

Multi-Tiered   
System of SupportsDOCUMENTATION PACKET



STUDENT INTERVENTION SERVICES

*Office of Elementary Education and Reading*

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Acknowledgements

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Angela Harris| Smith County School District Jenny Webber | Harrison County School District

The Mississippi Department of Education Office of Intervention Services collaborated with teachers, interventionists, administrators, and counselors to develop the  
Multi-Tiers System of Supports (MTSS) Documentation Packet to assist districts, schools, and educators with the documentation and implementation of interventions as well as the Literacy-Based Promotion Act (LBPA). The MTSS packet provides the means to reflect on policies and practices at the classroom, school, and district level in order to continually improve student outcomes. The MTSS packet is organized according to the following sections:



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| **SECTION 1A, 1B, 1C** | | **PRE-K, K-8, or 9-12 Student Profile** | |
| Provides a means of collecting detailed student information that can be used to determine recommendations for interventions, screenings, assessments and classroom instruction. All students receiving academic and/or behavioral interventions must have a student profile completed and a copy of the cumulative record insert sheet. | | | |
| **SECTION 1D** | **Tier I High-Quality Classroom Observation** | | |
| Includes essential components of Tier I instruction aligned to the Teacher Growth Rubric Teacher Evaluation Domains and Standards. These components should be observed and verified by a school administrator to ensure appropriate classroom instruction, classroom management, and differentiated instruction with the general education core curriculum as well as social/behavioral supports. | | | |
| **SECTION 2A.1, 2A.2, 2B, and 2C** | | | **Tier II (Supplemental Instruction) Documentation** |
| Provides an efficient means of collecting and documenting information regarding classroom instruction, progress monitoring, parent notification, supplemental instruction, integrity checks, and social/behavioral interventions used to support and extend the critical elements of core instruction. **School districts must complete, at a minimum, documentation as required for all students in Tier II.** | | | |
| **SECTION 3A** | **Teacher Support Team (TST) Referral and Meeting** | | |
| Provides an efficient means of documenting requests and recommendations for further supports needed due to the student’s lack of progress, as well as documentation of meetings held and decisions made by the TST. | | | |
| **SECTION 3B, 3C, 3D, 3E, 3F, and 3G** | | | **Tier III (Intensive Intervention) Documentation** |
| Provides an efficient means of collecting and documenting information regarding intensive interventions and progress monitoring for all students who fail to respond adequately to Tier I and Tier II instruction and supports. **School districts must complete, at a minimum, documentation as required for all students in Tier III. All Tier III documentation must accompany the student’s cumulative folder upon promotion or transfer to a new school.** | | | |

Appendices

Additional documents were added as an appendix to the MTSS packet to   
assist with the effective implementation, notification, and documentation of   
intervention services for all students. The appendix is organized according to   
the following sections:

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| **APPENDIX A** | **Social/Emotional Worksheet** |
| Provides a checklist to aid in collecting information to identify potential deficit areas where Tier II or Tier III intervention may be needed. | |
| **APPENDIX B** | **Language Service Plan (for Students with Limited English Proficiency)** |
| Provides an efficient means of collecting information to determine student’s knowledge and skills in English and then documenting their English language goals and needed accommodations. | |
| **APPENDIX C** | **Dyslexia Checklist for Teachers and Parent Interview** |
| Provides a checklist for elementary, middle and high school teachers, as well as a Parent Reading Information Questionnaire that can be completed to aid in the decision making process of intervention selection. | |
| **APPENDIX D** | **Sample Parent Notification of Intervention Services** |
| Provides a sample letter that can easily be adapted by districts to inform parents of the intervention process, progress monitoring results, and decisions relevant to their individual child. | |
| **APPENDIX E** | **Individual Reading Plan** |
| Provides a template for documenting the LBPA requirements pertaining to the identification of a reading deficiency, intensive reading instruction, and intervention. | |
| **APPENDIX F** | **Good Cause Exemption Documentation (LBPA)** |
| Provides a template with the required documentation of parent notification regarding deficiency, date Read-at-Home Plan was shared, qualifying determination of good cause, adherence to process, and final decision of superintendent. | |
| **APPENDIX G** | **Part 3 Chapter 41: Intervention** |
| Details the instructional model that the Mississippi Department of Education requires districts to follow, which consists of three (3) tiers of instruction. | |

Recommendations for Documentation

The chart below provides **recommended guidance** for selecting the appropriate forms needed to document the essential components of a Multi-Tiered System   
of Supports.

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| **STUDENTS IN GENERAL** **EDUCATION:** **TIER II** | |
| **Required Components** | **Recommended Data Collector** |
| 1. Section 1A, 1B, 1C 2. Section 1D, 2B 3. Section 2A.1, 2A.2, 2C 4. Appendix A 5. Appendix B 6. Appendix D | 1. Classroom Teacher/Counselor 2. School Administrator 3. Classroom Teacher/Interventionist/MTSS Coordinator 4. Classroom Teacher/Interventionist   **\* NOTE:** Complete social emotional checklist if behavior is identified as a deficit area including Antecedent Behavior Consequence (ABC) data.   1. English Learner Teacher 2. Classroom Teacher/Interventionist |

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| **STUDENTS IN GENERAL** **EDUCATION:** **TIER III**  **Tier III** | |
| **Required Components** | **Recommended Data Collector** |
| 1. Section 1A, 1B, or 1C 2. Section 1D, 2B, 3C 3. Section 2A.1, 2A.2, 2C 4. Section 3A 5. Section 3B, 3D, 3E, 3F, 3G 6. Appendix A 7. Appendix B 8. Appendix D 9. Appendix E 10. Appendix F | 1. Classroom Teacher/Counselor 2. School Administrator 3. Classroom Teacher/Interventionist/MTSS Coordinator 4. Classroom Teacher/Interventionist 5. Classroom Teacher/Interventionist/MTSS Coordinator 6. Counselor/Interventionist   **\* NOTE:** Complete social emotional checklist if behavior is identified as deficit area including the Functional Behavioral Assessment (FBA), Behavior Intervention Plan (BIP) and/or a Safety Plan.   1. English Learner Teacher 2. Classroom Teacher/Interventionist/MTSS Coordinator 3. Classroom Teacher/Teacher Support Team/IEP Team/MTSS Coordinator   **\* NOTE:** Applies to students in K-3 with a reading deficiency and students in grade 4 who are promoted with a Good Cause Exemption.   1. Classroom Teacher/Interventionist/MTSS Coordinator   **\* NOTE:** Complete only if 3rd grade student applying for Good Cause Exemption. |

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| **STUDENTS IN SPECIAL** **EDUCATION:** **INTENSIVE INTERVENTIONS** | |
| **Required Components** | **Recommended Data Collector** |
| 1. Section 1A, 1B, or 1C 2. Section 1D, 2B, 3C 3. Section 3B, 3D, 3E, 3F, 3G 4. Appendix D 5. Appendix E 6. Appendix F | 1. Classroom Teacher/Counselor 2. School Administrator 3. Classroom Teacher/Teacher Support Team/IEP Team/MTSS Coordinator   **\* NOTE:** Include IEP section Template   1. Classroom Teacher/ Teacher Support Team/IEP Team/MTSS Coordinator 2. Classroom Teacher/Teacher Support Team/IEP Team/MTSS Coordinator 3. Classroom Teacher/Teacher Support Team/IEP Team/MTSS Coordinator   **\* NOTE:** Complete only if 3rd grade student applying for Good Cause Exemption. |

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| **STUDENTS WITH DYSLEXIA** | |
| **Required Components** | **Recommended Data Collector** |
| 1. Section 1A, 1B, or 1C 2. Section 1D, 2B, 3C 3. Section 2A.1, 2A.2, 2C 4. Section 3A 5. Section 3B, 3D, 3E, 3F, 3G 6. Appendix C 7. Appendix E 8. Appendix F | 1. Classroom Teacher/Counselor 2. School Administrator 3. Classroom Teacher/Interventionist/MTSS Coordinator 4. Classroom Teacher/Interventionist 5. Classroom Teacher/Teacher Support Team/MTSS Coordinator 6. Teacher and Parent 7. Classroom Teacher/Teacher Support Team/MTSS Coordinator   **\* NOTE:** Applies to students in K-4 with a reading deficiency.   1. Classroom Teacher/Interventionist/MTSS Coordinator   **\* NOTE:** Complete only if 3rd grade student applying for Good Cause Exemption. |

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| **ENGLISH LEARNER**  **Learners (ELL)** | |
| **Required Components** | **Recommended Data Collector** |
| 1. Section 1A, 1B, or 1C 2. Section 1D 3. Appendix B 4. Appendix E 5. Appendix F | 1. Classroom Teacher/Counselor 2. School Administrator 3. EL Teacher 4. Classroom Teacher/Teacher Support Team/MTSS Coordinator 5. Classroom Teacher/Interventionist/MTSS Coordinator 6. **\*NOTE:** Complete only if 3rd grade student applying for Good Cause Exemption.   Note: If English Learner (EL) students are in the Tier process it is recommended that Tier II and Tier III documentation is utilized as outlined for “Students in General Education. |

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| **SECTION 1A** | **PRE-K STUDENT PROFILE** | | | | | | |
| **STUDENT NAME:** | | | **CURRENT GRADE:** | | **DATE:** | | |
| MSIS Number/ID: | | | Date of Birth: | | Gender: | | Race: |
| Teacher: | | School/Site: | | | District: | | |
| Parent/Guardian Name: | | | | Phone: | | Email: | |
| Street Address: | | | | | | | |

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| **COLLEGE AND CAREER READINESS  ANCHOR STANDARDS PERFORMANCE** |  | **BEHAVIOR** |
| Indicate the total number of performance standards that were indicated as code 1 (needs development) in each domain on the *The Mississippi Early Learning Standards for Classrooms Serving Four-Year-Old Children:* *An Observational and Performance-Based Checklist.* [*Development Checklist for Four-Year-Old Students*](https://mdek12.org/sites/default/files/4-year-old_developmental_checklist.docx)   |  |  |  |  | | --- | --- | --- | --- | | **Academic Area** | **Fall** | **Winter** | **Spring** | | Approaches to Learning |  |  |  | | Social/Emotional |  |  |  | | English Language Arts |  |  |  | | Mathematics |  |  |  | | Science |  |  |  | | Social Studies |  |  |  | | Physical Development |  |  |  | | The Arts |  |  |  | |  | Check if documentation is applicable and available.  Social Emotional Issues **(Appendix A)**  Discipline Record  Total Number of Discipline Reports:  Total Number of Classroom Removals:  Parent Conference(s) Date(s):  Additional behaviors that may impact performance: |
|  |
| **ATTENDANCE** |  | **SPECIAL POPULATION** |
| |  |  |  | | --- | --- | --- | | **CURRENT SCHOOL YEAR** | **DAYS ABSENT** | **DAYS PRESENT** | |  |  |  | | **PREVIOUS SCHOOL YEARS** | **DAYS ABSENT** | **DAYS PRESENT** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  | Check if applicable to student.  Special Education/IEP  Initial Eligibility Date:  Eligibility Category:  504  EL **(Appendix B)**  Other: |
| |  |  | | --- | --- | | List last 3 schools attended and dates. | | |  |  | |  |  | |  |  | |  | **SCREENER(S)** |
|  | Indicate the name of each screener used in the classroom and the screener’s recommended cut score. Indicate the date of the screener and the student’s score.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **SCREENER NAME** | |  | | | | | **RECOMME****NDED CUT SCORE** | | | |  | | | Date |  | |  | |  | | Score |  | |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **SCREENER NAME** | |  | | | | | **RECOMMENDED CUT SCORE** | | | |  | | | Date |  | |  | |  | | Score |  | |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **SCREENER NAME** | |  | | | | | **RECOMMENDED CUT SCORE** | | | |  | | | Date |  | |  | |  | | Score |  | |  | |  | |
| **KINDERGARTEN READINESS ASSESSMENT SCORES** |
| Fill in the chart below based on student scores on the MKAS2 Assessment. Recommended Score: 498   |  |  |  | | --- | --- | --- | |  | **SCORE** | **DATE (MM/DD/YYYY)** | | Fall |  |  | | Spring |  |  | |
| **HEARING AND VISION SCREENER** |
| |  |  |  |  | | --- | --- | --- | --- | | **HEARING** | | **VISION** | | | Date |  | Date |  | | Pass/Fail |  | Pass/Fail |  | |  |
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| **SECTION 1B** | **K-8 STUDENT PROFILE** | | | | | | |
| **STUDENT NAME:** | | | **CURRENT GRADE:** | | **DATE:** | | |
| MSIS Number/ID: | | | Date of Birth: | | Gender: | | Race: |
| Teacher: | | School/Site: | | | District: | | |
| Parent/Guardian Name: | | | | Phone: | | Email: | |
| Street Address: | | | | | | | |

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| **COURSE PERFORMANCE** | | | | **BEHAVIOR** | | |
| Indicate recent term grades in the table below.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Academic Area** | **T1** | **T2** | **T3** | **T4** | **Final** | | Reading |  |  |  |  |  | | Mathematics |  |  |  |  |  | | Science |  |  |  |  |  | | Social Studies |  |  |  |  |  | | Language Arts |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | | | Check if documentation is applicable and available.  Social Emotional Issues **(Appendix A)**  Discipline Record  Total Number of Discipline Reports:  Total Number of Suspensions:  In School:        Out of School:  Parent Conference(s) Date(s):  Additional behaviors that may impact performance: | | |
| **ATTENDANCE** | | | **GRADE RETENTION** | | | **SPECIAL POPULATION** |
| |  |  |  |  | | --- | --- | --- | --- | | **CURRENT SCHOOL YEAR** | **DAYS ABSENT** | | **DAYS PRESENT** | |  |  | |  | | **PREVIOUS SCHOOL YEARS** | **DAYS ABSENT** | | **DAYS PRESENT** | |  |  | |  | |  |  | |  | |  |  | |  | | List last 3 schools attended and dates. | | | | |  | |  | | |  | |  | | |  | |  | | | | | If applicable, indicate grade(s) and school year(s) below.   |  |  | | --- | --- | | **GRADE** | **SCHOOL YEAR** | |  |  | |  |  | |  |  | |  |  | | | | Check if applicable to student.  Special Education/IEP  Initial Eligibility Date:  Eligibility Category:  504  EL **(Appendix B)**  Other: |
| **LITERACY-BASED PROMOTION ACT** | | **DYSLEXIA SCREENER** | | | **UNIVERSAL SCREENER** | |
| Complete this section only if the student completed 3rd grade after implementation of Literacy-Based Promotion Act (2014-2015).   |  |  |  | | --- | --- | --- | | **ATTEMPTS** | **DATE** | **SCORE** | | First Attempt |  |  | | First Retest |  |  | | Second Retest |  |  |   (If the student fails all three attempts, reference **Appendix F** to see of student qualifies for Good Cause Exemptions.) | | |  |  | | --- | --- | | **K (SPRING)** | | | Date |  | | Pass/Fail |  | | **1st GRADE (FALL)** | | | Date |  | | Pass/Fail |  | | | | Indicate score and screener used for each.   |  |  |  |  | | --- | --- | --- | --- | |  | **Fall** | **Winter** | **Spring** | | **READING:** |  |  |  | | **MATH:** |  |  |  | | **BEHAVIOR:** |  |  |  |   If additional district screener(s) were used, please attach student score reports. | |
| **K-READINESS ASSESSMENT** | **HEARING AND VISION** | | | | **STATE ASSESSMENT** | |
| |  |  | | --- | --- | | **RECOMMENDED SCALE** **SCORE** | **STUDENT SCALE SCORE** | | **Fall: 530** |  | | **Spring: 681** |  | | |  |  |  |  | | --- | --- | --- | --- | | **HEARING** | | **VISION** | | | Date |  | Date |  | | Pass/Fail |  | Pass/Fail |  | | | | | Attach previous years’ state assessment score reports for review by the TST. | |

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| **SECTION 1C** | **9-12 STUDENT PROFILE** | | | | | | |
| **STUDENT NAME:** | | | **CURRENT GRADE:** | | **DATE:** | | |
| MSIS Number/ID: | | | Date of Birth: | | Gender: | | Race: |
| Teacher: | | School/Site: | | | District: | | |
| Parent/Guardian Name: | | | | Phone: | | Email: | |
| Street Address: | | | | | | | |

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| **COURSE PERFORMANCE** | | | **BEHAVIOR** | | |
| Indicate recent term grades in the table below.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Academic Area** | **T1** | **T2** | **T3** | **T4** | **Final** | | Reading |  |  |  |  |  | | Mathematics |  |  |  |  |  | | Science |  |  |  |  |  | | Social Studies |  |  |  |  |  | | Language Arts |  |  |  |  |  |   Indicate recent SATP course grades.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Academic Area** | **T1** | **T2** | **T3** | **T4** | **Final** | | Algebra I |  |  |  |  |  | | English II |  |  |  |  |  | | Biology |  |  |  |  |  | | U.S. History |  |  |  |  |  | | | | Check if documentation is applicable and available.  Social Emotional Issues **(Appendix A)**  Discipline Record  Total Number of Discipline Reports:  Total Number of Suspensions:  In School:        Out of School:  Parent Conference(s) Date(s):  Additional behaviors that may impact performance: | | |
| **ATTENDANCE** | | **GRADE RETENTION** | | | **SPECIAL POPULATION** |
| |  |  |  | | --- | --- | --- | | **CURRENT SCHOOL YEAR** | **DAYS ABSENT** | **DAYS PRESENT** | |  |  |  | | **PREVIOUS SCHOOL YEARS** | **DAYS ABSENT** | **DAYS PRESENT** | |  |  |  | |  |  |  | |  |  |  | | | If applicable, indicate grade(s) and school year(s) below.   |  |  | | --- | --- | | **GRADE** | **SCHOOL YEAR** | |  |  | |  |  | |  |  | |  |  | | | | Check if applicable to student.  Special Education/IEP  Initial Eligibility Date:  Eligibility Category:  504  EL **(Appendix B)**  Other: |
| **REPEATED COURSEWORK** | | | | **REQUIRED ASSESSMENTS** | |
| Indicate course name, school year and final grade for failed courses. Indicate course recovery method (summer school, credit recovery, etc.) and the school year and final grade for the course.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **COURSE** | **SCHOOL YEAR** | **FINAL GRADE** | **METHOD OF RECOVERY** | **SCHOOL YEAR** | **FINAL GRADE** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | | | |  |  |  |  | | --- | --- | --- | --- | | **ALGEBRA I** | | | | | Date |  | Pass/Fail |  | | Retest Date |  | Pass/Fail |  | | **ENGLISH II** | | | | | Date |  | Pass/Fail |  | | Retest Date |  | Pass/Fail |  | | **BIOLOGY** | | | | | Date |  | Pass/Fail |  | | Retest Date |  | Pass/Fail |  | | **U.S. HISTORY** | | | | | Date |  | Pass/Fail |  | | Retest Date |  | Pass/Fail |  | | **WORK KEYS** | | | | | Date |  | Level |  | | |
| **DIPLOMA OPTIONS** | **HEARING AND VISION** | | |
| |  |  |  | | --- | --- | --- | | Traditional | Alternate | | | **TRADITIONAL DIPLOMA ENDORSEMENTS** | | | | Career & Technical | | Academic | | Distinguished Academic | | | | Projected Graduation Date | | | | |  |  | | --- | --- | | **HEARING** | | | Date |  | | Pass/Fail |  | | **VISION** | | | Date |  | | Pass/Fail |  | | | |

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| **Section 1D** | **TIER I HIGH-QUALITY CLASSROOM OBSERVATION FORM** (Aligned with the [Teacher Growth Rubric](https://www.mdek12.org/OEE/Teacher).) | | | | | |
| *Instructions:* Prior to students entering Tier II, **SCHOOL ADMINISTRATORS** should complete this form by placing a check mark only in the boxes by the traits that are observed. It is recommended that this form be completed prior to Tier II. This form may be reproduced as needed. | | | | | | |
| Teacher Name: | | | | Grade/Subject: | | |
| Observed By: | | | | Date of Observation: | | |
|  | | | | | | |
| **CLASSROOM INSTRUCTION** | | | **DIFFERENTIATED INSTRUCTION** | | **CLASSROOM MANAGEMENT** | |
| Students actively engaged in learning. **Domain 3, Standard 5**  Content is at instructional level.  **Domain 2, Standard 4**  Students answering questions correctly.  **Domain 2, Standard 3**  Students ask questions. **Domain 3, Standard 5**  Teacher communicates expectations of lesson. **Domain 2, Standard 3**  Teacher questioning measures students' understanding of the prerequisite concepts. **Domain 2, Standard 4**  Teacher questioning measures students' understanding of new concepts. **Domain 2, Standard 3**  Teacher encourages students to think critically concerning previous concepts and new concepts. **Domain 2, Standard 3**  Teacher reviews prerequisite knowledge needed for the lesson in order to effectively build student understanding. **Domain 1, Standard 2** | | | Teacher uses activities to support instruction (i.e., advanced organizer, intro to lesson, or closure). **Domain 3, Standard 10**  Teacher aligns tasks to learning goals. **Domain 1, Standard 1**  Teacher engagement with students varies as the needs of the students differ. **Domain 1, Standard 2**  Teacher provides guided practice and modeling in learning new concepts. **Domain 2, Standard 4**  Teacher uses a variety of techniques to support students in making meaning of content. **Domain 2, Standard 4**  Teacher groups students to work on instructional component. **Domain 3, Standard 5**  Teacher provides prompt feedback to students concerning performance.  **Domain 2, Standard 3**  Teacher assists students in preparation for assignments, long-range projects, and tests. **Domain 2, Standard 3** | | Use of smooth transitions: providing transition activities for students**. Domain 3,  Standard 6**  Procedures and rules are clearly communicated in the classroom. **Domain 3, Standard 6**  Teacher actively supervises student behavior by scanning, moving around room, and interacting with students. **Domain 3, Standard 5 and Domain 3, Standard 6**  Teacher encourages students to take ownership for actions and fosters respect among all students. **Domain 3, Standard 5 and Domain 3 Standard 7** | |
| **OBSERVATION SUMMARY** | | *Instructions:* **SCHOOL ADMINISTRATORS**, check the appropriate box below and identify recommendations if needed. | | | | |
| Teacher demonstrated traits of high-quality classroom instruction.  Teacher demonstrated some traits of high-quality classroom instruction, and should implement the following recommendation(s) to enhance Tier I Instruction: | | | | | | |
| **DESCRIPTION OF RECOMMENDATION(S):** | | | | | | **DATE TO BEGIN  RECOMMENDATION(S):** |
|  | | | | | |  |
| **DATE TO EVALUATE RECOMMENDATION(S):** |
|  |
| **DATE OF REVALUATION:** |
| Demonstrated  Did not demonstrate |

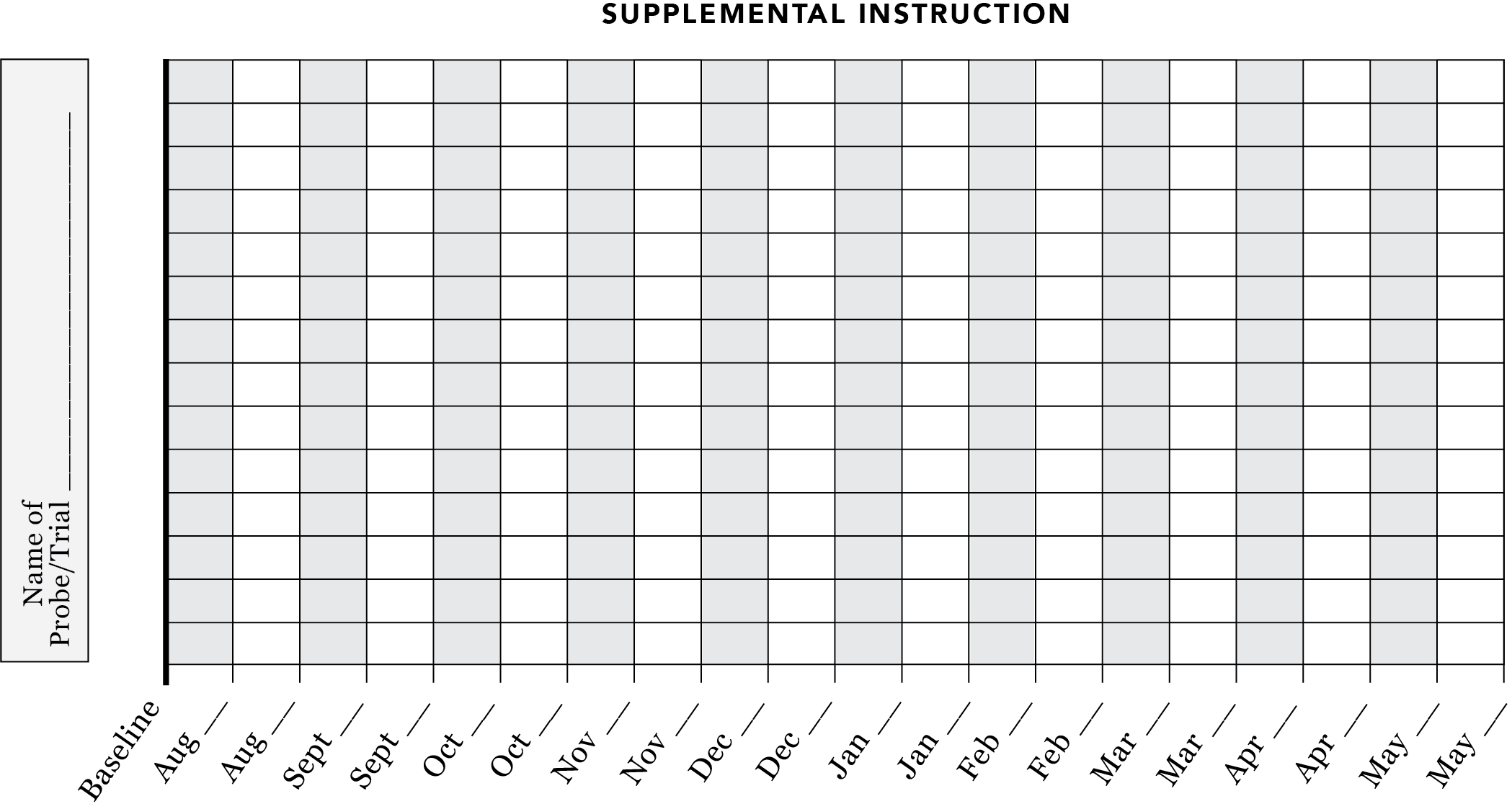
|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 2A.1** | **INTERVENTION MEETING DOCUMENTATION** | | | | | | | |
| *Instructions:* **TEACHERS,** complete this form if classroom data, universal screener data, and other available information does not show adequate student progress and further support is needed. Attach completed **Section 1A, 1B, or 1C; 1D.** | | | | | | | | |
| **TO:** **TEACHER SUPPORT TEAM CHAIR** | | | | | | | | |
| I request that the available data for (student name) be reviewed to assist in providing interventions to improve his/her overall performance. I have observed problems that interfere with his/her educational progress in the following area(s):  Academic performance, low or failing grades  Behavior and/or discipline  Other, specify: | |  | | Tier One Supports Provided to Student: | | | | |
|  | |
| Teacher: | | Parent: | | | | Date of Meeting: | Date of Intervention Implementation: | |
|  | |  | | | |  | (must be within 2 weeks) | |
|  | | | | | | | | |
| **SUMMARY OF DISCUSSION (continue on back if needed):** | | | | | | | | |
|  | | | | | | | | |
| **SIGNATURE OF ATTENDEES PRESENT** | | | **TITLE** | | **SIGNATURE OF ATTENDEES PRESENT** | | | **TITLE** |
|  | | | Administrator | |  | | | Parent |
|  | | | Interventionist | |  | | | Counselor |
|  | | | Teacher | |  | | | Other |
| **RECOMMENDED NEXT STEPS** | | | | | | | | |
| Contact parents  Implement academic Tier II intervention in area(s) needed:  Reading  Math  Language Arts  Other  Implement behavior Tier II intervention  Conduct student conference  Perform behavior observation (ABC Data)  Intervention(s) not successful  Modify current behavior interventions and continue intervention(s) in Tier II  Other: | | | | | Return to Tier I general education classroom  Continue instructional intervention(s) in General Education Classroom (Tier II)  Administer developmental screener (5 yr. old, in-school)  Administer hearing/vision screening  Request medical follow-up  Refer to school counselor  Refer to community agency  Complete Teacher Narrative Packet  Refer for Teacher Support Team | | | |

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| **SECTION 2A.2** | **TIER II (SUPPLEMENTAL INSTRUCTION) DOCUMENTATION** | | | | | | | | | |
| *Instructions:* **TEACHERS** should complete this form for each student that did not respond to high quality Tier I core instruction.  For students receiving more than one intervention in multiple academic or behavioral areas, teachers can duplicate this form.  Visit <https://mdek12.org/OAE/OEER/InterventionServices> for additional resources. | | | | | | | | | | |
| **DETAILS OF INTERVENTION** | | | |  | | **DATE** | | | |  |
| Student Name: | | | Describe supplemental and/or small  group strategies utilized – should be evidence-based: | | | | | | Provide specific evaluation criteria, in *measurable* terms, utilized to determine effectiveness and monitor progress: | |
|  | | |
| Describe target deficit area of intervention(s) – identify if academic and/or behavioral  and explain: | | |  | | | | | |  | |
|  | | |
| **INTERVENTION  START DATE** | | **FREQUENCY OF  INTERVENTION PER WEEK** | | | **NUMBER OF MINUTES PER SESSION** | | | | **FREQUENCY OF PROGRESS MONITORING** **(Section 2C):** | |
|  | | **DAYS** | | | **MINUTES** | | | | **MDE RECOMMENDATION:** 2x per month | |
| Name(s) and role(s) of individual(s) responsible for delivering intervention(s): | | | | | | | Based on progress monitoring data **(Section 2C)** student progress will be cumulatively reviewed on: | | | |
|  | | | | | | | **MDE POLICY**: no later than 8 weeks after start date | | | |
|  | | | | | | | | | | |
| **PARENTAL NOTIFICATION** (For parent letter template, see **Appendix D**) | | | | | | | | | | |
| Parent(s) notified of Tier II intervention (select one):  Yes  No | | | | | | | | Date Notified: | | |

|  |  |  |  |  |  |
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| **SECTION 2B** | **TIER II (SUPPLEMENTAL INSTRUCTION) INTEGRITY CHECKS** | | | | |
| *Instructions:* **SCHOOL ADMINISTRATORS**, check the box next to each trait of quality implementation demonstrated during Tier II intervention observation. Complete **at least two (2) integrity checks** at equal intervals during course of intervention. | | | | | |
| **INTEGRITY CHECK #1** | | Date: |  | **INTEGRITY CHECK #2** | Date: |
| The intervention is described in specific, measurable terms that can be progress monitored and evaluated.  **(See Section 2A.2)**  The intervention is being delivered in a manner which  is consistent with the intervention details as  described above.  The intervention seems appropriate for the needs of  this student.  The individual(s) responsible for delivering intervention has the materials and support he/she needs.  The student’s attendance has not been a significant factor in hindering his/her progress.  The parent/guardian(s) of student received notification of the intervention plan. | | |  | The intervention is described in specific, measurable terms that can be progress monitored and evaluated. **(See Section 2A.2)**  The intervention is being delivered in a manner which is consistent with the intervention details as  described above.  The intervention seems appropriate for the needs of this student.  The individual(s) responsible for delivering intervention has the materials and support he/she needs.  The student’s attendance has not been a significant factor in hindering his/her progress.  The parent/guardian(s) of student received notification of the intervention plan. | |
| **COMMENTS:** | | | **COMMENTS:** | |
| Signature and title of person completing integrity check: | | |  | Signature and title of person completing integrity check: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INTEGRITY CHECK #3** | Date: |  | **INTEGRITY CHECK #4** | Date: |
| The intervention is described in specific, measurable terms that can be progress monitored and evaluated. **(See Section 2A.2)**  The intervention is being delivered in a manner which  is consistent with the intervention details as  described above.  The intervention seems appropriate for the needs of  this student.  The individual(s) responsible for delivering intervention has the materials and support he/she needs.  The student’s attendance has not been a significant factor in hindering his/her progress.  The parent/guardian(s) of student received notification of the intervention plan. | |  | The intervention is described in specific, measurable terms that can be progress monitored and evaluated. **(See Section 2A.2)**  The intervention is being delivered in a manner which is consistent with the intervention details as  described above.  The intervention seems appropriate for the needs of this student.  The individual(s) responsible for delivering intervention has the materials and support he/she needs.  The student’s attendance has not been a significant factor in hindering his/her progress.  The parent/guardian(s) of student received notification of the intervention plan. | |
| **COMMENTS:** | | **COMMENTS:** | |
| Signature and title of person completing integrity check: | |  | Signature and title of person completing integrity check: | |

|  |  |
| --- | --- |
| **SECTION 2C** | **PROGRESS MONITORING AND EVALUATION FOR TIER II INTERVENTIONS** |
| *Instructions:* **INDIVIDUALS RESPONSIBLE FOR DELIVERING INTERVENTIONS** should complete progress monitoring using the graph below or a report generated by your district intervention program. It is recommended that the teacher establish a baseline by administering three (3) probes or trials, selecting the median, and marking the baseline by placing a dot on the vertical axis. Teachers should determine the goal by determining the expected rate of progress and marking the target by placing a dot at the intersections. On the bolded line above each month, indicate the first result recorded that month; on the line to the right, indicate the second result of that month. | |



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| **DOCUMENTED REVIEWS FOR TIER II** | | | | | | | | | |
| **MDE RECOMMENDS** two (2) Tier II documented reviews, with the first documented review conducted no later than four (4) weeks after implementation and the cumulative documented review no later than eight (8) weeks after implementation. | | | | | | | | | |
| *Instructions:* Use the graph above and documented review boxes below to record the effectiveness of the intervention(s) and to determine the next steps of this student’s intervention based on his/her progress. | | | | | | | | | |
| **FIRST DOCUMENTED REVIEW** | | | Date: | | | Sufficient progress made? (select one) | | | Yes  No |
| To be completed no later than 4 weeks after starting intervention. | | | | | | (If no, an additional intervention form should be completed.) | | | |
|  | | | | | | | | | |
| **CUMULATIVE DOCUMENTED REVIEW** | | | | | Date: | Sufficient progress made? (select one) | | | Yes  No |
| To be completed no later than 8 weeks after starting intervention. | | | | | | (check one of the boxes below for final decision) | | | |
| Adequate progress **WAS** made; intervention was successful in meeting student’s needs. This student will be returned to Tier 1 (core instruction). | Progress **WAS** made; intervention was somewhat successful in meeting student’s needs. Intervention will continue and be re-evaluated on:      . | | | Adequate progress **WAS NOT** made; intervention was somewhat successful in meeting student’s needs. Student will continue at Tier II and an additional intervention will be attempted. *(Complete an additional* ***Section 2A & 2C*** *- Tier II documentation form).* | | | Adequate progress **WAS NOT** made; intervention did not meet student’s needs. Student will be referred to Teacher Support Team (TST) for Tier III consideration.  *(Complete* ***Section 3A*** *- TST Referral and Meeting form and attach documentation.)* | Other: | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Classroom Teacher Signature | | \_\_\_\_  Date | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School Administrator Signature | | | | | \_\_\_\_\_\_  Date |

|  |  |  |  |  |  |  |  |
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| **SECTION 3A** | **TEACHER SUPPORT TEAM REFERRAL AND MEETING** | | | | | | |
| *Instructions:* **TEACHERS,** complete this form if progress monitoring data does not show adequate student progress  and further support is needed. Attach completed **Section 1A, 1B, or 1C; 1D, 2A.1, 2A.2,, 2B, and 2C**. | | | | | | | |
| **TST REFERRAL MSIS 20-DAY STUDENTS** | | | | | | | |
| I request that (student name) be reviewed by the TST to assist in providing interventions to improve his/her overall performance. I have observed problems that interfere with his/her educational progress in the following area(s):  Academic performance, low or failing grades  Behavior and/or discipline  Other, specify: | | **OR** | Referral of the student is made based upon Mississippi State Board Policy Part 3 Chapter 41, Rule 41.1: Intervention. These referrals must be made within the first 20 school days of a school year if the child failed the preceding year. Please indicate below:  Grades K–3: Student has failed one grade. Grades 4–12: Student has failed two grades.  A student failed either of the preceding two grades and has been suspended or expelled for more than 20 days in the current school year.  A student scored at the “lowest level” on any part of the grade 3  or grade 7 statewide accountability assessment.  A student is promoted from Grade 3 to Grade 4 under a good  cause exemption of the Literacy-Based Promotion Act. (Attach **Appendix F.**) | | | | |
|  |
| Teacher/Individual submitting referral: | | TST Chair acknowledging receipt: | | | Date of receipt of referral: | Date of Initial TST Meeting to discuss referral: | |
|  | |  | | |  | (must be within 2 weeks) | |
|  | | | | | | | |
| **REFERRAL MEETING DETAILS** | | | | | | | |
| TST members present agree that all information discussed pertaining to the TST process will be held in strict confidence. They shall neither contact anyone outside the official function of this TST process nor make any notes or copies of any documents utilized during the process. | | | | | | | |
| **SUMMARY OF DISCUSSION (continue on back if needed):** | | | | **SIGNATURE OF TST MEMBERS PRESENT** | | | **TITLE** |
|  | | | |  | | | Administrator |
|  | | | Interventionist |
|  | | | Teacher |
|  | | | Counselor |
|  | | | Parent |
|  | | | Other |
| **TST RECOMMENDATIONS** | | | | | | | |
| Contact parents  Implement academic Tier III intervention in area(s) needed:  Reading  Math  Language Arts  Other  Implement behavior Tier III intervention  Conduct student conference  Perform behavior observation (ABC Data)  Intervention(s) not successful  Complete FBA and BIP  Other: | | | | Return to Tier I general education classroom  Continue instructional intervention(s) in General Education Classroom (Tier II)  Administer developmental screener (5 yr. old, in-school)  Administer hearing/vision screening  Request medical follow-up  Refer to school counselor  Refer to community agency  Complete Teacher Narrative Packet  Refer for Child Study | | | |

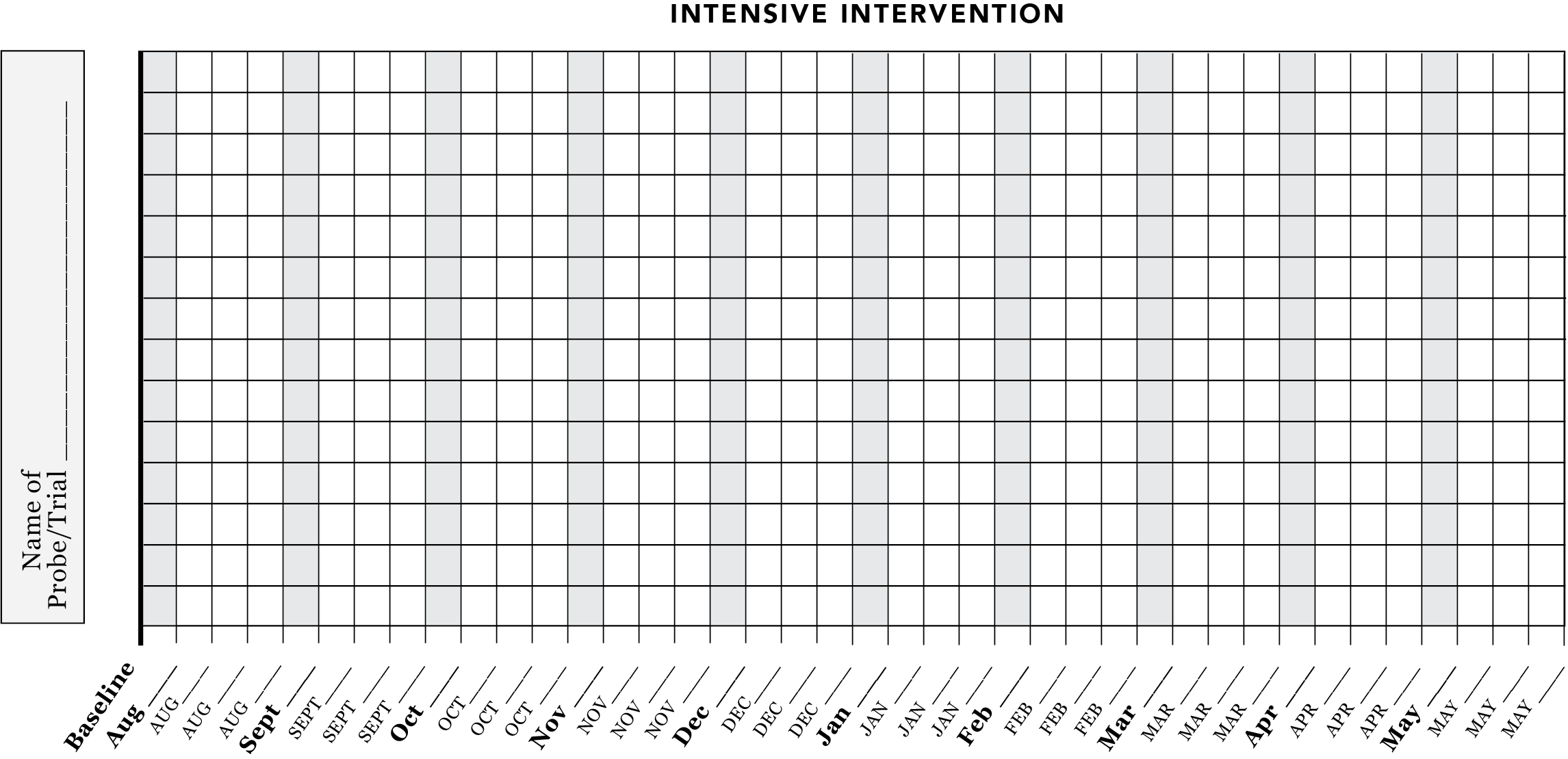
|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 3B** | **TIER III (INTENSIVE INTERVENTION) DOCUMENTATION** | | | | | | | |
|  | | | | | | | | | |
| *Instructions:* **TST MEMBERS, CLASSROOM TEACHERS, AND INTERVENTIONISTS** should work together to complete  this form for each student that did not respond to Tier I or Tier II interventions, for 4th grade students requiring Intensive Intervention after a Good Cause Exemption promotion, for Intensive Reading Interventions for Special Education students (K-4), or English Learners (ELs). Visit <https://mdek12.org/OAE/OEER/InterventionServices> for additional resources. | | | | | | | | |
| **DETAILS OF INTERVENTION** | | | |  | | | | |
| Student Name: | | | Describe intensive intervention strategies utilized – should be evidence-based: | | | | | Provide specific evaluation criteria, in *measurable* terms, utilized to determine effectiveness and monitor progress: |
|  | | |
| Describe target deficit area of intervention(s) – identify if academic and/or behavioral  and explain: | | |  | | | | |  |
|  | | |
| **INTERVENTION  START DATE** | | **FREQUENCY OF  INTERVENTION PER WEEK** | | | **NUMBER OF MINUTES PER SESSION** | | | **FREQUENCY OF PROGRESS MONITORING** **(Section 3D)** |
|  | | **DAYS** | | | **MINUTES** | | | **MDE RECOMMENDATION:** weekly |
| Name(s) and role(s) of individual(s) responsible for delivering intervention(s): | | | | | | Based on progress monitoring data (**Section 3D**), student progress will be cumulatively reviewed on: | | |
|  | | | | | | **MDE POLICY**: no later than 16 weeks after start date | | |
|  | | | | | | | | |
| **PARENTAL NOTIFICATION** (For parent letter template, see **Appendix D**) | | | | | | | | |
| Parent(s) notified of Tier III intervention (select one):  Yes  No | | | | | | | Date Notified: | |

|  |  |
| --- | --- |
| **SECTION 3C** | **TIER III (INTENSIVE INTERVENTION) INTEGRITY CHECKS** |
| *Instructions:* **SCHOOL ADMINISTRATORS**, check the box next to each trait of quality implementation demonstrated during  Tier III intervention observation. Complete **at least two (2) integrity checks** at equal intervals during course of intervention. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INTEGRITY CHECK #1** | Date: |  | **INTEGRITY CHECK #2** | Date: |
| The intervention is described in specific, measurable terms that can be progress monitored and evaluated. **(See Section 3B.)**  The intervention is being delivered in a manner which  is consistent with the intervention details as  described above.  The intervention seems appropriate for the needs of  this student.  The individual(s) responsible for delivering intervention has the materials and support he/she needs.  The student’s attendance has not been a significant factor in hindering his/her progress.  The parent/guardian(s) of student received notification of the intervention plan. | |  | The intervention is described in specific, measurable terms that can be progress monitored and evaluated. **(See Section 3B.)**  The intervention is being delivered in a manner which is consistent with the intervention details as  described above.  The intervention seems appropriate for the needs of this student.  The individual(s) responsible for delivering intervention has the materials and support he/she needs.  The student’s attendance has not been a significant factor in hindering his/her progress.  The parent/guardian(s) of student received notification of the intervention plan. | |
| **COMMENTS:** | | **COMMENTS:** | |
| Signature and title of person completing integrity check: | |  | Signature and title of person completing integrity check: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INTEGRITY CHECK #3** | Date: |  | **INTEGRITY CHECK #4** | Date: |
| The intervention is described in specific, measurable terms that can be progress monitored and evaluated. **(See Section 3B.)**  The intervention is being delivered in a manner which  is consistent with the intervention details as  described above.  The intervention seems appropriate for the needs of  this student.  The individual(s) responsible for delivering intervention has the materials and support he/she needs.  The student’s attendance has not been a significant factor in hindering his/her progress.  The parent/guardian(s) of student received notification of the intervention plan. | |  | The intervention is described in specific, measurable terms that can be progress monitored and evaluated. **(See Section 3B.)**  The intervention is being delivered in a manner which is consistent with the intervention details as  described above.  The intervention seems appropriate for the needs of this student.  The individual(s) responsible for delivering intervention has the materials and support he/she needs.  The student’s attendance has not been a significant factor in hindering his/her progress.  The parent/guardian(s) of student received notification of the intervention plan. | |
| **COMMENTS:** | | **COMMENTS:** | |
| Signature and title of person completing integrity check: | |  | Signature and title of person completing integrity check: | |

|  |  |
| --- | --- |
| **SECTION 3D** | **PROGRESS MONITORING AND EVALUATION FOR TIER III INTERVENTIONS** |
| *Instructions:* **INDIVIDUALS RESPONSIBLE FOR DELIVERING INTERVENTIONS** should complete progress monitoring using the graph below or a report generated by your district intervention program. It is recommended that the teacher establish a baseline by administering three (3) probes or trials, selecting the median, and marking the baseline by placing a dot on the vertical axis. Teachers should determine the goal by determining the expected rate of progress and marking the target by placing a dot at the intersections. On the bolded line above each month, indicate the first result recorded that month; on the line to the right, indicate the second result of that month. | |



|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DOCUMENTED REVIEWS FOR TIER III** | | | | | | | | | | | | |
| **MDE RECOMMENDS** two (2) Tier III documented reviews, with the first documented review conducted no later than eight (8) weeks after implementation and the cumulative documented review no later than sixteen (16) weeks after implementation. | | | | | | | | | | | | |
| *Instructions:* Use the graph above and documented review boxes below to record the effectiveness of the intervention(s) and to determine the next steps of this student’s intervention based on his/her progress.  Check box if using a different progress monitoring graph. | | | | | | | | | | | | |
| **FIRST DOCUMENTED REVIEW** | | | Date: | | | | | | Sufficient progress made? (select one) | | | Yes  No |
| To be completed no later than 8 weeks after starting intervention. | | | | | | | | | (If no, an additional intervention form should be completed.) | | | |
|  | | | | | | | | | | | | |
| **CUMULATIVE DOCUMENTED REVIEW** | | | | Date: | | | | | Sufficient progress made? (select one) | | | Yes  No |
| To be completed no later than 16 weeks after starting intervention. | | | | | | | | | (check one of the boxes below for final decision) | | | |
| Adequate progress **WAS** made; intervention was successful in meeting student’s needs. This student will be returned to the following tier:  Tier I  Tier II  and will be re-evaluated on (date):      . | Progress **WAS** made; intervention was somewhat successful in meeting student’s needs. Student will continue at Tier III and additional intervention will be attempted (additional form – both **Sections 3B & 3D** - should be completed). | | | | Adequate progress  **WAS NOT** made; intervention was not successful in meeting student’s needs. Referral to child study on (date):      . | | | | | Student currently has an IEP. Complete the information in the box below.  Eligibility Category: | Other: | |
|  | |  | | | |  | |  | | | | |
| TST Chair Signature | | Date | | | | | School Administrator Signature | | | | | Date |

|  |  |
| --- | --- |
| **SECTION 3E** | **Teacher Support Team Invitation** |

|  |  |
| --- | --- |
| **Student Name** |  |
| **Teacher Name** |  |
| **School** |  |
| **Date** |  |

Dear Parent/Guardian:

The Teacher Support Team (TST) would like to invite you to a meeting regarding your child’s progress in school. The TST’s purpose is to review and consider all available information and to recommend additional educational strategies and interventions to further assist your child. The TST may consist of an administrator, teacher, interventionist, counselor, and other individuals that may work with your child. We welcome and desire your participation so that you can be both engaged and informed of our efforts to better support your child’s learning. If you are unable to attend the meeting, a copy of the minutes will be provided for your review.

A meeting is scheduled for (Student Name) to discuss their  Academic  Behavior progress.

Date:

Time:

Location:

I will be able to attend in person.

I will be able to attend virtually.

I will not be able to attend please send me a copy of the meeting notes.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions or concerns, please contact me at:

Phone number:

E-mail address:

Sincerely,

[Insert school administrator/TST chair signature and title here]

|  |  |
| --- | --- |
| **SECTION 3F** | **Statement of Confidentiality** |

**NOTE:** *This form is to be completed prior to participating in the Teacher Support Team (TST) process.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** |  | **School Year** |  |

I agree that all information (i.e., teacher and student information, school performance data, specific demographic data, etc.) discussed pertaining to the TST process will be held in strict confidence. I will neither contact anyone outside the official function of this TST process for any reason nor will I make any notes or copies of any documents utilized during the process. Refer to <https://www.mdek12.org/OTSS/MSIS/FERPA> for additional information.

|  |  |  |  |  |
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|  |  |  |  |  |
| *Signature* |  | *Title* |  | *Date* |
|  |  |  |  |  |
| *Signature* |  | *Title* |  | *Date* |
|  |  |  |  |  |
| *Signature* |  | *Title* |  | *Date* |
|  |  |  |  |  |
| *Signature* |  | *Title* |  | *Date* |
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| *Signature* |  | *Title* |  | *Date* |
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| *Signature* |  | *Title* |  | *Date* |
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| *Signature* |  | *Title* |  | *Date* |
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| *Signature* |  | *Title* |  | *Date* |
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| *Signature* |  | *Title* |  | *Date* |
|  |  |  |  |  |
| *Signature* |  | *Title* |  | *Date* |

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| **SECTION 3G** | **End of the Year MTSS Information** |

*Instructions:* Complete the End of the Year MTSS Information form for all students receiving Tier II or Tier III intervention supports. Be sure to place a copy in the student’s cumulative folder.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student** |  | | **Teacher** |  | | |
| **School** |  | | **School Year** |  | **Grade** |  |
| **Counselor** |  | | **Interventionist** |  | | |
| **Previous Grades Repeated** | |  | **Promoted/Retained** |  | | |
| **Recommended Tier Placement for the**       **School Year** | | **Reading** | **Math** | **Behavior** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **UNIVERSAL SCREENER/BENCHMARK** | | | **DYSLEXIA SCREENER** |
| |  |  |  |  | | --- | --- | --- | --- | |  | **Fall BOY Scores** | **Winter MOY Scores** | **Spring EOY Scores** | | **READING** |  |  |  | | **MATH** |  |  |  | | **BEHAVIOR** |  |  |  | | | | |  |  | | --- | --- | |  | **Pass/Fail** | | **K (SPRING)** |  | | **1st GRADE (FALL)** |  | |
| **ATTENDANCE** | **END OF YEAR GRADES** | | **BEHAVIOR** |
| |  | | --- | | **TOTAL DAYS ABSENT FOR THE YEAR** | |  | | |  |  |  |  | | --- | --- | --- | --- | | **ELA** | **MATH** | **SCIENCE** | **SOCIAL STUDIES** | |  |  |  |  | | | |  |  | | --- | --- | | **OSS** |  | | **ISS** |  | | **Office Referrals** |  | |
| **COMPREHENSIVE EVALUATION** | | **INTERVENTION PROGRAM** | |
| Has the student ever received a comprehensive evaluation?  Yes  No   |  |  | | --- | --- | | **Date** |  | | | Describe intervention program/strategies utilized. | |
| **OUTSIDE TESTING** | |
| Is there any documentation of previous, outside testing and/or medical documentation in the cumulative records?  Yes  No   |  |  | | --- | --- | | **Date** |  | | **Diagnosis** | | | |
| **TIERED LEVEL OF SUPPORT AT CLOSE OF SCHOOL YEAR** | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **TIER I** | | **TIER II** | | **TIER III** | | | Reading |  | Reading |  | Reading |  | | Math |  | Math |  | Math |  | | Behavior |  | Behavior |  | Behavior |  | | | | |

|  |  |
| --- | --- |
| **APPENDIX A** | **Social/Emotional Worksheet** |
| *Instructions:* Classroom teachers or counselors should complete this checklist to aid in the collection of information to determine if  student is in need of Tier II or Tier III behavioral interventions.  **NOTE:** This worksheet is not a behavioral screener. For behavioral screening resources, visit [https://mdek12.org/OAE/OEER/ InterventionServices](https://mdek12.org/OAE/OEER/%20InterventionServices). | |

|  |
| --- |
| **STUDENT HAS** |
| been on runaway status  been caught stealing at school  left class without permission  cursed school personnel  threatened to harm school personnel or wished school personnel harm  been suspended for fighting  attempted suicide  received tobacco violations at school  received drug/alcohol violations at school |
| **CLASSROOM INTEREST** |
| High  Average  Low  Other, please specify: |
| **CLASSROOM PARTICIPATION** |
| almost always  frequently  occasionally  seldom |
| **CLASSROOM PREPAREDNESS** |
| always brings necessary supplies  usually brings supplies  seldom comes to class with supplies  never comes to class with supplies |
| **MOTIVATION** |
| completes homework  completes about half of the assignment  tends to give up easily  has difficulty getting started on assignments |
| **TO THE BEST OF YOUR KNOWLEDGE** |
| This student is involved with the court system.  This student is in counseling.  This student is on medication. |

|  |  |
| --- | --- |
| **STUDENT NAME** | **DATE** |
|  | |
| **STUDENT IS DISRUPTIVE IN CLASS** | |
| fidgets  is overly active  does not remain in seat  talks out of turn  disturbs others when they are working  constantly seeks attention  overly aggressive with others (i.e., physical fights)  belligerent towards teachers and others in authority  defiant or stubborn  impulsive  can’t wait his/her turn  acts without thinking of the consequences | |
| **STUDENT IS WITHDRAWN** | |
| shy, timid  has difficulty making friends sits alone in cafeteria  does not join in classroom group activities  overly conforms to rules  appears to daydream or be out of touch with the class  has difficulty expressing feelings | |
| **STUDENT IS ANXIOUS** | |
| appears depressed  rarely smiles  appears to be tense  appears frightened or worried  cries easily  does not trust others | |
| **OTHER SOCIAL/EMOTIONAL BEHAVIORS** | |
| lacks self-confidence  says “can’t do” even before attempting  reacts poorly to disappointment  is overly sensitive to disappointment  depends on others  clings to adults  pretends to be ill  has poor grooming or personal hygiene | |

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| **APPENDIX B** | | | | **Language Service Plan *(for Students with Limited English Proficiency)*** | | | | | | | | | | | |
| This form should be completed by the individual responsible for providing the instructional program for the EL students and the classroom teacher. This form should be updated annually. **Person completing this form** | | | | | | | | | | | | | | | |
| **STUDENT NAME** | | | | |  | | | | | **DOB** |  | | | **Age** |  |
| **PRIMARY LANGUAGE SPOKEN** | | |  | | | | | | **LANGUAGE(S) SPOKEN IN HOME** | |  | | | | |
| **ADDITIONAL**  **LANGUAGE(S)** | |  | | | | | **DATE FIRST ENROLLED IN A U.S. SCHOOL** | |  | | **IMMIGRANT STATUS** (< 3 yrs) | |  | | |
| **PARENT/GUARDIAN NAME** | | | | | |  | | | | | | | | | |
| **PHONE** | (home) | | | | | | | (work) | | | | (cell) | | | |
| **HOME/SCHOOL COMMUNICATION** to parent/guardian is requested in: | | | | | | | | English **OR**  Native Language:  Oral **OR**  Written | | | | | | | |

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| **ACADEMIC HISTORY PRIOR TO ENTERING CURRENT DISTRICT** | | | | | | | | | | | | | | |
| Age Started School |  | | | Years in Preschool/K | | |  | Years in grades 1-5 | |  | | Years in grades 6-12 | |  |
| Last grade completed | |  | | | Interrupted Formal Education  Limited Schooling  No Formal schooling | | | | | | | | | |
| Has the student been referred for Special Education? | | | Yes  No | | | Does the child have an IEP? | | | Yes  No | | Does the child have an 504 Plan? | | Yes  No | |

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| **ACADEMIC ACHIEVEMENT LEVEL HISTORY** | | | | |
| **SUBJECT** | **BELOW  GRADE LEVEL** | **ON OR ABOVE GRADE LEVEL** | **METHOD USED  TO DETERMINE LEVEL** | **INFORMATION NOT AVAILABLE** |
| *Example: Math* | *X* |  | *Course grade from previous year (D)* |  |
| Math |  |  |  |  |
| Reading |  |  |  |  |
| Writing |  |  |  |  |
| Social Studies |  |  |  |  |
| Science |  |  |  |  |
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| **ENGLISH LANGUAGE PROFICIENCY TEST INFORMATION** | | | | | | | | | | | | | | | |
| **TEST** | **Date** | **Score** | **Level** | **Date** | **Score** | **Level** | **Date** | **Score** | **Level** | **Date** | **Score** | **Level** | **Date** | **Score** | **Level** |
| ELPT  Speaking |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ELPT  Listening |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ELPT  Reading |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ELPT  Writing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Composite**  **SCORE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **APPENDIX B (continued)** | **Language Service Plan *(for Students with Limited English Proficiency)*** |

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| **EL SERVICE** | | | | | |
| Date Identified EL Program: | | Date Entered EL Program: | | | |
| Student will receive Direct EL Services for **Minutes       Days a week** | | | | | |
| Student will be placed in an EL Class for one Credit *(Grades 7-12 only)* **Year:       Semester:** | | | | | |
| Parents Declined Services (school is still obligated to serve) | | | Comments: |  | |
| Number of years until the student is identified as a Long Term English Learner (LTEL): | | | | | |
| List specific measurable goals for each domain (Listening, Speaking, Reading, and Writing): | | | | | |
| **LISTENING** | **SPEAKING** | **READING** | | | **WRITING** |
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| **STANDARDIZED TESTING ACCOMMODATIONS** | | |
| Refer to the current edition of the [**Mississippi Test Accommodations Manual**](https://www.mdek12.org/OSA) for the allowable accommodations for each assessment. Specify each testing accommodation, the code for the accommodation, and each standardized test to which the accommodation applies. NOTE: The accommodations listed below must be used during regular classroom assessments and on district wide assessments prior to being used on state wide assessments. | | |
| **ACCOMMODATION(S)** | **CODE #** | **TEST(S)** |
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| **APPENDIX B (continued)** | **Language Service Plan *(for Students with Limited English Proficiency)*** |

All testing accommodations are classroom accommodations, however not all classroom accommodations are state testing accommodations.

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| **CLASSROOM INSTRUCTIONAL SUPPORTS AND ACCOMMODATIONS/MODIFICATIONS** | |
| To meet the needs of this child, the following are recommendations for use in regular classroom instruction: | |
| Paraphrasing or repeating directions in English  Personal cueing  Read the test directions (but not the test items) to individual students or in a small group – repeating and/or paraphrasing the directions, if needed  Dictation of answers to test administrator/proctor (scribe) in English only  Reader (oral administration)  Native language word-to-word dictionaries/electronic word-to-word dictionaries (no definitions)  Present questions in same phrasing as learning/review  Reduced and/or modified class & homework assignments  Modified assessments (i.e. oral)  Break tasks/directions into subtasks  Increase wait time  Additional time to complete assignments and tests  ESS (Extended School Services)  Provide questions for classroom discussion in advance  Label items in the room  Previewing of academic content | Provide shortened assignments  Face student when speaking – speak slowly  Print instead of using cursive; type all notes, tests, handouts  Use high interest/low vocabulary text material  Use overhead and provide students with copies of teacher transparencies/notes/lectures  Make instruction visual – use graphic organizers, pictures, maps, graphs, etc. to aid understanding  Highlight/color code tasks, directions, letters home  Pair ELs with an English speaking “peer partner” for assistance  Provide preferential seating or seating with a peer partner  Check for comprehension often  Ask questions that allow the student to answer successfully  Allow the student opportunities to read aloud successfully  Use manipulatives  Use audiobooks  Record material for student listening  Vocabulary matching/fill-in-the-blank exercises w/ words  OTHER: |

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| **PERSONS INVOLVED IN THE DEVELOPMENT OF THE LANGUAGE SERVICE PLAN** | | |
| *By signing this form, I am indicating that I have read and understood the Language Service Plan information.* | | |
| **PRINCIPAL** *Signature* **PRINTED NAME** |  | **PARENT** *Signature* **PRINTED NAME** |
| **EL COORDINATOR** *Signature* **PRINTED NAME** |  | **PARENT** *Signature* **PRINTED NAME** |
| **EL TEACHER** *Signature* **PRINTED NAME** |  | **STUDENT** *Signature* **PRINTED NAME** |
| **TEACHER** *Signature* **PRINTED NAME** |  | **INTERPRETER** *Signature* **PRINTED NAME** |
| **TEACHER** *Signature* **PRINTED NAME** |  | **DATE** |

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| **APPENDIX B (continued)** | | | | **Exit/Monitor Status Documentation  *(for Students meeting qualifications to exit EL Services)*** | | | | | | | |
| This form should be completed by the individual responsible for exiting and monitoring the individual student. | | | | | | | | | | | |
| **STUDENT NAME** | |  | | | | | | **DATE OF BIRTH** | | |  |
| **PARENT/GUARDIAN NAME** | | |  | | | | | | | | |
| **PHONE** | (home) | | | | | (work) | | | (cell) | | |
| **HOME/SCHOOL COMMUNICATION** to parent/guardian requested in: | | | | | English **OR**  Native Language:  Oral **OR**  Written | | | | | | |
| **PERSON RESPONSIBLE FOR COMPLETING THIS FORM** | | | | | | | | | | | |
| **YEAR 1** | | | **YEAR 2** | | | | **YEAR 3** | | | **YEAR 4** | |
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| **EL EXIT INFORMATION** | | | | | |
| **EXIT Eligibility Date** | |  | | | |
| To be eligible for exit from EL status, students must earn a 4 or 5 on the Reading, Writing, and Overall on the LAS Links assessment. Criteria determining exit from EL status (scores from the ELPT): Date of test: | | | | | |
| **LISTENING** | **SPEAKING** | | **READING\*** | **WRITING\*** | **OVERALL\*** |
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| **MONITORING** | | | | | | | | | | | | | | | | | |
| **Start Date** |  | | | | **Date of Parent Notification** | | |  | | | **Expected date for CONCLUSION OF MONITOR STATUS** *(Mimimum of 4 years)* | | | | |  | |
| **REPORT CARD AND STATE ASSESSMENT RESULTS** | | | | | | | | | | | | | | | | | |
| **YEAR 1** | | | | | | | | |  | **YEAR 2** | | | | | | | | |
| Grade level: | | | School Name: | | | | | |  | Grade level: | | | School Name: | | | | | |
|  | | **Q1** | | **Q2** | | **Q3** | **Q4** | |  |  | | **Q1** | | **Q2** | **Q3** | | **Q4** | |
| ELA | |  | |  | |  |  | |  | ELA | |  | |  |  | |  | |
| Math | |  | |  | |  |  | |  | Math | |  | |  |  | |  | |
| Science | |  | |  | |  |  | |  | Science | |  | |  |  | |  | |
| Social Studies | |  | |  | |  |  | |  | Social Studies | |  | |  |  | |  | |
| Other | |  | |  | |  |  | |  | Other | |  | |  |  | |  | |
| Other | |  | |  | |  |  | |  | Other | |  | |  |  | |  | |
| State Assessment Results: | | | | | | | | |  | State Assessment Results: | | | | | | | | |
| Is student on track to graduate on time?  Yes  No | | | | | | | | |  | Is student on track to graduate on time?  Yes  No | | | | | | | | |

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| **APPENDIX B (continued)** | **Exit/Monitor Status Documentation  *(for Students meeting qualifications to exit EL Services)*** |

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| **MONITORING, continued** | | | | | | | | | | | | | | | | | |
| **Start Date** |  | | | | **Date of Parent Notification** | | |  | | | **Expected date for CONCLUSION OF MONITOR STATUS** *(Mimimum of 4 years)* | | | | |  | |
| **REPORT CARD AND STATE ASSESSMENT RESULTS** | | | | | | | | | | | | | | | | | |
| **YEAR 3** | | | | | | | | |  | **YEAR 4** | | | | | | | |
| Grade level: | | | School Name: | | | | | |  | Grade level: | | | School Name: | | | | |
|  | | **Q1** | | **Q2** | | **Q3** | **Q4** | |  |  | | **Q1** | | **Q2** | **Q3** | | **Q4** |
| ELA | |  | |  | |  |  | |  | ELA | |  | |  |  | |  |
| Math | |  | |  | |  |  | |  | Math | |  | |  |  | |  |
| Science | |  | |  | |  |  | |  | Science | |  | |  |  | |  |
| Social Studies | |  | |  | |  |  | |  | Social Studies | |  | |  |  | |  |
| Other | |  | |  | |  |  | |  | Other | |  | |  |  | |  |
| Other | |  | |  | |  |  | |  | Other | |  | |  |  | |  |
| State Assessment Results: | | | | | | | | |  | State Assessment Results: | | | | | | | |
| Is student on track to graduate on time?  Yes  No | | | | | | | | |  | Is student on track to graduate on time?  Yes  No | | | | | | | |

If the information on this form indicates that the former EL student is struggling, indicate steps that will be taken to support the student and the results:

Student was referred for intervention services (appropriate documentation must be completed)

Student was referred for Counseling

Student was referred for rescreening for EL services. In order for students to be re-entered in the EL program, they must retake the LAS Links placement test and meet qualifications. **(This should only be done if language is considered the primary cause for academic struggles.)**

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| **COMMENT(S) (Indicate steps taken to support the student):** |
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| **APPENDIX C** | | | | **Elementary School Dyslexia Checklist For Teachers** | | | | |
| *Instructions:* Teachers complete this form to assist with the decision making process of intervention selection and implementation. Refer to the Dyslexia Support Guide for additional guidance. Visit <https://mdek12.org/OAE/OEER/Dyslexia>. | | | | | | | | |
| **STUDENT** | |  | | | **TEACHER** |  | **DATE** |  |
| **ACADEMIC POTENTIAL** | | | | | | | | |
| **YES** | **NO** | |  | | | | | |
|  |  | | 1. Does the student seem to have the academic ability to develop reading, writing, and spelling skills? | | | | | |
|  |  | | 1. Are the student’s reading, spelling, or writing skills below what you would expect based on his/her academic potential? | | | | | |
|  |  | | 1. Does the student have a history of inconsistent success when completing assessments and/or assignments related to reading, writing, or spelling? | | | | | |
| **READING** | | | | | | | | |
| **YES** | **NO** | |  | | | | | |
|  |  | | 1. Does the student have difficulty acquiring phonological processing skills such as blending, segmenting, rhyming, and manipulating sounds? | | | | | |
|  |  | | 1. Does the student have difficulty remembering a sequence of unfamiliar sounds? | | | | | |
|  |  | | 1. Does the student have difficulty effectively recalling basic sight words? | | | | | |
|  |  | | 1. Does the student have difficulty sounding out words? | | | | | |
|  |  | | 1. Does the student comprehend text when read aloud by others? | | | | | |
|  |  | | 1. Does the student lack fluency when reading aloud? | | | | | |
| **ALPHABET AND SPELLING** | | | | | | | | |
| **YES** | **NO** | |  | | | | | |
|  |  | | 1. Does the student have difficulty writing the letters of the alphabet in sequence without a model? | | | | | |
|  |  | | 1. Does the student have difficulty naming the vowels? | | | | | |
|  |  | | 1. Does the student have difficulty using the correct short vowels in spelling words? | | | | | |
|  |  | | 1. Does the student have difficulty with spelling? | | | | | |
|  |  | | 1. Does the student make frequent spelling errors that involve changing the order of the letters within the word? | | | | | |
| **HANDWRITING SKILLS** | | | | | | | | |
| **YES** | **NO** | |  | | | | | |
|  |  | | 1. Is the student’s handwriting often illegible or messy? | | | | | |
|  |  | | 1. Does the student have problems with spatial orientation (e.g., before/after, left/right, top/bottom)? | | | | | |
| **OTHER** | | | | | | | | |
| **YES** | **NO** | |  | | | | | |
|  |  | | 1. Does the student have problems with organization or memory? | | | | | |
|  |  | | 1. Does the student have problems with spatial orientation (e.g., before/after)? | | | | | |
|  |  | | 1. Does the student have difficulty “finding the right word” or seem to hesitate when trying to answer direct questions? | | | | | |

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| **APPENDIX C** | | | | **Middle and High School Dyslexia Checklist For Teachers** | | | | |
| *Instructions:* Teachers complete this form to assist with the decision making process of intervention selection and implementation.  Refer to the Dyslexia Support Guide for additional guidance. Visit <https://mdek12.org/OAE/OEER/Dyslexia>. | | | | | | | | |
| **STUDENT** | |  | | | **TEACHER** |  | **DATE** |  |
| **ACADEMIC POTENTIAL** | | | | | | | | |
| **YES** | **NO** | |  | | | | | |
|  |  | | 1. Does the student seem to have the academic ability to develop reading, writing, and spelling skills? | | | | | |
|  |  | | 1. Are the student’s reading, spelling, or writing skills below what you would expect based on his/her academic potential? | | | | | |
|  |  | | 1. Does the student have a history of inconsistent success when completing assessments and/or assignments related to reading, writing, or spelling? | | | | | |
| **READING** | | | | | | | | |
| **YES** | **NO** | |  | | | | | |
|  |  | | 1. Does the student have difficulty decoding words with multiple prefixes and suffixes? | | | | | |
|  |  | | 1. Does the student have difficulty remembering a sequence of unfamiliar sounds? | | | | | |
|  |  | | 1. Does the student have difficulty effectively recalling basic sight words? | | | | | |
|  |  | | 1. Does the student have difficulty sounding out words? | | | | | |
|  |  | | 1. Does the student comprehend text when read aloud by others? | | | | | |
|  |  | | 1. Does the student lack fluency when reading aloud? | | | | | |
| **ALPHABET AND SPELLING** | | | | | | | | |
| **YES** | **NO** | |  | | | | | |
|  |  | | 1. Does the student have difficulty spelling? | | | | | |
|  |  | | 1. Does the student often spell the same word differently in an assignment? | | | | | |
|  |  | | 1. Does the student have difficulty using the correct short vowels in spelling words? | | | | | |
|  |  | | 1. Does the student make frequent spelling errors that involve changing the order of the letters within the word? | | | | | |
| **HANDWRITING SKILLS** | | | | | | | | |
| **YES** | **NO** | |  | | | | | |
|  |  | | 1. Does the student avoid writing? | | | | | |
|  |  | | 1. Is the student’s handwriting often illegible? (letter formation, spacing) | | | | | |
|  |  | | 1. Does the student have problems summarizing and outlining? (process, organization) | | | | | |
| **OTHER** | | | | | | | | |
| **YES** | **NO** | |  | | | | | |
|  |  | | 1. Does the student have problems with organization or memory? | | | | | |
|  |  | | 1. Does the student have problems with spatial orientation (e.g., before/after)? | | | | | |
|  |  | | 1. Does the student have difficulty “finding the right word” or seem to hesitate when trying to answer direct questions? | | | | | |

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| **APPENDIX C** | | | | **Parent Reading Information Questionnaire** | | | | |
| *Instructions:* Parents complete this form to assist the teacher in determining classroom supports and instruction, intervention selection, implementation, and resources needed to ensure successful outcomes for your child. Refer to the Dyslexia Support Guide for additional guidance. Visit <https://mdek12.org/OAE/OEER/Dyslexia>. | | | | | | | | |
| **STUDENT** | |  | | | **TEACHER** |  | **DATE** |  |
|  | | | | | | | | |
| **YES** | **NO** | |  | | | | | |
|  |  | | 1. Has anyone in your family experienced learning problems? If yes, explain. | | | | | |
|  |  | | 1. Are you concerned about your child’s schoolwork? If yes, explain. | | | | | |
|  |  | | 1. Does your child receive any special instruction at school? If yes, explain. | | | | | |
|  |  | | 1. Does your child have difficulty following directions? If yes, explain. | | | | | |
|  |  | | 1. Has your child ever repeated a grade? If yes, what grade? | | | | | |
|  |  | | 1. Has your child had a speech or language problem? If yes, explain. | | | | | |
|  |  | | 1. Does your child need excessive amounts of assistance with homework? | | | | | |
|  |  | | 1. Does your child spend an extraordinary amount of time completing homework? | | | | | |
|  |  | | 1. Does your child seem to struggle in reading, writing, and spelling more than other subjects? | | | | | |
|  |  | | 1. Does your child like to be read to but does not want to read to you? | | | | | |
|  |  | | 1. Does your child have difficulty with writing, copying, and with spelling? | | | | | |
|  |  | | 1. Has your child ever been critically or chronically ill? If yes, explain. | | | | | |
|  |  | | 1. Does your child have any physical problems that may interfere with learning?  If yes, explain. | | | | | |
|  |  | | 1. Is your child currently taking any medication? If yes, explain. | | | | | |

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| **APPENDIX D** | **Sample Parent Notification of Intervention Services [Tier II]** |
| Dear Parent/Guardian:  As part of a Multi-Tiered System of Supports (MTSS) [insert school/ district name] works to provide academic and behavioral supports to all students through interventions (supplemental instruction). This will be provided as needed for students who do not meet expected levels of achievement in reading, math, and/or behavior.  Based on universal screener results, classroom performance, and/or teacher recommendation,  **(student name)** has been identified as a student who could benefit from intervention supports. This letter is to notify you of your child’s placement in:  **Tier II**, is best described as supplemental or small group instruction that your child will receive in addition to Tier I grade level instruction provided by his/her classroom teacher. Your child may be in this tier for up to eight (8) weeks before final progress is determined and further support is provided, if needed.  The additional support that your child will be provided includes:  [add Intervention #1 here]  [add Intervention #2 here, if applicable]  [add Intervention #3 here, if applicable]  If you have any questions or concerns, please contact us at:  Phone number:  E-mail address:  Our goal for providing interventions to your child is to ensure that  **(student name)**  will be successful in meeting the Mississippi grade level expectations and requirements. Progress will be monitored and ongoing throughout the intervention. If you have any questions, please contact your child’s classroom teacher or counselor.  Sincerely,  [Insert school administrator/TST chair signature and title here] | |

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| **APPENDIX D** | **Sample Parent Notification of Intervention Services [Tier III]** |
| Dear Parent/Guardian:  As part of a Multi-Tiered System of Supports (MTSS) [insert school/ district name] works to provide academic and behavioral supports to all students through interventions (supplemental instruction). This will be provided as needed for students who do not meet expected levels of achievement in reading, math, and/or behavior.  Based on universal screener results, classroom performance, and/or teacher recommendation,  **(student name)** has been identified as a student who could benefit from intervention supports. This letter is to notify you of your child’s placement in:  **Tier III,** isbest described as intensive interventions that occur daily and with the guidance of the Teacher Support Team. Your child may be in this tier for 8-16 weeks before final progress is determined and further support is provided, if needed.  The additional support that your child will be provided includes:  [add Intervention #1 here]  [add Intervention #2 here, if applicable]  [add Intervention #3 here, if applicable] | |
| If you have any questions or concerns or are unable to attend the meeting, please contact us at:  Phone number:  E-mail address:  Our goal for providing interventions to your child is to ensure that  **(student name)**  will be successful in meeting the Mississippi grade level expectations and requirements. Progress will be monitored and ongoing throughout the intervention. If you have any questions, please contact your child’s classroom teacher or counselor.  Sincerely,  [Insert school administrator/TST chair signature and title here] | |

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| **APPENDIX E** | **Individual Reading Plan** |

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| **READING INSTRUCTION PROGRAM** | |
| What evidence-based program will be used to deliver explicit, systematic core reading instruction during the required 90-minute reading block?    What evidence-based program will be used to deliver explicit, systematic reading intervention in addition to the required 90-minute reading block? | Indicate the areas addressed by the core reading program:  Phonemic Awareness  Phonics  Fluency  Vocabulary  Comprehension  *Additional supplemental materials (if applicable):* |

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| **PARENTAL SUPPORT** *(Parent Read-at-Home Plan)* | | | |
| Target deficit area(s): | | The following strategies are recommended for parents/families to use in assisting the student to achieve reading competency: | |
| **Written Parental Notification Received** | | **Parent Read-at-Home Plan Received** | |
| **PARENT SIGNATURE:** | **DATE:** | **PARENT SIGNATURE:** | **DATE:** |

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| **ADDITIONAL SERVICES** |
| Indicate any additional services the teacher deems available and appropriate to accelerate the student's reading skill development, if applicable: |

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| **APPENDIX E (continued)** | **Individual Reading Plan/MTSS Alignment Checklist** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT** |  | | | | **TEACHER** |  | | | | | | **GRADE** |  |
| *Following the identification of a substantial reading deficiency, intensive reading instruction and intervention must be documented for each student in an individual reading plan, which includes, at a minimum, the following documentation.*  **Place a check mark in the box once you have completed documenting this piece in the MTSS documentation packet.** | | | | | | | | | | | | | |
|  | | (a) The student's specific, diagnosed reading skill deficiencies as determined (or identified) by diagnostic assessment data and other correlating data points; | | | | | | | **MTSS Documentation Packet**: Tier III *Section 3B; page 14* | | | | |
|  | | (b) The goals and benchmarks for growth; | | | | | | | **MTSS Documentation Packet**: Tier III *Section 3B, 3D; page 14, 16* | | | | |
|  | | (c) How progress will be monitored and evaluated; | | | | | | | **MTSS Documentation Packet:** Tier III *Section 3B, 3C, 3D; page 14-16* | | | | |
|  | | (d) The type of additional instructional services and interventions the student will receive; | | | | | | | **MTSS Documentation Packet:** Tier III *Section 3B; page 14* | | | | |
|  | | (e) The research-based reading instructional programming the teacher will use to provide reading instruction, addressing the areas of phonemic awareness, phonics, fluency, vocabulary and comprehension; | | | | | | | **MTSS Documentation Packet**:  *Appendix E* | | | | |
|  | | (f) The strategies the student's family is encouraged to use in assisting the student to achieve reading competency; and, | | | | | | | **MTSS Documentation Packet**:  *Appendix E* | | | | |
|  | | (g) Any additional services the teacher deems available and appropriate to accelerate the student's reading skill development | | | | | | | **MTSS Documentation Packet**:  *Appendix E* | | | | |

**Note:** *The Individual Reading Plan correlates with the Multi-Tiered System of Supports (MTSS) student documentation required for* ***\*Tier III (Intensive Intervention)****. These pages may be used when meeting with the Teacher Support Team**for each student that did not respond to Tier II Interventions or is needing additional intensive interventions at Tier III; 4th grade students requiring Intensive Intervention after Good Cause Exemption promotion; or, for intensive reading interventions for English Language Learners (ELs).*

***Teachers are not required to develop an IRP if the student currently has an IEP with Reading goals****. However, if a student’s IEP does not currently address reading difficulties and the student later develops a deficit in reading, then the general education and the special education teacher must collaborate to determine whether goals need to be added to the IEP or if an IRP is most appropriate. If a student has an IEP that only has Math goals and the student later begins to struggle in reading, then an IRP must be written for K - 4 students. The individual needs of the student should dictate the goals and the supports provided. The general education teacher and the special education teacher should work collaboratively to develop and implement the IEP and continue to progress monitor as indicated in the IEP.*

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| **APPENDIX F** | | | | | **Good Cause Exemption Documentation Form (LBPA)** | | | | | | | | | | | | | |
| **Student Name\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | |  | |
| Notification sent to parents/guardians stating the student was identified  with a reading deficiency and with each quarterly progress report. | | | | | | | | | | | | | | | | | |
| **DATE:** | **DATE:** | | | | | | **DATE:** | | | | | **DATE:** | | | | | |
|  |  | | | | | |  | | | | |  | | | | | |
| |  |  | | --- | --- | | IRP created (Please attach if applicable.) | Read at Home Plan sent to parents/guardians. | | **DATE:** | **DATE:** | |  |  |  | **Exemption** | **Description** | **Documentation Required** | | --- | --- | --- | | **A**  **(EL Students)**    **(Can apply after student receives a “Does Not Meet” on the initial test)** | EL students with less than 2 years of instruction in an English Language program. | * GCE Documentation Form * Current Language Service Plan * Cumulative Insert/MSIS Screenshot indicating service status | | EL students with more than 2 years of instruction in an English Language program. | * GCE Documentation Form * Current Language Service Plan * Cumulative Insert/MSIS Screenshot indicating service status * ELPT Student Proficiency Reports for each year enrolled demonstrating performance below level 4 (proficient) in the domains of Reading and Writing   **AND**   * Language Service Plan (LSP) for each year enrolled including a Reading domain goal that has been supported   **AND**   * Reading Screener results for each year enrolled showing below grade level   **AND**   * MTSS paperwork for each year enrolled and must include Tier III documentation for academic reading supports.     All four (4) criteria are required to demonstrate language acquisition and reading supports were provided. Include all available data from previous schools. | | **B**  **(SCD or approved medical emergency)** | Students indicated SCD. This should be applied the year the student takes Grade 3 MAAP-A. (Peer age/peer grade= 8 by September 1st of current school year) | * GCE Documentation Form * Current IEP including SCD determination page   ***OR***   * MSIS Screenshot of SCD indicator marked | | Student receiving a significant medical emergency. | * [GCE Documentation](https://www.mdek12.org/sites/default/files/Offices/MDE/OAE/OEER/Literacy/Administrators/fillable_good-cause-exemption-determination-and-documentation-packet_0.pdf) Form * Significant medical emergency approval from Caveon | | **C**  **(IEP/504 Students)**  **(Can apply after student receives a “Does Not Meet” on the initial test)** | IEP/504 students who have either  Been retained once previously | * GCE Documentation Form * Current IEP/504 * Cumulative Insert /MSIS Screenshot   **(indicating 1 year of retention)** | | **OR** | | | Received two years of **Reading Intervention** | * [GCE Documentation](https://www.mdek12.org/sites/default/files/Offices/MDE/OAE/OEER/Literacy/Administrators/fillable_good-cause-exemption-determination-and-documentation-packet_0.pdf) Form * Current IEP/504 * Cumulative Insert/MSIS Screenshot * *Proof of 2 years of* ***Reading Intervention*** *via:* * Monitoring of previous years’ IEP reading goals   ***OR***   * 2 years of **Tier III** MTSS documentation   ***OR***   * A combination of monitored IEP goals and Tier paperwork | | Dyslexia therapy, conducted outside of school hours according to [MS code 37-173-21](https://law.justia.com/codes/mississippi/2019/title-37/chapter-173/section-37-173-21/) | * [GCE Documentation](https://www.mdek12.org/sites/default/files/Offices/MDE/OAE/OEER/Literacy/Administrators/fillable_good-cause-exemption-determination-and-documentation-packet_0.pdf) Form * Documentation of each Schedule’s Benchmark * A log of hours and services signed by qualified personnel. | | **D**  **(Any re-testers)**  **(Can apply after student passes 1st Retake or 2nd Retake)** | Students who have passed an alternate assessment **(Retest 1 or Retest 2)** | * GCE Documentation Form * Individual student report showing that the student passed | | **E**  **(General Education)**  **(Can apply after student receives a “Does Not Meet” on the initial test)** | Students who have **failed twice prior to the current school year**  **AND**  who have received two years of Intensive Reading Intervention **(years do not have to be consecutive).** | * [GCE Documentation](https://www.mdek12.org/sites/default/files/Offices/MDE/OAE/OEER/Literacy/Administrators/fillable_good-cause-exemption-determination-and-documentation-packet_0.pdf) Form * Cumulative Insert/MSIS Screenshot (**indicating 2 retentions)** * 2 years of **Tier III** MTSS documentation | | | | | | | | | | | | | | | | | | | |
| Teacher requested and submitted Good Cause Exemption documentation to the principal. | | | Principal reviewed and discussed recommendations with the teacher and parent. | | | | | Principal submitted documentation to superintendent. | | | | | Decision of Superintendent:  **ACCEPT**  **REJECT** | | | | | |
| **DATE:** | | | **DATE:** | | | | | **DATE:** | | | | | **DATE:** | | | | | |
| **DECISION** | | **Retain  Promote Based on Good Cause Exemption** | | | | | | | | | | | | | | | | |
| **COMMENTS:** | | | |  | | | | | | | | | | | | | | |
| Completed By: | | | |  | | | | | | Position: |  | | | Date: | | |  | |
|  | | | | | |  | | |  | | | | | |  |  | | |
| Parent/Guardian (Print) | | | | | |  | | | Signature | | | | | |  | Date | | |
|  | | | | | |  | | |  | | | | | |  |  | | |
| Teacher (Print) | | | | | |  | | | Signature | | | | | |  | Date | | |
|  | | | | | |  | | |  | | | | | |  |  | | |
| Principal (Print) | | | | | |  | | | Signature | | | | | |  | Date | | |
|  | | | | | |  | | |  | | | | | |  |  | | |
| Superintendent (Print) | | | | | |  | | | Signature | | | | | |  | Date | | |

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| **APPENDIX G** | **Part 3 Chapter 41: Intervention** |

Part 3 Chapter 41: Intervention

Rule 41.1 Intervention

Adoption Date: January 21, 2005

Revision: August 18, 2016

1. The purpose of this policy is to ensure that the behavioral and academic needs of every student are met through an instructional model that is designed to address student learning with quality classroom instruction and opportunities for intervention. The Mississippi Department Education (MDE) shall require every school district to follow the instructional model, which consists of three (3) tiers of instruction:
   1. Tier 1: Quality classroom instruction based on Mississippi Curriculum Frameworks
   2. Tier 2: Focused supplemental instruction
   3. Tier 3: Intensive interventions specifically designed to meet the individual needs of students
2. If strategies at Tier 1 and Tier 2 are unsuccessful, students must be referred to the Teacher Support Team (TST). The TST is the problem-solving unit responsible for interventions developed at Tier 3. Each school must have a Teacher Support Team (TST) implemented in accordance with the process developed by the MDE. The chairperson of the TST shall be the school principal as the school's instructional leader or the principal's designee. The designee may not be an individual whose primary responsibility is special education. Interventions will be:
   1. designed to address the deficit areas;
   2. evidence based;
   3. implemented as designed by the TST;
   4. supported by data regarding the effectiveness of interventions.
3. Teachers should use progress monitoring information to:
   1. determine if students are making adequate progress,
   2. identify students as soon as they begin to fall behind, and
   3. modify instruction early enough to ensure each student gains essential skills.

Monitoring of student progress is an ongoing process that may be measured through informal classroom assessment, benchmark assessment instruments, and large-scale assessments.

1. After a referral is made, the TST must develop and begin implementation of an intervention(s) within two weeks. No later than eight weeks after implementation of the intervention(s) the TST must conduct a documented review of the interventions to determine success of the intervention(s). No later than 16 weeks after implementation of the intervention(s), a second review must be conducted to determine whether the intervention(s) is successful. If the intervention(s) is determined to be unsuccessful, then the student will be referred for a comprehensive assessment.
2. In accordance with the Literacy-Based Promotion Act of 2013, each public school student who exhibits a substantial deficiency in reading at any time, as demonstrated through:
   1. performance on a reading screener approved or developed by the MDE, or
   2. locally determined assessments and teacher observations conducted in Kindergarten and Grades 1 through 3, or
   3. statewide end-of-year assessments or approved alternate yearly assessments in Grade 3, must be given intensive reading instruction and intervention immediately following the identification of the reading deficiency. A student who was promoted from Grade 3 to Grade 4 under a good cause exemption of the Literacy- Based Promotion Act must be given intensive reading instruction and intervention. The intensive intervention must include effective instructional strategies and appropriate teaching methodologies necessary to assist the student in becoming a successful reader, able to read at or above grade level, and ready for promotion to the next grade.
3. A dyslexia screener must be administered to all students during the spring of their kindergarten year and the fall of their first grade year. The screening must include the following components:
   1. Phonological awareness and phonemic awareness;
   2. Sound symbol recognition;
   3. Alphabet knowledge;
   4. Decoding skills;
   5. Encoding skills; and
   6. Rapid naming (quickly naming objects, pictures, colors, or symbols (letters or digits) aloud.
4. All students in Kindergarten and grades 1 through 3 shall be administered a state- approved screener within the first 30 days of school and repeated at mid-year and at the end of the school year to identify any deficiencies in reading. In addition to failure to make adequate progress following Tier 1 and Tier 2, students will be referred to the TST for interventions as specified in Response to Intervention guidelines developed by MDE if any of the following events occur:
5. Grades K-3: A student has failed one (1) grade;
6. Grades 4-12: A student has failed two (2) grades;
7. A student failed either of the preceding two grades and has been suspended or expelled for more than twenty (20) days in the current school year;
8. A student scores at the lowest level on any part of the Grade 3 or Grade 7 statewide accountability assessment; or
9. A student is promoted from Grade 3 to Grade 4 under a good cause exemption of the Literacy-Based Promotion Act.
10. Referrals to the TST must be made within the first twenty (20) school days of a school year if the student meets any of the criteria a-e stated above in Paragraph 7.
11. School districts must complete, at a minimum, documentation as required for all students in Tier 2 or Tier 3. All Tier 3 documentation must accompany the student’s cumulative folder upon promotion or transfer to a new school.

**Source: Miss. Code Ann. § 37-177-1, et seq., (Act) (Revised 8/2016)**