

Holmes District School Board

MTSS

Required Referral Documentation

BEHAVIOR (A student may need both Academic and Behavior Interventions)

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 1BEH 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 5BEH 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 13BEH 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 16BEH Tier 2 Academic Focus Step 2 (MTSS 16SEC for secondary students)
- MTSS 16BEH-A&B Tier 2 Academic Focus Step 3 and step 4 (if needed)
- MTSS 17BEH 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 18BEH Tier 3 Focus Step 2
- MTSS 18BEH-A&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?

List students in need of supplemental instruction.

Tier 2 Strategic Instruction

Tier 3 Intensive Instruction

For students who are in need of Tier 2 strategic instruction complete MTSS 3, MTSS 4, MTSS 12, and MTSS 13 (academic) or MTSS 13BEH (behavior) page 1 (page 2 will be completed during intervention meeting).

For students who are in need of Tier 3 intensive instruction complete MTSS 3, MTSS 4, MTSS 12, MTSS 13 (academic) or MTSS 13BEH (behavior) page 1, and MTSS 17 (academic) or MTSS 17BEH (behavior) page 1 (page 2 will be completed during intervention meeting). These students must also receive Tier 2 instruction.

***Some students may need both academic and behavior supplemental instruction.**

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 BEHAVIORAL CONCERNS	
Student Name			School		Today's Date
DOB	Age	Current Grade	Grade Retained <small>(if applicable)</small>	Student Home Phone	Parent Cell 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"/> Behavioral / Emotional <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	
How many days of in-school suspension has the student been assigned? _____					
How many days of out-of-school suspension has the student been assigned? _____					
Describe <i>Specific</i> Behavioral Concerns:					
How often are the behaviors occurring? _____ times daily _____ times weekly					
Other:					
What <i>specific</i> behavioral interventions and / or accommodations have been implement?					
What are the students current grades?					
ELA	Math	Social Studies	Science	Conduct	
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>(ELL)</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 _____ <input type="checkbox"/> Threat of Harm to Self or Others					
Additional Comments <small>(optional)</small>					
<i>Please attach copies of any behavioral or discipline logs, office referrals, conference notes and parental involvement information.</i> <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 in any employment conditions or practices conducted by this School District, except as provided by law.</i>					

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									

FSA					
	____ Grade	____ Grade	____ Grade	____ Grade	____ Grade
Reading					
Math					

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

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: _____
 School: _____ Teacher: _____ Grade: _____

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?

List other people living in the home:

Name, Age

Relationship to Child

_____	_____
_____	_____
_____	_____
_____	_____

III. Medical History:

Current diagnoses, disorders, illnesses, etc:

Current medications:

Describe pertinent medical history:

IV. Pregnancy/Birth:

Mother's difficulties during pregnancy:

Did the mother smoke during pregnancy? _____ If yes, how much? _____

Did the mother use alcohol during the pregnancy? _____ If yes, how much? _____

Did the mother ingest prescription medications during pregnancy? _____ If yes, specify:

Did the mother ingest non-prescription medications during pregnancy? _____ If yes, specify:

The birth was: ☐ Full-term ☐ Premature, how much? _____ ☐ Overdue, how much? _____

The delivery was: ☐ Normal ☐ Caesarian-Section Birth Weight: _____

Describe any complications surrounding birth:

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 your 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:

VIII. Behavioral Information:

Check and describe the student's problems in the following areas:

<input type="checkbox"/> Attention:	_____
<input type="checkbox"/> Bedwetting/Soiling:	_____
<input type="checkbox"/> Cruelty:	_____
<input type="checkbox"/> Eating Concerns:	_____
<input type="checkbox"/> Headaches/Physical Complaints:	_____
<input type="checkbox"/> Hearing:	_____
<input type="checkbox"/> High Activity Level :	_____
<input type="checkbox"/> Interactions with Peers:	_____
<input type="checkbox"/> Nail Biting:	_____
<input type="checkbox"/> Nervousness/Anxiety:	_____
<input type="checkbox"/> Nightmares:	_____
<input type="checkbox"/> Physical Aggression:	_____
<input type="checkbox"/> Prone to Accidents:	_____
<input type="checkbox"/> Silent Periods:	_____
<input type="checkbox"/> Sleeping:	_____

☐ Speech:

☐ Temper Tantrums:

☐ Timidity/Shyness:

☐ Vision:

☐ Withdrawal/Depression:

☐ Worries:

☐ Other:

Initial Functional Behavior Assessment Teacher Input

Student _____ School Year _____ Grade _____

Teacher _____

Behaviors

List behaviors of concern. The behavior must be observable and measurable. For example, instead of "aggressive", state "Student kicks objects, hits students with fists" etc.

1. When does the problem behavior usually occur? List day(s) of week and time of day.

2. Where does the problem behavior usually occur? List location and subject area.

3. Who is present when the problem behavior occurs?

4. What activities or events precede the occurrence of the problem behavior? What do other people say or do immediately before the problem behavior occurs?

5. How long does the problem behavior continue? _____

6. What do you do when the problem behavior occurs?

7. What does the student obtain following the problem behavior?

8. What does the student get out of or avoid after the problem behavior?

9. Describe circumstances (when, where, with whom) in which the problem behavior is least likely to occur?

10. How long has the student exhibited this problem behavior?

11. What are the effects of the behavior on student, peers and instructional environment?

The Intervention Team will discuss the following in determining an appropriate Behavior Intervention Plan for the student:

Antecedent Factors (what happens prior to problem behavior):

- List places or situations in which the problem behavior most likely or always occurs.

- List places or situations in which the problem behavior is least likely to or never occurs.

- Specify the day or time of day the problem behavior typically occurs.

- Name specific skill deficits to which the problem behavior could be related.

- Name specific activities to which the problem behavior appears to be related.

- List factors that seem to “trigger” the problem behavior.

- Name other factors at home or at school that contribute to the problem behavior.

Consequent Factors (what happens following the problem behavior):

- What happens immediately after the student engages in the problem behavior?

- Describe the consequences imposed following the problem behavior (i.e., time-out, ISS, etc.).

- What does the problem behavior allow the student to gain (i.e., attention, tangible item)?

- What does the problem behavior allow the student to avoid, postpone or escape?

- Does the problem behavior accompany any other behavior or occur as part of a chain of behaviors? If yes, please describe.

- Does the problem behavior occur when a preferred activity is terminated? If yes, please describe. _____

- What positive alternative behaviors are known by the student that could be way of achieving the same function?

- What are the student's known strengths (i.e., academic, behavioral, social, etc.)?

RECOMMENDATION: The specific *priority* problem behavior to be targeted for a Behavior Intervention Plan is:

Positive Behavior Intervention Plan

Student _____ School Year _____ Grade _____

Teacher _____

Date of plan: _____

Describe targeted (problematic) behavior in observable, measurable terms:

Describe antecedents to targeted behavior:

What appears to be the function of the behavior?

Describe reinforcers that may prove beneficial.

Describe interventions to be taken to reduce targeted behavior. Interventions may be proactive (environmental adjustments), educative (teaching of skills) and/or functional (managed by consequences).

Intervention	Person(s) responsible	Timeline

Describe how the plan will be monitored and evaluated.

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 BEHAVIOR
FOCUS WORKSHEET

Student Name

Date of Initial Meeting

School

Grade

Teacher

Interventionist

Describe the behavior(s):

State the reason / hypothesis the student is demonstrating the behaviors:

In which environment do the behaviors most often occur? (check all that apply)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Assemblies | <input type="checkbox"/> Bathroom |
| <input type="checkbox"/> Hallways | <input type="checkbox"/> Bus | <input type="checkbox"/> Before School |
| <input type="checkbox"/> Lunchroom | <input type="checkbox"/> Recess / Break Time | <input type="checkbox"/> After School |
| <input type="checkbox"/> Media Center | <input type="checkbox"/> Small Groups | <input type="checkbox"/> Whole Group |
| <input type="checkbox"/> PE | <input type="checkbox"/> Transitions | <input type="checkbox"/> Specials |
| <input type="checkbox"/> Other: _____ | | |

Based on data, how often do the behaviors occur?

_____ x Daily _____ x Weekly _____ x Monthly _____ Other _____

Target Areas (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Executive Functioning | <input type="checkbox"/> Internalizing Behavior | <input type="checkbox"/> Externalizing Behavior |
| <input type="checkbox"/> Assignment Initiation | <input type="checkbox"/> Assignment Completion | |

Intervention Documentation must be provided for all "Target Areas" checked.

Behavioral Goal

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.

Student Name: _____		
Tier 2 – Intervention Plan #1		
Date of Initial Meeting _____	Beginning Date of Plan #1 _____	
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 behavior(s) and / or this plan.		
Personnel Responsible for Plan #1 Intervention		
Personnel Name and Position	Research-Based Intervention and / or Materials Utilized	Responsibilities/Duties Performed for Plan Implementation <i>(i.e. deliver program, ensure fidelity)</i>
Signatures of MTSS Team Members at Plan #1 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 #1 follow-up and review <i>(It is recommended that this date be scheduled during the initial planning 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>		

Student Name:

Introduction

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	

Student name _____

Teacher _____

Date initiated _____

Grade _____

School _____

Peer level



Benchmark (Expected level)

100%

95%

90%

85%

80%

75%

70%

65%

60%
0%

55%

100%

50%
55%

50% —
45% —

45% —
100%

40%

35% —

30% —

25% —

20%—

15%—

10%—

5%—

0%

◀

D2

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Revised

Date of probe

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

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

Signature of Parent _____

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	
Behavioral Data Collection Tool <i>(i.e. Daily Behavior Chart, Self Monitoring Chart, Check In/Out)</i>	Target Area / Behavior / Skill
Personnel Who Collected Progress Monitoring Data <i>(Name and Position)</i>	Dates Progress Monitoring / Data Collection 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>(negative behaviors are decreasing and desired replacement behaviors are increasing)</i>	<input type="checkbox"/> Continue intervention(s) with current goal and monitor weekly <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>(negative behaviors are decreasing, but desired replacement behaviors are not evident)</i>	Were the interventions 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>(negative behaviors are not decreasing and/or increasing)</i>	Were the interventions 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
<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:		
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 behavior(s) and / or this plan.		
Personnel Responsible for Plan #2 Intervention		
Personnel Name and Position	Research-Based Intervention and / or Materials Utilized	Responsibilities/Duties Performed for Plan Implementation <small>(i.e. deliver program, ensure fidelity)</small>
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 <small>(It is recommended that this date be scheduled during the initial planning meeting)</small>		
Notes or Comments:		
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 #2	
Student Name	Plan #2 Follow-Up and Review Meeting Date
Progress Monitoring for Plan #2	
Behavioral Data Collection Tool <i>(I.e. Daily Behavior Chart, Self Monitoring Chart, Check In/Out)</i>	Target Area / Behavior / Skill
Personnel Who Collected Progress Monitoring Data <i>(Name and Position)</i>	Dates Progress Monitoring / Data Collection 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 <i>(negative behaviors are decreasing and desired replacement behaviors are increasing)</i>	<input type="checkbox"/> Continue intervention(s) with current goal and monitor weekly <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>(negative behaviors are decreasing, but desired replacement behaviors are not evident)</i>	Were the interventions 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, add Tier 3 interventions.
<input type="checkbox"/> Poor <i>(negative behaviors are not decreasing and/or increasing)</i>	Were the interventions 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 <i>(It is recommended that this date be scheduled during the current meeting)</i>	
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
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Holmes District School Board		701 East Pennsylvania Ave. Bonifay, FL 32425 (850) 547-9341		MULTI-TIERED SYSTEM OF SUPPORTS TIER 3 BEHAVIOR 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		
Behavior Data					
Tier 2 Behavior Data <i>(Behavior Charts, etc.)</i>					
Student Data		Peer Data	Gap Between Student and Peer		Expected Student Performance
School Referrals				Date Data Collected	
Number of Student Referrals		Average Number of Peer Referrals	Gap Between Student and Peer Average		Expected Number of Student Referrals
The student's behavior(s) is/are occurring due to: 					
Based on Tier 2 data, what is the <i>most</i> problematic environment? _____					
Based on Tier 2 data, how often is/are the behavior(s) occurring? _____					
Target Area(s) and Goal					
<input type="checkbox"/> Executive Functioning <input type="checkbox"/> Internalizing Behavior <input type="checkbox"/> Externalizing Behavior <input type="checkbox"/> Assignment Initiation <input type="checkbox"/> Assignment Completion					
<i>Intervention Documentation must be provided for all "Target Areas" checked</i>					
In _____ weeks, the student will: <i>(main goal of FBA/PBIP)</i> 					
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Student Name:		
Tier 3 – Intervention Plan #1		
Date of Initial Meeting	Beginning Date of Plan #1	
1. Complete and implement a <i>district approved FBA-PBIP</i>		
2. What is the name of the research-based Intervention/Program? _____ How often will the student 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 receive the intervention? _____ times per _____		
List and describe any accommodations the student is receiving or will receive as a result of their behavior(s), their Tier 2 Intervention(s), and / or this plan.		
Personnel Responsible for Plan #1 Intervention		
Personnel Name and Position	Research-Based Intervention and / or Materials Utilized	Responsibilities/Duties Performed for Plan Implementation <small>(i.e. deliver program, ensure fidelity)</small>
Signatures of MTSS Team Members at Plan #1 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 #1 follow-up and review <small>(It is recommended that this date be scheduled during the initial planning meeting)</small>		
Notes or Comments:		
<p><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></p>		

Follow-Up and Review Meeting for Plan #1	
Student Name	Plan #1 Follow-Up and Review Meeting Date
Progress Monitoring for Plan #1	
Behavioral Data Collection Tool <i>(i.e. Daily Behavior Chart, Self-Monitoring Chart, Check In/Out)</i>	
Personnel Monitoring and Collecting Behavior Data <i>(Name and Position)</i>	Dates Data Collection 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>(negative behaviors are decreasing and desired replacement behaviors are increasing)</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>(negative behaviors are decreasing, but desired replacement behaviors are not evident)</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 (MTSS 18BEH-A).
<input type="checkbox"/> Poor <i>(negative behaviors are not decreasing and/or increasing)</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) 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
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Student Name:		
Tier 3 – Intervention Plan #2		
Date of Initial Meeting	Beginning Date of Plan #2	
1. What is the research-based Intervention suggested in the FBA-PBIP? _____ How often will the student receive the intervention? _____ minutes / times daily		
2. What is the research-based Intervention suggested in the FBA-PBIP? _____ How often will the student receive the intervention? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____		
3. What is the research-based Intervention/Program? _____ How often will the student receive the intervention? _____ minutes / times per _____		
List and describe any accommodations the student is receiving or will receive as a result of their behavior(s), their Tier 2 Intervention(s), and / or this plan.		
Personnel Responsible for Plan #2 Intervention		
Personnel Name and Position	Research-Based Intervention and / or Materials Utilized	Responsibilities/Duties Performed for Plan Implementation <small>(i.e. deliver program, ensure fidelity)</small>
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 initial planning meeting)</i>		
Notes or Comments:		
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Follow-Up and Review Meeting for Plan #2	
Student Name	Plan #2 Follow-Up and Review Meeting Date
Progress Monitoring for Plan #2	
Behavioral Data Collection Tool (i.e. Daily Behavior Chart, Self-Monitoring Chart, Check In/Out)	
Personnel Monitoring and Collecting Behavior Data (Name and Position)	Dates Data Collection 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 (negative behaviors are decreasing and desired replacement behaviors are increasing)	<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 (negative behaviors are decreasing, but desired replacement behaviors are not evident)	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.
<input type="checkbox"/> Poor (negative behaviors are not decreasing and/or increasing)	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 , submit a completed copy of the MTSS file to your District MTSS department for review If no , return to problem solving (include the consideration of submitting a copy of the MTSS file for review)
Next Actions / To Do:	
Notes or Comments:	
Date for next follow-up and review (It is recommended that this date be scheduled during the current meeting)	
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
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