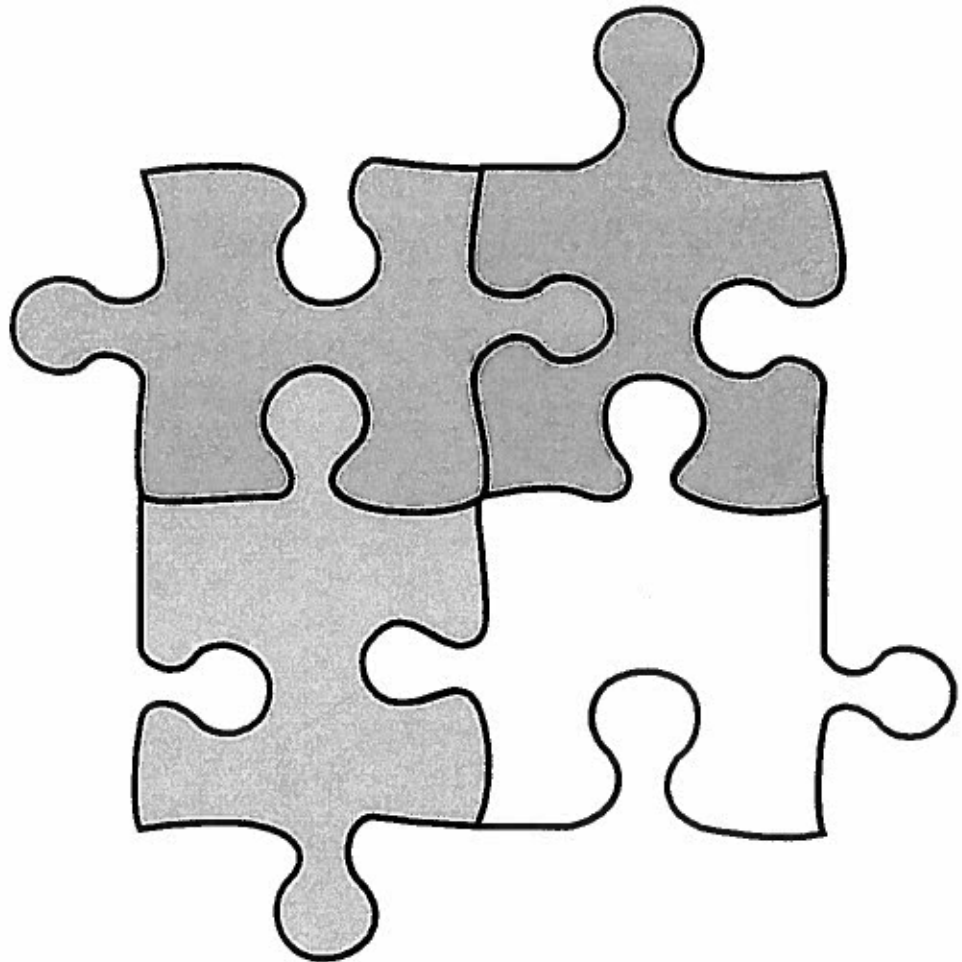


# **Liberty County School District**

MTSS (Multi-tiered System of Support)  
RtI & RtI-B Process Manual

1/2012



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### **Purpose of this user's manual:**

This user's manual was created to help formalize a process of trying to determine what instruction and intervention will best help students of Liberty County Schools succeed. Multi-tiered System of Support (MTSS) is defined as a process of documenting changes in behavior or learning as a result of evidence-based interventions. It is an ongoing process of using student performance and other data to guide instructional and behavioral decisions. MTSS utilizes a multi-tiered problem solving approach for service delivery.

The Multi-tiered system of support (MTSS) problem solving process at Liberty County School District uses a three tier Response to Intervention (RtI & RtI-B) framework to help determine what works best for student learning and behavior. **The problem solving process is intended to help maximize every student's success.** Each tier applies increasingly intense intervention and instruction to students. Table #1(p7) at the end of this document summarizes best practice for the intensity and duration of intervention and the frequency of progress monitoring for the three tiers. It is important to recognize the value of collecting and analyzing student data in the problem solving process. It is critical that the student data is protected. Please maintain confidentiality at all times (for example, do not e-mail or display student data and do not display or write other students' names/data in another student's problem solving file)\*. **The purpose of data in the problem solving process is to use it to focus instruction and behavioral expectations to improve student outcomes.** The timeliness of the data is crucial. We do not want students to have to wait to receive academic and/or behavioral assistance, as delays represent wasted instructional time.

\*Problem solving file (MTSS folder maintained in pink folder in guidance office).

### **Tier 1:**

Every student in Liberty County Schools is exposed to core instruction which is research and evidence-based. Within Florida's MTSS framework, this core represents Tier 1, and includes differentiated instruction and behavioral support. **The goal for high quality instruction at the Tier 1 level is at least 80% of students in each class achieving benchmarks both instructionally and behaviorally.** A healthy core provides instruction in the classroom setting that permits the majority of students to meet the state designed standards for grade or content, as well as student conduct.

To assess student learning and proficiency in Tier 1, and to inform instructional decisions, the Liberty County School District analyzes Tier 1 information at regular intervals through universal screening and progress monitoring. Universal screenings are standard assessments given to all students which are used to identify proficiency in different subject areas and allow for the analysis of group and individual performance. **Universal screening occurs three to four times a year using data from measurements such as FAIR, STAR Reading /Math and Student Risk Screening Scale.** The effectiveness of instruction is also analyzed through classroom based progress monitoring. Progress monitoring uses data from sources such as curriculum based measurements, focus lesson assessments, and STAR. The information is reviewed and documented using **MTSS#1(RTI Tier Identification for Reading, Math, and Behavior)** by the classroom teachers and/or grade level teams, as well as, school based leadership teams **3 times per year.** Summaries of this information are also brought by each school principal and presented at the district wide principals meeting, **3 times per year,** or as needed. It is the intent of Liberty County Schools that the teachers, school based leadership teams, and administration work in conjunction to improve the effectiveness of instruction for all students.

### **Considerations when adding Tier 2 Supplemental Group Supports:**

A critical question a teacher has to answer is whether **80% or more of students are reaching benchmarks with the core instruction.** If at least **80% of students are NOT achieving benchmarks then it is necessary to review the quality of the core curriculum, instructional strategies, and environmental conditions.** Once at least **80% of the class is achieving benchmarks,** research estimates that the remaining 15% to 20% of a class will need Tier 2 supplemental instruction. Anything more than **20% of a class receiving Tier 2 supports may overwhelm the support system and result in an inefficient use of resources.** However, it is important to recognize that even if **80% of students in a class are not achieving mastery,** we need to be sensitive to small groups of students and individual students who may need supplemental instruction or intensive intervention. But only an in-depth analysis of classroom data would result in this type of support.

**Important Notes Under Rule 6A-6.0331 of the Florida Statutes and State Board of Education Rules:**

- (1) *Students with speech disorders, severe cognitive delays, physical or sensory disorders, and/or severe social/behavioral deficits can receive evaluation procedures to determine eligibility for special education services without intervention if the student requires immediate, intensive intervention in order to prevent harm to the student or others.*
- (2) *A parent/guardian can request that the school conduct an evaluation at any time.*

**The decision for immediate evaluation would need to be based on evidence and a meeting held with the MTSS team in order for the evaluation process to start.**

**Tier 2:**

Tier 2 represents supplemental instruction for the 15 to 20% of the class who has academic/behavioral concerns that are not being addressed by the core curriculum. **Tier 2 interventions need to target skill deficits and are provided in addition to and aligned with the core curriculum. Thus, both instructional levels will be implemented simultaneously.** Teachers with assistance from MTSS team as needed, will develop a clearly defined plan for Tier 2 intervention utilizing resources provided that defines when, where, why and by whom interventions will be implemented. When developing or selecting Tier 2 supports the teacher may consult with the grade level/content area team, coach, or other professionals such as resource teachers, school psychologist, speech/language pathologist and diagnostician. The individual(s) administering the Tier 2 intervention(s) may include the teacher, paraprofessional, and/or other staff, depending on the nature of the problem and the personnel resources who may meaningfully contribute to finding and implementing solutions.

**Supplemental instruction at Tier 2 typically involves small groups of students grouped by academic/behavioral needs.** Tier 2 should typically include at least 30 minutes of supplemental intervention 2 to 3 days per week over a 4 to 10 week period. However, the frequency and intensity of Tier 2 supports will depend on how the student(s) respond, the design of the intervention, and the nature of the problem. It is important to note interventions are designed utilizing baseline data prior to intervention.

**Tier 2 progress monitoring should occur approximately every two weeks.** Monitoring effectiveness is crucial to prevent using an ineffective intervention for an extended period of time. **It is important that the intervention and progress monitoring be completed with fidelity.** Fidelity means that the intervention(s) is implemented as designed, and that the intervention is appropriate for the problem. The goal of the fidelity check is to evaluate the effectiveness of the intervention as measured by student response, not to evaluate the teacher. Coaches, behavioral interventionists, guidance counselors, resource teachers, school psychologists, or an administrator may provide training, coaching, observation, or participate in a data analysis meetings to support the fidelity of the intervention selection and implementation.

**The Process Liberty County Schools Follow for Tier 2 Supplemental Instruction Is:**

What is the Problem? Why is it occurring?

- Using available data and other relevant information, the teacher should **first identify the problem** that the individual or small group of students is having in specific and measurable terms.
- It is important to **be able to document how students receiving Tier 2 support are performing differently from their peers.** Therefore, the performance of the small group receiving Tier 2 support should be compared to the class average and the expected grade level/content area performance standard. This information is used to help inform goals of the intervention.
- **A hypothesized reason for why the problem is occurring is developed.** The teacher could seek input from multiple sources such as, guidance, additional family members, MTSS coaches, or other educators about the creation of the hypothesis for the problem.
- **Contact parents/guardians regarding concerns and potential intervention through phone call, e-mail, note home, or parent meeting. Document this interaction on the school's teacher-parent conference form (MTSS#2)** It is essential to keep a record of parent/guardian contacts with the goal of actively engaging parents in the intervention and progress monitoring. All attempts and contact with the parent such as messages left should be documented.
- **If hearing, medical, speech, and/or vision, is a potential concern** then the guidance counselor will have the parent/guardian complete the Notice and Consent for Individual Screenings (CST#9).

- **If medical/mental health issues are a concern, parental consent to exchange information should be obtained by the guidance counselor using the Consent for Mutual Exchange of Information (Authorization for Release of Information.)**

#### What Are We Going To Do About It?

- **Design an intervention to address the identified deficit.** The intervention(s) must be appropriate to the identified skill deficit. The duration and type of intervention(s) should always be matched to the nature of the problem. The teacher may consult with the coach, behavioral specialist, or other educator to design the intervention, and administer as appropriate.
- **Complete the first half of Intervention/PMP Planning Guide Form (MTSS#4) for academic and/or behavior concerns.**

#### Is It Working?

- **Implement the intervention(s) over a sufficient time period.** A best practice is to implement Tier 2 instruction for 4 to 10 weeks.
- **Progress monitor the students' response to the intervention(s).** Monitoring should occur at least once every two weeks with a minimum of three data points (the amount is typically determined by the nature of the intervention(s) selected) to analyze intervention effectiveness, with the exception of behavioral data which should be collected daily. The progress monitoring process should be aligned with the intervention and the nature of the problem. Complete **Progress Monitoring Plan (MTSS Form #5)**. The purpose of this is so that data can be viewed as a graph to determine if the supplemental instruction is improving outcomes for the small group and/ or individual students receiving Tier 2 support. Refer to appendix for a sample STAR Reading/Math and behavioral progress monitoring graph.
- **At designated intervals, analyze the results of the intervention and compare them to the established goals in order to determine next steps.** For example, decisions might include: continuing intervention as designed, altering intervention, fading out intervention, discontinuing and/or replacing intervention, or adding a Tier 3 intensive intervention on top of what is happening in core and Tier 2 supports. These changes would need to be reflected on the Intervention and Progress Monitoring Planning Guide (MTSS #4).
- **Involve parents/guardians as members of the problem-solving team reviewing the student's response to the Tier 2 intervention(s) through phone call, e-mail, note home, or parent meeting. Document this interaction on the school's Teacher-Parent Conference Form (MTSS #2).** It is essential to maintain a record of parent/guardian communications and participation.

#### **Considerations When Adding Tier 3 Intensive Individualized Supports:**

If more intensive intervention(s) is needed for an individual student, the teacher would request assistance from the Problem Solving Team. Research indicates that approximately 5% or fewer students in a class may need more individual, intensive, and targeted instruction than what is provided in core and small group Tier 2 interventions. To initiate individualized problem solving for the student with the team, the teacher completes **Request for Assistance (MTSS #6)** and the school counselor (with teacher/parent input) completes **Review of Student Data (MTSS #7)**.

#### **Tier 3:**

**Before the Problem Solving Team can meet for Tier 3 recommendations, all Tier 2 forms must be completed (MTSS 1- 7 and behavioral forms##).** This helps to facilitate the process so that a teacher does not have to reiterate to the team all that has occurred for the student to date. A **Problem Solving Check List (MTSS#8)** is available to help the team insure that they have all of the relevant and required elements to continue problem solving at the Tier 3 level.

The school based Problem Solving Team is typically composed of school counselor, teacher, parent, principal, school psychologist, behavioral specialist, ESE resource teacher, and coach. The team may also include the student, Speech and Language Pathologist, etc. Depending on the circumstances unique to each student, any individual with relevant information, skill, knowledge, experience, relationship with the student, or training may serve as a member of the Problem Solving Team.

#### What is the problem? Why is it occurring?

- **The Problem Solving Team analyzes the data about the individual student collected in Tier 1 and Tier 2 to help inform goals of the intervention(s).**

- The team reviews previously hypothesized reasons for why the problem is occurring. The team will validate and revise the hypotheses as appropriate.
- The team identifies two staff members to observe the student in the location where he/she is experiencing challenges/difficulties, for example the classroom, cafeteria, media center, etc. Complete **Conferences, Observations and Interventions (ESE #4)** at a relevant time/location to collect information that could improve the quality of the intervention. This observation may be completed by a variety of educational professionals including the classroom teacher (for the first observation only), coach, school/educational psychologist, guidance counselor, principal, diagnostician, behavioral specialist, or resource teacher.
- Since parents/guardians are an integral part of their child's education, Liberty County Schools invite all parents/guardians to be active members of the problem solving process at all three Tiers of support. Document this interaction on the school's Teacher-Parent conference form (MTSS #2).
- At the parent/guardian meeting, the Problem Solving Team should: review the purpose of the meeting, review data on forms, have teacher present concern(s), have observer share the results of Observations, have the teacher identify the desired goal for the student and summarize intervention(s) already utilized and the results of those intervention(s). The Problem Solving Team should review the identified problem from Tier 2 and its corresponding progress monitoring data and then refine the problem definition for Tier 3 intervention(s).

#### What are we going to do about it?

- Design an intervention to address the identified deficit. The intervention(s) must be appropriate to the identified skill deficit. The duration and type of intervention(s) should be matched to the nature of the problem.
- If the focus is behavior, the team completes the **Functional Behavioral Assessment (MTSS.2.b)**. A copy of the plan generated by the problem solving team is given to all team members. The team may decide that it would be helpful to perform additional intensive diagnostic or psychological assessments determined to be relevant to improving the effect of the interventions for the student. Only if the team has determined that it is appropriate to consider eligibility for special education, would the parent be asked to complete **Parental Notice/Consent for Evaluation (form ESE #9)**.

#### Is it working?

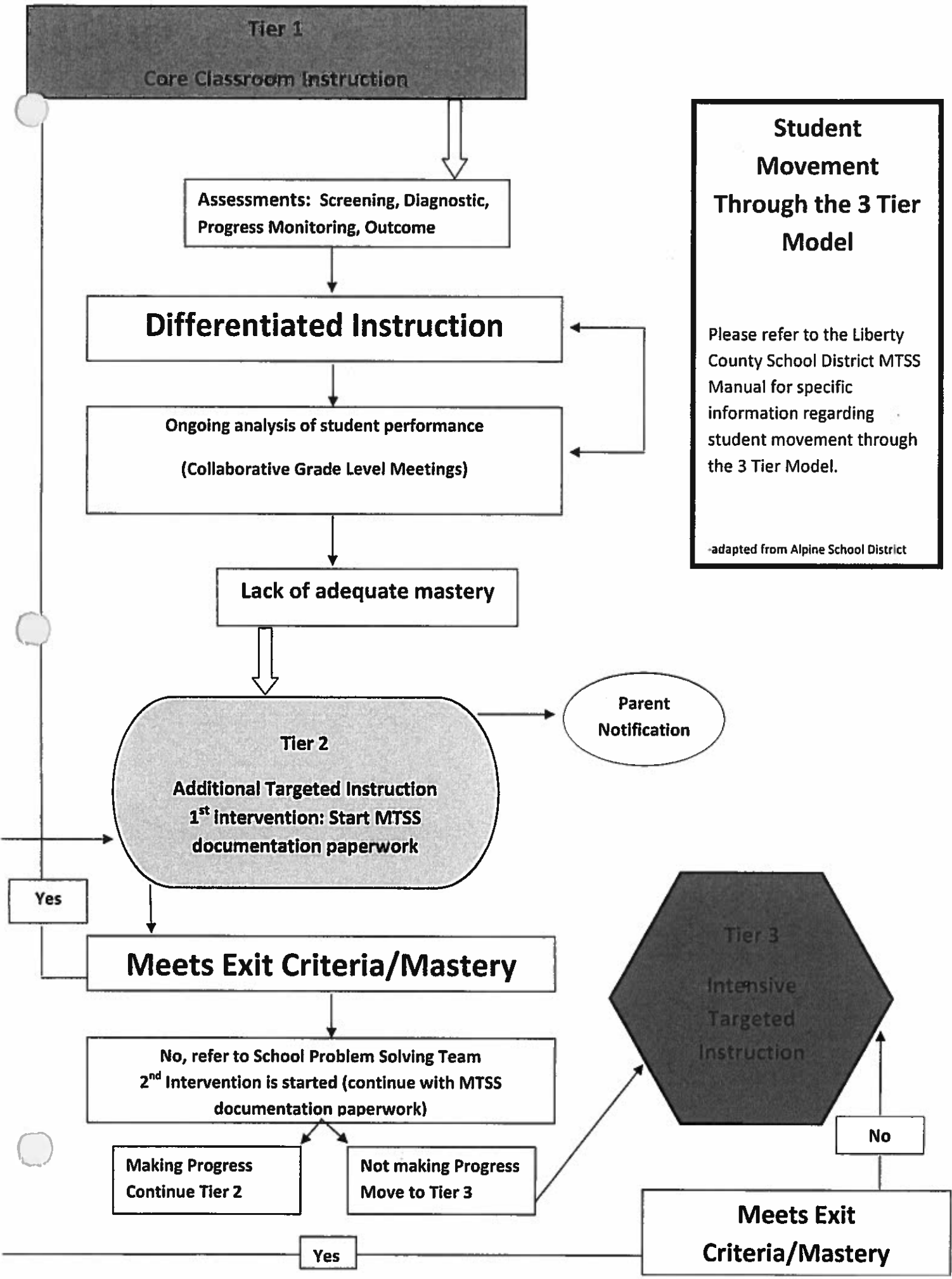
- Tier 3 interventions reflect the implementation of intensive academic and/or behavior intervention(s) over a specified time period. Best practice indicates that the intervention(s) should be carried out over a minimum of 4 to 10 weeks; however, the intervention(s) duration and type should be matched to the nature of the problem and the student's response to the intervention. Add the designed intervention to the Intervention/PMP Planning Guide and Progress Monitoring Plan (MTSS #4 & #5)
- With a purpose identified by the Problem-Solving Team, **conduct classroom observation #2 and complete Student Observation form (form #)**. This second observation should be completed by someone other than the classroom teacher, so that interactions between the instruction, teacher, and student(s) can be gathered. The individual participating in Observation #2 could be a coach, school/educational psychologist, guidance counselor, principal, diagnostician, behavioral specialist, or resource teacher.
- Following the intervention period, another **Parent/Guardian meeting should be held**. The meeting should: review the goal, review data on the forms, present results of intervention(s) and progress monitoring and/or all relevant data. Results of observations should also be reviewed. Parents/Guardians should be engaged each time data are analyzed by the team.
- After comparing the progress monitoring data to the goal(s) for the student, the team will recommend: (a) continuation of current intervention(s) and progress monitor, (b) discontinue interventions and implement alternative intervention(s) and progress monitor, or (c) recommend alternative intervention and progress monitor. The Problem Solving Team may consider possible referral to Exceptional Education Services (ESE). It is imperative to note that if a student does or does not qualify for ESE services, the problem solving process continues to identify and implement effective intervention(s) for the student. A copy of the new or revised plan is given to all team members. All core, Tier 2, and Tier 3 data should be retained.

## MTSS Folder Documents



*This process may occur simultaneously*

MTSS Academic Problem Solving Documents/Teacher	MTSS Behavior Problem Solving Documents	Exceptional Education Documents/Guidance
CST #9 Parent Notification of Intervention (Teacher makes request for guidance to begin process)		
		ESE#9 – Consent for Screening
MTSS #1 – RTI/RTIB Identification		ESE #2 – Screening Report
MTSS #2 – Parent Contact		ESE #4 – Conferences, Observations and Interventions
MTSS #3 – Intervention Strategies/Progress Monitoring Planning Guide		ESE #7 – Social Developmental History Interview
MTSS #4 – Progress Monitoring Plan (PMP)		ESE #8 – Referral Form
		ESE #9 – Parental Notice/Consent for Evaluation



**Student Movement Through the 3 Tier Model**

Please refer to the Liberty County School District MTSS Manual for specific information regarding student movement through the 3 Tier Model.

-adapted from Alpine School District



## **Appendix A**

### **MTSS Folder-Academic Forms**

MTSS#1- RTI Tier Identification

MTSS #2 - Parent Contact

MTSS #3 – Resource Consultations

MTSS #4 – Intervention Strategies/Progress Monitoring Planning Guide

MTSS #5 - Progress Monitoring Plan

### **MTSS Folder-Behavior Forms**

### **Screening and Evaluation Forms**

CST #9 – Parent Notification/Consent for Intervention Activities

ESE#2 – Screening Report

ESE#4 – Conferences, Observations and Interventions

ESE#7 – Social Developmental History Interview

ESE#8 – Referral Form

ESE#9 – Parental Notice Consent for Evaluation

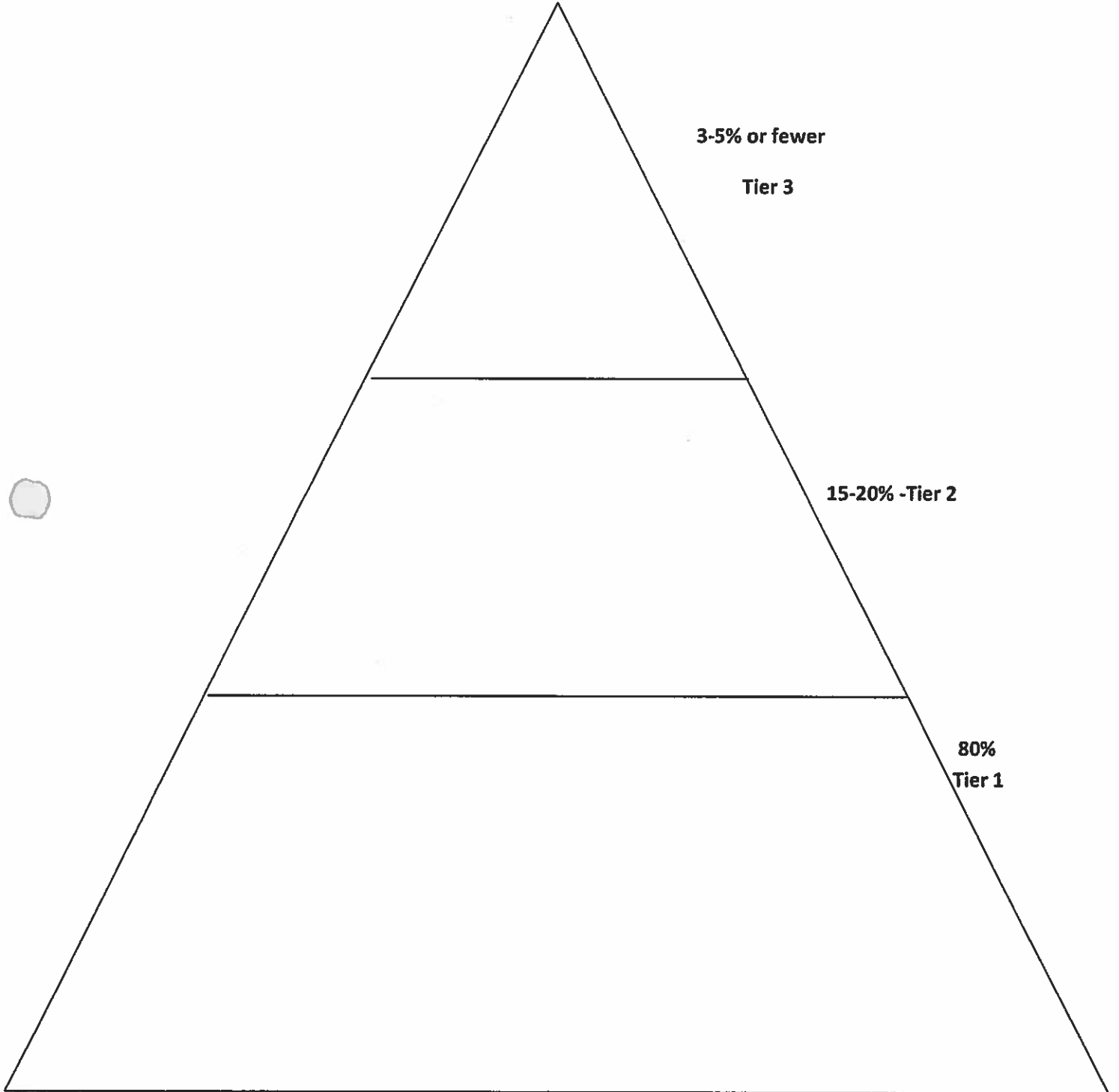
# MTSS (RtI-A & RtI-B) Tier Identification Form

(Utilize Academic and Behavior Screening data to place students in Tiers. If 80% of students do not )

Reading

Math


Behavior



MTSS #1 (RtI-A & RtI-B)

## Liberty County Summary Snapshot of Problem Solving Processes

*\*The exact nature, frequency, and duration of individual interventions should be dependent on the students' response to specific intervention(s) and the nature of the problem. The Problem Solving Team should make a decision about intensity and duration of intervention and frequency of progress monitoring by doing what makes best sense in a given situation. Remember that the recommendations for the intensity, duration, and frequency of supports listed below are intended as a guide and reflect research and best practice.*

RtI Level (Tier) How Implemented	Intensity/Duration of Intervention	Frequency of Progress monitoring	Data/Review Forms
<p><b>Tier 1</b> 80% of students meeting benchmarks in core instruction (RTI)</p> <p>80% School PBS (RTIb)</p> <p>During daily instructional period</p>	<p>Daily core curriculum lessons taught</p> <p>Teaching best practices for instruction and classroom management</p>	<p>Universal screening 3 times per year Example: STAR Rdg./Math &amp; FAIR</p>	<p>Review of Tier 1 Data</p> <ul style="list-style-type: none"> <li>• Teachers-quarterly</li> <li>• School Leadership-quarterly</li> <li>• District-3x year</li> </ul> <p>Forms: MTSS.1.A-Tier Identification (submitted to the principal and reviewed at teacher, school and district level X3 yearly)</p> <p>MTSS.1.B Student Risk Screening Scale/Internalizing Behavior Screening Scale</p>
<p><b>Tier 2-15 to 20%</b> of students not meeting grade level benchmarks</p> <p>Small group/individual supplemental instruction</p> <p>Intervention designed and recorded by teacher/documents reviewed by guidance/support personnel assist in review as needed</p>	<p>Daily core curriculum + 30 minutes supplemental small group/individual instruction 2 to 3 times per week</p> <p><i>4 to 10 week intervention period (flexible based on individual student need)</i></p> 	<p>Bi-weekly - with results recorded on progress monitoring graph (see sample graph appendix)</p> <p>Locate review document</p>	<p>Review of Tier 2 Data</p> <ul style="list-style-type: none"> <li>• Teachers – following each PM assessment</li> <li>• MTSS School Team- quarterly or as needed</li> <li>• District-periodic review</li> </ul> <p>Forms: CST #9, MTSS#2-5 MTSS team reviews all data &amp; graphs, verify fidelity and appropriateness of intervention. Based on review intervention may be continued, changed or dismissed.</p>
<p><b>Tier 3- 5% or fewer</b> of students not meeting grade level benchmarks</p> <p>Intensive individualized instruction</p>	<p>Daily core curriculum + Tier 2 small group/individual supplemental instruction + Tier 3 Individual 30 minute supplemental instruction 5 times per week</p> <p><i>8 to 12 week intervention period (flexible based on individual student need)</i></p>	<p>Bi-Weekly and or weekly if needed</p> <p style="text-align: center;">WE NEED TO INCREASE</p>	<p>Review of Tier 3 Data</p> <ul style="list-style-type: none"> <li>• Teachers- following each PM assessment</li> <li>• MTSS School Team-quarterly or as needed</li> <li>• District-periodic review</li> </ul> <p>Forms: MTSS #2-5</p> <p style="text-align: center;">CAPACITY TO IMPLEMENT</p>

## Parent Contact Documentation

**INSTRUCTIONS:** Document attempts to meet the academic and/or behavioral needs of the student. Indicate which interventions/strategies were used over a reasonable period of time in response to the student's difficulties. Determine the effectiveness of the intervention using progress monitoring data.

### IDENTIFYING DATA:

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Most of these conferences should be regarding the student's targeted area of need

**PARENT CONTACTS/MEETINGS:** Please document parent contacts and attempted contacts. Make sure to document outcome of parent contact (i.e. discussed student data, scheduled another meeting, parent did not return phone call, etc.) You may attach additional documentation as necessary.

1. Date: \_\_\_\_\_ email \_\_\_\_\_ phone \_\_\_\_\_ face-to-face \_\_\_\_\_ other

Outcome of parent contact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date: \_\_\_\_\_ email \_\_\_\_\_ phone \_\_\_\_\_ face-to-face \_\_\_\_\_ other

Outcome of parent contact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date: \_\_\_\_\_ email \_\_\_\_\_ phone \_\_\_\_\_ face-to-face \_\_\_\_\_ other

Outcome of parent contact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESOURCE CONSULTATIONS/MEETINGS:** Please document contacts with school based or district resource providers. Make sure to document outcome of consultations. Attach extra documentation as needed.

	Date(s)	Plan/Outcome
Guidance Counselor  Review cum folder, set up CST/ etc.		<div data-bbox="954 394 1377 655" style="border: 1px solid black; padding: 5px;"> <p>Be sure to include the results/outcome of the conversations/meetings. Example: reviewed student FAIR data as well as classroom work and assessment data and determined that student appeared to have a weakness in fluency. Repeated reading strategies and ways to implement were discussed.</p> </div>
Content Area Specialist (i.e. Reading Coach)		
School Psychologist		
Teachers		
Outside Agency		
Other		

## Intervention and Progress Monitoring Planning Guide

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

### INTERVENTIONS:

Tier: 1 2 3 (circle one)

### Target Area of Concern:

Reading: \_\_ Phonemic Awareness, \_\_ Decoding short words, \_\_ Decoding multisyllabic words, \_\_ word identification, \_\_ sight words (automaticity of recall), \_\_ Reading Comprehension, \_\_ Reading Fluency, \_\_ Vocabulary Development, \_\_ Other \_\_\_\_\_

Math: \_\_ Basic Math Facts (automaticity of recall), \_\_ Computation, \_\_ Problem Solving, \_\_ Word Problems, \_\_ Geometry, \_\_ Measurement, \_\_ Probability/Data, \_\_ Analysis, \_\_ Other \_\_\_\_\_

Behavior: \_\_ Noncompliance, \_\_ Motivation, \_\_ Attention Span, \_\_ Peer Relationships, \_\_ Withdrawn, \_\_ Mood Swings, \_\_ Overactive, \_\_ Verbally aggressive, \_\_ Physically aggressive, \_\_ Other \_\_\_\_\_

### Baseline Performance Prior to Intervention (Ex. STAR data)

Intervention Goal: \_\_\_\_\_

#### 1. Intervention #1 Utilized (Program or strategy)

Beginning Date of Intervention: \_\_\_\_\_ Ending Date: \_\_\_\_\_

### Frequency of Intervention:

Setting of Intervention: \_\_ Classroom, \_\_ Other (specify) \_\_\_\_\_

Group Size: \_\_ individual, \_\_ 2-3, \_\_ 4-8, \_\_ More than 8 but not whole class

Frequency: \_\_ One X/Wk., \_\_ Two X/Wk., \_\_ Three X/Wk., \_\_ Four X/Wk., \_\_ Daily

Duration: \_\_ 15 min., \_\_ 20 min., \_\_ 30 min., \_\_ 45 min., \_\_ 60 min., \_\_ Other \_\_\_\_\_

Intervention Provider: \_\_ GenEd, \_\_ ESE, \_\_ Counselor, \_\_ Volunteer, \_\_ Paraprofessional

### Progress Monitoring Data: (Attach relevant data. Must be graphed)(Ex. STAR)

Growth Rate: Acceptable/Unacceptable

### Intervention Status: (Check One)

\_\_\_\_\_ Problem resolved

\_\_\_\_\_ Problem not resolved:

- Modification of intervention needed-continue to intervention #2

- Redesign of intervention needed- complete new MTSS #4  
\_\_\_\_\_ Student performance remains below expectation AND growth is below benchmark; Request Rtl Team meeting.

2. **Intervention #2 Utilized (Program or strategy)**

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Beginning Date of Intervention: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Frequency of Intervention:**

Setting of Intervention: \_\_ Classroom, \_\_ Other (specify) \_\_\_\_\_

Group Size: \_\_ individual, \_\_ 2-3, \_\_ 4-8, \_\_ More than 8 but not whole class

Frequency: \_\_ One X/Wk., \_\_ Two X/Wk., \_\_ Three X/Wk., \_\_ Four X/Wk., \_\_ Daily

Duration: \_\_ 15 min., \_\_ 20 min., \_\_ 30 min., \_\_ 45 min., \_\_ 60 min., \_\_ Other \_\_\_\_\_

Intervention Provider: \_\_ GenEd, \_\_ ESE, \_\_ Counselor, \_\_ Volunteer, \_\_ Paraprofessional

**Progress Monitoring Data: (Attach relevant data. Must be graphed)(Ex. STAR)**

**Growth Rate:** Acceptable/Unacceptable

**Intervention Status: (Check One)**

\_\_\_\_\_ Problem resolved

\_\_\_\_\_ Problem not resolved:

- Modification of intervention needed-continue to intervention #2
- Redesign of intervention needed- complete new MTSS #4

\_\_\_\_\_ Student performance remains below expectation AND growth is below benchmark; Request Rtl Team meeting.

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**PROGRESS MONITORING PLAN**

This document plan for measuring student response to intervention. Bi-weekly progress monitoring is usually a good option, especially when more intensive interventions are required.

What SPECIFICALLY are you going to do to intervene? Ex: 15 min daily individual sessions to work on fluency using repeated reading strategies

How are you going to measure the effectiveness of the intervention you are providing to the student?

Student Name: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Targeted Area of Concern: \_\_\_\_\_

Intervention to be Implemented	Date(s)	Progress Monitoring Plan
Intervention:		
Intervention:		
Intervention:		
Intervention:		
Intervention:		

STAR Reading/STAR Math/STAR Early Literacy are great programs to use that will provide graphs, etc.

Another intervention is not listed until the process is determined to not be working. If an intervention is also being done in another academic/behavioral area then another set of forms needs to be filled out.

**TEACHER COMMENTS:---**



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**PROGRESS MONITORING PLAN - Continued**

Progress Monitoring Data Points (ex. Scaled Score from STAR report)  
 Attach graph that includes all data points for this intervention.

This is the dates and scores from each of the progress monitoring probes.

Progress Monitoring Data Point	(1 <sup>st</sup> )	(2 <sup>nd</sup> )	(3 <sup>rd</sup> )	(4 <sup>th</sup> )	(5 <sup>th</sup> )
Date Measured					

**Intervention Log:**

Specify the time in minutes (for each day of the week) you spent implementing the designed intervention for this student. NOTE: It is NOT necessary to have minutes under every single day of the week. For instance, if you implement this group intervention three days a week, you may only have times under those three days.

Week of:	Monday	Tuesday	Wednesday	Thursday	Friday


**PROGRESS MONITORING PLAN**

Please document plan for measuring student response to intervention. Bi-weekly progress monitoring is usually a good option, especially when more intensive interventions are required.

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Targeted Area of Concern: \_\_\_\_\_

Intervention to be Implemented	Date(s)	Progress Monitoring Plan
Intervention:		
Intervention:		
Intervention:		
Intervention:		
Intervention:		

**TEACHER COMMENTS:---**

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**PROGRESS MONITORING PLAN - Continued**

Progress Monitoring Data Points (ex. Scaled Score from STAR report)  
 Attach graph that includes all data points for this intervention.

Progress Monitoring Data Point	(1 <sup>st</sup> )	(2 <sup>nd</sup> )	(3 <sup>rd</sup> )	(4 <sup>th</sup> )	(5 <sup>th</sup> )
Date Measured					

**Intervention Log:**

Specify the time in minutes (for each day of the week) you spent implementing the designed intervention for this student. NOTE: It is NOT necessary to have minutes under every single day of the week. For instance, if you implement this group intervention three days a week, you may only have times under those three days.

Week of:	Monday	Tuesday	Wednesday	Thursday	Friday


Student Services

**PARENT NOTIFICATION OF/CONSENT FOR INTERVENTION ACTIVITIES**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_  
School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Dear Parent or Guardian,

In an effort to maximize individual student success, our school has an intervention/Child Study team. The mission of the intervention/Child Study team is to:

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

The team may be comprised of teachers, administrators, school level student support staff, and other district level staff such as the behavior specialist and school psychologist.

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

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

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

If you have any questions please contact \_\_\_\_\_ at \_\_\_\_\_.

Please return the form to \_\_\_\_\_ at \_\_\_\_\_.

Thank You.

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

No, \_\_\_\_\_  
(Comments)

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

CST #9 (Revised 8/2010; Printed 8/2010)

Copy - ESE School  
Copy - ESE Office  
Copy - Parent/Adult Student

**Exceptional Student Education  
Screening Report**

Date: \_\_\_\_\_

Student: \_\_\_\_\_

DOB: \_\_\_\_\_

Student No: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Referred by: \_\_\_\_\_

Reason: \_\_\_\_\_

<p align="center"><b><u>HEARING</u></b></p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td></td> <td align="center">500 HZ</td> <td align="center">1000 HZ</td> <td align="center">2000 HZ</td> <td align="center">4000 HZ</td> </tr> <tr> <td align="center">R</td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> <tr> <td align="center">L</td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> <p align="center">Audiometric screening at 25db</p> <p>Passed: _____ Failed: _____</p> <p>COMMENTS: _____</p> <p>Signature of Person Responsible/Position _____</p> <p>Instrument Used: _____ Date: _____</p> <p>Further Evaluation Required:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>		500 HZ	1000 HZ	2000 HZ	4000 HZ	R					L					<p align="center"><b><u>VISION</u></b></p> <p align="right">Glasses/Contact Lenses</p> <p>R _____    <input type="checkbox"/> Yes</p> <p>L _____    <input type="checkbox"/> No</p> <p>COMMENTS: _____</p> <p>Signature of Person Responsible/Position _____</p> <p>Instrument Used: _____ Date: _____</p> <p>Further Evaluation Required:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
	500 HZ	1000 HZ	2000 HZ	4000 HZ												
R																
L																
<p align="center"><b><u>SPEECH SOUND DISORDER</u></b> (Optional based on team recommendation)</p> <p>Phonological:</p> <p>Articulation:</p> <p>Fluency:</p> <p>Voice:</p> <p>COMMENTS: _____</p> <p>Signature of Person Responsible/Position _____</p> <p>Instrument Used: _____ Date: _____</p> <p>Further Evaluation Required:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p align="center"><b><u>LANGUAGE</u></b> (Optional based on team recommendation)</p> <p>Test Results:</p> <p>Conversational Speech:</p> <p>Expressive Language:</p> <p>Receptive Language:</p> <p>COMMENTS: _____</p> <p>Signature of Person Responsible/Position _____</p> <p>Instrument Used: _____ Date: _____</p> <p>Further Evaluation Required:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>															

**Exceptional Student Education  
CONFERENCES, OBSERVATIONS AND INTERVENTIONS**

Student: (1) \_\_\_\_\_ DOB: (2) \_\_\_\_\_ Student No.: (3) \_\_\_\_\_ School: (4) \_\_\_\_\_

**A. PARENT CONFERENCES**

Conference 1: Date (5a) \_\_\_\_\_ Participants' Names: (5b) \_\_\_\_\_ and \_\_\_\_\_ Participants' Positions: \_\_\_\_\_

(5c) On the following lines, please document the discussion of the student's learning or behavior areas of concern and the interventions planned, as well as the anticipated effects of the interventions. (This planned intervention is expanded on page 2.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conference 2: Date (6a) \_\_\_\_\_ Participants' Names: (6b) \_\_\_\_\_ and \_\_\_\_\_ Participants' Positions: \_\_\_\_\_

(6c) On the following lines, please document the discussion of the student's responses to interventions and anticipated future actions to address the student's learning and/or behavioral areas of concern. (This response to intervention is further expanded on page 2.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. OBSERVATIONS:** Please check those items frequently observed.

#1. Observer (7a) _____	Position _____	Duration _____	Date Beginning (7b) _____	Date Ending _____
#2. Observer (8a) _____	Position _____	Duration _____	(8b) _____	_____

- |                          |                          |  |                          |                          |  |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| #1                       | #2                       | (9a)   | (9b)                     | #1                       | #2   |
| <input type="checkbox"/> | <input type="checkbox"/> | Poor gross motor control                                     | <input type="checkbox"/> | <input type="checkbox"/> | Performs inconsistently from day to day                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Poor fine motor control                                      | <input type="checkbox"/> | <input type="checkbox"/> | Impulsive - talks out - difficulty waiting turn                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Slow to react to and follow directions                       | <input type="checkbox"/> | <input type="checkbox"/> | Low frustration tolerance  |
| <input type="checkbox"/> | <input type="checkbox"/> | Reverses or confuses letters, words, numbers                 | <input type="checkbox"/> | <input type="checkbox"/> | Difficulty completing assignments  |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequently loses place when reading                          | <input type="checkbox"/> | <input type="checkbox"/> | Poor judgment in social and interpersonal relations                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty staying on the line when writing                  | <input type="checkbox"/> | <input type="checkbox"/> | Constantly seeks attention, especially from adults                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Misinterprets verbal questions and directions                | <input type="checkbox"/> | <input type="checkbox"/> | Leads, or joins others, in inappropriate behavior                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Appears inattentive, easily distracted                       | <input type="checkbox"/> | <input type="checkbox"/> | Withdrawn  |
| <input type="checkbox"/> | <input type="checkbox"/> | Poor understanding of vocabulary                             | <input type="checkbox"/> | <input type="checkbox"/> | Short attention span, off-task   |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty following directions in sequence                  | <input type="checkbox"/> | <input type="checkbox"/> | Engages in destructive and/or aggressive behavior                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Makes inappropriate responses to conversation and questions  | <input type="checkbox"/> | <input type="checkbox"/> | Difficulty expressing ideas  |
| <input type="checkbox"/> | <input type="checkbox"/> | Works one grade level (or more) below in an academic subject | <input type="checkbox"/> | <input type="checkbox"/> | Difficulty understanding student's speech                                  |
|                          |                          |  | <input type="checkbox"/> | <input type="checkbox"/> | Cannot imitate sounds correctly  |
|                          |                          |  | <input type="checkbox"/> | <input type="checkbox"/> | Speech not fluent, e.g. stuttering   |
|                          |                          |  | <input type="checkbox"/> | <input type="checkbox"/> | Vocal quality not appropriate, e.g. hoarse, nasal, strident pitch          |
|                          |                          |  | <input type="checkbox"/> | <input type="checkbox"/> | Possible hearing problems, e.g. recurrent ear infections, tubes, allergies |

**C. REVIEW OF DATA** -- As appropriate, review the following data, and place a check (✓) in the boxes:

1. Social data reviewed	___ Yes ___ No ___ N/A
2. Psychological data reviewed	___ Yes ___ No ___ N/A
3. Medical data reviewed	___ Yes ___ No ___ N/A
4. Achievement data reviewed	___ Yes ___ No ___ N/A
5. Attendance data reviewed	Yes No N/A

Other speech problems, describe: \_\_\_\_\_

**D. NARRATIVE OBSERVATION:** (11) Observer: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**Exceptional Student Education**  
**SOCIAL/DEVELOPMENTAL HISTORY INTERVIEW**

**I. Identifying Information**

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

	Name	Age	Relationship
_____			
_____			
_____			

**II. Medical Information**

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

**III. Pregnancy**

Check one:  Normal full term  Premature  Overdue  
Describe any illnesses of mother during pregnancy: \_\_\_\_\_  
Medications of the mother during pregnancy: \_\_\_\_\_ Prescribed Medications: \_\_\_\_\_  
Smoking (How many packs): \_\_\_\_\_  
Alcohol (How much per day): \_\_\_\_\_  
Non-Prescribed Medications: \_\_\_\_\_  
Place of birth: \_\_\_\_\_ Baby's Birth Weight: \_\_\_\_\_  
Any complications or difficulties about the birth? \_\_\_\_\_  
Did the baby have any illnesses immediately after birth? \_\_\_\_\_

**IV. Developmental History**

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

**V. Behavioral Information**

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

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

How is the child's relationship to the parents?  Excellent  Good  Fair  Poor

What types of discipline are most effective with the child? \_\_\_\_\_

**VI. Family and Relatives**

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

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

**VII. Parent/Child Interaction**

What circumstances commonly cause conflict between the parent and student? \_\_\_\_\_

How do the parents see the student's problem? \_\_\_\_\_

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

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

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

- Y  N  Limited joint attention and limited use of facial expressions directed toward others
- Y  N  Does not show or bring things to others to indicate an interest in the activity
- Y  N  Demonstrates difficulties in relating to people, objects, and events
- Y  N  A gross impairment in ability to make and keep friends

- Y  N Significant vulnerability and safety issues due to social naiveté
- Y  N May appear to prefer isolated or solitary activities
- Y  N Misinterprets others' behaviors and social cues

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

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

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

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

**IX. Additional Comments**

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Respondent's Name \_\_\_\_\_ Date \_\_\_\_\_  
Interviewer Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Exceptional Student Education  
REFERRAL FORM**

-- TO BE COMPLETED BY GUIDANCE COUNSELOR AND CLASSROOM TEACHER(S) --

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Student No.: \_\_\_\_\_  
 School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Referred by: \_\_\_\_\_ Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

I. Describe as completely as you can the problems that you have observed in the student that prompted this referral. **(THIS SECTION MUST BE COMPLETED.)**

\_\_\_\_\_  
 \_\_\_\_\_

II. If the student is being referred for one of the following reasons, please check:

- |  |  |
|--|--|
| <input type="checkbox"/> Verification of Placement | <input type="checkbox"/> Classroom Behavior Problems |
| <input type="checkbox"/> Special Education Class   | <input type="checkbox"/> Intellectual Evaluation     |
| <input type="checkbox"/> Poor Academic Achievement | <input type="checkbox"/> Emotional Problems          |
| <input type="checkbox"/> Possible Organic          | <input type="checkbox"/> Reading Problems            |
| <input type="checkbox"/> Gifted Referral           | <input type="checkbox"/> Hearing Problems            |
| <input type="checkbox"/> Vision Problems           | <input type="checkbox"/> Other (specify) _____       |

III. Information from Cumulative Folder: \_\_\_\_\_  
 What grades has child repeated? \_\_\_\_\_  
 Is the student now in special education? \_\_\_\_\_

IV. Achievement Test Data

	<u>Name of Test</u>	<u>Date Administered</u>	<u>Percentile Score</u>	<u>Standard Score</u>	<u>Age Equivalent Score</u>	<u>Grade Equivalent Score</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

V. What are the strengths of the student? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Guidance Counselor

\_\_\_\_\_  
 Other Signature (Teacher)

\_\_\_\_\_  
 Signature of Principal

\_\_\_\_\_  
 Approved by ESE Director/Designee (Date)

\_\_\_\_\_  
 Date of Consent for Evaluation

\_\_\_\_\_  
 Date Assigned to Evaluation Specialist

\_\_\_\_\_  
 Date of Referral

**Exceptional Student Education  
PARENTAL NOTICE/CONSENT FOR EVALUATION**

School: \_\_\_\_\_

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

In order to develop the best educational programs for your child, we feel that additional information is needed. An individual evaluation is recommended to assist us in meeting the educational needs of your child. The evaluation is proposed based on your child's educational performance and review of any previous evaluation information as well as observations and conference. If other factors were considered in this proposal these may have included \_\_\_\_\_. The following educational options have been considered or used with your child: - Title I - Tutoring - Dropout Prevention - Behavior Management - Community Agency Referral - Counseling - Change in level of instruction - change instructional methods - Other (specify) \_\_\_\_\_. The options were determined insufficient in meeting the educational needs of your child and have been rejected as the primary methods of assisting your child.

Do you consent for us to conduct an evaluation or secure information, if necessary, of your child in the areas listed below?

- |  |   |
|--|---|
| <input type="checkbox"/> Academic Achievement                      | <input type="checkbox"/> Medical                          |
| <input type="checkbox"/> Assistive Technology Screening/Evaluation | <input type="checkbox"/> Occupational Therapy Evaluation  |
| <input type="checkbox"/> Behavioral Observations                   | <input type="checkbox"/> Physical Therapy Evaluation      |
| <input type="checkbox"/> Functional Behavior Assessment            | <input type="checkbox"/> Social and Developmental History |
| <input type="checkbox"/> Hearing Evaluation                        | <input type="checkbox"/> Speech and Language Evaluation   |
| <input type="checkbox"/> Individual Intellectual Evaluation        | <input type="checkbox"/> Vision Evaluation                |
| <input type="checkbox"/> Individual Psychological Evaluation       | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Learning Abilities Evaluation             |   |

You will be advised of the results of the evaluation(s). Please keep the pink copy, but sign and return the white and canary copies to your child's school. If you have any questions, please feel free to call \_\_\_\_\_ at \_\_\_\_\_.

**PARENT CONSENT FOR INITIAL PRE-PLACEMENT EVALUATION**

- YES, I give permission for testing and understand my rights as explained on the Summary of Procedural Safeguards.
- NO, I do not give permission for testing for the following reasons:
- I request a conference before giving permission for testing.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

As parent(s)/guardian(s) of a child with a disability, you have certain protections under the attached Procedural Safeguards of the Individuals with Disabilities Education Act. For a gifted student, you have protections under the Procedural Safeguards under Rule 6A-6.03313, FAC. Further explanation of rights and copies may be obtained from the ESE Director or \_\_\_\_\_,

\_\_\_\_\_ Name  
at \_\_\_\_\_  
Position Phone #

Record of Contact Attempts: OFFICE USE			
1.	_____	_____	_____
	(Date)	(Type)	(Results)
By:	_____		
2.	_____	_____	_____
	(Date)	(Type)	(Results)
By:	_____		
3.	_____	_____	_____
	(Date)	(Type)	(Results)
By:	_____		

Copy - ESE School  
Copy - ESE Office  
Copy - Parent/Adult Student