

Team Use Only	
Parent Letter Date	
V/H Date	
Referral Date	

Problem Solving Team Referral

Student Name:	DOB:	Area(s) of Concern:	
Date Referred:	Age:	Grade:	Teacher(s):

Repeater: Yes No	Previous PST: Yes No
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Please list specific concerns and interventions that will be provided to address those concerns.

Reading Concern: _____

Interventions: _____

Math Concern: _____

Interventions: _____

Behavior/Attention Concern: _____

Interventions: _____

Baseline Date		
STAR Early Literacy	STAR Reading	STAR Math
SS:	SS:	SS:
PR:	PR:	PR:

To be completed at referral meeting:

Persons Responsible for Intervention	
Tier II will be provided by the general education teacher in noted areas of concern.	Tier III will be provided by: Reading _____ Math _____ Behavior/Attention _____

Referral Meeting Signatures

Date

(Chair) _____

(Referring Teacher) _____



Breitling Elementary School



Date: _____

Dear Parent/Guardian,

All students in Alabama schools are provided with standards-based, research-validated core academic instruction accompanied by classroom behavioral supports. A tiered system of academic and/or behavioral assistance or intervention is provided based upon identified student needs. Interventions typically include specialized, research-based teaching strategies provided within the classroom or in small-group settings. As required by the Alabama Department of Education, a problem solving team consisting of teachers, administrators, and other support personnel reviews student data regarding need for assistance; recommends the type of assistance to be provided; reviews data reflecting progress being made by students; and informs parents of this progress and of any recommendations regarding needed changes in interventions.

Breitling uses STAR Reading and STAR Math to check student performance in reading and math so we can provide help to students as needed. Based on the first assessment, we have decided that your child would continue to benefit from assistance or intervention. We will be providing this assistance daily and will be checking your child's progress weekly. We will be sharing this information with you by sending you a progress report monthly.

If your child has been referred for behavior or attention, their progress will be recorded and reported to you using a program called Review 360.

As a school staff, we look forward to working with your child and are pleased to be able to provide this additional help. If you have any questions, please feel free to contact your child's classroom teacher.

If, at any time, you wish to request an evaluation for special education or Section 504 services, you may do so by contacting Mrs. Pate or Mrs. Simm at 865-0900.

Thank you,

Sondra Roberts

Assistant Principal

Breitling Elementary School

Permission for Vision/Hearing Screening

Date

To the Parent(s)/Guardian(s) of: _____

Grade: _____ Teacher: _____

Your child, _____, has been referred to the Problem Solving Team (PST) for interventions. In order to rule out vision and hearing difficulties, we would like to conduct screening in these areas as part of the process. The results of these screenings must be within normal limits for us to proceed with any further evaluations. Please complete, sign, and return this form in a timely manner. If concerns are found in these areas you will be notified. Should you have any questions, please contact your child's teacher.

If you have any questions, please feel free to contact your child's classroom teacher.

_____ I give permission for vision and hearing screening.

_____ I do not give permission for vision and hearing screening. I understand that no further evaluations may be considered unless this screening takes place.

Signature: _____ Date: _____

Please return to your child's teacher as soon as possible.

Student's Name _____ Grade _____ Teacher Providing Intervention _____
 Subject (circle one) Reading Math

Tier II Interventions

	Monday	Tuesday	Wednesday	Thursday	Friday	
Week of:						Early Lit SS: PR: STAR Reading SS: PR: STAR Math SS: PR:
Week of:						
Week of:						Early Lit SS: PR: STAR Reading SS: PR: STAR Math SS: PR:
Week of:						

Communication with Parent (STAR report sent home)

Date _____ Note _____

Minutes

Student's Name _____

Date:	Total Number of Absences:	360 Data:
Current Grades in Areas of Concern: Reading _____ Math _____ Lang Arts _____	STAR Early Literacy SS: PR: STAR Reading SS: PR: STAR Math SS: PR:	Circle One: Concern Better No Change Concern Worse

Notes _____

Signatures

Required Information for Special Education Referrals

The Problem Solving Team should immediately notify an IEP team member to initiate a referral for psychoeducational evaluation. Do **NOT** schedule an IEP Team meeting for evaluation until the following required items are available:

- () STI Student Profile
- () PST Student Intervention Plan Form (*Forms*, p.39-40)
- () PST Student Intervention Documentation Form (*Forms*, p.38)
- () Documentation of Appropriate Instruction (*Forms*, p.43-45)
- () STAR Enterprise Reading and Math Annual Progress Report
 - MINIMUM of four data points
- () BASC-2-SOS
- () Copy of Current Vision and Hearing Screening
 - Screening consent (*Forms*, page 36)
 - MUST be either within normal limits or correction obtained
- () Student Work Samples
 - FIVE (5) graded and dated for each area of concern
 - If an answer document or scantron sheet is submitted, include a copy of the test
- () Parent Notification
 - Documentation that data was provided to the parent

Additional Info Required for Suspected Attention Difficulties

- () Documentation of Review 360 Interventions
- () Progress Monitoring Data
- () Functional Behavior Assessment

Additional Info Required for Suspected Emotional Disability:

- () Six (6) months of consistent behavior documentation (This may include documentation of behaviors prior to PST interventions.)
- () Documentation of research-based behavior interventions and progress monitoring data (Example: Review 360 Behavior Intervention Plan and supporting documentation.)
- () Functional Behavior Assessment

Additional Info Required for English Learners (LEP 1 and LEP 2)

- () Completed *Pre-referral Questionnaire for Parents of Limited English Proficient Students* (*Forms*, p.51)
- () Completed Checklist: *Is this Special Education Referral Appropriate for an English Learner?* (*Forms*, p.52-53)
- () Copy of Most Current ACCESS Test

**DOCUMENTATION OF APPROPRIATE INSTRUCTION
ELEMENTARY GRADES**

STUDENT'S NAME: _____ **DATE:** _____

CHECK ALL ITEMS THAT APPLY TO THE STUDENT

- ___ The student has participated in a scientifically research based reading program.
- ___ The student has participated in a scientifically research based math program.
- ___ The student has received standards based instruction by a highly qualified teacher.
- ___ The student's data has been reviewed and appropriate instructional strategies have been implemented in the classroom based on the student's needs.
- ___ The student has participated in small group instruction.
- ___ The student has participated in a school enrichment program.
- ___ The student has participated in a tutorial program.
- ___ The student has participated in a private educational program.
- ___ The student has received private speech therapy services.
- ___ Other

Documentation of Repeated Assessments:

Documentation of Parent Notification:

Name of person completing this form: _____

MCPSS QUARTERLY PST MONITORING

(To Be Completed By Psychometrist)

School:	Brextling
Date:	10-17-16
Quarter:	1

Date of Review 360 Training for PST:	NA 10-17-16 2nd
Number of students in Review 360 with active plans through PST:	George = 3 Hall = 1 Total = 4
Number of students in PST:	55
List dates of monthly meetings with minutes:	9-7-16 ↓ 10-6-16
Completed PST Intervention Plan Forms:	<input checked="" type="checkbox"/> YES / NO
Progress monitoring in reading and math for Tier II and Tier III students:	<input checked="" type="checkbox"/> YES / NO
Evidence of interventions shown on appropriate forms:	<input checked="" type="checkbox"/> YES / NO
Evidence of parent notification:	<input checked="" type="checkbox"/> YES / NO

Comments:

Send Doc. of App. Inst. form w/ Prong II to school

Next Mtg. 11-1-16

Deanne C. Bay
Signature of Psychometrist/ Psychologist

Sincha Roberts
Signature of PST Chairperson

Sincha Roberts
Signature of Principal

MCPSS QUARTERLY PST MONITORING

(To Be Completed By Psychometrist)

School:	Breitling
Date:	1/5/17
Quarter:	2

Date of Review 360 Training for PST:	1 st Quarter completed w/ lg group after faculty mtg. stay by choice
Number of students in Review 360 with active plans through PST:	6
Number of students in PST:	44
List dates of monthly meetings with minutes:	11-1-16 12-6-16
Completed PST Intervention Plan Forms:	(YES) / NO
Progress monitoring in reading and math for Tier II and Tier III students:	(YES) / NO
Evidence of interventions shown on appropriate forms:	(YES) / NO
Evidence of parent notification:	(YES) / NO

Comments:

6 active review 360 Plans: George w/scoring ⁽³⁾ 59 sessions ↑ (1) 9/8/16 to 12/13/16 ; 55 + 60 sessions (2) 9/8/16 to 12/9/16
 Hall (1) ^{34 sessions} Scoring 10/3/16 to 12/5/16 ; Marcant (1) 11/18/16 to 12/7/16 (7 sessions)
 M. Smith (1) Scoring 10/7/16 to 12/5/16 (31 sessions)

Heanne C. By
 Signature of Psychometrist/ Psychologist

Emilee Roberts
 Signature of PST Chairperson

Shobha
 Signature of Principal