



JMCSS RTI²

Student Packet



Students name: _____

School: _____

Grade: _____

Teacher: _____

Jackson-Madison County School System

RTI District Review Checklist and Table of Contents

Student Name: _____ Birthdate: _____ Age: _____

School: _____ Teacher: _____ Grade: _____

Parents/Guardian: _____ Phone number: _____

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3		Outline of School RTI Support Team Meeting
4		Tier I Documentation (Complete this for EVERY Tier II and Tier III Student)
5	<input type="checkbox"/>	Student Referral to RTI School Team
6	<input type="checkbox"/>	Vision and hearing form
7		Tier II Documentation (Complete this for EVERY Tier II Student)
8	<input type="checkbox"/>	RTI Team Notes: Student Intervention Plan
9	<input type="checkbox"/>	Intervention Log (Alternative Form in Appendix B)
10	<input type="checkbox"/>	Fidelity Check #1: Tier II Direct Observation Log
12	<input type="checkbox"/>	Fidelity Check #2: Tier II Direct Observation Log
14	<input type="checkbox"/>	Fidelity Check #3: Tier II Intervention Walkthrough
15	<input type="checkbox"/>	RTI Team Notes – Intervention Plan Evaluation (Complete EVERY 4.5 Weeks)
16	<input type="checkbox"/>	Referral Decision Tree: <i>To be completed at follow-up RTI Team meeting prior to movement into Tier III</i>
17		Tier III Documentation (Complete this for EVERY Tier III Student)
18	<input type="checkbox"/>	RTI Team Notes: Student Intervention Plan
19	<input type="checkbox"/>	Intervention Log (Alternative Form in Appendix B)
20	<input type="checkbox"/>	Fidelity Checklist #1: Tier III Direct Fidelity Checklist
21	<input type="checkbox"/>	Fidelity Checklist #2: Tier III Direct Fidelity Checklist
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23	<input type="checkbox"/>	Fidelity Check #4: Tier III Intervention Walkthrough
24	<input type="checkbox"/>	Fidelity Check #5: Tier III Intervention Walkthrough
25	<input type="checkbox"/>	RTI Team Notes – Intervention Plan Evaluation (Complete EVERY 4.5 Weeks)
26	<input type="checkbox"/>	Referral Decision Tree: <i>To be completed at follow-up RTI Team meeting prior to making a Special Education Referral</i>
27		Documentation for Special Education Referral (Complete this for ANY student being referred for Special Education)
28	<input type="checkbox"/>	Exclusionary Factors Worksheet
29	<input type="checkbox"/>	Parent Input
32	<input type="checkbox"/>	General Education Teacher's Input Form: Indirect Observation
33	<input type="checkbox"/>	*Systematic Observation Form: During Routine Classroom Instruction
34	<input type="checkbox"/>	*Systematic Observation Form: During Tier III Intervention
-	<input type="checkbox"/>	Teacher Checklists (See Appendix C)
-	<input type="checkbox"/>	Include the latest AIMS Web Benchmark and Progress Monitoring Graphs

*One systematic observation must be completed by the school psychologist. The other could be completed by a special education teacher, instructional coach, etc.

**Upon completion of the RTI Referral Packet, please consult with your school psychologist to determine if further assessment is warranted.

Jackson-Madison County School System

Outline of School RTI Support Team Meeting

Note: This meeting should be done every 4.5-5 weeks after interventions have been implemented. Prior to this meeting, fidelity checks should be done. Teachers in attendance should bring intervention logs, work samples, and progress-monitoring data.

- 1. Review progress monitoring data of Tier II and Tier III students**
- 2. Identify students who are not making adequate progress**
 - Was implementation done with fidelity?
 - Was attendance a factor?
 - Is there other relevant data that needs to be considered?
- 3. Establish a plan for students who did not meet goals or make adequate progress, and consider the following:**
 - Should we change the intervention provider?
 - Should we change the intervention group?
 - Should we change the intervention frequency?
 - Should we change the intervention program?
 - Should we do additional diagnostic testing?
 - Should we consider the length of the intervention (has it been done long enough for change to occur)?
 - Are additional data points needed?
- 4. Complete the “RTI Team Notes – Intervention Plan Evaluation” (page 15 for Tier II and page 25 for Tier III.)**
- 5. Send home parent notification letter(s). Put a copy of the letter(s) in the student’s RTI packet.**

TIER 1

Documentation

Jackson-Madison County School System
Student Referral to RTI² School Team

Student Name: _____ Birthdate: _____ Age: _____
 School: _____ Teacher: _____ Grade: _____
 Parents/Guardian: _____ Phone number: _____
 Benchmark Scores Used: ☐ Fall ☐ Winter ☐ Spring Date: _____

Grades Pre-Kindergarten through 1st grade

Early Literacy and Reading	Benchmark Score	Percentile	Early Numeracy and Math	Benchmark Score	Percentile
Print Concepts (PC)			Number Naming Fluency (NNF)		
Initial Sounds (IS)			Quantity Total Fluency (QTF)		
Letter Naming Fluency (LNF)			Quantity Difference Fluency (QDF)		
Phoneme Segmentation (PS)			Concepts & Applications (CA)		
Letter Word Sounds Fluency (LWSF)			*Number Comparison Fluency-Pairs (NCF-P)		
Word Reading Fluency (WRF)			*Math Facts Fluency-1 digit (MFF-1D)		
Auditory Vocabulary (AV)			*Math Facts Fluency- Tens (MFF-T)		
Nonsense Word Fluency (NWF)			*Starts at grade 1		

Grades: 2nd through 12th grade

Reading	Benchmark Score	Percentile	Math	Benchmark Score	Percentile
Oral Reading Fluency (ORF)			Concepts & Applications (CA)		
Reading Comprehension (RC)			Number Comparison Fluency-Triads (NCF-T)		
Vocabulary (VO)			Mental Computation Fluency (MCF)		
**Silent Reading Fluency (SRF)					

**Starts at grade 4

Informal/Additional Assessments	Score
Student's Instructional reading level (i.e., DRA, Lexile, Grade Level)	
Student's Independent reading level (i.e., DRA, Lexile, Grade Level)	
Other (please specify)	
Other (please specify)	

Special Education/Program Interventions:

☐ ESL ☐ Counseling ☐ Other: _____
☐ Speech/Language ☐ Tutoring/ Reading Club

Jackson-Madison County School System
Vision and Hearing Screening

Student Name: _____ Birthdate: _____ Age: _____
School: _____ Teacher: _____ Grade: _____

☐ Passed Vision Screening **with** glasses/contacts on _____ (date).

☐ Passed Vision Screening **without** glasses/contact _____ (date).

☐ Failed Vision Screening on _____ (date).

☐ Passed Hearing Screening **with** a hearing device _____ (date).

☐ Passed Hearing Screening **without** a hearing device _____ (date).

☐ Failed Hearing Screening on _____ (date).

TIER II

Documentation

Jackson-Madison County School System
RTI² Team Notes
Student Intervention Plan

Student: _____ **Teacher:** _____ **Grade:** _____
School: _____ **Meeting Date:** _____

- ☐ Initial Meeting/Intervention Plan ☐ Follow-Up Meeting/Revised Intervention Plan

Specific Area of Concern

- | | | |
|---|---|--|
| <input type="checkbox"/> Phonological Awareness | <input type="checkbox"/> Phonics | <input type="checkbox"/> Reading Comprehension |
| <input type="checkbox"/> Vocabulary | <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> High Achievement |
| <input type="checkbox"/> Math Calculation | <input type="checkbox"/> Math Reasoning | <input type="checkbox"/> Attention/Behavior |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Written Expression | |

Data-Based Decision

- ☐ Tier I with on-going assessment in _____
☐ Tier II with required Progress Monitoring in _____
☐ Tier III with required Progress Monitoring in _____
☐ Referral to next level of support with parent/guardian present
☐ Continue SPED intervention with Progress Monitoring in _____

Research Based Intervention to be Used	Skill Area*	Who Does it	How Often	Time/Days
A.				
B.				
C.				

*Intervention must be linked to skill deficit area

Notes:

Team Members involved in approving this plan.

Name	Relationship to Student	Date

Jackson-Madison County School System

Intervention Log

Name of Student: _____ Teacher: _____ Month of: _____

Week	Date/Time	* Intervention Used	Skill area addressed	Observations/ Notes (optional)
Week 1				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Week 2				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Week 3				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Week 4				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Week 5				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

**Insert name of intervention program or code from action plan*

Progress Monitoring scores ***Please attach progress monitoring graphs before RTI² meetings*

Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____ Week 5 _____

Intervention Fidelity Statement: I certify that the above noted strategies/interventions were conducted as described.

Teacher Signature

Date

Jackson-Madison County School System

Tier II Direct Observation Log

Fidelity Check #1

Student: _____ Interventionist: _____
 Observer: _____ Grade: _____
 School: _____ State Time: _____ End Time: _____
 Program: _____ Skill(s): _____

Focus	Criteria			
	3	2	1	0
Structure and Delivery of Tier II Intervention SCORE: _____	Adherence to precision to fully implement procedures as described. All components are used to deliver a high intensity intervention. Correct time schedule is followed to provide optimal intervention during the time allocated. Intervention is delivered as designed.	Interventionist and students are engaged. Pace is effective and students are actively involved. Correct materials are used. Intervention time is focused and uninterrupted. Lesson is delivered as designed.	Interventionist and students are in correct places but materials are not at hand. Interventionist appears unprepared. Time delay to effectively begin intervention time. Some interruptions noted. No clear plan for the lesson.	Intervention not occurring at scheduled time and no manual or lesson plans used.
Management SCORE: _____	Enthusiastic delivery by interventionist. Correct and effective management in place. Interventionist and students effectively making use of time. Structure of intervention provides effective pacing and optimal use materials.	Good delivery by interventionist. Management is effective. A few difficulties noted during implementation. Most students engaged in learning. Structure guides intervention time with occasional lapses in time.	Poor delivery by interventionist. The interventionist does not follow set procedures for effective implementation. Several students off task. Structure lacks coherence.	Ineffective delivery by interventionist. Students are not engaged. Interventionist does not guide structure for intervention.
Progress Monitoring, Documentation, And Communication SCORE: _____	Progress Monitoring is completed once every other week and clearly documented on all forms. Communication of assessment results with teachers exceeds the minimum requirements. Documentation of interventions and progress is very clear to understand and well organized and systematically communicated.	Progress Monitoring is generally accurate. Communication with teacher and parents happens at least twice each nine weeks. Documentation of interventions and student progress is adequately communicated.	Progress Monitoring is sporadic. There is not a clear system for communicating results with the teacher or parents. Limited documentation of interventions or progress is noted. Progress is rarely communicated	Progress Monitoring is not occurring. No communication with teachers or parents. No documentation of interventions of progress.

Observations:

Strengths:

Concerns:

Results Checklist	YES	NO
Post observation review of fidelity check	<input type="checkbox"/>	<input type="checkbox"/>
Review of areas of concern addressed, if any were indicated	<input type="checkbox"/>	<input type="checkbox"/>
Plans for improvement established in areas identified	<input type="checkbox"/>	<input type="checkbox"/>

I certify that everything reported on this form is accurate and correct and that interventions are being implemented with integrity at least 80% of the time.

Signature

Date

Jackson-Madison County School System

Tier II Direct Observation Log

Fidelity Check #2

Student: _____ Interventionist: _____
 Observer: _____ Grade: _____
 School: _____ State Time: _____ End Time: _____
 Program: _____ Skill(s): _____

Focus	Criteria			
	3	2	1	0
Structure and Delivery of Tier II Intervention SCORE: _____	Adherence to precision to fully implement procedures as described. All components are used to deliver a high intensity intervention. Correct time schedule is followed to provide optimal intervention during the time allocated. Intervention is delivered as designed.	Interventionist and students are engaged. Pace is effective and students are actively involved. Correct materials are used. Intervention time is focused and uninterrupted. Lesson is delivered as designed.	Interventionist and students are in correct places but materials are not at hand. Interventionist appears unprepared. Time delay to effectively begin intervention time. Some interruptions noted. No clear plan for the lesson.	Intervention not occurring at scheduled time and no manual or lesson plans used.
Management SCORE: _____	Enthusiastic delivery by interventionist. Correct and effective management in place. Interventionist and students effectively making use of time. Structure of intervention provides effective pacing and optimal use materials.	Good delivery by interventionist. Management is effective. A few difficulties noted during implementation. Most students engaged in learning. Structure guides intervention time with occasional lapses in time.	Poor delivery by interventionist. The interventionist does not follow set procedures for effective implementation. Several students off task. Structure lacks coherence.	Ineffective delivery by interventionist. Students are not engaged. Interventionist does not guide structure for intervention.
Progress Monitoring, Documentation, And Communication SCORE: _____	Progress Monitoring is completed once every other week and clearly documented on all forms. Communication of assessment results with teachers exceeds the minimum requirements. Documentation of interventions and progress is very clear to understand and well organized and systematically communicated.	Progress Monitoring is generally accurate. Communication with teacher and parents happens at least twice each nine weeks. Documentation of interventions and student progress is adequately communicated.	Progress Monitoring is sporadic. There is not a clear system for communicating results with the teacher or parents. Limited documentation of interventions or progress is noted. Progress is rarely communicated	Progress Monitoring is not occurring. No communication with teachers or parents. No documentation of interventions of progress.

Observations:

Strengths:

Concerns:

Results Checklist	YES	NO
Post observation review of fidelity check	<input type="checkbox"/>	<input type="checkbox"/>
Review of areas of concern addressed, if any were indicated	<input type="checkbox"/>	<input type="checkbox"/>
Plans for improvement established in areas identified	<input type="checkbox"/>	<input type="checkbox"/>

I certify that everything reported on this form is accurate and correct and that interventions are being implemented with integrity at least 80% of the time.

Signature

Date

Jackson-Madison County School System
TIER II Intervention Walkthrough
Fidelity Check #3

Student _____ Grade Level _____ Date _____

Interventionist _____ Intervention being provided _____

Person Completing this Walkthrough/Observation _____

Rating Scale: 1 = minimal evidence noted; 2=evidence noted; 3 = outstanding implementation

Classroom Setting

_____ Space is appropriate for intervention implementation.

Materials

_____ Evidence exists of program materials being used as designed.

_____ Teacher uses the Teacher's Guide/manual/instructions during intervention.

Teacher Instruction

_____ Teacher follows the selected program's instructional routines as designed.

_____ Evidence exists that activities are student goal directed.

_____ Teacher fosters active student engagement and motivation to learn.

_____ Classroom behavior management system is effective in providing an environment conducive to learning.

_____ Transitions are smooth and quick.

Student Actions

_____ Evidence of active versus passive learning

_____ Evidence of student engagement

Classroom Environment

_____ Teacher and student interactions are mutually respectful and positive in tone.

_____ Evidence exists that the teacher provides all students with an opportunity to learn.

_____ Evidence indicates that the teacher implements activities that support student diversity.

Notes:

I certify that everything reported on this form is accurate and correct and that interventions are being implemented with integrity at least 80 percent of the time.

Observer's signature

Teacher's signature

Jackson-Madison County School System
RTI² Team Notes – Intervention Plan Evaluation (Every 4.5 Weeks)

Student Name: _____ Grade: _____

Teacher: _____ Date of Review: _____

Current Tier (circle one): II or III

Intervention Used: _____

Skill Area Addressed: _____

Is Progress:

- ☐ Good
☐ Questionable
☐ Poor

Is plan being implemented with integrity?*

- ☐ Fully
☐ Partially
☐ Not Implemented

Is documentation sufficient to make a data based decision?

- ☐ Yes
☐ No

A parent letter was sent home on _____ indicating the student is: _____ (date)

- ☐ Making **good progress** - discontinue the additional intervention.
☐ Making **good progress** - decrease the amount of additional intervention time being provided.
☐ Making **some progress** – continue the intervention at this time.
☐ Making **limited progress** - considering changes in the intervention that we are providing.
☐ Making **insufficient progress** - change the intervention plan at this time. Further assessment and/or a parent meeting may be necessary.

Evaluation Decision

- ☐ Continue
☐ Modify**
☐ Discontinue

*Refer to Intervention Log/Fidelity Checklists

**If decision is made to modify intervention, a new Student Intervention Plan must be completed.

Please describe basis for Evaluation Decision:

Team Members involved in approving this plan.

Name	Relationship to Student	Date

Jackson-Madison County School System

Referral Decision Tree

(To be completed at follow-up RTI₂ Team meeting prior to movement into Tier III)

Student Name: _____ Grade: _____

Teacher: _____ Date of Review: _____

Tier II Intervention(s) have occurred daily for at least 30 minutes in addition to core instruction <input type="checkbox"/> Intervention logs attached <input type="checkbox"/> (3) Fidelity checks completed and attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implementation integrity has occurred with at least 80% fidelity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student has been present for majority of intervention sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tier II intervention(s) adequately addressed the student's area of need	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tier II intervention was appropriate and research-based Research based interventions are: <input type="checkbox"/> Explicit <input type="checkbox"/> Systematic <input type="checkbox"/> Standardized <input type="checkbox"/> Peer reviewed <input type="checkbox"/> Reliable/valid <input type="checkbox"/> Able to be replicated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Progress monitoring has occurred with at least 13 weekly data points OR 8-10 bi-monthly data points at Tier II <input type="checkbox"/> Progress monitoring graphs attached <input type="checkbox"/> Parent notification letters attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gap analysis indicates that student's progress is not sufficient for making adequate growth with current interventions	<input type="checkbox"/> Yes <input type="checkbox"/> No

** If the Intervention team answered "Yes" to all of the above questions, the student should be moved to Tier III. If the Intervention team answered "No" to any of the questions, that area should be addressed prior to referral.

Team members involved in approving this plan with name and relationship to the student:

Name	Relationship to Student	Date

TIER III

Documentation

Jackson-Madison County School System
RTI² Team Notes
Student Intervention Plan

Student: _____ **Teacher:** _____ **Grade:** _____
School: _____ **Meeting Date:** _____

☐ Initial Meeting/Intervention Plan ☐ Follow-Up Meeting/Revised Intervention Plan

Specific Area of Concern

- | | | |
|---|---|--|
| <input type="checkbox"/> Phonological Awareness | <input type="checkbox"/> Phonics | <input type="checkbox"/> Reading Comprehension |
| <input type="checkbox"/> Vocabulary | <input type="checkbox"/> Reading Fluency | <input type="checkbox"/> High Achievement |
| <input type="checkbox"/> Math Calculation | <input type="checkbox"/> Math Reasoning | <input type="checkbox"/> Attention/Behavior |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Written Expression | |

Data-Based Decision

- ☐ Tier I with on-going assessment in _____
- ☐ Tier II with required Progress Monitoring in _____
- ☐ Tier III with required Progress Monitoring in _____
- ☐ Referral to next level of support with parent/guardian present
- ☐ Continue SPED intervention with Progress Monitoring in _____

Research Based Intervention to be Used	Skill Area*	Who Does it	How Often	Time/Days
A.				
B.				
C.				

*Intervention must be linked to skill deficit area

Notes:

Team Members involved in approving this plan.

Name	Relationship to Student	Date

Jackson-Madison County School System

Intervention Log

Name of Student: _____ Teacher: _____ Month of: _____

Week	Date/Time	* Intervention Used	Skill area addressed	Observations/ Notes (optional)
Week 1				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Week 2				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Week 3				
Monday				
Tuesday				
Wednesday				
Thursday				
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Week 4				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Week 5				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

**Insert name of intervention program or code from action plan*

Progress Monitoring scores ***Please attach progress monitoring graphs before RTI² meetings*

Week 1 _____ Week 2 _____ Week 3 _____ Week 4 _____ Week 5 _____

Intervention Fidelity Statement: I certify that the above noted strategies/interventions were conducted as described.

Teacher Signature

Date

Jackson-Madison County School System
Tier III Direct Fidelity Checklist
Fidelity Check #1

Student: _____ Interventionist: _____

Observer: _____ Grade: _____

School: _____ State Time: _____ End Time: _____

Program: _____ Skill(s): _____

Number of students in group: _____

AREA	*Level of Implementation	AREA	*Level of Implementation
Materials and Time	2 1 0	Moves quickly from one exercise to the next	2 1 0
Teacher and student materials ready	2 1 0	Maintains good pacing	2 1 0
Teacher organized and familiar with lesson	2 1 0	Ensures students are firm on content prior to moving forward	2 1 0
Instruction/Presentation	2 1 0	Completes all parts of teacher-directed lesson	2 1 0
Follows steps and wording in lessons	2 1 0	General Observation of the Group	2 1 0
Uses clear signals	2 1 0	Student engagement in lesson	2 1 0
Provides students many opportunities to respond	2 1 0	Student success at completing activities	2 1 0
Models skills/strategies appropriately and with ease	2 1 0	Teacher familiarity with lesson formats and progression through activities	2 1 0
Corrects all errors using correct technique	2 1 0	Teacher encouragement of student effort	2 1 0
Provides students with adequate think time	2 1 0	Transitions between activities were smooth	2 1 0
Presents individual turns	2 1 0	* High level of implementation=2; Inconsistent level of implementation=1; Low level of implementation=0	

Notes:

I certify that everything reported on this form is accurate and correct and that interventions are being implemented with integrity at least 80 percent of the time.

Signature

Date

Jackson-Madison County School System
Tier III Direct Fidelity Checklist
Fidelity Check #2

Student: _____ Interventionist: _____

Observer: _____ Grade: _____

School: _____ State Time: _____ End Time: _____

Program: _____ Skill(s): _____

Number of students in group: _____

AREA	*Level of Implementation	AREA	*Level of Implementation
Materials and Time	2 1 0	Moves quickly from one exercise to the next	2 1 0
Teacher and student materials ready	2 1 0	Maintains good pacing	2 1 0
Teacher organized and familiar with lesson	2 1 0	Ensures students are firm on content prior to moving forward	2 1 0
Instruction/Presentation	2 1 0	Completes all parts of teacher-directed lesson	2 1 0
Follows steps and wording in lessons	2 1 0	General Observation of the Group	2 1 0
Uses clear signals	2 1 0	Student engagement in lesson	2 1 0
Provides students many opportunities to respond	2 1 0	Student success at completing activities	2 1 0
Models skills/strategies appropriately and with ease	2 1 0	Teacher familiarity with lesson formats and progression through activities	2 1 0
Corrects all errors using correct technique	2 1 0	Teacher encouragement of student effort	2 1 0
Provides students with adequate think time	2 1 0	Transitions between activities were smooth	2 1 0
Presents individual turns	2 1 0	* High level of implementation=2; Inconsistent level of implementation=1; Low level of implementation=0	

Notes: _____

I certify that everything reported on this form is accurate and correct and that interventions are being implemented with integrity at least 80 percent of the time.

Signature

Date

Jackson-Madison County School System
Tier III Direct Fidelity Checklist
Fidelity Check #3

Student: _____ Interventionist: _____

Observer: _____ Grade: _____

School: _____ State Time: _____ End Time: _____

Program: _____ Skill(s): _____

Number of students in group: _____

AREA	*Level of Implementation	AREA	*Level of Implementation
Materials and Time	2 1 0	Moves quickly from one exercise to the next	2 1 0
Teacher and student materials ready	2 1 0	Maintains good pacing	2 1 0
Teacher organized and familiar with lesson	2 1 0	Ensures students are firm on content prior to moving forward	2 1 0
Instruction/Presentation	2 1 0	Completes all parts of teacher-directed lesson	2 1 0
Follows steps and wording in lessons	2 1 0	General Observation of the Group	2 1 0
Uses clear signals	2 1 0	Student engagement in lesson	2 1 0
Provides students many opportunities to respond	2 1 0	Student success at completing activities	2 1 0
Models skills/strategies appropriately and with ease	2 1 0	Teacher familiarity with lesson formats and progression through activities	2 1 0
Corrects all errors using correct technique	2 1 0	Teacher encouragement of student effort	2 1 0
Provides students with adequate think time	2 1 0	Transitions between activities were smooth	2 1 0
Presents individual turns	2 1 0	* High level of implementation=2; Inconsistent level of implementation=1; Low level of implementation=0	

Notes: _____

I certify that everything reported on this form is accurate and correct and that interventions are being implemented with integrity at least 80 percent of the time.

Signature

Date

Jackson-Madison County School System
Tier III Intervention Walkthrough
Fidelity Check #4

Student: _____ Interventionist: _____
Observer: _____ Grade: _____
School: _____ State Time: _____ End Time: _____
Program: _____ Skill(s): _____
Number of students in group: _____

*Rating Scale: 1 = minimal evidence noted; 2=evidence noted; 3 = outstanding implementation

Classroom Setting

_____ Space is appropriate for intervention implementation.

Materials

_____ Evidence exists of program materials being used as designed.

_____ Teacher uses the Teacher's Guide/manual/instructions during intervention.

Teacher Instruction

_____ Teacher follows the selected program's instructional routines as designed.

_____ Evidence exists that activities are student goal directed.

_____ Teacher fosters active student engagement and motivation to learn.

_____ Classroom behavior management system is effective in providing an environment conducive to learning.

_____ Transitions are smooth and quick.

Student Actions

_____ Evidence of active versus passive learning

_____ Evidence of student engagement

Classroom Environment

_____ Teacher and student interactions are mutually respectful and positive in tone.

_____ Evidence exists that the teacher provides all students with an opportunity to learn.

_____ Evidence indicates that the teacher implements activities that support student diversity.

Notes: _____

I certify that everything reported on this form is accurate and correct and that interventions are being implemented with integrity at least 80 percent of the time.

Observer's signature

Teacher's signature

Jackson-Madison County School System
Tier III Intervention Walkthrough
Fidelity Check #5

Student: _____ Interventionist: _____
Observer: _____ Grade: _____
School: _____ State Time: _____ End Time: _____
Program: _____ Skill(s): _____
Number of students in group: _____

*Rating Scale: 1 = minimal evidence noted; 2=evidence noted; 3 = outstanding implementation

Classroom Setting

_____ Space is appropriate for intervention implementation.

Materials

_____ Evidence exists of program materials being used as designed.

_____ Teacher uses the Teacher's Guide/manual/instructions during intervention.

Teacher Instruction

_____ Teacher follows the selected program's instructional routines as designed.

_____ Evidence exists that activities are student goal directed.

_____ Teacher fosters active student engagement and motivation to learn.

_____ Classroom behavior management system is effective in providing an environment conducive to learning.

_____ Transitions are smooth and quick.

Student Actions

_____ Evidence of active versus passive learning

_____ Evidence of student engagement

Classroom Environment

_____ Teacher and student interactions are mutually respectful and positive in tone.

_____ Evidence exists that the teacher provides all students with an opportunity to learn.

_____ Evidence indicates that the teacher implements activities that support student diversity.

Notes: _____

I certify that everything reported on this form is accurate and correct and that interventions are being implemented with integrity at least 80 percent of the time.

Observer's signature

Teacher's signature

Jackson-Madison County School System

RTI² Team Notes – Intervention Plan Evaluation (Every 4.5 Weeks)

Student Name: _____ Grade: _____

Teacher: _____ Date of Review: _____

Current Tier (circle one): II or III

Intervention Used: _____

Skill Area Addressed: _____

Is Progress:

- ☐ Good
☐ Questionable
☐ Poor

Is plan being implemented with integrity?*

- ☐ Fully
☐ Partially
☐ Not Implemented

Is documentation sufficient to make a data based decision?

- ☐ Yes
☐ No

A parent letter was sent home on _____ indicating the student is: _____ (date)

- ☐ Making **good progress** - discontinue the additional intervention.
☐ Making **good progress** - decrease the amount of additional intervention time being provided.
☐ Making **some progress** – continue the intervention at this time.
☐ Making **limited progress** - considering changes in the intervention that we are providing.
☐ Making **insufficient progress** - change the intervention plan at this time. Further assessment and/or a parent meeting may be necessary.

Evaluation Decision

- ☐ Continue
☐ Modify**
☐ Discontinue

*Refer to Intervention Log/Fidelity Checklists

**If decision is made to modify intervention, a new Student Intervention Plan must be completed.

Please describe basis for Evaluation Decision:

Team Members involved in approving this plan.

Name	Relationship to Student	Date

Jackson-Madison County School System
Referral Decision Tree

(To be completed at follow-up RTI₂ Team meeting prior to making a Special Education Referral)

Student Name: _____ Grade: _____
 Teacher: _____ Date of Review: _____

Tier III Intervention(s) have occurred daily for at least 45 minutes in addition to core instruction <input type="checkbox"/> Intervention logs attached <input type="checkbox"/> (5) Fidelity checks completed and attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implementation integrity has occurred with at least 80% fidelity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student has been present for majority of intervention sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tier III intervention(s) adequately addressed the student's area of need	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tier III intervention was appropriate and research-based Research based interventions are: <input type="checkbox"/> Explicit <input type="checkbox"/> Peer reviewed <input type="checkbox"/> Systematic <input type="checkbox"/> Reliable/valid <input type="checkbox"/> Standardized <input type="checkbox"/> Able to be replicated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Progress monitoring has occurred with <u>at least 7 weekly data points</u> at Tier III in addition to 13 data points at Tier II <u>OR</u> progress monitoring has occurred with <u>at least 15 weekly data points</u> at Tier III for students who moved straight from Tier I to Tier III <input type="checkbox"/> Progress monitoring graphs attached <input type="checkbox"/> Parent notification letters attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gap analysis indicates that student's progress is not sufficient for making adequate growth with current interventions	<input type="checkbox"/> Yes <input type="checkbox"/> No
The following have <i>preliminarily</i> been ruled out as the <i>primary</i> cause of the student's lack of response to intervention <input type="checkbox"/> Visual, motor, or hearing disability <input type="checkbox"/> Emotional disturbance <input type="checkbox"/> Cultural factors <input type="checkbox"/> Environmental or economic factors <input type="checkbox"/> Limited English proficiency <input type="checkbox"/> Excessive absenteeism	<input type="checkbox"/> Yes <input type="checkbox"/> No

** If the Intervention team answered "Yes" to all of the above questions, the team should consider referring for a psycho-educational evaluation. If the Intervention team answered "No" to any of the questions, that area should be addressed prior to referral.

Team members involved in approving this plan with name and relationship to the student:

Name	Relationship to Student	Date

DOCUMENTATION FOR SPECIAL EDUCATION REFERRAL

Jackson-Madison County School System

Exclusionary Factors Worksheet

Student _____ Person Completing Form _____ Date _____

*This worksheet is provided as a tool to determine whether each factor can be ruled out as the *primary cause* of a student's lack of progress within the general education and/or tiered intervention.*

Lack of Instruction in Reading, Writing, and Math		
Student has attended school regularly (absent less than 23% of the time)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student has received tiered instruction and intervention in specific area of deficit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Limited English Proficiency		
Is there a language other than English spoken by this student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a language other than English spoken in the student's home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there specific dialectical or cultural influences that would affect the student's ability to speak or understand English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Intellectual Disability		
Student's performance is equally depressed in all academic areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student's adaptive/self-help skills appear age appropriate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emotional Disturbance		
Does the student exhibit behavioral/emotional difficulties that interfere with learning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have a medical history and/or school history of emotional difficulties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer to either question above is "yes", has an ecologically valid Functional Behavior Assessment (FBA) been conducted? Results of FBA:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visual Impairment, Hearing Impairment/Deafness or Orthopedic Impairment		
Vision has been screened and found to be within normal limits Results: Right eye (near) _____ Right eye (far) _____ Left eye (near) _____ Left eye (far) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing has been screened and found to be within normal limits Results: Right ear: <input type="checkbox"/> Pass <input type="checkbox"/> Fail Left ear: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have a history of significantly delayed motor development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a medical diagnosis for a motor impairment that would affect the student's ability to learn or access general classroom instruction/intervention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any physical or motor impairments been observed or assessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Environmental or Cultural Factors		
Limited experiential background in majority based culture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transiency in elementary school years (at least two moves in a single school year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home responsibilities interfering with learning activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residence in a depressed economic area	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Low family income at subsistence level	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Limited involvement in organizations and activities of any culture	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Geographic isolation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motivational Factors		
Does the student attempt classroom assignments and/or homework?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are group and/or standardized achievement scores consistent with student's grades?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Situational Trauma		
Has the student's academic performance fallen dramatically within the last 6-12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there knowledge of any situations within the student's family that would contribute to a drop in academic performance (e.g., death of family member, divorce of parent, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please explain how any indicated factors have been ruled out as the determinant factors for this student's lack of progress within general education instruction and/or tiered intervention: _____

Jackson-Madison County School System
Parent Input

Child's Name: _____ Birthdate: _____ Today's Date: _____
Mother's name: _____ Father's name: _____

Child resides primarily with (check one): ☐ Mother ☐ Father ☐ Both parents ☐ Joint Custody

Please list names of others living in the home.

Name	Age	Relationship to Child

Developmental/Medical History

1. Were any problems reported during pregnancy? (health, illnesses, injuries, medication)

Was pregnancy full-term? ☐ Yes ☐ No How many weeks? _____
Child's Birth weight _____
Any other problems with labor or delivery? _____

2. Were developmental milestones met (check one): ☐ early ☐ late ☐ on time

Please list *ages* at which your child first:

Sat unaided	
Walked independently	
Spoke single words	
Spoke using 2-3 words	
Was toilet trained	

3. List important medical information including serious illnesses, injuries, and hospitalizations such as frequent ear infections, tubes in ears (hearing problems), seizures, allergies, etc.

4. Please list current medications your child is taking:

5. Has your child ever had visual problems or worn glasses?

6. Has your child ever received services for developmental and/or communication delays?

7. Has your child ever received a psychological or psycho-educational evaluation? If so, when and where?

8. Have special education services been provided in the past?

9. Describe any behavior problems noticed at home or reported by teachers:

Home/Community

1. What are your child's successes?

2. What things are hard for your child?

3. Please list any sports, hobbies, etc.

4. How does your child get along with adults?

With peers?

5. Have there been any recent changes at home that may be impacting your child's performance at school?

Areas of Concern

- | | | |
|---|--|--|
| <input type="checkbox"/> Behavior/Emotional | <input type="checkbox"/> Fighting | <input type="checkbox"/> Cries easily |
| <input type="checkbox"/> Immature language usage | <input type="checkbox"/> Short attention span | <input type="checkbox"/> Difficulty following directions |
| <input type="checkbox"/> Slow motor development | <input type="checkbox"/> Slow development | <input type="checkbox"/> Overactive |
| <input type="checkbox"/> Speech difficult to understand | <input type="checkbox"/> Difficulty understanding language | <input type="checkbox"/> Underactive |
| <input type="checkbox"/> Uneven development | <input type="checkbox"/> Listening | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Difficulty answering questions | <input type="checkbox"/> Health/medical | <input type="checkbox"/> Difficulty remembering |
| <input type="checkbox"/> Other | | |

Please report any other concerns below.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Jackson-Madison County School System
General Education Teacher's Input Form
(Indirect Observation)

Name of Student: _____ Date of Birth: ____/____/____ Age: ____
School: _____ Grade: _____

Carefully consider the following questions and provide as much information as possible regarding this student's typical daily performance in your classroom. His or her behavior should be evaluated in comparison to a typically functioning student of the same age and in terms of appropriate developmental stages and expectations.

Describe this student's reading skills (e.g., decoding, comprehension, and fluency).

Describe this student's math skills (e.g., calculation, numerical concepts, and word problems).

Describe other academic concerns/performance levels (e.g., science, social studies, and problem-solving skills).

Describe this student's behavior in the classroom (e.g., following rules, attention to task, organizational skills, relationships to peers, and problems or concerns).

☐ Yes ☐ No This student does *not* perform academically in the classroom in a manner that is commensurate with current academic standards.

Printed Name of Person Completing Form

Job Title

Signature of Person Completing Form

Date

**Jackson-Madison County School System
Systematic Observation Form**

(During Routine Classroom Instruction – cannot be completed by classroom teacher)

Name of Student: _____ Grade: _____
Teacher _____ Group Size: _____
Start Time: _____ End Time: _____
Observed by: _____ Date of Observation: _____

What will you *specifically* be looking for?

(Example: Math Calculation Skills, Fluency of Facts, How Well Vocabulary Skills are Developed, How Oral Comprehension Compares to Reading Comprehension, Use of Concrete Aids, Amount of Assistance required, etc.)

Skill/Subskill: _____

(Example: Long Division, Multiplication, Addition, Subtraction, Making Predictions from Informational Text, Fluency and Prosody, Vocabulary)

Observer Notes:

Skill/Subskill: _____

Observer Notes:

OTHER COMMENTS AND/OR OBSERVATIONS:

Signature of Person Completing Form

Date

**Jackson-Madison County School System
Systematic Observation Form**

(During Tier II or Tier III Intervention – cannot be completed by the interventionist)

Name of Student: _____ Grade: _____
Interventionist: _____ Group Size: _____
Start Time: _____ End Time: _____
Observed by: _____ Date of Observation: _____

What will you *specifically* be looking for?

(Example: Math Calculation Skills, Fluency of Facts, How Well Vocabulary Skills are Developed, How Oral Comprehension Compares to Reading Comprehension, Use of Concrete Aids, Amount of Assistance required, etc.)

Skill/Subskill: _____

(Example: Long Division, Multiplication, Addition, Subtraction, Making Predictions from Informational Text, Fluency and Prosody, Vocabulary)

Observer Notes:

Skill/Subskill: _____

Observer Notes:

OTHER COMMENTS AND/OR OBSERVATIONS:

Signature of Person Completing Form

Date