

PBIS/RTI



**Eureka Elementary
2009-2010**

PBIS/RTI

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Section 1

**Team Charter, EES Mission, Goal,
Targeted Students, and Pyramid of
Intervention Triangle**



**EES
2009-2010**

**PBIS/RTI Team
Eureka Elementary**

Team Charter

The purpose of the PBIS/RTI Team is to help ensure the teachers have a place to bring students who are in need of task completion, organization, social, and behavioral help. The team will create a caring environment where the teachers will receive support and ideas to implement in their classroom to help the children reach their potential. The support the teachers will receive will be research based and data driven.

EES Mission:

The mission of EEES is to provide a world class education that promotes student achievement and well being through the collaboration of students, staff and parents.

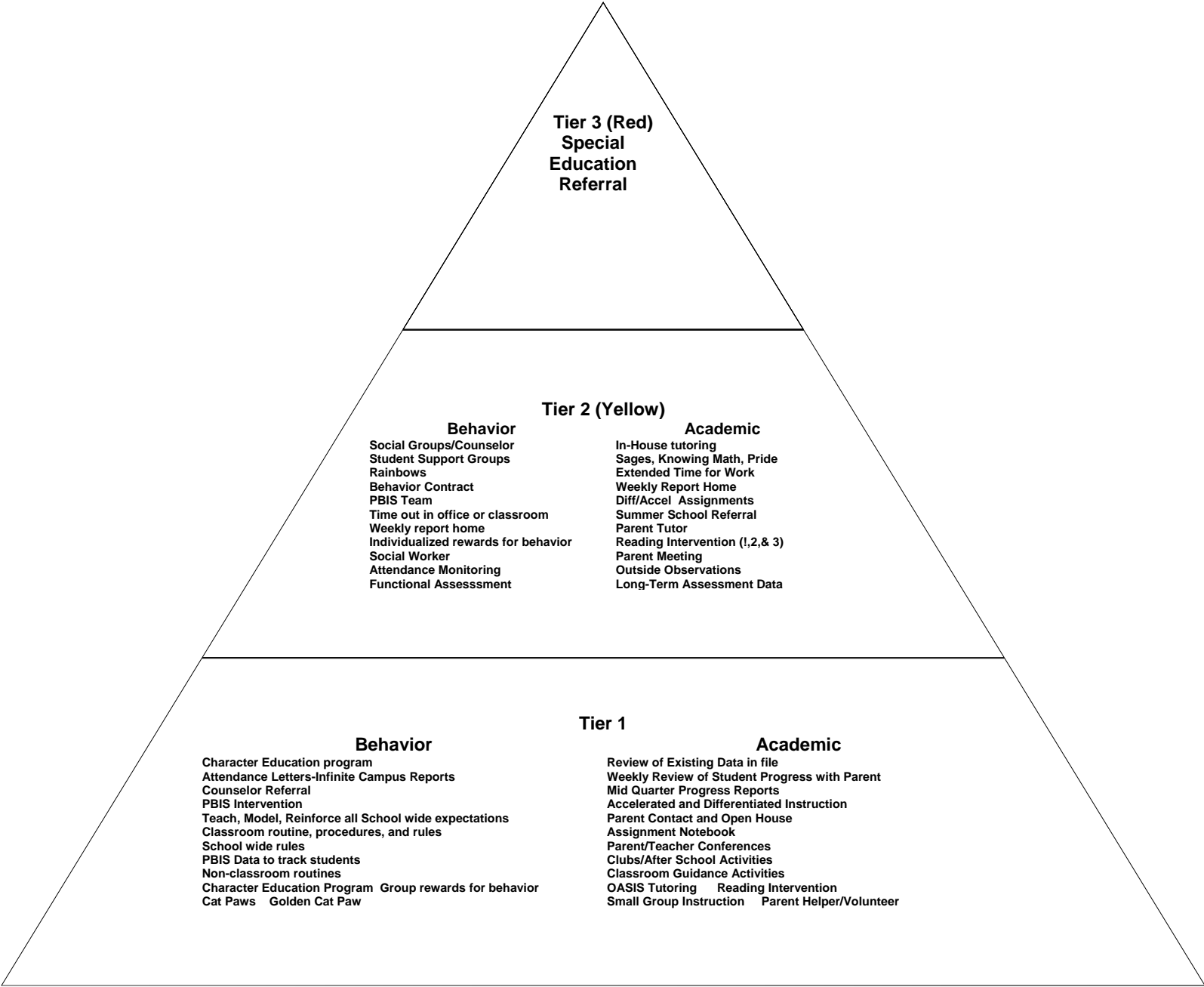
Goal:

Eureka Elementary parents, students, and staff have made a strong commitment to provide a positive climate for learning in which all students can reach his/her fullest potential in achievement, attitudes, and citizenship. To achieve success for all learners:

- The primary focus will be student learning
- A priority will be to differentiate student learning and close the achievement gap so that each child can reach his/her fullest potential
- The district curriculum will be implemented focusing on the development of essential skills and core competencies
- An environment of continuous collaboration among all participants within the learning community will be fostered, engaging in site-based management to ensure that adequate resources are available
- A strong home school partnership with optimal participation by parents, students, staff, and administration will be essential
- A caring and respectful school environment will be sustained

Targeted Students:

- Any student who is having difficulty reaching their potential in the classroom
- Students who are having problems socially
- Students who are struggling in non-classroom settings



Section 2

PBIS and RTI Flow Charts



EES
2009-2010

Administration / Counselor
PBIS/RTI Flow Chart

Step 1	<p>Once a teacher asks for a PBIS intervention. Please hand them the following:</p> <ul style="list-style-type: none"> • Request for PBIS Services (Forms 1A, 1B, 1C, 1D, and 1E)
Step 2	<p>Send the following forms to the appropriate people:</p> <ul style="list-style-type: none"> • Home- Student Information from Parent/Guardian- Form 2B • Nurse- Health Information Form 2
Step 3	<p>Set a date for the PBIS/RTI Problem Solving Meeting that is on the calendar. We have scheduled two PBIS meetings per month. Place the meeting date on the clip board that will be in the office.</p>
Step 4	<p>Notify all team members of the meeting. We will do this via e-mail and hard copy to ensure everyone is aware of the meeting. The hard copy forms are as follows:</p> <ul style="list-style-type: none"> • Teacher Notification for the PBIS Meeting- Form 2C • Team Member Notification for PBIS Meeting- Form 2D <p>(Each of these forms give the team members and teacher an idea on what will be discussed and what information to bring)</p>
Step 5	<p>A reminder will be sent to the presenting teacher the day before the meeting. This can be done via e-mail, hard copy, or vocal. Please remind what to bring (student work, behavior data, and replacement behaviors)</p>
Step 6	<p>Create a packet for each team member. The packet should contain the following:</p> <ul style="list-style-type: none"> • Form 1A, 1B, 1C, 1D, 1E (Teacher Initial Referral Packet) • Form 2A and 2B (Nurse and Home Information)
Step 7	<p>During the Tier Level Meeting (1, 2, or 3) you will be the official recorder. You will need to complete the meeting forms (Tier 1, 2, or 3) for our school records.</p>

Step 8	<p>If the team decides an action plan is necessary, you will be the recorder of the plan during the meeting.</p> <p>The Intervention/Action Plan will be completed with the team's input.</p> <p>The teacher will need a copy of the plan the next business day. These plans can be written by hand!</p>
Step 9	<p>A follow meeting will be scheduled during the initial meeting and placed on the master calendar by the counselor giving the information to the lead secretary and on the clip board in the office.</p>
Step 10	<p>The teacher will need to meet with you formally or informally on a weekly basis to discuss progress the student is making towards their goals.</p> <p>A "Student Progress Monitoring Report" will need to be sent home on a weekly basis. A copy of this form will need to be placed in the students' permanent file.</p>
Step 11	<p>We will have a book that is titled "Student Status Log." This will help us keep track of our students and level they are currently on in our PBIS/RTI program.</p>

Teacher PBIS Flow Chart

Step 1	<p>Once you have identified a child who is in need of behavior or academic concern, please notify the counselor. All children who are brought before the PBIS/RTI process will follow this process, even if the parents request the child be identified for SSD services.</p>
Step 2	<p>The counselor will give you the following form to start the process:</p> <ul style="list-style-type: none">• Request for PBIS/RTI Services <p>Please complete and return- the process will not begin until all paper work is returned.</p>
Step 3	<p>You will receive a "Teacher Notification for the PBIS Meeting" in hard copy and e-mail.</p>
Step 4	<p>Please come to the meeting prepared with examples of student's work if it is an academic concern. If it is a behavior concern please come to the meeting prepared with the exact behavior you wish to modify.</p>
Step 5	<p>If an "Intervention Action Plan is created, you will be responsible to monitor and report out progress. This information will be used to determine if more interventions are needed.</p> <p>Also, the team will help out as needed for each plan.</p>

Section 3

Teacher Nomination Forms and Counselor Forms



**EES
2009-2010**

PBIS/RTI Team Referral Checklist

To be completed by classroom teacher

Student: _____

Grade level: _____

Date: _____

Classroom Teacher: _____

Please check any item that is a significant concern for the learner.

A. Disruptive Behaviors

- Defiance of rules/constant discipline problem
- Blames others
- Denies wrong doing
- Throwing objects
- Obscene language/gestures
- Crying
- Frequently in the wrong area of classroom or building
- Sudden outbursts of anger
- Extremely negative
- Hyperactivity
- Inappropriate touching, self/others
- Fighting
- Intimidation/bullying
- Out of seat
- Talking out
- Fidgeting
- Inappropriate noises
- Nervousness/anxiety
- Dramatic attention-getting (please provide example)

- Other _____

B. Physical Symptoms

- Staggering or stumbling
- Sleeping in class
- Vomiting
- Glassy/bloodshot eyes, dark glasses
- Extreme weight fluctuation
- On medication
- Frequent bathroom visits
- Slurred speech
- Frequent unexplained injuries
- Frequent cold-like symptoms
- Changes in personal appearance
- Frequent complaints of stomachache and headache
- Marks on skin (example: _____)

C. School Attendance

- Absenteeism
- Tardiness
- Frequent schedule change
- Frequent nurse/counselor visits
- Frequent requests for pass

D. Unusual Behaviors

- Misreads social situations/social cues
- Defensiveness
- Frequent friendship problems
- Cheating in social situations
- Lying
- Avoidance of contact with others
- Seems sad
- Seeks constant adult attention
- Unrealistic goals
- Perfectionism
- Overly competitive
- Excessive concern for fairness/justice
- Poor hygiene
- Sleeping in class
- Physical complaints
- Biting
- Accident-prone
- Older or younger social group
- Disoriented
- Withdrawn/loner
- Erratic behavior change as viewed day to day
- Change in peer group
- Lack of motivation, apathy
- Recent changes in friends
- Extreme mood changes
- Talks about suicide or death
- Preoccupation with sexual topics/sexual harassment
- Self-injury
- Talks freely about drug/alcohol use
- Preoccupation with thoughts of death, Satanism, etc.

E. Home and Family

- Suffered recent loss (i.e. moved, divorce, death)
- Troubles in family (i.e. finances, health, jobs, separation)
- Other sibling's problems
- Family member with possible substance use/abuse
- Speaks angrily of parents
- Abuse/neglect

PBIS/RTI Team Referral Checklist

To be completed by classroom teacher

Interventions can be necessary to support learners above and below academic benchmarks. Please mark items in this section if student performance is significantly low (left) or exceptionally high (right).

Very Low		Very High
	F. Reading	
	Decoding	
	Comprehension	
	Sound/symbol relationship	
	Sight vocabulary	
	Fluency	
	G. Math	
	Computation	
	Concepts	
	Problem solving	
	Math facts	
	H. Written Expression	
	Mechanics	
	Content	
	Sequencing ideas	
	Organization	
	Vocabulary	
	Compositional spelling	
	I. Processing	
	Auditory sequencing	
	Organizing ideas	
	Problem solving	
	J. Achievement	
	Grades	
	Complete assignments	
	Works to ability level	
	K. Cognitive Development	
	Rate of learning	
	Verbal reasoning	
	Abstract thinking	

In this section, please check any item that is a significant concern for the learner.

L. Fine/Gross Motor

- Handwriting (formation, spacing)
- Coloring/cutting
- Uncoordinated movements
- Catching/kicking objects
- Self-care (tying/zipping)

M. Work Habits

- Organization of materials
- Task related (starting, staying on task)
- Works independently
- Works in a group
- Follows routines
- Pays attention to instruction
- Works slowly
- Rushes through work
- Following directions
- Lower grades/achievement
- Falling behind in class work
- Concentration
- Motivation

N. Speech/Oral Language

- Rate of speech
- Fluency (stuttering)
- Retelling a story
- Voice quality (hoarseness, etc)
- Pronunciation
- Understanding/using words
- Understanding/using language concepts
- Defining words verbally
- Speaks in complete sentences
- Correct grammar
- Understands/follows direction

Additional comments: _____



PBIS/RTI Interventions/Strategies in Place

	Attempted Intervention/Accommodation Academic	Successful		Dates Attempted
		Yes	No	
<input type="checkbox"/>	One to one instruction	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Small group instruction	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Preferential seating (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Remedial Instruction	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	School tutoring or assistance	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Outside tutoring	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Repetition/re-teaching	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Rephrasing	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Use of concrete example/manipulative	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Visual models and examples provided	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Visual and or oral clues	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Longer wait time for questions	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Extended time for task completion	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Copy of notes	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Rewards for academic progress	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Curriculum/material adaptation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Shortened assignments	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Alternative assignments	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Modified assignments	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Material simplified	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Monitor daily assignment book/sheet	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Extra set of books	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Extended time on tests	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Study Guide	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Student Strengths Checklist

To be completed by Teacher

Student: _____ Grade level: _____ Date: _____

Classroom Teacher: _____ Case Manager: _____

Please check all items you consider to be strengths of the learner.

<p>A. Verbal-Linguistic</p> <ul style="list-style-type: none"><input type="checkbox"/> Reading<input type="checkbox"/> Writing<input type="checkbox"/> Telling stories<input type="checkbox"/> Thinking in words<input type="checkbox"/> Memorizing dates <p>B. Math-Logic</p> <ul style="list-style-type: none"><input type="checkbox"/> Solving problems<input type="checkbox"/> Questioning<input type="checkbox"/> Experimenting<input type="checkbox"/> Reasoning<input type="checkbox"/> Logic <p>C. Musical</p> <ul style="list-style-type: none"><input type="checkbox"/> Singing<input type="checkbox"/> Playing an instrument<input type="checkbox"/> Listening to music<input type="checkbox"/> Rhythms <p>D. Bodily-Kinesthetic</p> <ul style="list-style-type: none"><input type="checkbox"/> Athletics<input type="checkbox"/> Dancing<input type="checkbox"/> Acting<input type="checkbox"/> Using tools<input type="checkbox"/> Crafts <p>E. Spatial</p> <ul style="list-style-type: none"><input type="checkbox"/> Reading<input type="checkbox"/> Maps<input type="checkbox"/> Charts<input type="checkbox"/> Drawing<input type="checkbox"/> Puzzles<input type="checkbox"/> Visualization	<p>F. Work Habits</p> <ul style="list-style-type: none"><input type="checkbox"/> Uses time appropriately<input type="checkbox"/> Checks work<input type="checkbox"/> Listens carefully<input type="checkbox"/> Completes work neatly<input type="checkbox"/> Participates in discussions<input type="checkbox"/> Works well independently<input type="checkbox"/> Works well in groups<input type="checkbox"/> Volunteers for classroom activities<input type="checkbox"/> Tries hard to please<input type="checkbox"/> Takes care of supplies/materials<input type="checkbox"/> Keeps desk and work areas in clean, orderly fashion<input type="checkbox"/> Attempts to follow instructions as given<input type="checkbox"/> Seeks help when needed<input type="checkbox"/> Organizes paperwork in binder or folders in logical, efficient manner<input type="checkbox"/> Starts task on time<input type="checkbox"/> Stays with given task<input type="checkbox"/> Completes task in reasonable time frame<input type="checkbox"/> Follows oral directions<input type="checkbox"/> Follows written directions<input type="checkbox"/> Returns assignment notes/homework	<p>G. Impulse Control/Self Esteem</p> <ul style="list-style-type: none"><input type="checkbox"/> Stays in seat<input type="checkbox"/> Has an exceptional attention span<input type="checkbox"/> Talks only at appropriate times<input type="checkbox"/> Respects the property, space, opinions of others<input type="checkbox"/> Uses polite language, even in a disagreement<input type="checkbox"/> Controls temper<input type="checkbox"/> Has age-appropriate frustration level<input type="checkbox"/> Seeks attention through positive behaviors<input type="checkbox"/> Accepts criticism well<input type="checkbox"/> Appears well-adjusted<input type="checkbox"/> Has a likeable disposition<input type="checkbox"/> Appears content with own abilities<input type="checkbox"/> Tries hard to "fit in" to classroom environment<input type="checkbox"/> Patient when teacher is occupied <p>H. Social Judgment/Peer Relationships</p> <ul style="list-style-type: none"><input type="checkbox"/> Follows rules<input type="checkbox"/> Respects authority<input type="checkbox"/> Is well liked by peers<input type="checkbox"/> Accepts consequences for own actions<input type="checkbox"/> Tells the truth<input type="checkbox"/> Respects the property of others<input type="checkbox"/> Functions well in unstructured settings (i.e. lunch, recess, bus)<input type="checkbox"/> Accepts the opinions and differences of others<input type="checkbox"/> Sense of humor<input type="checkbox"/> Greets others<input type="checkbox"/> Open to trying new things<input type="checkbox"/> Self-motivated/sets own goals<input type="checkbox"/> Polite<input type="checkbox"/> Apologizes for mistakes<input type="checkbox"/> Enthusiastic<input type="checkbox"/> Gives compliments
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Additional comments: _____

PBIS/RTI Data Page

Please fill out the following (where applicable). The goal is to have all testing information available as we discuss student concerns.

Please answer the following questions:

- Y ___ N ___ Has the student ever been sent to the care team or problem solving team before?
- Y ___ N ___ Does the student take part of the Reading Intervention Program? What Stage? ___
- Y ___ N ___ Does the student have an IEP? Diagnosis _____
- Y ___ N ___ At any point of time has the student ever been turned down or the packet not taken by SSD?
- Y ___ N ___ Is the student a concern in Fluency? What Color: _____

MAP

Please write their performance level-Information in Student File (i.e. below basic, basic, proficient, advanced)

3 rd Grade		4 th Grade		5 th Grade	
Math	Com Arts	Math	Com Arts	Math	Com Arts

Stanford 10

Please write their performance level percents- Information in Student File
TR- Total Reading, TM- Total Math, L- Language

Content	Score		Content	Score

OLSAT- Information in Student File

1 st Grade				3 rd Grade			
Total	Verbal	N-Verbal	SAI	Total	Verbal	N-Verbal	SAI

GATES/STAR

Gates	STAR

Student Information from Parent/Guardian



Dear Parent/Guardian of: _____,

In order to serve the specific needs of your child, we need your input. Please complete all information requested and return the form to the school counselor.

Please return the form to the classroom teacher or counselor.

General Information

Name of Father: _____ Name of Mother: _____

Do both parents live at home? Yes No

If not, with whom does your child live? Name: _____

Relationship: _____ Phone: _____ Address: _____

Health History

Is your child under the care of a physician for a medical problem? Yes No

(If yes, please describe): _____

Is your child taking any medication(s)? Yes No

(If yes, please list): _____

Are there any significant factors related to your child's birth? Yes No

(If yes, please identify): _____

Did your child show any significant developmental delays in the past? Yes No

(If yes, check all that apply) Speech Motor Social Physical

Explain: _____

Does your child require special accommodations? Yes No

(If yes, check all that apply) Diet Building accessibility Physical Other

Explain: _____

Does your child receive services outside the school setting? Yes No

(If yes, check all that apply) Speech Physical Therapy Counseling Other

Explain: _____

Student Information from Parent/Guardian



School History

Has your child mentioned problems with school? Yes No If yes, please explain:

Do you think your child has a problem in school? Yes No

If yes, what is the problem? _____

What do you think is causing the problem? _____

Family and Home Information

Have any important changes occurred within the family during the last two years?

(Check all that apply) Moves Births Deaths Illnesses Separations Divorce Job Changes

Do any family members have learning difficulties? Yes No If yes, please explain:

What activities does your child participate in at home? (Check all that apply)

<input type="checkbox"/> Watches television	<input type="checkbox"/> Reads books	<input type="checkbox"/> Listens to music
<input type="checkbox"/> Plays electronic games	<input type="checkbox"/> Plays with others	<input type="checkbox"/> Spends time on computer
<input type="checkbox"/> Participates in sports	<input type="checkbox"/> Sleeps more than usual	<input type="checkbox"/> Prefers to be alone

What behaviors are frequently displayed by your child at home? (Check all that apply)

<input type="checkbox"/> Is honest	<input type="checkbox"/> Gets along with siblings	<input type="checkbox"/> Throws tantrums
<input type="checkbox"/> Is helpful	<input type="checkbox"/> Follows adult requests	<input type="checkbox"/> Argues
<input type="checkbox"/> Is responsible	<input type="checkbox"/> Has mood swings	<input type="checkbox"/> Disobeys
<input type="checkbox"/> Respects others	<input type="checkbox"/> Hits and/or kicks others	<input type="checkbox"/> Withdraws

What methods of discipline are used at home? (Check all that apply)

<input type="checkbox"/> Rewards for good behavior	<input type="checkbox"/> Assigned responsibilities	<input type="checkbox"/> Time out
<input type="checkbox"/> Verbal praise	<input type="checkbox"/> Early bedtime	<input type="checkbox"/> Spanking
<input type="checkbox"/> Special privileges	<input type="checkbox"/> Removal of privileges	<input type="checkbox"/> Extra chores

How does your child respond to discipline at home? *(Check all that apply)*

<input type="checkbox"/> Becomes obedient	<input type="checkbox"/> Throws tantrums	<input type="checkbox"/> Refuses to obey
<input type="checkbox"/> Withdraws	<input type="checkbox"/> Cries	<input type="checkbox"/> Throws or breaks things
<input type="checkbox"/> Blames others	<input type="checkbox"/> Hits and/or kicks	<input type="checkbox"/> Other _____

Are you experiencing any problems with your child at home?

Are there any concerns the school needs to be aware of?

What suggestions could you give the school to help your child?





Teacher Notification for PBIS Meeting

Date _____

Dear _____,
(Teacher)

The PBIS/RTI Intervention Meeting for _____ is scheduled
(Student)
on _____ at _____ and will be held in _____.
(Date) (Time) (Location)

The purpose of the PBIS meeting is to develop and/or review an Intervention Plan that addresses the student's academic performance and/or classroom behavior. The intervention(s) to promote improvement will be identified, ways to evaluate the effectiveness of the intervention will be specified, and resources to implement/evaluate the plan will be provided.

Please be prepared to discuss the following during the meeting:

- The main academic and/or behavioral concerns for which a referral was made and if the concerns have changed in any way (*Bring previous Intervention Plan(s)*)
- The student's academic and social strengths/weaknesses
- The interventions already implemented and to what extent they did or did not work
- The desired outcomes for the student
- Incentives/rewards for which the student may be willing to work
- Specific data that support the concerns

Please feel free to contact Brian or Shirley if assistance is needed with resources or with the implementation of an intervention plan.

Sincerely,



Team Member Notification for PBIS Meeting

Date _____

Dear _____,
(Teacher)

An PBIS meeting for _____ is scheduled
(Student)

on _____ at _____ and will be held in _____.
(Date) (Time) (Location)

The purpose of the PBIS meeting is to develop and/or review an intervention plan that will address the student's academic performance and/or classroom behavior. The intervention(s) to promote improvement will be identified, ways to evaluate the effectiveness of the intervention will be specified, and resources to implement/evaluate the plan will be provided.

Please review any attachments to this letter regarding background information on the student. Be prepared to discuss and develop intervention strategies.

Sincerely,

Section 4

Tier 1 Forms



EES
2009-2010



PBIS/RTI- Tier-1 Initial Meeting

Step 1

Student Information

Student: _____ Grade: _____ Date: _____

Campus: _____ Teacher: _____

Name of Parent/Guardian: _____ Phone: _____

Step 2

Parent/Teacher Discussion

Review academic and behavioral data from school-wide universal screenings for this student to address areas of concern(s).

- Review Teacher Referral Packet (Forms 1A, 1B, 1C, 1D and 1E) and Form 2A (Health Form from Nurse) and 2B (Student Home Information).

- Concern(s): Academic Behavior Both

Review teacher concern(s) occurring in the classroom: _____

Review parent concern(s) occurring at home: _____

- Based on discussion above, has the decision been made to develop a Behavior/ Academic Intervention Plan?

Yes (*Proceed to Step 3*) No (*Proceed to Step 4*)

Step 3

Develop Intervention Plan - *Form IP*

- It is recommended that the top 1 or 2 concerns be identified from discussion above.
- Obtain and complete one IP form for each concern.
- Attach all pages of IP forms together if more than one concern is addressed.
- Upon completion of the Intervention Plan, proceed to *Step 4* of this form.



PBIS/RTI- Tier-1 Initial Meeting

Step 4

Next Step in the RtI Process

- The decision has been made to *(Check all that apply)*:

1. Implement the Tier-1 Intervention Plan and schedule a PBIS/RTI Follow-up Meeting within 8-12 weeks to review student progress.

(Date)

(Time)

(Location)

2. Request additional assessment(s) listed below:

3. Initiate a referral to: Section 504 Special Education Other District Options
Reason for referral: _____

4. Other: _____

Step 5

Review of Meeting

- Ensure the Intervention Plan (*EES- Form 3A Behavior/Academic Education Plan*) has been developed, if applicable.
- Review the main points of the Intervention Plan with parent/guardian, if applicable.

Conclusion of Meeting

- Collect signatures of those in attendance.

Signature/Date: _____ Signature/Date: _____

Signature/Date: _____ Signature/Date: _____

Signature/Date: _____ Signature/Date: _____

Signature/Date: _____ Signature/Date: _____

Signature/Date: _____ Signature/Date: _____

- Provide copies of forms to PBIS Team Leader for follow-up information.

- If parent/guardian is not present, contact will be made via:

Phone Mail Note home Meeting

PBIS/RTI- Tier-1 Follow-up Meeting



Step 1

Student Information

Student: _____ Grade: _____ Date: _____
Campus: _____ Teacher: _____

Meeting Purpose

- Introduce and welcome all attendees.
- Discuss purpose of meeting: _____

Step 2

Evaluation of Previous Interventions

After review of previous intervention plan(s), answer the following questions.
Describe the intervention(s) tried and effectiveness of intervention(s): _____

Did the intervention(s) result in a decrease in the student's learning gap and/or problem behavior?
 Yes No *Explain:* _____

Does progress monitoring data determine the intervention to be effective?
 Yes No *Explain:* _____

Do assessments verify that student performance/behavior has improved?
 Yes No *Explain:* _____

Rate the results of intervention(s) attempted?
 High Level Improvement Moderate Level Improvement Slight Improvement
 No Change Decline

PBIS/RTI- Tier-1 Follow-up Meeting

Step 3

Placement Options

Based on the discussion of student data from Step 2 of this form, decide which option is most appropriate, and then proceed to the next required step.

Proceed to Step 4; if:	Complete:
<input type="checkbox"/> Decision is made to continue at Tier-1 with revisions/adjustments to the present intervention(s). <i>(Student remains at Tier-1.)</i>	Step 4 Revise Tier-1 Intervention Plan
<input type="checkbox"/> Decision is made to continue at Tier-1 and develop a new Tier-1 Intervention Plan. <i>(Student remains at Tier-1.)</i>	Step 4 Develop Tier-1 Intervention Plan

Proceed to Step 5; if:	Complete:
<input type="checkbox"/> Decision is made to continue at Tier-1 with the present intervention(s) without changes. <i>(Student remains at Tier-1.)</i>	Step 5 - 1
<input type="checkbox"/> Decision is made to initiate Tier-2 Referral. <i>(Student is referred to Tier-2.)</i>	Step 5 - 2
<input type="checkbox"/> Student has previously received Tier-2 intervention(s). Contact RtI Team Leader to schedule a Tier-2 Follow-up Meeting to develop a new Tier-2 Intervention Plan. <i>(Schedule Tier-2 Follow-up Meeting.)</i>	Step 5 - 3
<input type="checkbox"/> Decision is made to exit student from PBIS/RTI process and return to core instruction with continued monitoring.	Step 5 - 4
<input type="checkbox"/> Decision is made to request additional assessment(s).	Step 5 - 5
<input type="checkbox"/> Decision is made to initiate a referral to: <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education <input type="checkbox"/> Other District Options	Step 5 - 6
<input type="checkbox"/> Other <i>(specify details in step 5)</i>	Step 5 - 7

Step 4

Develop Academic/Behavior Intervention Plan -

- It is recommended that the top 1 or 2 concerns be identified from discussion above.
- Obtain and complete Form 3A Behavior/Academic Intervention Plan for each concern.
- Upon completion of the Intervention Plan, proceed to *Step 5* of this form.

PBIS/RTI- Tier-1 Follow-up Meeting

Step 5

Next Step in the RtI Process

Check one:

- 1. Schedule another Tier-1 Follow-up Meeting Date: _____ Time: _____
- 2. Initiate a Tier-2 Referral. (*The PBIS/RTI Team Leader will schedule the Tier-2 Initial Meeting within 10 days of receipt of Referral to Tier-2 form.*)
- 3. If student has previously received Tier-2 intervention(s), contact PBIS/RTI Team Leader to schedule a Tier-2 Follow-up Meeting.
- 4. Exit student from RtI process and return to core instruction with continued monitoring.
Date exited: _____
Reason for exit: _____

- 5. Request additional assessment(s).
List assessment(s): _____

- 6. Initiate a referral to: Section 504 Special Education Other District Options
Reason for referral: _____

- 7. Other: _____

Step 6

Review of Meeting

- Ensure the Intervention Plan (*Form 3A*) has been developed, if applicable.
- Review the main points of the Intervention Plan with parent/guardian, if applicable.

(Continue Step 6 on reverse side)



PBIS/RTI- Tier-1 Follow-up Meeting

Conclusion of Meeting

- Collect signatures of those in attendance.

Administration Signature: _____	Date: _____
Counselor Signature: _____	Date: _____
Teacher Signature: _____	Date: _____
Teacher Signature: _____	Date: _____
Teacher Signature: _____	Date: _____
Teacher Signature: _____	Date: _____
Teacher Signature: _____	Date: _____
Teacher Signature: _____	Date: _____
Teacher Signature: _____	Date: _____
Teacher Signature: _____	Date: _____
Teacher Signature: _____	Date: _____

- Provide copies of forms to parent/guardian if applicable.
- Provide copies of forms to PBIS/RTI Team Leader for follow-up information.
- If parent/guardian is not present, the counselor will contact via:

Phone
 Mail
 Note home
 Meeting

Additional Notes

(Please indicate the step number that you are referencing)



Behavior/Academic Intervention Action Plan

Student _____ Date: _____

Tier Level of Plan: ___ Tier-1 (Green) ___ Tier-2 (Yellow) ___ Tier-3 (Red)

Number of Concerns

- Number of concerns addressed in this intervention plan: (Circle one) **1** **2** **3** **4**
- It is recommended to focus on the top 1 or 2 concerns.

Developing the plan:

1. Concern # _____ of _____
 ___ Academic ___ Behavior

(State concern)

As a team, after discussion with the teacher and looking at the information collected, hypothesize the reason for the above concern:

2. Goal for Concern

(Restate your concern in easily observable, measurable student goals. Think SMART Goals!)

3. Brainstorm - List possible intervention strategies/accommodations:

4. Intervention Strategy/Accommodation - Choose 1 or 2 of the best strategies/accommodations from above to meet the Goal for Concern:

List the strategies that will be used.



Behavior/Academic Intervention Action Plan

5. Resources and/or Materials - List available resources and/or materials to assist in the implementation of the intervention(s)

6. Motivation/Incentive Strategies - List strategies that will have the greatest impact on the success of the student:

7. Person(s) Responsible/Schedule - List all personnel that will deliver intervention(s) and collect data:

8. Monitoring Strategy - Describe how the intervention(s) will be monitored:

Monitoring Period:	Begin Date: _____	End Date: _____
___ Weeks 1-2 Dates: _____		
Results: _____		
Progress toward goal(s): ___ Significant progress ___ Some progress ___ No progress		
___ Weeks 3-4 Dates: _____		
Results: _____		
Progress toward goal(s): ___ Significant progress ___ Some progress ___ No progress		
___ Weeks 5-6 Dates: _____		
Results: _____		
Progress toward goal(s): ___ Significant progress ___ Some progress ___ No progress		
___ Weeks 7-8 Dates: _____		
Results: _____		
Progress toward goal(s): ___ Significant progress ___ Some progress ___ No progress		
___ Weeks _____ Dates: _____		
Results: _____		
Progress toward goal(s): ___ Significant progress ___ Some progress ___ No progress		
Ensure student progress monitoring report is sent regularly to parent/guardian. (Form QC4)		

Section 5

Tier 2 Forms



EES
2009-2010



PBIS/RTI- Tier-2 Initial Meeting (Yellow)

Step 1

Student Information

Student: _____ Grade: _____ Date: _____

Campus: _____ Teacher: _____

Meeting Purpose/Introduction

- Introduce and welcome all attendees.
 - Discuss purpose of meeting: _____

Step 2

Assess Concern(s)

- Discuss and record teacher's concern(s):

- Discuss and record parent/guardian concern if applicable(s):

Step 3

Student Strengths/Incentives

- List the student's strengths:

- List incentives/rewards that the student responds to in a positive way:

- The student's preferred learning style is: Visual Auditory Tactile/Kinesthetic

PBIS/RTI- Tier-2 Initial Meeting (Yellow)



Step 4

Background Information

Refer to the following for this section:

- All Initial Teacher Reference Forms, Nurse Form, Assessment Page, Home Form, and Tier 1 Information
- Report card
- Attendance records
- Any other information available in the student's cumulative records, including discipline records and observation nor interviews completed



PBIS/RTI- Tier-2 Initial Meeting (Yellow)

Step 5

Baseline Data Information

Refer to the following for this section:

- Completed *Tier-2 Referral form*
- Student work samples
- Results from universal screening (PBIS/RTI Data Page, CBM's Common Assessments, Grade Level, etc.)
- Classroom assessments

Review baseline data to complete the information below.

Check areas of concern(s):

Yes No Universal Screening Data- *(If yes, explain):* _____

Yes No Behavioral Data- *(If yes, explain):* _____

Yes No Current Grades- *(If yes, explain):* _____

Yes No Reading Progress for Grade Level- *(If yes, explain):* _____

Yes No Written Language Progress for Grade Level- *(If yes, explain):* _____

Yes No Math Progress for Grade Level- *(If yes, explain):* _____

Yes No Other- *(If yes, explain):* _____

(Use additional notes section at the end of this form if more space is needed.)

PBIS/RTI- Tier-2 Initial Meeting (Yellow)



Step 6

Evaluation of Previous Interventions

- After review of **previous intervention plans**, answer the following questions.

Describe the intervention(s) tried and the effectiveness of the intervention(s).

Did the intervention(s) result in a decrease in the student's learning gap and/or problem behavior?
 Yes No Explain:

Does progress monitoring data determine the intervention to be effective?

Yes No Explain: _____

Do assessments verify that student performance/behavior has improved?

Yes No Explain: _____

Rate the results of interventions(s) attempted?

High Level Improvement Moderate Level Improvement Slight Improvement
 No Change Decline

PBIS/RTI- Tier-2 Initial Meeting (Yellow)



Step 7

Placement Options

Based on the discussion of student data from Steps 2-6 of this form, decide which option is most appropriate, then proceed to the next required step.

Proceed to Step 8, if:	Complete:
<input type="checkbox"/> Decision is made to continue at Tier-1 with the present intervention with revisions/adjustments. <i>(Student remains at Tier-1.)</i>	Step 8 Revise Tier-1 Intervention Plan
<input type="checkbox"/> Decision is made to develop a new Tier-1 academic and/or behavioral goal and select a new intervention to match each goal. <i>(Student remains at Tier-1.)</i>	Step 8 Develop Tier-1 Intervention Plan
<input type="checkbox"/> Decision is made to develop a Tier-2 Intervention Plan <i>(Student is placed in Tier-2)</i>	Step 8 Develop Tier-2 Intervention Plan

Proceed to Step 9, if:	Complete:
<input type="checkbox"/> Decision is made to continue the present intervention(s) at Tier-1. Teacher continues to monitor progress of student. <i>(Student remains at Tier-1)</i>	Step 9-1
<input type="checkbox"/> Decision is made to request additional assessment(s).	Step 9-3
<input type="checkbox"/> Decision is made to initiate a referral to: <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education <input type="checkbox"/> Other District Options	Step 9-4
<input type="checkbox"/> Other <i>(Specify details in step 9)</i>	Step 9-5

Step 8

Develop Intervention Plan – Form 5A

- It is recommended that the top 1 or 2 concerns be identified from discussion above.
- Obtain and complete one IP form for each concern.
- Attach all pages of IP forms together if more than one concern is addressed.
- Upon completion of the Intervention Plan, proceed to Step 9 of this form.

PBIS/RTI- Tier-2 Initial Meeting (Yellow)

Step 9

Next Step in the PBIS/ RtI Process

Check One:

1. Schedule another Tier-2 Follow-up Meeting Date: _____ Time: _____

2. Schedule Tier-2 Follow-up Meeting Date: _____ Time: _____

3. Request additional assessment(s).

List assessment(s): _____

4. Initiate a referral to: Section 504 Special Education Other District Options

Reason for referral: _____

5. Other: _____

Step 10

Schedule Classroom Intervention Meeting

- Schedule date/time for PBIS Team Leader to meet with classroom teacher for initial implementation verification.

(Must be scheduled within one week after Tier-2 meeting): _____

Step 11

Review of Meeting

- Ensure the Intervention Plan (*Form IP*) has been developed, if applicable.
- Review the main points of the Intervention Plan with team members, if applicable.
- Ensure that all attendees understand their assigned responsibilities in delivering the interventions and are provided a copy of the Intervention Plan, if applicable.

(Continue Step 11 on next page)

PBIS/RTI- Tier-2 Initial Meeting Summary (Yellow)



Student _____ Grade _____ Date _____

Conclusion of Meeting

- Collect signatures of those in attendance.
 - ___ PBIS/RTI Team Leader Signature: _____
 - ___ Principal/Administrator Signature: _____
 - ___ General Education Teacher Signature: _____
 - ___ Sp. Ed. Representative Signature: _____
 - ___ Teacher Signature: _____
 - ___ Teacher Signature: _____
 - ___ Teacher Signature: _____
 - ___ Teacher Signature: _____
 - ___ Teacher Signature: _____
 - ___ Teacher Signature: _____
- Provide copies of forms to parent/guardian.
- Provide copies of forms to PBIS Team Leader for follow-up information.
- If parent/guardian is not present, contact will be made via:

___ Phone ___ Mail ___ Note home ___ Meeting

Additional Notes

(Please indicate the step number that you are referencing.)

PBIS/RTI- Tier-2 Follow-up Meeting (Yellow)



Step 1

Student Information

Student: _____ Grade: _____ Date: _____
Campus: _____ Teacher: _____

Meeting Purpose

- Introduce and welcome all attendees.
- Discuss purpose of meeting: _____

Step 2

Evaluation of Previous Interventions

After review of previous intervention plan(s), answer the following questions.

Describe the intervention(s) tried and effectiveness of intervention(s): _____

Did the intervention(s) result in a decrease in the student's learning gap and/or problem behavior?

Yes No Explain: _____

Does progress monitoring data determine the intervention to be effective?

Yes No Explain: _____

Do assessments verify that student performance/behavior has improved?

Yes No Explain: _____

Rate the results of intervention(s) attempted?

High Level Improvement Moderate Level Improvement Slight Improvement

No Change Decline



Tier-2 Follow-up Meeting

Step 3

Placement Options

Based on the discussion of student data from Step 2 of this form, decide which option is most appropriate, then proceed to the next required step.

Proceed to Step 4; if:	Complete:
<input type="checkbox"/> Decision is made to discontinue the present intervention(s), develop new intervention(s), and return student to Tier-1. Teacher continues to monitor progress of student. <i>(Student placed in Tier-1.)</i>	Step 4 Develop Tier-1 Intervention Plan
<input type="checkbox"/> Decision is made to continue at Tier-2 with the present intervention with revisions/adjustments. <i>(Student remains in Tier-2.)</i>	Step 4 Revise Tier-2 Intervention Plan
<input type="checkbox"/> Decision is made to develop a new Tier-2 academic and/or behavioral goal and select a new intervention to match each goal. <i>(Student remains in Tier-2.)</i>	Step 4 Develop Tier-2 Intervention Plan
<input type="checkbox"/> Decision is made to develop a <i>Tier-3 Intervention Plan</i> . At this point, this Tier-2 Follow-up Meeting becomes a Tier-3 meeting. Select more intensive intervention(s) for a longer duration to match the goals for the <i>Tier-3 Intervention Plan</i> . <i>(Student is placed in Tier-3.)</i>	Step 4 Develop Tier-3 Intervention Plan

Proceed to Step 5; if:	Complete:
<input type="checkbox"/> Decision is made to continue at Tier-2 with the present intervention(s) without changes. <i>(Student remains at Tier-2.)</i>	Step 5 - 2
<input type="checkbox"/> Decision is made to discontinue intervention(s) and return to core instruction with continued monitoring. <i>(Exit student from RtI process.)</i>	Step 5 - 4
<input type="checkbox"/> Decision is made to request additional assessment(s).	Step 5 - 5
<input type="checkbox"/> Decision is made to initiate a referral to: <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education <input type="checkbox"/> Other District Options	Step 5 - 6
<input type="checkbox"/> Other <i>(specify details in step 5)</i>	Step 5 - 7

Step 4

Develop Intervention Plan - Form 5A

- It is recommended that the top 1 or 2 concerns be identified from discussion above.
- Obtain and complete one IP form for each concern.
- Attach all pages of IP forms together if more than one concern is addressed.
- Upon completion of the Intervention Plan, proceed to *Step 5* of this form.



PBIS/RTI- Tier-2 Follow-up Meeting (Yellow)

Step 5

Next Step in the PBIS/RTI Process

Check one:

- 1. Schedule Tier-1 Follow-up Meeting Date: _____ Time: _____
- 2. Schedule another Tier-2 Follow-up Meeting Date: _____ Time: _____
- 3. Schedule Tier-3 Follow-up Meeting Date: _____ Time: _____
- 4. Exit student from RtI process and return to core instruction with continued monitoring.
Date exited: _____
Reason for exit: _____

- 5. Request additional assessment(s).
List assessment(s): _____

- 6. Initiate a referral to: Section 504 Special Education Other District Options
Reason for referral: _____

- 7. Other: _____

Step 6

Review of Meeting

- Ensure the Intervention Plan (*Form IP*) has been developed, if applicable.
- Review the main points of the Intervention Plan with team members, if applicable.
- Ensure that all attendees understand their assigned responsibilities in delivering the interventions and are provided a copy of the Intervention Plan, if applicable.

(Continue Step 6 on reverse side)



Behavior/Academic Intervention Action Plan- Tier 2

Student _____ Date: _____

Tier Level of Plan: ___ Tier-1 (Green) ___ Tier-2 (Yellow) ___ Tier-3 (Red)

Number of Concerns

- Number of concerns addressed in this intervention plan: (Circle one) **1** **2** **3** **4**
- It is recommended to focus on the top 1 or 2 concerns.

Developing the plan:

1. Concern # _____ of _____
 ___ Academic ___ Behavior

(State concern)

As a team, after discussion with the teacher and looking at the information collected, hypothesize the reason for the above concern:

2. Goal for Concern

(Restate your concern in easily observable, measurable student goals. Think SMART Goals!)

3. Brainstorm - List possible intervention strategies/accommodations:

4. Intervention Strategy/Accommodation - Choose 1 or 2 of the best strategies/accommodations from above to meet the Goal for Concern:

List the strategies that will be used.



Behavior/Academic Intervention Action Plan- Tier 2

5. Resources and/or Materials - List available resources and/or materials to assist in the implementation of the intervention(s)

6. Motivation/Incentive Strategies - List strategies that will have the greatest impact on the success of the student:

7. Person(s) Responsible/Schedule - List all personnel that will deliver intervention(s) and collect data:

8. Monitoring Strategy - Describe how the intervention(s) will be monitored:

Monitoring Period:	Begin Date: _____	End Date: _____
___ Weeks 1-2 Dates: _____		
Results: _____		
Progress toward goal(s): ___ Significant progress ___ Some progress ___ No progress		
___ Weeks 3-4 Dates: _____		
Results: _____		
Progress toward goal(s): ___ Significant progress ___ Some progress ___ No progress		
___ Weeks 5-6 Dates: _____		
Results: _____		
Progress toward goal(s): ___ Significant progress ___ Some progress ___ No progress		
___ Weeks 7-8 Dates: _____		
Results: _____		
Progress toward goal(s): ___ Significant progress ___ Some progress ___ No progress		
___ Weeks _____ Dates: _____		
Results: _____		
Progress toward goal(s): ___ Significant progress ___ Some progress ___ No progress		
Ensure student progress monitoring report is sent regularly to parent/guardian. (Form QC4)		

Section 6

Observation and Monitoring Forms



**EES
2009-2010**



Classroom Observation Record Protocol

Pupil: _____ Comparison: _____
 Age: _____ Age: _____
 Grade: _____ School: _____
 Date: _____ Teacher: _____
 Start Time: _____ End Time: _____

Observer: _____
 Class Size: _____
 Class Type: _____
 IEP: _____
 Total Time: _____

- A. Description of observable, measurable behavior.
- B. Classroom activity and explicit rules in effect at the time of the observation.
- C. Description of observation technique (interval of time and sample).

Behavior Codes	Grouping Codes	Teacher/Peer Reaction
T- On Task V- Verbal Off Task M- Motor Off Task P-Passive Off Task O- O- O-	L- Large Group S- Small Group O- 1 to 1 I- Independent Action F- Free Time __- __-	AA = Attention to all A+ =Positive Attention to Student A- = Negative Attention to Student Ao = No Attention at All An + Neutral attention to Student __ = __ =

Time	Pupil	Comparison	Class Scan Check	Notes	Grouping	Teacher Reaction	Peer Reaction
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
Summary							

Classroom Observation

Name and Title of Observer: _____

Student: _____ Grade: _____ Date: _____

Classroom Teacher: _____

Name of Person Referring Student: _____

Circumstances of Observation: (*subject, teacher, time of day, reason for observation, etc.*)

Comparison of Performance

Compare this student's performance with that of the majority of other students in the classroom.

- How the student works more slowly more quickly about the same
- Focus and attention span more slowly more quickly about the same
- Activity level of the student more slowly more quickly about the same
- Language Skill more slowly more quickly about the same
- Demonstration of interest more slowly more quickly about the same
- Difficulty/frustration with content more slowly more quickly about the same
- Emotional/social maturity more slowly more quickly about the same
- Other (specify) more slowly more quickly about the same

Teaching Method

(Check all that apply)

- Teaching Methods Observed
 - visual auditory large group small group peer tutoring
 - other (specify) _____
- Conceptual Content
 - concrete abstract both
- Behavior Reinforcement
 - positive negative ignored
 - other (specify) _____

(Check all that apply)

- How much movement/activity is allowed? a great deal some minimal none
- How much talking/noise is tolerated? a great deal some minimal none
- What type(s) of feedback were given? praise criticism reward punishment
- What tone/manner was used to communicate? supportive matter-of-fact harsh
- During this observation, how did the teacher spend most of his/her time? (*e.g. at the board, with a small group, at the teacher's desk, circulating among students at work, etc.*) _____
- What about the teacher or classroom seemed to have a positive or negative effect on the students in general or on this student in particular? _____

Classroom Observation



Student Behavior

The student: *(Please answer every question)*

- performs with the group. Yes No Not Observed
- voluntarily participates in activities. Yes No Not Observed
- is responsive to the teacher. Yes No Not Observed
- follows oral instructions. Yes No Not Observed
- follows written instructions. Yes No Not Observed
- is responsive to other students. Yes No Not Observed
- interacts with peers appropriately. Yes No Not Observed
- appears prepared and organized. Yes No Not Observed
- starts and stays on task. Yes No Not Observed
- finishes what is started. Yes No Not Observed
- answers when called on. Yes No Not Observed
- responds appropriately to correction. Yes No Not Observed
- shows independence. Yes No Not Observed
- seems alert (not sleepy or lethargic) Yes No Not Observed

Based on this observation, check area(s) of concern:

- | | | |
|---|--|--|
| <input type="checkbox"/> English proficiency | <input type="checkbox"/> Instructional level | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Developmental concerns | <input type="checkbox"/> Motor skills | <input type="checkbox"/> Emotional development |
| <input type="checkbox"/> Psychological concerns | <input type="checkbox"/> Giftedness | <input type="checkbox"/> Family |
| <input type="checkbox"/> Cultural influences | <input type="checkbox"/> Health/Medical issues | <input type="checkbox"/> Other (<i>describe below</i>) |

Comments: _____

Student Strengths

What strengths observed in this student could be used in designing interventions?

Summary

Please provide a narrative summary of the student's learning/behavior.

Student Status Log



Student Name: _____ Classroom Teacher: _____

***Update after every Problem Solving Meeting**

Meeting Date	Notes/Strategies	Next MTG
	__ Red, __ Yellow, __ Green	
	__ Red, __ Yellow, __ Green	
	__ Red, __ Yellow, __ Green	



Student Status Log

Student Name: _____ Classroom Teacher: _____

***Update after every Problem Solving Meeting**

Meeting Date	Notes/Strategies	Next MTG
	__ Red, __ Yellow, __ Green	
	__ Red, __ Yellow, __ Green	
	__ Red, __ Yellow, __ Green	

Section 7

Alternative Meeting Forms and Action Plan



**EES
2009-2010**

PBIS/RTI Meeting Form Alternative

Student Name: _____

Meeting Date: _____

<p>Step 1</p> <p>Review Teacher Referral Packet, Parent Information, and Health Information.</p>	
<p>Step 2</p> <p>Define the problem. What does the data and discussion tell us about the student?</p>	
<p>Step 3</p> <p>Define the desired outcome that you want for the student. SMART Goal</p>	
<p>Step 4</p> <p>Brain Storm Solutions (Do not evaluate)</p> <p>Think about what we do for students.</p> <p>Think about how we give support.</p> <p>Think about how we will maintain change.</p> <p>Circle the Strategies chosen.</p>	

