

Student: _____ DOB: _____ ID: _____

Grade: _____ Referring Teacher: _____ School: _____

Date: Forms for referring teacher:

- _____ **PST 1** Complete this form to identify concerns of the student.
- _____ **Student Progress Profile** Complete *Student Progress Profile* form on page 6; attach reports.
- _____ **PST 2** Complete this form each time an informal parent contact is made.
- _____ **PST 2** Second informal parent contact is made.
The referring teacher should have at least two informal contacts before meeting with the team.
- _____ **PST 3** Complete this observation form of the student's performance, behaviors, and interactions.
When more than one teacher is providing instruction to the student, teachers with concerns about the student's performance in their content area should complete a PST 3. (i.e. reading teacher, math teacher, language arts teacher.)
- _____ **PST 4** Complete this form to recommend a speech screening only. Complete this form to allow SLP to listen to students to determine if screening is necessary.
- _____ **PST 5** Have the parent/guardian of the student sign the consent form for screening.
- _____ **PST 7** Complete this form only if there are behavior concerns.
The previous forms must be completed before giving the Rtl folder to the Guidance Counselor.
- _____ **Rtl Folder given to Guidance Counselor** –Based on input from teacher and parent, Guidance Counselor will determine which screenings should be completed with the student. (Vision and Hearing Screenings must be completed for all referrals.)

Date: Forms for support staff to complete:

- _____ **PST 6** Vision/Hearing Screening completed by School Nurse
- _____ **PST 6** Language Screening completed by Speech/Language Therapist (if reading/language is area of concern)
- _____ **PST 6** Vanderbilt Behavior Screening completed by Guidance Counselor if behavior is area of concern (Attention, discipline, etc.)
- _____ **PST 6** Cognitive screening completed by Guidance Counselor only if team needs to rule out possible cognitive deficits.

Forms for the Problem Solving Team's first review of student data if there are no cognitive concerns:

- _____ **Date set by Guidance Counselor for first Problem Solving Team Meeting**
- _____ **Meeting Invitation** for first PST meeting sent to parent by Guidance—(or notify parent by phone)
- _____ **PST 8 (First Intervention)** Team develops an implementation plan for the first intervention
Use the **Data Worksheet or Fidelity Worksheet** to record dates and data of first intervention.
- _____ **PST 9 (First Intervention)** Complete this form once intervention has been implemented as recommended on PST 8. Progress monitoring must be completed. Remember a minimum of 2 interventions are required. ***Invite parent to meeting.**
- _____ **PST 8 (Second Intervention)** Team develops an implementation plan for the second intervention. Use the Data worksheet or Fidelity worksheet to record dates and data of second intervention.
- _____ **PST 9 (Second Intervention)** Complete this form once intervention has been implemented as recommended on 2nd PST 8. Progress monitoring must be completed. ***Invite parent to meeting.**

Date: Forms completed by the Guidance Counselor for Formal Evaluations:

- _____ **PST Meeting Invitation** Guidance invites the parent/guardian to the PST meeting to discuss formal evaluation process.
(This may be the same date of the last PST 9 second intervention review.)
- _____ **Problem Solving Team Meeting Summary** completed by the guidance counselor at meeting.
- _____ ****PST 10** If the team recommends any type of formal evaluation, this form must be signed by the parent.
--OR--
- _____ **ESE 19** (Use this form only if the student is already enrolled in an ESE program), an ESE 19 Consent for Reevaluation form must be completed instead of a **PST 10** for formal evaluations. (**Complete "Meeting Participation Statement" Form**)
- _____ **PST 11** All PST 10 and ESE 19 forms must be accompanied by a PST 11 Referral for Formal Evaluation and signed by all team members.
- _____ **ESE 7** Social/Developmental History is a formal evaluation and must be completed at this meeting for all referrals except speech or gifted.
Send completed RTI folder to the ESE Director if a formal evaluation is requested.
- **Immediately send the PST 10 evaluation and the completed Rtl folder to the ESE Director when the parent/guardian has given consent for evaluation. The 60 day timeline begins on the day the initial consent for evaluation form (PST10) is signed by parent.**
- **Invite parents to all Intervention meetings.**
- **If more than 2 interventions are needed document all additional interventions on a PST8 and PST 9 forms.**

Student: _____ DOB: _____ ID: _____

Grade: _____ Referring Teacher: _____ School: _____

Date: _____ Forms for referring teacher:

- _____ **PST 1** Complete this form to identify concerns of the student.
- _____ **Student Progress Profile** Complete *Student Progress Profile* form on page 6; attach reports.
- _____ **PST 2** Complete this form each time an informal parent contact is made.
The referring teacher should have at least two informal contacts before meeting with the team.
- _____ **PST 2** Second informal parent contact is made.
The referring teacher should have at least two informal contacts before meeting with the team.
- _____ **PST 3** Complete this observation form of the student's performance, behaviors, and interactions.
When more than one teacher is providing instruction to the student, teachers with concerns about the student's performance in their content area should complete a PST 3. (i.e. reading teacher, math teacher, language arts/English teacher)
- _____ **PST 4** Complete this form only if there are speech concerns in addition to other concerns.
- _____ **PST 5** Have the parent/guardian of the student sign the consent form for screening.
- _____ **PST 7** Complete this form only if there are behavior concerns.
The previous forms must be completed before giving the Rtl folder to the Guidance Counselor.
- _____ **Rtl Folder given to Guidance Counselor** - Based on input from teacher and parent, the Guidance Counselor will determine which screenings should be completed with the student. (Vision and hearing screenings must be completed for all referrals.)

Date: _____ Forms for support staff to complete:

- _____ **PST 6** Vision/Hearing Screening completed by School Nurse
- _____ **PST 6** Speech and/or Language Screening completed by Speech /Language Therapist (if speech and/or language is area of concern)
- _____ **PST 6** Vanderbilt Behavior Screening completed by Guidance Counselor (if behavior is area of concern)
- _____ **PST 6** Cognitive Screening completed by Guidance Counselor

Date: _____ Forms completed by the Guidance Counselor for Formal Evaluations:

- _____ **Guidance Counselor will set date for first Problem Solving Team Meeting**
- _____ **PST Meeting Invitation** If cognitive concerns are confirmed by the screening, a formal parent meeting must be scheduled to discuss concerns and the formal evaluation process. Send meeting invitation to parent or contact by phone.
- _____ **Problem Solving Team Meeting Summary** completed by the guidance counselor at meeting.
- _____ ****PST 10** If the team recommends any type of formal evaluation, this form must be signed by the parent.
- _____ **-- OR --**
- _____ **ESE 19** Use this form only if the student is already enrolled in an ESE program, an ESE 19 Consent for Reevaluation must be completed instead of a **PST 10** for formal evaluations. (Complete "Meeting Participation Statement" Form)
- _____ **PST 11** All PST 10 and ESE 19 forms must be accompanied by a PST 11 Referral for Formal Evaluation and signed by all team members.
- _____ **ESE 7** Social/Developmental History is a formal evaluation and must be completed at this meeting.
Send completed RTI folder to the ESE Director if a formal evaluation is requested.
- _____ ****Immediately send the PST 10 evaluation and the completed Rtl folder to the ESE Director when the parent/guardian has given consent for evaluation. The 60 day timeline begins on the day the initial consent for evaluation form (PST 10) is signed by the parent.**

Attach to the cover of the RtI folder
Calhoun County Schools
Speech Referral Timeline

Student: _____ DOB: _____ ID: _____

Grade: _____ Referring Teacher: _____ School: _____

Date: _____ **Forms for referring teacher to complete:**

- _____ **PST 1** Complete this form to identify concerns of the student.
_____ **PST 2** Complete this form to document the presenting problem/description of the speech problem of the student with the parent.
_____ At this meeting, complete the **PST 4** with the parent and student (*if age appropriate*) and have the parent sign the **PST 5** if the parent agrees with the teacher's recommendation for a speech screening.
_____ **PST 3** Complete #s **1, 7, 9, and 16 for speech referrals only**. Indicate other areas as N/A for speech referrals.
_____ **PST 4** Complete this form to recommend a speech, language, vision, and hearing screening.
_____ **PST 5** Have the parent/guardian of the student sign the consent form for screening.
_____ **The previous forms must be completed before giving the RtI folder to the Guidance Counselor.**
_____ **RtI Folder given to Guidance Counselor**

Date: _____ **Forms for Support Staff to complete:**

- _____ **PST 6** Vision/Hearing Screening completed by School Nurse
_____ **PST 6** Speech/Language Screening completed by Speech/Language Therapist
_____ *If the student passes the speech screening, no further evaluation is needed and the parent should be informed of the results of the screening.*
_____ *If the student does not pass any section of the screening, another meeting is held to discuss the results of the screening and to obtain permission for a formal speech evaluation.*
_____ **Meeting Invitation** for the first PST meeting sent to parent by Guidance (or contact by phone).
_____ **Problem Solving Team Meeting Summary** completed by the guidance counselor at meeting.
_____ ****PST 10** Have the parent sign this form for the speech evaluation
_____ **-- OR --**
_____ **ESE 19** Use this form only if the student is already enrolled in an ESE program, an ESE 19 Consent for Reevaluation must be completed instead of a **PST 10**. (Complete "Meeting Participation Statement" Form)
_____ **PST 11** All PST 10 or ESE 19 forms must be accompanied by a PST 11 Referral for Formal Evaluation and signed by all team members.

****Immediately send the PST 10 evaluation and the completed referral packet to the ESE Director when the parent/guardian has given consent for evaluation. The 60 day timeline begins on the day of the initial consent for evaluation form (PST 10) is signed by the parent.**

- _____ Speech referral folder completed
_____ Speech referral folder sent to the ESE Director
_____ Speech referral folder received in the ESE office
_____ Speech referral folder given to SLP
_____ Date of Evaluation
_____ Completed evaluation and referral folder returned to ESE Director by the SLP

Statement of Eligibility: _____ Qualifies for Speech _____ Does not qualify for Speech

Calhoun County Schools
Referral Checklist for Students with Physical/Health Concerns

Student: _____ DOB: _____ ID: _____

Grade: _____ Teacher: _____ School: _____

Date: _____ Forms for referring teacher to complete:

- _____ **PST 1** Complete this form to identify concerns of the student.
- _____ **Student Progress Profile** Complete *Student Progress Profile* form on page 6; attach reports.
- _____ **PST 2** Complete this form each time an informal parent contact is made.
- _____ **PST 3** Complete this observation form of the student's performance, behaviors, and interactions.
- _____ **PST 5** Have the parent/guardian of the student sign the consent form for screening.
- _____ **The previous forms must be completed before giving the Rtl folder to the Guidance Counselor.**
- _____ **Rtl Folder given to Guidance Counselor** - Based on input from the teacher and parent, the Guidance Counselor will determine which screenings should be completed with the student. (Vision and hearing screenings must be completed for all referrals.)

Date: _____ Forms for Support Staff to complete:

- _____ **PST 6** Vision/Hearing Screening completed by School Nurse
- _____ **PST 6** Speech/Language Screening completed by Speech/Language Therapist (if speech and/or language is area of concern)
- _____ **PST 6** Vanderbilt Behavior Screening completed by Guidance Counselor (if behavior is area of concern)

Date: _____ Forms for Guidance Counselor to complete:

- _____ **Meeting Invitation** for PST meeting sent to parent by Guidance or (contact by phone)
- _____ **Problem Solving Team Meeting Summary** completed by the guidance counselor at meeting
- _____ ****PST 10** Have the parent sign the consent for evaluation to assess academic areas
- _____ **-- OR --**
- _____ **ESE 19** Use this form only if the student is already enrolled in an ESE program, an ESE 19 Consent for Reevaluation must be completed instead of a **PST 10** (Complete "**Meeting Participation Statement**" Form)
- _____ **ESE 12C Physician's Certification of Physical Impairment** (This is considered a formal evaluation.)
Give this form to the parent/guardian to have the student's physician complete.
- _____ **ESE 22 Release of Information** Have the parent/guardian sign this form to allow the request of medical records.
- _____ **PST 11** All PST 10 forms must be accompanied by a **PST 11 Referral for Formal Evaluation** and signed by all team members.
- _____ **ESE 7** Social/Developmental History is a formal evaluation and must be completed at this meeting.
- _____ Date referral folder completed
- _____ Date referral folder sent to the ESE Director
- _____ Date referral folder received in the ESE office
- _____ Date referral folder given to School Psychologist
- _____ Date of Evaluation
- _____ Completed evaluation and referral folder returned to ESE Director by School Psychologist

Statement of Eligibility: _____ Qualifies for Other Health Impaired _____ Does not qualify for OHI

**Calhoun County Schools
Gifted Referral Checklist**

Student: _____ DOB: _____ ID: _____

Grade: _____ Referring Teacher: _____ School: _____

Date: _____ **Form for referring teacher:**

Student Progress Profile Complete a profile for the student for the current school year.
If it is the beginning of the school year a profile may be completed for the previous school year.

Date: _____ **Forms for Guidance Counselor to complete:**

_____ **Meeting Invitation** for first meeting sent to parent by Guidance (or notify by phone)

_____ **Meeting Summary** completed by guidance counselor at the parent meeting

_____ **PST 5** Have parent/guardian sign consent for screening.

_____ **PST 6** Cognitive screener completed by guidance counselor

_____ Meeting Invitation completed by guidance counselor for follow-up meeting (or notify by phone)

_____ Meeting Summary completed by guidance counselor summarizing results of cognitive screener.

_____ **PST 10** Have the parent sign this form for permission to complete the Gifted Characteristic Checklist and the Individual Intellectual Evaluation if team recommends full evaluation or parent requests full evaluation.

_____ Complete "**Meeting Participation Statement**" Form

_____ **ESE 6 Gifted Referral Checklist** completed by the student's teacher

_____ **PST 11 Referral for Formal Evaluation** signed by all team members
*Immediately send the PST 10 evaluation and the completed RTI Folder to the ESE Director when the parent/guardian has given consent for evaluation. The 60 day timeline begins on the day the initial consent for evaluation form (PST 10) is signed by parent.

_____ Date Gifted referral folder completed

_____ Date Gifted referral folder sent to the ESE Director

_____ Date Gifted referral folder received in the ESE office

_____ Date Gifted referral folder given to School Psychologist

_____ Date of Evaluation

_____ Completed evaluation and referral folder returned to ESE Director by School Psychologist

Statement of Eligibility: _____ Qualifies for Gifted _____ Does not qualify for Gifted

Calhoun County Schools
Student Data Collection: Cumulative Review

PST 1

Student: _____ Grade: _____ School: _____

TEACHER	YES	NO	COMMENTS
Attendance Concerns (Tardies/Absences)			
Family Factors			
Multiple school enrollment history			
Vision concerns If yes, PST 5 Screening form needed			
Hearing concerns If yes, PST 5 Screening form needed			
Speech concerns If yes, PST 5 Screening form needed			
Language concerns If yes, PST 5 Screening form needed			
Academic concerns If yes, PST 5 Screening form needed			
Behavior concerns If yes, PST 5 Screening form needed			
Attention concerns If yes, PST 5 Screening form needed			
Medical, mental health or health concerns, medications			
GUIDANCE	YES	NO	COMMENTS
Previous Psychological and/or Social Developmental History			
Retentions-If yes, indicate grade level(s) of retention			
Intervention History			
IEP History			
504 Plan			
ELL			
Low SES			
Other Concerns:			

Teacher Signature

Date

Calhoun County Schools
Student Data Collection: Informal Parent Contact & Resource Consultations
PST 2 (Two parent contacts are required.)

Student: _____ Grade: _____ School: _____

Parent/Guardian Consultation(s) Contact 1:

Meetings	Plan/Outcome from meeting: (Write a brief meeting summary.)
Meeting # _____	Date of Meeting: _____
Phone In Person Email* Text Msg* Name of parent/guardian: _____ Teacher Signature: _____ <small>*staple copy of conversation if email or text</small>	_____ Vision, Hearing, Speech, Language, Behavior Screening is requested. Parent/guardian must sign a PST 5 Parental Notice/Consent for Screening and Intervention Activities.

Parent/Guardian Consultation(s) Contact 2:

Meetings	Plan/Outcome from meeting: (Write a brief meeting summary.)
Meeting # _____	Date of Meeting: _____
Phone In Person Email* Text Msg* Name of parent/guardian: _____ Teacher Signature: _____ <small>*staple copy of conversation if email or text</small>	_____ Vision, Hearing, Speech, Language, Behavior Screening is requested. Parent/guardian must sign a PST 5 Parental Notice/Consent for Screening and Intervention Activities.

Calhoun County Schools Student Data Collection: Teacher Input & Observations

PST 3 (Complete #'s 1,7, 9, and 16 for Speech Referrals only. Indicate other areas as N/A for speech referrals.)

Student: _____ Grade: _____ School: _____

1) Academic Enablers:

Check appropriate description:	Always	Usually	Sometimes	Never
Attends class				
Is on time				
Comes to class prepared				
Completes class assignments				
Turns in homework				
Follows directions independently				
Appears to try hard/ Is motivated				

2) Academic Performance as compared to grade level expectancies: (check appropriate description)

Subject	Below Expectations	Meeting Expectations	Exceeding Expectations	Present Grade Average
Reading				
Language Arts				
Math				
Science				
Social Studies				
Other (specify):				

3) Indicate specific area(s) of concern in READING:

Phonemic Awareness
 Decoding short words
 Decoding multisyllabic words
 Word Identification
 Sight Words (automaticity of recall)
 Reading Comprehension
 Reading Fluency
 Vocabulary Development
 Other: _____
 N/A

4) Indicate specific area(s) of concern in MATH:

Basic Math Facts (automaticity of recall)
 Computation
 Problem-Solving
 Word Problems
 Geometry
 Measurement
 Probability/Data
 Analysis
 Other: _____
 N/A

5) If academic performance is below expectations, what percentage of the class exhibits similar academic problems?

(Attach evidence i.e. STAR reports, i-Ready, FAST ELA/Math Data, etc.)

5% or less
 5%-20%
 20-50%
 Over 50%

6) Classroom Interaction with Teacher:

Check appropriate description:	Always	Usually	Sometimes	Never
Demands Teacher Attention				
Appears inattentive, easily distracted				
Excessive concern with achievement				
Participates in class discussion/activities				
Responds appropriately to praise				
Responds appropriately to correction				
Impulsive—talks out—difficulty waiting turn				
Refuses to follow directions				
Makes inappropriate responses to conversation and questions				
Constantly seeks attention from adults				

7) Communication Observations:

Check appropriate description:	Always	Usually	Sometimes	Never
Misinterprets verbal questions and directions				
Poor understanding of vocabulary				
Difficulty following directions in sequence				
Difficulty expressing ideas				
Difficulty understanding student's speech				
Cannot imitate sounds correctly				
Speech not fluent, e.g. stuttering				
Vocal quality is hoarse, nasal, or has strident pitch				
Possible hearing problems				

8) Work Behavior:

Check appropriate description:	Always	Usually	Sometimes	Never
Reverses/confuses letters, words, numbers				
Frequently loses place when reading				
Poor gross motor control				
Poor fine motor control				
Difficulty staying on the line when writing				
Slow to react to and follow directions				
Performs inconsistently from day to day				
Difficulty working in whole group				
Difficulty working in small group				
Difficulty working independently				
Working one or more grade levels below in subject area : List area: _____				

9) Classroom Interaction with Peers:

Check appropriate description:	Always	Usually	Sometimes	Never
Interacts with peers inappropriately				
Disturbs others				
Leads others in inappropriate behaviors				
Joins others in inappropriate behaviors				
Low frustration tolerance				
Appears withdrawn				
Constantly seeks attention from other students				
Picks on others				
Is picked on by others				
Engages in destructive and/or aggressive behavior				
Poor judgment in interpersonal relations				

10) Indicate other specific area(s) of concern if applicable:

____ Medical: (_____) ____ Attendance ____ Motor Skills ____ Listening Comprehension
____ Speech ____ Language ____ Social Skills ____ Anxiety ____ Vision ____ Hearing
____ Other:

____ N/A

11) Describe what you think is the student's biggest problem academically:

12) Why do you think this problem is occurring?

13) What strategies have been implemented in your classroom to help solve this problem?

14) What are the strengths of the student academically?

15) Describe any recent trauma the student may have experienced (i.e. parents divorced, illness of student or family members, death of family member, etc.)

16) Does the student seek assistance from teachers, peers, others? Yes No

17) Is there evidence the student gets support from home to complete homework? Yes No

18) Are the student's achievement scores consistent with the student's grades Yes No

19) Has there been a significant change in the student's classroom performance within the last 6-12 months? Yes No

_____ **Date of PST 5 Parental Notice/Consent for Screening and Intervention Activities signed by the parent**
_____ **Date completed PST 1, 2, 3, and 5 is given to the PST Chair** (Include PST 4 if this is a Speech Referral)

Data attached: ____ i-READY READING ____ i-READY MATH ____ STAR READING ____ STAR MATH
____ N/A if this is a speech referral or PK Student ____ FOCUS/PAEC RtI Profile

Teacher Signature: _____ **Date:** _____

PST 3 Teacher Input & Observations Original and copy in RtI folder Copy to parent

Calhoun County Schools
Problem Solving Team: Recommendation for Speech Screening
PST 4 (For Speech Concerns Only)

Student: _____ Grade: _____ School: _____

What is the presenting problem concern/description of problem according to the

Teacher: _____

Parent: _____

Student (if appropriate): _____

Is this student enrolled in any Exceptional Student Education? Yes No

If so, list programs: _____

Does this student have a history of health problems? Yes No

If so, list health history: _____

Does this student have a history of hearing problems? Yes No

If so, describe hearing problems: _____

Does this student have a history of learning problems? Yes No

If so, describe learning problems: _____

Has this student had previous speech therapy? Yes No

If so, when and where was therapy administered: _____

Screen for Vision, Hearing and Speech problems

(Complete PST 5 screening consent/PST 6 screening report)

PST Chair: _____ Date: _____

Teacher: _____ Date: _____

PST 4 Problem Solving Team: Recommendation for Speech Screening
Original and copy in Rtl folder
Copy to parent

Calhoun County Schools
Parental Notice/Consent for Screening and Intervention Activities
PST 5 Screening

Student: _____ Grade: _____ School: _____

Dear Parent/Guardian:

In an effort to maximize individual student success, our school has an intervention/Problem Solving team process in place. The purpose of the intervention/Problem Solving team is to:

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

The problem solving team may be comprised of teachers, administrators, reading coaches, RtI coaches, and other district level staff such as the behavior analyst and school psychologist.

To assist your child in experiencing more school success, he/she has been referred to the school's Problem Solving Team to address his/her school performance. The team would like to gather more information by administering an individual screening. **The consent may include screening for vision, hearing, speech, language, behavior, cognitive or academic concerns.** Based on results of the screening, behavioral and/or academic interventions may be developed and implemented.

In order to conduct the necessary screenings and implement intervention activities, your consent for screening must be obtained. All information gathered will assist in educational planning and will be shared with you at your request.

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

YES, I give consent for my child to have an individual screening.

NO, I do not give consent for my child to have an individual screening.

Comments: _____

Please return the form to _____ at _____

(Please contact this person if you have any questions or concerns.)

Parent Signature: _____ Date: _____

Calhoun County Schools
Problem Solving Team Screening Report
PST 6

Teacher's Name _____

Student: _____ DOB: _____ Grade: _____ School: _____

Date of request for screening _____ Reason for screening: _____

Instrument Used: _____

Date: _____

RIGHT _____
 500 HZ 1000HZ 2000 HZ 4000 HZ
 Audiometric screening at 25db

LEFT _____
 500 HZ 1000HZ 2000 HZ 4000 HZ
 Audiometric screening at 25db

Passed: _____ Failed: _____

Passed: _____ Failed: _____

Further Evaluation Required: Yes No

Comments: _____

Signature of Person Responsible/Position: _____

VISION

Instrument Used: _____ Date: _____
 RIGHT _____ Passed: _____ Failed: _____ LEFT _____ Passed: _____ Failed: _____

BOTH EYES _____ Passed: _____ Failed: _____

- Does the student wear glasses/contact lenses? Yes No
- Did the student wear glasses/contact lenses for the screening? Yes No

Further Evaluation Required: Yes No

Comments: _____

Signature of Person Responsible/Position: _____

SPEECH N/A

Instrument Used: _____ Date: _____ Articulation: _____
 Fluency: _____ Phonological: _____ Voice: _____
 Connected/Conversational Speech : _____ Further Evaluation Required: Yes No
 Comments: _____

Signature of Person Responsible/Position: _____

LANGUAGE N/A

Instrument Used: _____ Date: _____

Total Score		+ At or Above Criterion
Criterion Score		- Below Criterion

Conversational Speech: _____

Passed: _____ Failed: _____ If failed, implement interventions.

Comments: _____

Signature of Person Responsible/Position: _____

BEHAVIOR N/A

Instrument Used: _____ Date: _____ Attach behavior screening checklists.

Passed: _____ Failed: _____ If failed, implement interventions.

**** If interventions are recommended, the teacher must complete PST 7.**

COGNITIVE N/A

Instrument Used: _____ Date: _____

Standard Score: _____ This student is a candidate for an InD referral.
 Verbal _____ This student is not a candidate for an InD referral. Implement interventions.
 Nonverbal _____ This student is a candidate for a Gifted referral.
 IQ composite _____ This student is not a candidate for a Gifted referral.

Comments: _____

Signature of Person Responsible/Position: _____

Original and copy in Rtl folder - Copy to parent

Calhoun County Schools
Problem Solving Team: Analysis of Problem
Teacher Input for Student Behaviors
PST 7 (mandatory for any student exhibiting behavior concerns)
Problem Solving Team Process - Behavior

Name: _____ DOB: _____ Grade: _____ Date: _____

Teacher: _____

Check all the behavior(s) below that appear to be interfering with the student's performance on a regular basis:

(Mark all the behaviors observed BUT SELECT TOP 2 BEHAVIORAL CONCERNS)

- | | |
|--|--|
| <input type="checkbox"/> Frequently argues with peers | <input type="checkbox"/> Often appears nervous or tense |
| <input type="checkbox"/> Frequently argues with staff | <input type="checkbox"/> Uses obscene language |
| <input type="checkbox"/> Fails to finish things he/she begins | <input type="checkbox"/> Sudden changes in mood, feelings |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Difficulty following directions |
| <input type="checkbox"/> Poor social skills | <input type="checkbox"/> Frequently avoids tasks |
| <input type="checkbox"/> Cannot sit still, restless, overly active for age | <input type="checkbox"/> Refuses to talk |
| <input type="checkbox"/> Clings to adult, very dependent | <input type="checkbox"/> Does not show guilt after misbehaving |
| <input type="checkbox"/> Cries often | <input type="checkbox"/> Consequences have little effect |
| <input type="checkbox"/> Bullies others | <input type="checkbox"/> Breaks school/classroom rules frequently |
| <input type="checkbox"/> Physically aggressive to others | <input type="checkbox"/> Bothers peers while they are working |
| <input type="checkbox"/> Acts without thinking | <input type="checkbox"/> Frequently makes careless mistakes on tasks |
| <input type="checkbox"/> Demands lots of attention from staff | <input type="checkbox"/> Avoids groups/peers |
| <input type="checkbox"/> Seeks attention from peers | <input type="checkbox"/> Repeats actions over and over |
| <input type="checkbox"/> Destroys property | <input type="checkbox"/> Picks nose, skin, or other body part |
| <input type="checkbox"/> Lacks organization, can't manage materials | |
| <input type="checkbox"/> Seems fearful | |
| <input type="checkbox"/> Would rather be alone than with others | |
| <input type="checkbox"/> Lying, cheating | |
| <input type="checkbox"/> Steals | |
| <input type="checkbox"/> Difficulty making/keeping friends | |
| <input type="checkbox"/> Difficulty with transitions | |

<p>Prioritize Top 2 Concerns Below:</p> <p>1. _____</p> <p>2. _____</p>

From the list below, indicate antecedents (what happens before the behavior), setting (where behavior occurs) and consequences (what happens after the behavior).

Antecedents			Setting/Concurrent Event			Consequences		
#1	#2	Behavior	#1	#2	Behavior	#1	#2	Behavior
		Lack of social attention			Independent seat work			Behavior ignored
		Demand/Request from			Group instructions			Teacher attention
		Difficult tasks – does not understand			Crowded seating (lunch, recess)			Peer attention
		Transition (task)			Unstructured activity			Reprimand/warning
		Transition (setting)			Unstructured setting			Teacher talks to student
		Interruption in routine			Specific subject/task			Other staff talks to student
		Negative peer interaction			Transitional times			Time-Out
		Classroom is noisy			En-route to/from school			Loss of privilege
		Student is off-task, restless			Special Area (art, P.E., music)			Penalty imposed
		Consequences imposed			Other			Removed from class
		other						Sent to office
								In-School Suspension
								Out-of-school suspension
								Contact Parents

PST 7 (page 2) Behavioral Observation Teacher Form (one form for each targeted behavior)

Student Name: _____

When does the behavior occur the most?
(Time?)

- Morning
- Afternoon
- Before/after school
- Lunch/recess

Other Events of conditions occurring right before this behavior:

- Teacher request
- A consequence has been imposed
- Unexpected schedule change
- Other _____

Where does the behavior occur the most?

- Regular classroom
- Cafeteria
- Hallways
- Other _____

Who is present when the problem behavior is most likely to occur:

- Teacher
- Peers
- Paraprofessional/TA
- Other _____

How often does the behavior typically occur?

- Times per day _____
- Times per week _____
- Random _____

Teachers: This questionnaire is designed to identify those situations where a student is likely to behave in specific ways. From this information, more informed decisions can be made about the selections of appropriate replacement behaviors. Select one behavior of specific interest. Be specific about the behavior. For example “is aggressive” is not as good a description as “hits other people.” Once you have specified the behavior to be rated, read each question carefully and circle the one number that *best describes your* observations of this behavior.

What is the specific behavior you are rating below?

Questions	Never 0	Almost Never 1	Seldom 2	Half the Time 3	Usually 4	Almost Always 5	Always 6
1. Would the behavior occur continuously if this student were left alone for long periods of time?	0	1	2	3	4	5	6
2. Does the behavior occur following a request to perform a difficult task?	0	1	2	3	4	5	6
3. Does the behavior seem to occur in response to your talking to other students in the room?	0	1	2	3	4	5	6
4. Does the behavior ever occur to get a toy, food, or an activity that this person has been told he/she can't have?	0	1	2	3	4	5	6
5. Would the behavior occur repeatedly, in the same way, for long periods of time if the student was alone? (e.g. rocking back and forth for over an hour.)	0	1	2	3	4	5	6
6. Does the behavior occur when any request is made of this student?	0	1	2	3	4	5	6
7. Does the behavior occur whenever you stop attending to this student?	0	1	2	3	4	5	6

Questions	Never 0	Almost Never 1	Seldom 2	Half the Time 3	Usually 4	Almost Always 5	Always 6
8. Does the behavior occur when you take away a favorite food, toy or activity?	0	1	2	3	4	5	6
9. Does it appear to you that the student enjoys doing the behavior?	0	1	2	3	4	5	6
10. Does this student seem to do the behavior to upset or annoy you when you are trying to get him/her to do what you ask?	0	1	2	3	4	5	6
11. Does this student seem to do the behavior to upset or annoy you when you are not paying attention to him/her? (e.g. you are in another room or interacting with another person)	0	1	2	3	4	5	6
12. Does the behavior stop occurring shortly after you give the student food, toy, or requested activity?	0	1	2	3	4	5	6
13. When the behavior is occurring does this student seem calm and unaware of anything else going on around her/him?	0	1	2	3	4	5	6
14. Does the behavior stop occurring shortly after (one to five minutes) you stop working with or making demands of this student?	0	1	2	3	4	5	6
15. Does this student seem to initiate the behavior to get you to spend some time with her/him?	0	1	2	3	4	5	6
16. Does the behavior seem to occur when this student has been told that he/she can't do something he/she had wanted to do?	0	1	2	3	4	5	6

Directions: Transfer the numeric answer for each question to the blanks above. Scores are organized into columns by type of motivation. Add the total score to get the highest score.

	Sensory	Escape	Attention	Tangible
	1.	2.	3.	4.
	5.	6.	7.	8.
	9.	10.	11.	12.
	13.	14.	15.	16.
Total Score =				

Calhoun County Schools
Problem Solving Team: Team Intervention Development & Implementation Plan
PST 8

Original and copy in Rtl folder
 Copy to parent

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

Intervention # _____ Anticipated Start Date: _____ Anticipated End Date: _____
(average time 6 - 8 weeks later)

Intervention #2 Additional Interventions require an increase in frequency, duration and reduction in group size.

Area of Concern: Reading Math Language Arts Behavior _____

Specific Academic Skill or Targeted Behavior: _____

Attach applicable Appendix D form – “Guide to Defining the Problem”

Name of Intervention Program (if applicable): _____

Researched-based strategy: _____

Setting of intervention: Classroom Other (specify): _____

Group Size: Individual: 2-3 4-8 More than 8 but not whole class

Frequency: One X/Wk Two X/Wk Three X/Wk Four X/Wk Daily

Duration: 15 min 20 min 30 min 45 min 60 min Other: _____

Intervention Provider: GenEd ESE Counselor Volunteer Paraprofessional
 Other (specify role) _____

Define Peer Group #1 _____

Define Peer Group #2 _____

Team Members present for Intervention Development:

PST Chair: _____ Teacher: _____

Teacher: _____ Other: _____

Parent: _____ Other: _____

Progress Monitoring Data for Intervention # _____

(include Data Worksheet, graphs, etc.)

Name of assessment used to determine baseline/data points: _____

Date: _____ Baseline data point: _____ Projected benchmark: _____

		Student Data Point		Class Data Point		Peer Group #1		Peer Group #2	
Data Point	Date	SS	PR	SS	PR	SS	PR	SS	PR
Baseline									
Week 8									

All data points are required as indicated above. **IF INCOMPLETE, this form will be returned to the teacher.**

Calhoun County Schools
Problem Solving Team: Response to Team Intervention Follow-up Meeting
PST 9

Student: _____ Grade: _____ Meeting Date: _____

Teacher: _____ School: _____

Follow-up Meeting for Intervention # _____ **Subject:** _____

The intervention was researched-based? Yes No

Since the time the targeted intervention was started, has the problem decreased stayed the same increased

Student's current level of support: Tier One Tier Two Tier Three, if applicable

Was attendance during the intervention sessions an issue? Yes No

If yes, how many days has student been absent since implementing the intervention? _____

Since the intervention was implemented, describe the student's current performance: _____

Team decision(s):

- Continue intervention as previously written on PST 8 dated: _____ Follow-up meeting scheduled for _____
- Modify the intervention as indicated on PST 8 dated: _____ Follow-up meeting scheduled for : _____
- Develop a new intervention using PST 8 targeting problem area.
- Behavior Analyst will complete classroom observation
- Refer to Alternative/Drop Out Prevention Program: _____
- Consider eligibility for 504 Plan
- Consider referral for a formal evaluation(s).
- Refer for counseling
- Refer to community agency

End of Year Review:

- Re-Visit Intervention at beginning of next school year
- Student is making progress and intervention will be closed out.

Other: _____

Team Member Signatures who were present at meeting:

PST Chair: _____ Principal: _____

Teacher: _____ Other: _____

Parent: _____ Other: _____

Calhoun County Schools
Exceptional Student Education
Parental Notice/Consent for Initial Evaluation
PST 10

Person/Entity Requesting Evaluation:

Parent/Guardian _____

School Team _____

Other _____

Student: _____ ID: _____ Date: _____

Grade: _____ DOB: _____ Teacher: _____ School: _____

Dear Parent/Guardian:

In order to develop an appropriate educational program for your child, additional information is needed. A comprehensive evaluation is recommended to assist the problem solving team in meeting the educational needs of your child. The evaluation is proposed based on your child's educational performance and review of any previous MTSS/Rtl or evaluation information, as well as observations and conferences or because you have requested that an evaluation for ESE services be conducted.

The following educational options have been considered or used with your child but determined to be insufficient in meeting his/her educational needs and have been rejected as the primary method of assisting your child:

- Academic Interventions
- Behavioral Interventions
- N/A (This evaluation is being requested by the parent/guardian.)
- N/A (This evaluation is being requested to determine eligibility for Speech Therapy.)
- N/A (This evaluation is being requested to determine eligibility for Gifted.)

We are requesting your consent to use your child's existing MTSS/Rtl data and to conduct a comprehensive evaluation to include:

- Academic Achievement Assessment
- Adaptive Behavior Assessment
- Assistive Technology Evaluation
- Developmental Inventory/Assessments
- Functional Behavioral Assessment
- Gifted Characteristics Checklist Assessment
- Hearing Evaluation
- Individual Intellectual Evaluation
- Language Evaluation
- Learning Abilities Evaluation
- Occupational Therapy Evaluation
- Physical Therapy Evaluation
- Medical Evaluation
- Speech Evaluation
- Social and Developmental History
- Vision Evaluation
- Other: _____

Gifted Referral Only

- Academic Achievement Assessment
- Gifted Characteristics Checklist Assessment
- Individual Intellectual Evaluation

Speech Referral Only

- Speech Evaluation

PARENT CONSENT FOR INITIAL ESE EVALUATION

Once the evaluation is completed, you will be advised of the results. Please sign and return this document to your child's school. If you have questions, please contact _____ at _____.

YES, I give consent for an evaluation and understand my rights as explained in the attached notice of Procedural Safeguards. NO, I do not give consent for an evaluation for the following reasons:

Parent Signature

Date

As parent(s)/guardian(s) of a child with a disability, you have certain protections under the attached Notice of Procedural Safeguards. For a gifted student, you have protections under the Procedural Safeguards under Rule 6A-6.03313, FAC. Further explanation of rights and copies may be obtained from the ESE Director or the Guidance Counselor at your child's school.

Calhoun County Schools
Problem Solving Team: Referral for Formal Evaluation
PST 11

For ESE Office Use Only:
Date Rtl Referral Received _____

Date Referred to Evaluation Specialist _____
ESE Director/Designee Signature _____
Low SES Yes ___ No ___
ELL Student Yes ___ No ___

Student: _____ **ID:** _____ **Date:** _____

Grade: _____ **DOB:** _____ **Teacher:** _____ **School:** _____

Required Determination for Referral. Student cannot be referred for an evaluation unless at least one of the following determinations is made and documented here (check all that apply):

- ___ General education intervention procedures have been implemented as required and the data indicate that the student may be a student with a disability who needs special education and related services.
- ___ An evaluation has been requested by the student's parent(s) and the general education intervention procedures will be completed concurrently with the evaluation but prior to a determination of the student's eligibility for special education and related services; or
- ___ The nature or severity of the student's area(s) of concern make the general education intervention procedures inappropriate to address the immediate needs of the student.

Reasons for referral:

- Poor Academic Achievement in
- Reading
- Math
- Written Language
- Other _____
- Speech Concerns
- Language Concerns
- Fine Motor Concerns
- Gross Motor Concerns
- Classroom Behavior Concerns
- Emotional Concerns
- Vision Concerns
- Hearing Concerns
- Intellectual Concerns
- Gifted Characteristics noted by teacher
- Physical/Health Concerns
- Parent Request

Team decision(s): Any referral for evaluation(s) listed below requires the PST 10 Parental Notice/Consent for Evaluation Form to be signed.

- Refer for Formal Psychological Evaluation
- Refer for Health Evaluation
- Refer for Speech Evaluation
- Refer for Language Evaluation
- Refer for Vision Evaluation
- Refer for Hearing Evaluation
- Refer for Intervention Data Analysis Evaluation
- Refer for Functional Behavior Assessment (FBA)
- Refer for Occupational Therapy Evaluation
- Refer for Physical Therapy Evaluation (*PT prescription from physician is needed for PT evaluation*)
- Refer for 504 Accommodation Plan Consideration
- Other: _____

- Complete Social/Developmental History ESE #7** N/A
(Form ESE 7 Social/Developmental History is required for all referrals for formal evaluations except Gifted and speech referrals.)
- Complete ESE 12C for Students with Health Impairments** N/A
(Form ESE 12C must be completed and signed by the student's physician if student has health concerns.)

Date of Consent for Initial Evaluation on PST 10:** _____ N/A

Date of ESE Re-evaluation form if the student is already enrolled in an ESE program: _____ N/A

****Immediately send the signed PST 10 evaluation consent form and completed RTI folder to the ESE Director when the parent/guardian has given consent for evaluation. The 60 day evaluation timeline begins when the school receives the signed Parental Notice/Consent for Evaluation Form.**

Team Members Present at time of referral:

PST Chair: _____ **Principal/Designee:** _____

Teacher: _____ **Teacher:** _____

Other/Title: _____ **Other/Title:** _____

*PST 11 Referral for Formal Evaluation
Original and copy in Rtl folder*

V. Behavioral Information

Does the child exhibit any problems in the following areas? If so, please describe:

- Sleeping:_____
- Hearing:_____
- Speech:_____
- Vision:_____
- Timidity:_____
- Bedwetting/Soiling:_____
- Cruelty:_____
- Temper Tantrums:_____
- High Activity Level:_____
- Prone to Accidents:_____
- Inability to have friends:_____
- Asthma:_____
- Headaches:_____
- Nail Biting:_____
- Worries:_____
- Eating Concerns:_____
- Seizures:_____
- Nightmares:_____
- Silent Periods:_____
- Physical Aggression:_____
- Other:_____

How is the child's relationship to the parents? Excellent Good Fair Poor
What types of discipline are most effective with the child? _____

VI. Family and Relatives

Have any of the student's relatives had any of the characteristics below?

Yes No

- Emotional Problems Relationship _____
- Academic Difficulties Relationship _____
- Medical Problems Relationship _____
- Physical Disabilities Relationship _____

VII. Parent/Child Interaction

What circumstances commonly cause conflict between the parent and student? _____

How do the parents see the student's problem? _____

What is the parent's view of when and how the problem began? _____

VIII. The examiner ascertains if any of the following behaviors are evident and places a check in Yes or No boxes.

A. Social interaction as evidenced by the delay, difference, absence, or abnormality in the ability to relate to people and environment. These may include one or more of the following behavioral indicators:

- Y___ N___ Limited joint attention and limited use of facial expressions directed toward others
- Y___ N___ Does not show or bring things to others to indicate an interest in the activity
- Y___ N___ Demonstrates difficulties in relating to people, objects, and events
- Y___ N___ A gross impairment in ability to make and keep friends
- Y___ N___ Significant vulnerability and safety issues due to social naiveté

- Y___ N___ May appear to prefer isolated or solitary activities
- Y___ N___ Misinterprets others' behaviors and social cues

B. Verbal and/or nonverbal language or social communication skills as evidenced by one or more behavioral indicators:

- Y___ N___ Showing a lack of spontaneous imitations or lack of varied imaginative play
- Y___ N___ Absence or delay of spoken language
- Y___ N___ Limited understanding and use of nonverbal communication skills such as gestures, facial expressions, or voice tone
- Y___ N___ Odd production of speech including intonation, volume, rhythm, or rate
- Y___ N___ Repetitive or idiosyncratic language or inability to initiate or maintain a conversation when speech is present
- Y___ N___ Not using a finger to point or request

C. Repetitive and/or stereotyped patterns of behavior, interests, or activities as evidenced by one or more behavioral indicators:

- Y___ N___ Insistence on following rules or rituals
- Y___ N___ Demonstrating distress or resistance to changes in activity
- Y___ N___ Repetitive hand or body mannerisms
- Y___ N___ Lack of true imaginative play versus reenactment
- Y___ N___ Over-reaction or under-reaction to sensory stimuli
- Y___ N___ Rigid or rule-bound thinking
- Y___ N___ Encompassing preoccupation with one or more stereotyped or restricted patterns of interest that is abnormal either in intensity or focus

IX. Additional Comments

Respondent's Name _____ Date _____

Interviewer Name _____ Title _____ Date _____

**ESE #7 (Revised 8/2010; Printed 8/2011)
Calhoun County Schools
Problem Solving Team Meeting Invitation**

Copy – ESE School
Copy – ESE Office
Copy – Parent/Adult

Date: _____

To the Parent/Guardian of: _____

School: _____

Grade: _____

The Problem Solving Team is a committee of people at our school who meets on a regular basis to help general education teachers find new or different ways to help specific students improve academic or behavior skills. Your child has been referred to the team by his/her classroom teacher.

Meetings are held throughout the school year to discuss appropriate interventions to help your child succeed academically or behaviorally in the general education setting. Meetings are also held to discuss your child's progress and make further recommendations as needed.

You are invited to attend a meeting scheduled for your child

at _____ on _____ at _____
School Date Time

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Please check the appropriate response, sign, and return to the contact person prior to the scheduled meeting.

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Parent/Guardian Signature _____ Date _____ Telephone number _____

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Calhoun County Schools
Problem Solving Team Meeting Summary

Student: _____ Grade: _____ Date: _____

Teacher: _____ School: _____

Please record summary of meeting below:

_____	_____
Parent	PST Chair
_____	_____
Student	Guidance Counselor
_____	_____
Teacher	Principal
_____	_____
Teacher	District RtI Coordinator
_____	_____
Other	Other

Parent was invited to PST meeting via phone. A separate written invitation was not completed.

APPENDIX A

Sample Form
**School Vision Screening
Parent/Guardian Notification**

(School name)

Dear Parent or Guardian:

When your child was screened for vision at school, he/she had some trouble reading the charts. Your child’s health and vision are important to us. These results may or may not mean there is a problem; therefore it is recommended that your child’s eyes be examined by an eye care professional. It is requested that you take this form to your child’s eye exam along with the enclosed “Report of Eye Examination to the School” form. Return the completed “Report of Eye Examination to the School” form to the school as soon as possible. Thank you for your cooperation.

Your child _____ in grade _____

Received a vision screening at school on _____. The following results were obtained:

Observations: _____

Vision Test	Without Lenses	With Lenses
Distance Acuity	Right Eye 20/ _____	Right Eye 20/ _____
	Left Eye 20/ _____	Left Eye 20/ _____
Near Acuity	Right Eye 20/ _____	Right Eye 20/ _____
	Left Eye 20/ _____	Left Eye 20/ _____
Plus Lens (+ 2.25):	Right Eye 20/ _____	Right Eye 20/ _____
	Left Eye 20/ _____	Left Eye 20/ _____

(Signature of school health professional)

(Date)

APPENDIX B

Sample Form **Report of Professional Eye Examination to the School** (Return completed form to school)

Student name _____ DOB _____

Grade _____ Date of Examination _____

Visual Acuity **Distance** Without correction: R _____ L _____

With Correction: R _____ L _____

Visual Acuity **Near** Without correction: R _____ L _____

With Correction: R _____ L _____

Peripheral vision, if fields are restricted, indicate degree and location: _____

Diagnosis: _____

Plan: No treatment at this time Eyeglasses Contact Lenses Patch

Other _____

Please indicate when or under what conditions corrective lenses/patch should be worn:

Requirements: _____ Correction not required

_____ Correction prescribed

_____ Glasses

_____ Contact Lenses

Corrected Visual Acuity: R 20/ _____ L 20/ _____

Frequency of Classroom Use:

_____ Wear at all times

_____ Wear for distance only

_____ Wear for reading tasks only

_____ Other (specify) _____

Physical Education: (Note: Only polycarbonate lenses are acceptable for wear during physical education)

_____ Wear for physical education

_____ Remove for physical education

Signature/Title _____ **Telephone #** _____

APPENDIX C

Date: _____

Dear _____:

As we discussed, your child has recently failed hearing screenings, which may indicate your child is experiencing a hearing loss. Research suggests that even the mildest hearing loss can cause learning problems and affect academic performance. Therefore, your child’s hearing should be evaluated by your child’s physician as soon as possible.

If you have questions, please contact _____ at _____.

Thank you,

Sincerely,

(Speech-Language Pathologist or School Nurse)

APPENDIX D

Guide to Defining the Problem

Problem Solving Team Process

READING

Student: _____

How is reading assessed in the teacher's class (i.e. assessment instrument, skills measured, how often)? _____

What is the student's reading level? _____

What is the expected reading level at this point in the school year? _____

Check areas that the student has NOT mastered for his/her current grade level

Early Literacy Skills/Phonological Awareness:

- o Book/print awareness (*parts of book, directionality, follow along when listening to text read aloud, etc.*)
- o Recognize/produce rhyming words
- o Syllables – *count, blend, segment, delete syllables in compound words*
- o Match/identify beginning sounds in words
- o Match/identify ending sounds in words
- o Blend sounds of one-syllable word (*e.g. what word am I saying? /r/ /u/ /n/*)
- o Segment sounds of one-syllable word (*e.g. how many sounds do you hear in man?*)
- o Manipulate sounds – *delete, add, or substitute individual sounds to produce a new word*

Decoding/Word Recognition:

- o Recognize and name upper and lower case letters of the alphabet
- o Recognize letter-sound association
- o Use letter-sound knowledge to decode one-syllable words when reading
- o Use structural analysis (e.g. syllables, prefixes, suffixes, root words) to decode multi-syllable words when reading.
- o Use context clues to decode
- o Self-monitoring decoding using multiple decoding strategies
- o Recognize high frequency sight words at grade-appropriate level
- o Grade appropriate development of oral vocabulary
- o Grade appropriate development of reading vocabulary and word meaning

Fluency:

- o Reads aloud grade-level text accurately
- o Uses appropriate phrasing, smoothness, and pace when reading text

Comprehension:

- o Retell (beginning, middle, end, characters, details, etc.)
- o Answer who, what, when, where, how questions
- o Predict what may happen next in stories
- o Summarize main idea
- o Cause and effect, problem/resolution
- o Draw conclusions
- o Make inferences
- o Use self-monitoring strategies for comprehension (e.g. reread, adjust reading speed, paraphrase, retell, etc.)
- o Understanding complex text

APPENDIX D

Guide to Defining the Problem *Problem Solving Team Process* Math

Student: _____

Check areas that the student has NOT mastered for his/her current grade level

Number Sense:

- o Rote Count
- o One-to-one correspondence
- o Read numbers
- o Write numbers
- o Representing numbers in multiple ways
- o Comparing and ordering numbers
- o Place value
- o Fractions

Computation:

- o Equality
- o Basic addition/subtraction/multiplication/division facts
- o Multi-digit addition/subtraction/multiplication/division facts
- o Estimation

Problem Solving:

- o Understanding of operation to be used
- o Understanding of steps involved in multi-step problem
- o Correctly computes solution using reasoning
- o Uses multiple strategies, including the use of a calculator
- o Reading to solve word problems

Other:

- o Geometry (2 dimensional/3 dimensional)
- o Measurement (linear/mass/capacity/area/perimeter/time/temperature/money)
- o Probability/data analysis
- o Algebra (patterning/properties)
- o Other: _____

APPENDIX D

Guide to Defining the Problem *Problem Solving Team Process* WRITING

Student: _____

Which area(s) has the student NOT mastered for his/her current grade level?

Conventions:

- Spelling
- Punctuation
- Capitalization
- Grammar
- Understands directionality of writing (e.g., left-to-right, top-to-bottom)

Content

- Orally expresses ideas in organized and coherent manner
- Uses drawings and/or letter strings to express ideas
- Idea development/elaboration
- Organization/sequence
- Focus/remains on topic
- Vocabulary/word usage is grade appropriate
- Sentence structure (varied length, complete sentences, sentence fluency, etc.)
- Other area(s) of concern: _____

APPENDIX D

Guide to Defining the Problem - *Problem Solving Team Process* Fine Motor

Student: _____

Personal Care Skills:

- o Student shows significant difficulties with *feeding self or managing meal process* as compared to peers
- o Student shows significant difficulties with *hygiene skills* such as toileting or washing hands as compared to peers
- o Student shows significant difficulties with *managing clothing* (putting on/off and fasteners) as compared to peers
- o Student has much difficulty with *organization of materials* (papers, notebooks, book bag, art materials, computer) *or organization of self* (assignments, managing schedule, following routine, transitions, set-up/clean-up, completing homework, being on time, etc.)

Student Role/Interaction Skills:

- o Student has significant difficulties *managing fine motor skills and manipulatives* in class (sharpening pencil, glue, coloring, scissors, writing utensils, math materials)
- o Student shows a *poor grasp* on writing utensils
- o Student shows *poor finger/hand strength* to open materials/packages age appropriately or use classroom materials.

Play:

- o Student has difficulty *using toys/items* for intended purpose
- o Student has difficulty *engaging with other children* to play
- o Student has *small repertoire of play skills*

Graphic Communication:

- o Student shows significant difficulties with *handwriting* as compared to peers:
 - o Too little or too much pressure on paper
 - o Switches writing hand
 - o Poor spacing, alignment or letter formation
 - o Messy work, erases or writes over a lot
 - o Poor written organization/spatial planning
- o Student is *slow with handwriting* speed and has difficulty completing assignments as compared to peers
- o Student has difficulty with *keyboarding* as compared to peers.

Visual Perceptual/Ocular Motor:

- o Student has difficulty *copying* from the board or near source in timely manner
- o Displays frequent *reversals* in writing work for his age
- o Student has difficulty with *reading, location information on a page*, or word search
- o Student has much trouble *sequencing and following a visual model* (block designs, crafts, parquetry, etc.)

Sensory/Work Behaviors:

Student shows significant aversion to *handling various textures*

- o Student shows many *self-stimulatory behaviors* or is very ritualistic
- o Student shows great fear of *movement activities/playground equipment*
- o Student shows significant *aversion to loud noises, visual stimulation*
- o Student has much difficulty *getting along with other children*
- o Student shows much difficulty with *transitions or routines*

APPENDIX D

Guide to Defining the Problem -*Problem Solving Team Process* Speech/Language

Student: _____

Articulation/Pronunciation:

- o Student omits, substitutes, or distorts sounds in words
- o When speaking, student's speech is unintelligible
- o Other

Voice/Vocal Quality:

- o Student has unusual vocal quality (hoarse, harsh, breathy, nasal, high/low pitch)
- o Student has difficulty using appropriate intensity/loudness (talks loudly or softly)
- o Other

Fluency:

- o Student appears to stutter (speech has repetitions or prolongations)
- o Other

Expressive Language (Ability to verbally label/name language concepts):

- o Spoken vocabulary is delayed compared to peers
- o Student has difficulty using various language concepts
 - o Spatial concepts/prepositions (e.g. on, under, behind)
 - o Descriptive concepts/adjectives and adverbs (e.g. color words, long, rough, quickly)
 - o Temporal concepts/time concepts (e.g. first, last, night)
 - o Quantity concepts/number concepts (e.g. all, some, half, 1, 2, 3, 4)
- o Student has difficulty answering "wh" questions
- o Student uses incorrect grammar/syntax (e.g. She runned down the hall.)
- o Student has difficulty verbally relating experiences and stories in sequential order even when picture cues are available
- o Other

Receptive Language/Listening Comprehension (Ability to identify and understand various language concepts)

- o Student has difficulty identifying age appropriate objects/pictures compared to peers (vocabulary)
- o Student has difficulty identifying various language concepts:
 - o Spatial concepts/prepositions (e.g. on, under, behind)
 - o Descriptive concepts/adjectives and adverbs (e.g. color words, long, rough, quickly)
 - o Temporal concepts/time concepts (e.g. first, last, night)
 - o Quantity concepts/number concepts (e.g. all, some, half, 1, 2, 3, 4)
- o Student has difficulty following one, two, or three step directions (circle appropriate number)
- o Student has difficulty placing pictures of stories in sequential order
- o Other

Pragmatics (Ability to use language socially):

- o Student has difficulty making and sustaining friendships
- o Student has difficulty demonstrating and sharing his/her feelings
- o Student has difficulty interpreting body language
- o Student has difficulty detecting humor or sarcasm in the verbal expression of others
- o Student has difficulty with initiating, joining or maintaining a topic in conversation.
- o

Problem Solving Team: Ongoing Progress Monitoring (OPM) Data Worksheet

Name of Intervention Group: _____
 Frequent Duration (see PST 8) _____

Targeted Academic Skill/Targeted Behavior: _____

Intervention Program: _____ Intervention Strategy: _____

Teacher(s) Collecting PM Data: _____ Teachers(s) Conducting Group: _____

(Continue with Interventions if working)

◆ TIER 2 _____

◆ TIER 3 _____

Projected Benchmark Goal: _____

MINUTE LOG - Specify the time in minutes (for each day of the week) you spent implementing the intervention for group of students.

NOTE: It is NOT necessary to have minutes under every single day of the week. For instance, if you implement this group intervention three days a week, you may have times under those three

Week Of:		Monday	Tuesday	Wednesday	Thursday	Friday
	<u>Lesson:</u>					
	<u>Skill:</u>					
	<u>Lesson:</u>					
	<u>Skill:</u>					
	<u>Lesson:</u>					
	<u>Skill:</u>					
	<u>Lesson:</u>					
	<u>Skill:</u>					
	<u>Lesson:</u>					
	<u>Skill:</u>					
	<u>Lesson:</u>					
	<u>Skill:</u>					

Has the intervention been monitored with fidelity? Yes No