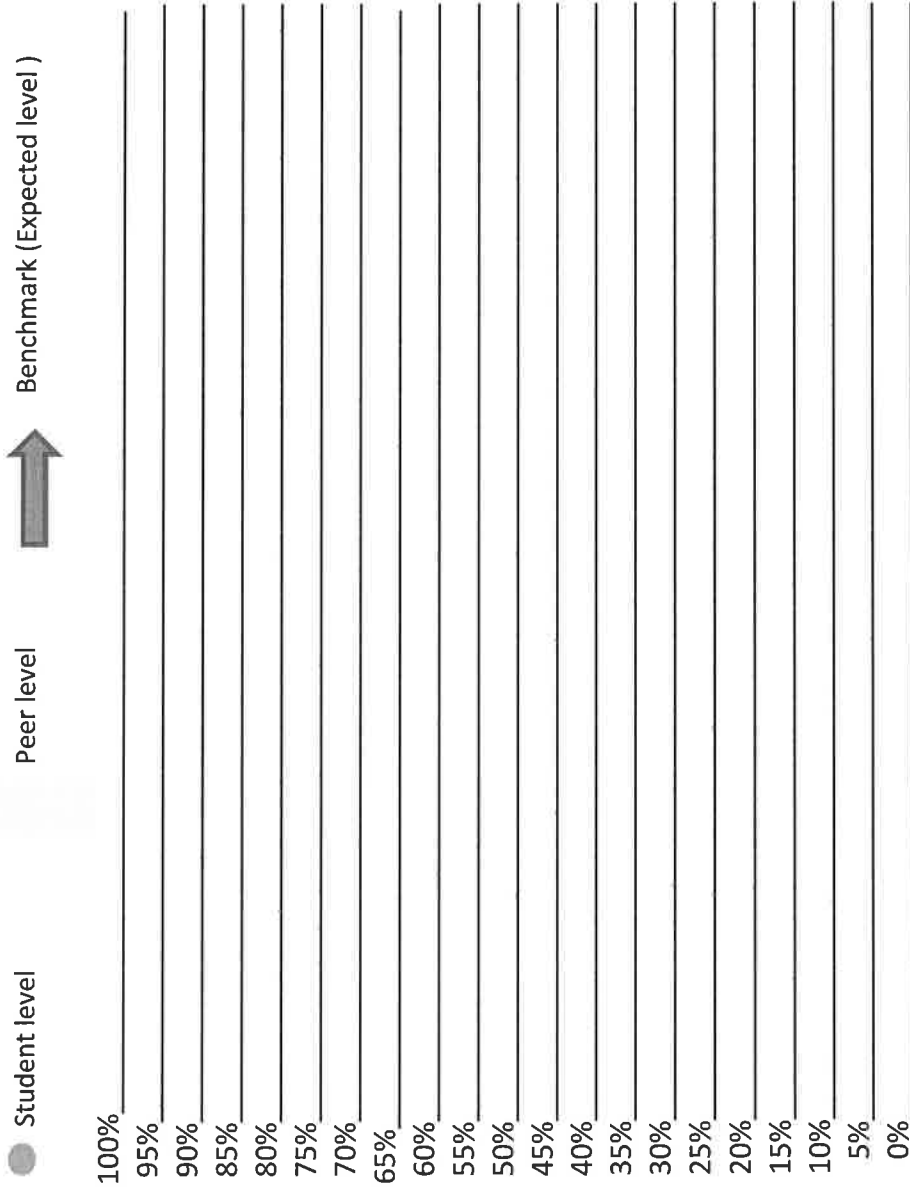
Week of: _____

[illegible]

T = Time (# of minutes)	Focus	Program (Create your own key. For example, W = Wilson Foundations)
P = Program	L = Language	R = Reading First
F = Focus	PA = Phonemic Awareness	
	P = Phonics	
	F = Fluency	
	V = Vocabulary	
	C = Comprehension	

Tier II Progress Monitoring

Student name _____ Grade _____
 Teacher _____ School _____
 Date initiated _____



Date of probe

I certify that the information on the progress Monitoring Worksheet is true and correct.

Signature of Teacher _____

By my signature, I have received a copy of this document.

Signature of Parent _____

Date: _____

Follow-Up and Review Meeting for Plan #1	
Student Name	Plan #1 Follow-Up and Review Meeting Date
Progress Monitoring for Plan #1	
Assessment Tool <i>(use program assessment piece if available)</i>	Target Skill
Personnel Who Collected Progress Monitoring Data <i>(Name and Position)</i>	Date(s) Progress Monitoring Occurred
Was the goal achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the specific results/outcomes (data) of Plan #1:	
Review of Response to Intervention for Plan #1	
<input type="checkbox"/> Positive <i>(the gap is closing)</i>	<input type="checkbox"/> Continue intervention(s) with current goal and monitor regularly. <input type="checkbox"/> Continue intervention(s) with goal increased and monitor regularly. <input type="checkbox"/> Fade intervention(s) to determine if student(s) has/have acquired functional independence (monitor regularly).
<input type="checkbox"/> Questionable <i>(the gap remains the same)</i>	Was/were the intervention(s) implemented as intended? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , employ strategies to increase implementation integrity. Once interventions are properly implemented, reassess response. If yes , continue intensity of current intervention(s) for a short period of time then reassess impact. If student(s) improves, continue; if student(s) does not improve, implement Plan #2 (MTSS 16A).
<input type="checkbox"/> Poor <i>(the gap has increased)</i>	Was/were the intervention(s) implemented as intended? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , identify strategies to increase integrity of intervention implementation. After interventions are properly implemented, reassess response. If yes , was the problem identified correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , increase intervention intensity and add Tier 3 interventions If no , return to problem solving and implement a new plan (Plan #2)
Next Actions / To Do:	
Notes or Comments:	
Date for next follow-up and review <i>(It is recommended that this date be scheduled during the current meeting)</i>	
Signatures of MTSS Team Members at Plan #1 Follow-up Meeting	
Teacher	School Administrator
Teacher	Administrator or Designee
Parent/Guardian	Guidance Counselor
Parent/Guardian	Curriculum Coordinator
School or District Personnel	School or District Personnel
No person shall, on the basis of race, color, religion, gender, age, ethnicity, national origin, marital status, disability, political or religious beliefs, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or any employment conditions or practices conducted by this School District, except as provided by law.	

Student Name:		
Tier 2 – Intervention Plan #2		
Date of Plan #2 Meeting	Beginning Date of Plan #2	
1. What is the name of the research-based Intervention/Program? _____ How often will the student(s) receive the intervention? ____ minutes daily		
2. What is the name of the research-based Intervention/Program? _____ How often will the student(s) receive the intervention? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____		
3. What is the name of the research-based Intervention/Program? _____ How often will the student(s) receive the intervention? ____ times per ____		
List and describe any accommodations the student is receiving or will receive as a result of their academic achievement and / or this plan. 		
Personnel Responsible for Plan #2 Intervention		
Personnel Name and Position	Name of Research-Based Intervention Program	Responsibilities/Duties Performed for Plan Implementation <i>(i.e. deliver program, ensure fidelity)</i>
Signatures of MTSS Team Members at Plan #2 Initial Meeting		
Teacher	School Administrator	
Teacher	Administrator or Designee	
Parent/Guardian	Guidance Counselor	
Parent/Guardian	Curriculum Coordinator	
School or District Personnel	School or District Personnel	
Date for Plan #2 follow-up and review <i>(It is recommended that this date be scheduled during the meeting)</i>		
Notes or Comments: 		
<i>No person shall, on the basis of race, color, religion, gender, age, ethnicity, national origin, marital status, disability, political or religious beliefs, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or any employment conditions or practices conducted by this School District, except as provided by law.</i>		

Follow-Up and Review Meeting for Plan #2	
Student Name	Plan #2 Follow-Up and Review Meeting Date
Progress Monitoring for Plan #2	
Assessment Tool <small>(use program assessment piece if available)</small>	Target Skill
Personnel Who Collected Progress Monitoring Data <small>(Name and Position)</small>	Date(s) Progress Monitoring Occurred
Was the goal achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the specific results/outcomes (data) of Plan #2: 	
Review of Response to Intervention for Plan #2	
<input type="checkbox"/> Positive <small>(the gap is closing)</small>	<input type="checkbox"/> Continue intervention(s) with current goal and monitor regularly. <input type="checkbox"/> Continue intervention(s) with goal increased and monitor regularly. <input type="checkbox"/> Fade intervention(s) to determine if student(s) has/have acquired functional independence (monitor regularly).
<input type="checkbox"/> Questionable <small>(the gap remains the same)</small>	Was/were the intervention(s) implemented as intended? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , employ strategies to increase implementation integrity. Once interventions are properly implemented, reassess response. If yes , continue intensity of current intervention(s) for a short period of time then reassess impact. If student(s) improves, continue; if student(s) does not improve, add Tier 3 interventions.
<input type="checkbox"/> Poor <small>(the gap has increased)</small>	Was/were the intervention(s) implemented as intended? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , identify strategies to increase integrity of intervention implementation. After interventions are properly implemented, reassess response. If yes , was the problem identified correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , increase intervention intensity and add Tier 3 interventions If no , return to problem solving, implement appropriate Tier 2 and Tier 3 interventions
Next Actions / To Do: 	
Notes or Comments: 	
Date for next follow-up and review <small>(It is recommended that this date be scheduled during the current meeting)</small>	
Signatures of MTSS Team Members at Plan #2 Follow-up Meeting	
Teacher	School Administrator
Teacher	Administrator or Designee
Parent/Guardian	Guidance Counselor
Parent/Guardian	Curriculum Coordinator
School or District Personnel	School or District Personnel
<small>No person shall, on the basis of race, color, religion, gender, age, ethnicity, national origin, marital status, disability, political or religious beliefs, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or any employment conditions or practices conducted by this School District, except as provided by law.</small>	

Holmes District School Board		701 East Pennsylvania Ave. Bonifay, FL 32425 (850) 547-9341		MULTI-TIERED SYSTEM OF SUPPORTS TIER 3 ACADEMIC INTENSIVE INTERVENTION FOCUS WORKSHEET	
Student Name		Student Grade	Student DOB	Student Age	Date of Initial Meeting
School			Teacher		
Student Gender <input type="checkbox"/> M <input type="checkbox"/> F	Total Number of Absences		Total Number of Tardies		
Academic Data					
Data Source 1 (i.e., iReady, Achieve, Running Record)				Date Data Collected	
Student Level of Performance	Peer Level of Performance	Gap Between Student and Peer		Student Expected Level of Performance	
Data Source 2 (Must come from a different data source than Source 1)				Date Data Collected	
Student Level of Performance	Peer Level of Performance	Gap Between Student and Peer		Student Expected Level of Performance	
What is the Tier 2 Target Area & Research-Based Intervention?					
Reason for the Problem					
State the reason/hypothesis for the student's performance gap recorded above:					
Reason for the Problem: Check all that Apply and Provide Details for Each					
<input type="checkbox"/> Instruction (i.e. types of student production, methods of teaching practices, etc.):					
<input type="checkbox"/> Curriculum (i.e. rigor, scope & sequence expectations, level of assignments & curriculum material difficulties, etc.):					
<input type="checkbox"/> Environment (i.e. rules & policies, routines & management, adult & peer interactions, etc.):					
<input type="checkbox"/> Other (i.e. medical, onset & duration, etc.):					
Target Areas (check all that apply)					
<input type="checkbox"/> Reading	<input type="checkbox"/> Phonemic Awareness/Phonics		<input type="checkbox"/> Fluency	<input type="checkbox"/> Vocabulary	<input type="checkbox"/> Comprehension
<input type="checkbox"/> Math	<input type="checkbox"/> Numbers/Operations		<input type="checkbox"/> Geometry/Meanurement	<input type="checkbox"/> Algebra	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Language	<input type="checkbox"/> Receptive Language		<input type="checkbox"/> Expressive Language	<input type="checkbox"/> Pragmatic Language	
Intervention Documentation must be provided for all "Target Areas" checked.					
In _____ weeks, the student will:					
No person shall, on the basis of race, color, religion, gender, age, ethnicity, national origin, marital status, disability, political or religious beliefs, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or any employment conditions or practices conducted by this School District, except as provided by law.					

Follow-Up and Review Meeting for Plan #1	
Student Name	Follow-Up and Review Meeting Date
Progress Monitoring for Plan #1	
Assessment Tool <i>(use program assessment piece if available)</i>	Target Skill
Personnel Who Collected Progress Monitoring Data <i>(Name and Position)</i>	Date(s) Progress Monitoring Occurred
Was the goal achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the specific results/outcomes (data) of Plan #1:	
Review of Response to Intervention for Plan #1	
<input type="checkbox"/> Positive <i>(the gap is closing)</i>	<input type="checkbox"/> Continue intervention(s) with current goal and monitor regularly. <input type="checkbox"/> Continue intervention(s) with goal increased and monitor regularly. <input type="checkbox"/> Fade intervention(s) to determine if student has acquired functional independence (monitor regularly).
<input type="checkbox"/> Questionable <i>(the gap remains the same)</i>	Was/were the intervention(s) implemented as intended? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , employ strategies to increase implementation integrity. Once interventions are properly implemented, reassess response. If yes , continue intensity of current intervention(s) for a short period of time then reassess impact. If student improves, continue; if student does not improve, implement Plan #2.
<input type="checkbox"/> Poor <i>(the gap has increased)</i>	Was/were the intervention(s) implemented as intended? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , identify strategies to increase integrity of intervention implementation. After interventions are properly implemented, reassess response. If yes , was the problem identified correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , increase intervention intensity If no , return to problem solving and implement a new plan (Plan #2 MTSS 18A) If, due to the severity of the situation, Plan #2 is not warranted, submit a completed copy of the file to your District MTSS department for review.
Next Actions / To Do:	
Notes or Comments:	
Date for next follow-up and review <i>(It is recommended that this date be scheduled during the current meeting)</i>	
Signatures of MTSS Team Members at Plan #1 Follow-Up Meeting	
Teacher	School Administrator
Teacher	Administrator or Designee
Parent/Guardian	Guidance Counselor
Parent/Guardian	Curriculum Coordinator
School or District Personnel	School or District Personnel
<i>No person shall, on the basis of race, color, religion, gender, age, ethnicity, national origin, marital status, disability, political or religious beliefs, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or any employment conditions or practices conducted by this School District, except as provided by law.</i>	

Student Name: _____

Teacher: _____

[illegible]

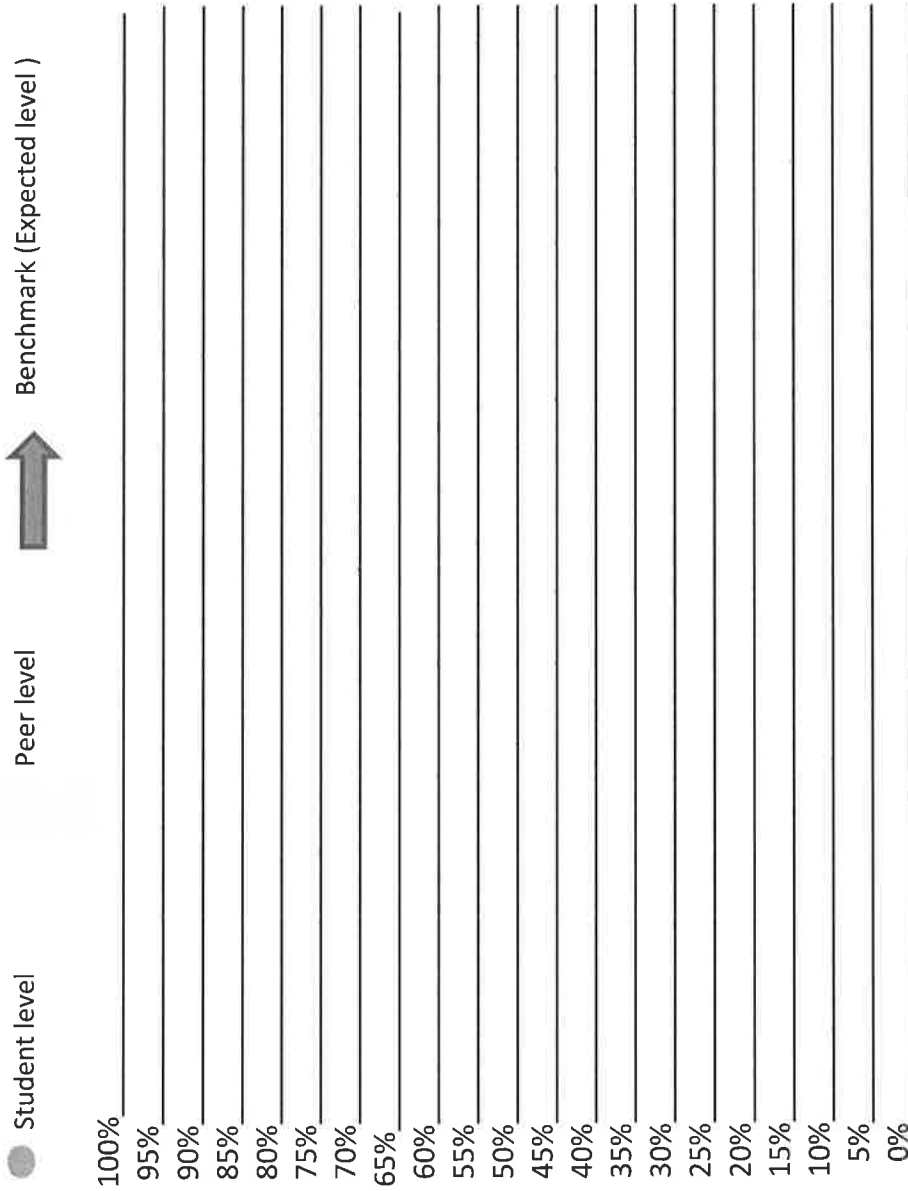
T = Time (# of minutes)	Focus	Program (Create your own key. For example, W = Wilson Foundations)
P = Program	L = Language	R = Reading First
F = Focus	PA = Phonemic Awareness	=
	P = Phonics	=
	F = Fluency	=
	V = Vocabulary	
	C = Comprehension	

Tier III Progress Monitoring

Student name _____ Grade _____

Teacher _____ School _____

Date initiated _____



Date of probe

I certify that the information on the progress Monitoring Worksheet is true and correct.

Signature of Teacher _____

By my signature, I have received a copy of this document.

Signature of Parent _____

Date: _____