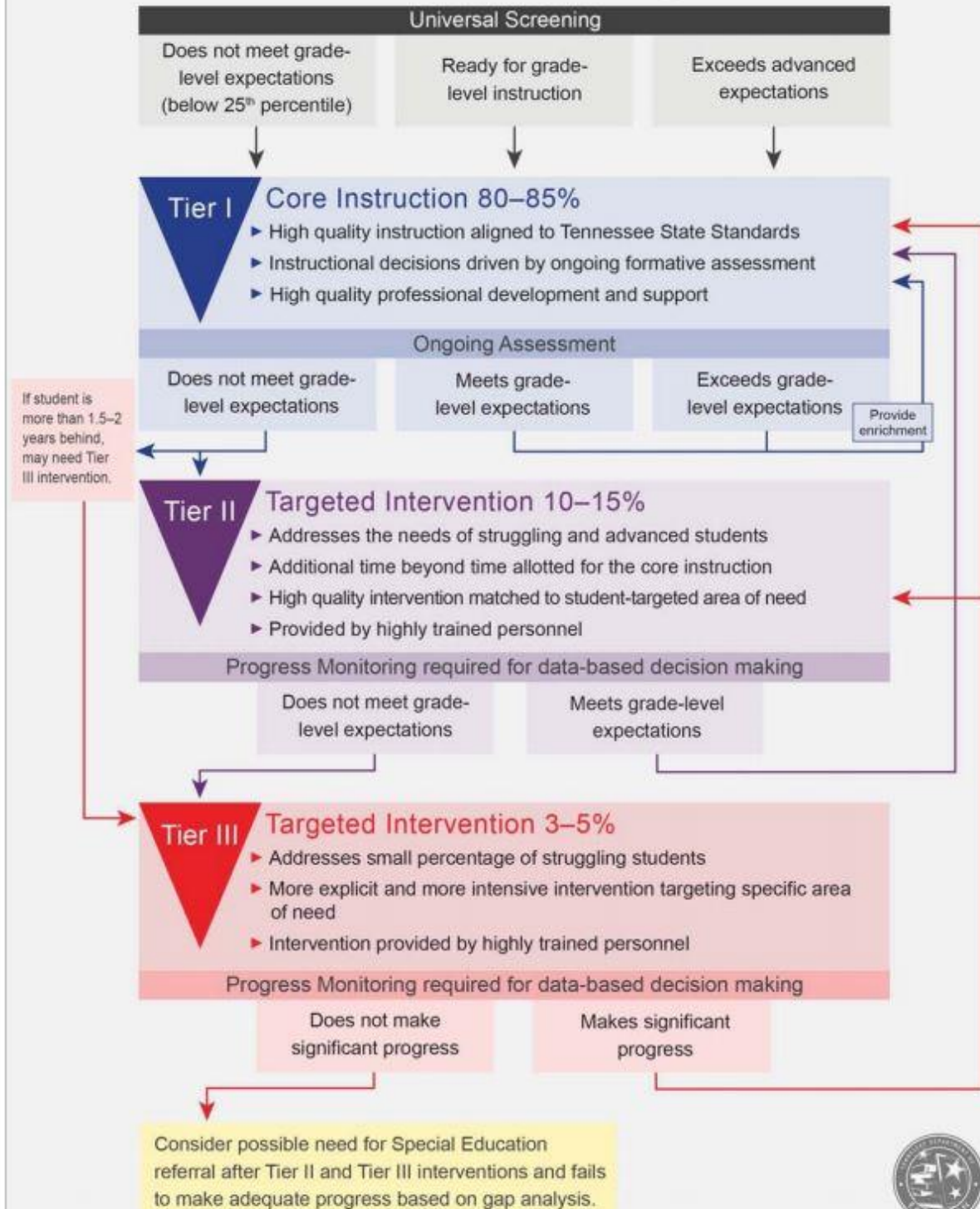


JMCSS RTI² Guide



RTI² Decision-Making Process



RTI² PROCESS OVERVIEW

INTRODUCTION

The RTI² framework is a model that promotes recommended practices for an integrated system connecting general and special education by the use of high-quality, scientifically research-based instruction and intervention.

It is a 3-Tier model that provides an ongoing process of instruction and interventions that allow students to make progress at all levels, particularly those students who are struggling or advancing.

The Tennessee RTI² Model represents the goal of what an RTI² model will look like. When Tier I instruction is functioning well, it should meet the needs of 80 to 85% of the student population. Only 10 to 15% of the student population should need Tier II interventions and only 3-5% should need Tier III interventions.

SCHOOL RTI² TEAMS

School teams can be comprised, but not limited to the following: school administrator, data coach, interventionist, guidance counselor, general education teacher, special education teacher, school psychologist, speech/language therapist, and ELL teacher (as needed).

Teams meet every 4 to 5 weeks to review the data from the universal screener as well as the Tier II and Tier III data. The team assists with changes and modifications of the intervention plan as well as provides support to the teachers in the building.

UNIVERSAL SCREENING

1. AIMSWEB is used as the universal screening measure in JMCSS for grades K through 11.
 2. ALL students are screened three times per year – fall, winter, and spring.
 3. This benchmark screener identifies students who are performing significantly below grade level expectations. Benchmark testing will also be used to track each student's progress and rate of improvement over time.
 4. The State of Tennessee model (**using national norms**) has the following cut scores:
 - a. Students scoring at or above the 25th percentile remain in Tier I
 - b. Students scoring between the 11th and 24th percentile go to Tier II
 - c. Students scoring at or below the 10th percentile go to Tier III
 5. If a school has a large number of students falling below national norms, a school team may use relative norms to guide the selection of intervention groups. This **MUST** be approved by the Central Office. Using relative norms can be used to serve students that are *most-at-risk* when all *at-risk* students cannot be served.
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TIER I

1. All students receive Tier I instruction within the regular classroom. All students receive standard-based, on-grade level instruction.
2. Fidelity is monitored using the TEAM evaluation progress. There is no additional fidelity monitoring or record keeping required for the RTI² process in Tier I.
3. Vision and hearing screening should be considered for all students prior to moving out of Tier I.

TIER II

1. Skill deficit areas addressed in Tier II:
 - a. Basic Reading Skills
 - b. Reading Fluency
 - a. Reading Comprehension
 - b. Math Calculation
 - c. Math Problem Solving Skills
 - d. Written Expression
 - e. Language
2. Additional testing to determine the specific skills deficit is needed (i.e., survey level assessment). For example, if a young student is struggling to read, additional testing may be needed to determine if the deficit is phonemic awareness, consonant sounds, vowel sounds, blends, etc. (The PASS and QPS are free phonics screeners available online)
3. Intensive research-based interventions in a specific skill deficit(s) are provided for students in ADDITION to the Tier I instruction daily for a minimum of 30 minutes
4. These interventions are provided by trained personnel in a small group setting. Recommended teacher to student ratios are as follows:
 - a. K-5 ratio of 1:5
 - b. 6-12 ratio of 1:6
5. Progress monitoring probes using AIMSWEB must be done *at least* every other week. However, weekly progress monitoring is best practice and highly recommended.
6. Progress monitoring probes using AIMSWEB is administered at the student's **instructional level** and will be used to evaluate the effectiveness of the intervention.
7. Each student's data, including the student's rate of improvement (ROI) and other data points, will be reviewed by the school data team every 4 to 5 weeks to determine progress. If the student's ROI and other data points indicate that the intervention is not successful, the team will revise the plan, changing the intervention. The ROI is calculated by AIMSWEB and does not need to be calculated manually.
8. A minimum of 13 data points are recommended for students in Tier II.
9. Prior to recommending a student move from Tier II to Tier III, it is recommended that at least three different interventions be implemented (e.g., change intervention provider, group, frequency, program, etc.)
10. Three fidelity checks insure that the interventions are appropriate and are being implemented with integrity. See pages 10-14 of the "JMCSS RTI² Student Packet." Fidelity checks can be completed by (but not limited to) principals, assistant principals, data coaches, reading interventionists, guidance counselors, special education consulting teachers, special education teachers, and school psychologists.
11. The Decision-Tree form determines if a student needs to move from Tier II to Tier III. See page 16 of the "JMCSS RTI² Student Packet."

TIER III

1. Tier III intervention is designed to assist students who have not responded to Tier II interventions OR whose skill deficits are extremely delayed and the school RTI² team has determined that the student should immediately begin Tier III.
2. These intensive research-based interventions in a specific skill deficit(s) are provided for students in ADDITION to the Tier I instruction. They are provided daily for a minimum of 45 minutes.
3. Tier III interventions are provided by a trained personnel in a smaller group setting than Tier II and are more intensive. Recommended teacher to student ratios are as follows:
 - a. K-5 ratio of 1:3
 - b. 8-6 ratio of 1:6
 - c. 9-12 ratio of 1:12
4. Progress monitoring probes using AIMSWEB must be done *at least* every other week. However, weekly progress monitoring is best practice and highly recommended.
5. Progress monitoring probes using AIMSWEB is administered at the student's *instructional level* and will be used to evaluate the effectiveness of the intervention.
6. Each student's data, including the student's rate of improvement (ROI) and other data points, will be reviewed by the school data team every 4 to 5 weeks to determine progress. If the student's ROI and other data points indicate that the intervention is not successful, the team will revise the plan, changing the intervention.
7. Prior to recommending a student be referred for a special education evaluation, it is recommended that *at least* three different interventions be implemented (e.g., change intervention provider, group, frequency, program, etc.)
8. A minimum of 15 data points are recommended for students going straight from Tier I into Tier III.
9. A minimum of 7 additional data points are recommended for students going from Tier II to Tier III.
10. Five fidelity checks insure that the interventions are appropriate and are being implemented with integrity. See pages 20-24 of the "JMCSS RTI² Student Packet." Fidelity checks can be completed by (but not limited to) principals, assistant principals, data coaches, reading interventionists, guidance counselors, special education consulting teachers, special education teachers, and school psychologists.
11. The Referral Decision-Tree form determines if a student needs to be referred for a special education evaluation. See page 26 of the "JMCSS RTI² Student Packet."

SPECIAL EDUCATION REFERRAL

1. A referral for a special education evaluation can be pursued after Tier III has been implemented and the student has not made adequate progress, as determined by the school data team.
2. The Referral Decision-Tree form is completed. See page 26 of the "JMCSS RTI² Student Packet."
3. The school data team submits the referral packet to the school psychologist or speech language therapist for additional review.
4. The school DOES NOT generate an Initial Consent for Evaluation form. The school psychologist or speech language therapist will provide the RTI² school team with the completed Initial Consent for Evaluation form.