Calhoun County Schools
Problem Solving Team Timeline for Students <u>without</u> Cognitive Concerns (SLD, Language, EBD, etc.)

Student:_____ DOB: _____ ID:_____

Grade: _____ Referring Teacher:_____ School:_____

<u>Date:</u>_____ <u>Forms for referring teacher:</u>
_____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.
              <u>*The previous forms must be completed before giving the RtI folder to the Guidance Counselor.*</u>
_____**RtI 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.)
<u>Date:</u>   <u>Forms for support staff to complete:</u>
_____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.
<u>Forms for the Problem Solving Team's first review of student data if there are no cognitive concerns:</u>
_____**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.
<u>Date:</u>   <u>Forms completed by the Guidance Counselor for Formal Evaluations:</u>
_____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 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 (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.**

Calhoun County Schools
Problem Solving Team Timeline for Students <u>with</u> Cognitive Concerns (InD referrals)

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.
<u>The previous forms must be completed before giving the RtI folder to the Guidance Counselor.</u>

_____ **RtI 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** <u>Use this form only if the student is already enrolled in an ESE program</u>, 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 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 the parent.

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 RtI folder to the Guidance Counselor.
_____ **RtI 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

Student Name: _____

Student Progress Profile Form

After reviewing data from reports below, enter comments on PST 1.

Compile data from reports listed below that apply to your student and create a student profile. Conduct data analysis and look for patterns, trends, a root cause of the problem; identify with evidence your targeted area or specific student deficit. (Refer to MTSS/RTI Handbook for more information on data analysis and problem solving.)

Print, attach reports and bring to MTSS/RTI Meeting. If you need help finding any of the reports listed below, ask your Guidance Counselor, MTSS School Coordinator or Curriculum Coach for assistance. Duplicate reports will not be maintained in the MTSS RTI Folder.

Report	Date Pulled	Notes
Pull from FOCUS • Florida Reports EWS • PAEC RTI Student Progress Profile Report		
i-Ready Diagnostic Assessment Data w/Scale Score		
i-Ready Growth Monitoring reports for ELA/Reading and Math		
STAR Early Literacy		
STAR Math		
STAR Reading		
Other: _____ _____		

Student: _____ Grade:_____ School: _____

	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			
Previous Psychological and/or Social Developmental History			
Retentions-If yes, indicate grade level(s) of retention			
Intervention History			
IEP History			
504 Plan			
ELL			
Other concerns:			

Attach data if applicable
Next Step:
_____ Complete a Student Progress Profile for the Appropriate Grade Level
_____ Complete PST 2 Student Data Collection: Informal Parent Contact & Resource Consultations as parent contacts are made
_____ Complete PST 3 Student Data Collection: Teacher Input & Observations

_____   _____

Teacher Signature   *Date*

Student: _____   Grade:_____   School: _____

Parent/Guardian Consultation(s):

Meetings	Plan/Outcome from meeting: **(Write a brief meeting summary.)**
Meeting # Phone ☐ In person ☐ Email ☐ Name of parent/guardian: _____ Teacher Signature: _____	Date of Meeting: _____ _____ *Vision, Hearing, Speech, Language, Behavior Screening is requested. Parent/guardian must sign a PST 5 Parental Notice/Consent for Screening and Intervention Activities.*

Resource Consultations:

☐ N/A

	Date(s)	Comments
Other Teachers		
Guidance Counselor/RTI Coach		
School Psychologist		
Behavior Analyst		
School Resource Officer		
Outside Agencies		

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: _____

Low SES   ☐Yes   ☐No   Served in ELL Program: ☐Yes   ☐No

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, FAIR Data, Performance Matters 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) If behavior is always or usually a concern, what percentage of the class exhibits similar behavioral problems?
     (Answer this item only if behavior is a concern.)
     ☐ 5% or less   ☐ 5%-20%   ☐ 20-50%   ☐ Over 50%   (Attach evidence)
     ☐ N/A

11) Indicate specific area(s) of concerns if BEHAVIORS are part of the problem:

___ Noncompliance ___ Motivation ___ Attention Span ___Peer Relationships ___Withdrawn
___ Mood Swings ___ Overactive ___Verbally aggressive ___Physically aggressive
___ # of current referrals ___# of prior year referrals ___# of ISS Days ___# of OSS Days
___Other:_____
___N/A

12) 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

13) Describe what you think is the student's biggest problem academically and/or behaviorally:

_____
14) Why do you think this problem is occurring?

_____

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

_____

16) What are the strengths of the student both academically and behaviorally?
_____

_____

17) Describe any recent trauma the student may have experienced (i.e. parents divorced, illness of student or family members, death of family member, etc.)
_____
_____
18) Does the student seek assistance from teachers, peers, others? ☐ Yes ☐No
19) Is there evidence the student gets support from home to complete homework? ☐ Yes ☐No
20) Are the student's achievement scores consistent with the student's grades ☐ Yes ☐No
21) 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)
           (Include PST 7 if there are behavioral concerns).

Data attached: ___FAIR ___STAR READING ___STAR MATH ___Behavior Data
                ___ N/A if this is a speech referral or PK Student

Teacher Signature: _____Date: _____

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

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 RtI folder
 Copy to parent

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 of concerns.

Parent Signature:_____ Date:_____

PST 5 Parental Notice/Consent for Screening and Intervention Activities
Original and copy in RtI folder
Copy to parent

Page | 13

Calhoun County Schools
Problem Solving Team Screening Report   *Teacher's Name* _____
PST 6

Student: _____DOB: _____Grade: _____ School: _____

Date of request for screening _____ **Reason for screening:** _____
Instrument Used:_____   Date:_____
RIGHT   _____   _____   _____   _____   LEFT   _____   _____   _____   _____
                  500 HZ 1000HZ 2000 HZ 4000 HZ   500 HZ 1000HZ 2000 HZ 4000 HZ
                  Audiometric screening at 25db   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 RtI 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:

- ☐ Frequently argues with peers
- ☐ Frequently argues with staff
- ☐ Fails to finish things he/she begins
- ☐ Difficulty concentrating
- ☐ Poor social skills
- ☐ Cannot sit still, restless, overly active for age
- ☐ Clings to adult, very dependent
- ☐ Cries often
- ☐ Bullies others
- ☐ Physically aggressive to others
- ☐ Acts without thinking
- ☐ Demands lots of attention from staff
- ☐ Seeks attention from peers
- ☐ Destroys property
- ☐ Lacks organization, can't manage materials
- ☐ Seems fearful
- ☐ Would rather be alone than with others
- ☐ Lying, cheating
- ☐ Steals
- ☐ Difficulty making/keeping friends
- ☐ Difficulty with transitions

- ☐ Communication difficulties
- ☐ Often appears nervous or tense
- ☐ Uses obscene language
- ☐ Sudden changes in mood, feelings
- ☐ Difficulty following directions
- ☐ Frequently avoids tasks
- ☐ Refuses to talk
- ☐ Does not show guilt after misbehaving
- ☐ Consequences have little effect
- ☐ Breaks school/classroom rules frequently
- ☐ Bothers peers while they are working
- ☐ Frequently makes careless mistakes on tasks
- ☐ Avoids groups/peers
- ☐ Repeats actions over and over
- ☐ Picks nose, skin, or other body part

Prioritize Top 2 Concerns Below:
1. _____
2. _____

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
☐	☐	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 <u>(one form for each targeted behavior)</u>**

Student Name: _____

When does the behavior occur the most? (Time?)
- ☐ Morning
- ☐ Afternoon
- ☐ Before/after school
- ☐ Lunch/recess

Where does the behavior occur the most?
- ☐ Regular classroom
- ☐ Cafeteria
- ☐ Hallways
- ☐ Other _____

How often does the behavior typically occur?
- ☐ Times per day _____
- ☐ Times per week _____
- ☐ Random _____

Other Events of conditions occurring right before this behavior:
- ☐ Teacher request
- ☐ A consequence has been imposed
- ☐ Unexpected schedule change
- ☐ Other _____

Who is present when the problem behavior is most likely to occur:
- ☐ Teacher
- ☐ Peers
- ☐ Paraprofessional/TA
- ☐ Other _____

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	Almost Never	Seldom	Half the Time	Usually	Almost Always	Always
	0	1	2	3	4	5	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 =				

Student:_____Grade: _____Meeting Date: _____

Teacher:_____ School:_____

Intervention # _____ Anticipated Start Date:_____ Anticipated End Date: _____
(average time 4 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: _____

Data Point	Date	Student Data Point	Class Data Point	School Data Point	District Data Point	State Data Point	Peer Group #1	Peer Group #2
BASELINE								
wk1								
wk2								
wk3								
wk4								

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

Revised July 2017
PST 8 Problem Solving Team: Team Intervention Development & Implementation Plan
Original and copy in RtI folder; Copy to parent

Page | 18

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:_____

PST 9 Problem Solving Team: Response to Team Intervention Follow-up Meeting
Original and copy in RtI folder
Revised July 2016

Page | 19

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/RtI 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/RtI 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.

OFFICE USE-RECORDS OF CONTACT ATTEMPTS:

☐ ***N/A (signed at parent conference)***

Date:_____Type:_____Results:_____By:_____
PST 10 Parental Notice/Consent for Evaluation
Original and copy in RtI folder; Copy to paren

For ESE Office Use Only:
Date RtI 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#19 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 district 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:_____

I. Identifying Information

Student's Name: _____Student No: _____ Date of Birth:_____
Student's Race: _____   Sex ___ Male ___ Female   Current Age: _____
Student's Home Address _____
Home Telephone Number: _____ Emergency Phone Number: _____
Father's Name: _____ Father's Age: _____Occupation: _____
Last Grade Completed in School: _____   Legal Guardian: ____ Yes ____ No
Mother's Name: _____ Mother's Age: _____ Occupation: _____
Last Grade Completed in School: _____   Legal Guardian: ____ Yes ____ No
With Whom does Student Live? _____
Other Family Members: Name   Age   Relationship

_____
_____
_____

II. Medical Information

Name of physician: _____ Date of last examination: _____
Medications Student Takes: _____
Description of student's general health: _____

III. Pregnancy

Check one: ❑ Normal full term ❑ Premature ❑ Overdue
Describe any illnesses of mother during pregnancy:

_____
Medications of the mother during pregnancy: Prescribed Medications: _____
                                                  Smoking (How many packs): _____
                                                  Alcohol (How much per day): _____
                                                  Non-Prescribed Medications: _____
Place of birth: _____Baby's Birth Weight: _____
Any complications or difficulties about the birth? _____
Did the baby have any illnesses immediately after birth?
_____

IV. Developmental History

Age sat up: _____ Age walked: _____ First Word: _____
When did toilet training begin? _____ Age toilet trained: _____
Any problems with toilet training? _____
Any problems learning to walk, or talk? _____
Attended pre-kindergarten program? ❑ Yes ❑ No   If Yes, Where? _____
Attended Kindergarten?   ❑ Yes ❑ No   If Yes, Where? _____
Attended other program?   ❑ Yes ❑ No   If Yes, Where? _____
Grades retained _____

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

ESE #7 (Revised 8/2010; Printed 8/2011)

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?
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

ESE #7 (Revised 8/2010; Printed 8/2011)

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

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_____

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

Calhoun County Schools
Problem Solving Team Meeting Invitation

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*

This meeting will be:

_____An initial Problem Solving Team meeting

_____A follow-up Problem Solving Team meeting

_____Per Parent Request

If you have any questions or need more information please do not hesitate to contact

_____at_____.

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

_____Yes, I will attend the meeting

_____ I wish to attend but on another date and time. Please contact me at _____
            to reschedule the meeting.

_____I am unable to attend, but do give my permission for the meeting to proceed without me.

_____ I wish to participate in this meeting via phone conference.
            Please contact me at this phone # _____ for the scheduled meeting.

_____   _____
Parent/Guardian Signature   *Date*   *Telephone number*

Parent contact attempts:
Date: _____   Type: _____   Results: _____   By: _____
Date: _____   Type: _____   Results: _____   By: _____

PST Meeting Invitation   *Original and copy in RtI folder; Copy to parent*

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

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 <u>current grade level</u>

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

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

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

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

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

Computation:
- ☐ Equality
- ☐ Basic addition/subtraction/multiplication/division facts
- ☐ Multi-digit addition/subtraction/multiplication/division facts
- ☐ Estimation

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

Other:
- ☐ Geometry (2 dimensional/3 dimensional)
- ☐ Measurement (linear/mass/capacity/area/perimeter/time/temperature/money)
- ☐ Probability/data analysis
- ☐ Algebra (patterning/properties)
- ☐ 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 <u>current grade level</u>?

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: _____

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

Student:_____

Personal Care Skills:
- ☐ Student shows significant difficulties with *feeding self or managing meal process* as compared to peers
- ☐ Student shows significant difficulties with *hygiene skills* such as toileting or washing hands as compared to peers
- ☐ Student shows significant difficulties with *managing clothing* (putting on/off and fasteners) as compared to peers
- ☐ 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:
- ☐ Student has significant difficulties *managing fine motor skills and manipulatives* in class (sharpening pencil, glue, coloring, scissors, writing utensils, math materials)
- ☐ Student shows a *poor grasp* on writing utensils
- ☐ Student shows poor *finger/hand strength* to open materials/packages age appropriately or use classroom materials.

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

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

Visual Perceptual/Ocular Motor:
- ☐ Student has difficulty *copying* from the board or near source in timely manner
- ☐ Displays frequent *reversals* in writing work for his age
- ☐ Student has difficulty with *reading, location information on a page*, or word search
- ☐ 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*
- ☐ Student shows many *self-stimulatory behaviors* or is very ritualistic
- ☐ Student shows great fear of *movement activities*/playground equipment
- ☐ Student shows significant *aversion to loud noises, visual stimulation*
- ☐ Student has much difficulty *getting along with other children*
- ☐ Student shows much difficulty with *transitions or routines*

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

Student:_____

Articulation/Pronunciation:
- ☐ Student omits, substitutes, or distorts sounds in words
- ☐ When speaking, student's speech is unintelligible
- ☐ Other

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

Fluency:
- ☐ Student appears to stutter (speech has repetitions or prolongations)
- ☐ Other

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

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

Pragmatics (Ability to use language socially):
- ☐ Student has difficulty making and sustaining friendships
- ☐ Student has difficulty demonstrating and sharing his/her feelings
- ☐ Student has difficulty interpreting body language
- ☐ Student has difficulty detecting humor or sarcasm in the verbal expression of others
- ☐ Student has difficulty with initiating, joining or maintaining a topic in conversation.

Problem Solving Team: Ongoing Progress Monitoring 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

MINUTE LOG - Specify the time in minutes (for each day of the week) you spent implementing the intervention for this 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 only have times under those three days.					
Week of:	Monday	Tuesday	Wednesday	Thursday	Friday

Teachers should complete each time student tests to guide instruction in the intervention.
If the student is absent, write absent on day of absence.

Student	Progress Monitoring Data Points (s)		Progress Monitoring Data Points (s)		Progress Monitoring Data Points (s)		Progress Monitoring Data Points (s)		Progress Monitoring Data Points (s)		Progress Monitoring Data Points (s)	
	Date:		Date:		Date:		Date:		Date:		Date:	
1	SS	PR	SS	PR	SS	PR	SS	PR	SS	PR	SS	PR