

# How the EBIS/RTI Process Works in Elementary Schools

Tigard-Tualatin School District, Tigard, Oregon

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## How the Effective Behavior and Instructional Support (EBIS) Team Process Works

### The EBIS team has three purposes:

1. To review school-wide behavior and academic data in order to evaluate the effectiveness of core programs.
2. To screen and identify students needing additional academic and/or behavior support.
3. To plan, implement and modify interventions for these students. Depending on each student's "response to intervention," a formal referral for special education evaluation may result.

EBIS is intended to be a structured, systematic process involving the following features and activities: team membership, school-wide planning, planning for the 20%, monthly meetings, and individualizing-intensifying interventions.

**Team membership:** Leadership by the principal is essential. EBIS Team membership also must include classroom teachers representing grade levels, the Literacy/Title I Specialist, School Counselor, and specialists from Special Education and ELL programs. Teams often also benefit from including a member from the classified staff.

**Planning for the 80% (School-wide):** Three times a year, fall, winter and spring, EBIS teams review data on student performance (e.g., DIBELS, behavior referrals, attendance) in order to evaluate the effectiveness of the core programs. The EBIS model is predicated on the notion that the core programs should meet the needs of at least 80% of the student population. If this is not the case, the team needs to plan and implement professional development to shore up the core program.

**Planning for the 20% (Targeted groups):** Students falling below the 20<sup>th</sup> percentile on DIBELS and/or who have other, significant academic, behavioral or attendance problems, are listed on the EBIS Group Intervention & Planning Form. This is usually best accomplished by grade level teacher teams with core members of the EBIS team assisting them. These EBIS teams choose interventions from the appropriate Standard Protocol (Reading, Math, Writing, or Behavior) for groups of students with similar needs. They also decide on what progress data to collect and the person responsible for collecting the data. Begin the EBIS Student Intervention Profile for all students in interventions.

**Monthly EBIS team meetings:** EBIS teams convene monthly to evaluate the progress of the students involved in group interventions as well as those students below the 20<sup>th</sup> percentile who receive services through Special Education. The team reviews weekly progress monitoring data for each student, analyzing *aimlines* and *trendlines* (see Decision Rules for Kindergarten and Grade 1-5). One of four different decisions may be made at this meeting for each student being reviewed:

- 1) the group intervention has been successful and the student no longer needs small group instruction,
- 2) the intervention appears to be working for the student and should be continued as is;
- 3) the group intervention is not working for the student and should be revised or refined; or,
- 4) the group intervention is highly unlikely to be successful for the student and therefore a more, individualized approach is needed.

**Individualizing, Intensifying Intervention:** If the student has failed to make progress or has made minimal progress after two group interventions, additional information must be gathered in order to select an intervention that is specifically targeted to the student's needs. At this point, EBIS teams fill out and send the EBIS Team Meeting Notice to parents inviting them to attend a meeting to gather information and begin planning for a more individualized intervention. A Developmental History should be completed at this time and the parents should be given the RTI Parent Brochure describing how the Response To Intervention process works. If the student is an English Language Learner (ELL), the ELL teacher should also obtain information about the child's language development at this time.

Prior to the parent meeting, teams review each student's cumulative record using the Individual Problem Solving Worksheet. Although time consuming, this level of evaluation is typically necessary for only a small percentage of students. It provides detail on the student's history and needs and is important to designing an effective, individualized intervention. Another resource for students with behavioral issues is the brief Functional Behavior Assessment protocol, which can easily be completed by the team.

At the individualized planning level, it is also necessary to assign a case manager for each student. The case manager's responsibility is to ensure that the intervention is implemented correctly and that progress is monitored according to the schedule agreed upon by the team. In addition, the case manager continues to track intervention details using the EBIS Student Intervention Profile. Case managers report back to the EBIS team on the progress of the students under their supervision on at least a monthly basis.

Based on the developmental history, Individual Problem Solving Worksheet, and progress monitoring data, the EBIS team may determine that:

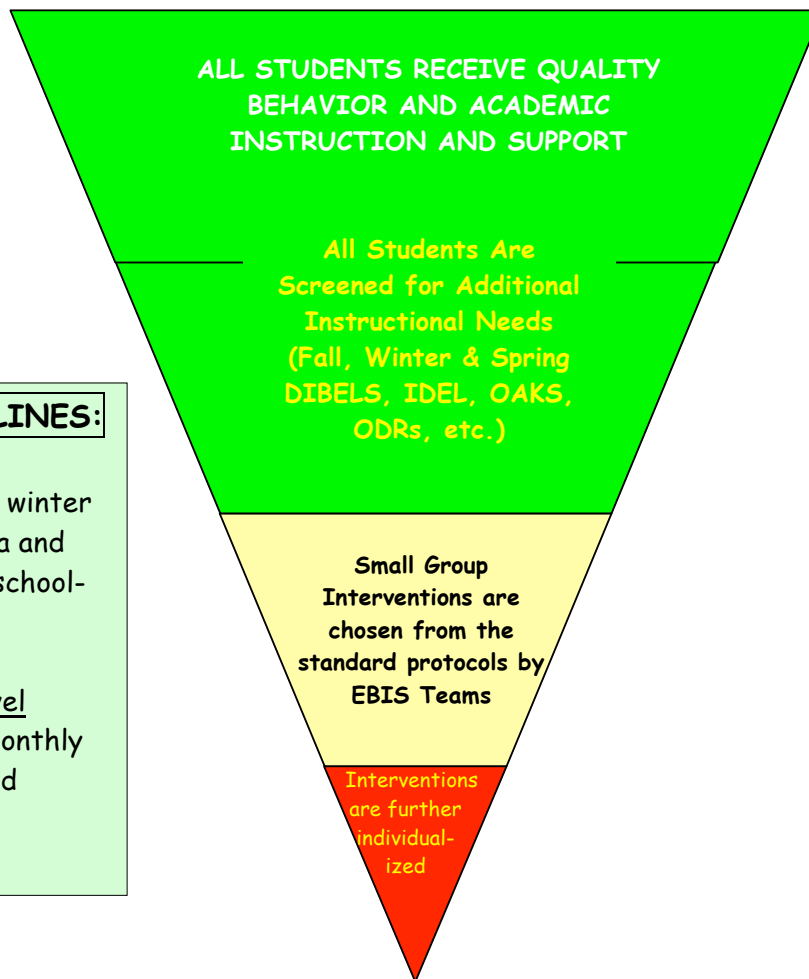
- a. The student has improved substantially and no longer needs to be included in an intervention group.
- b. The student continues to struggle, but his or her difficulties appear to be due to other factors such as behavior, attendance, or limited English Proficiency and interventions to help the students with these difficulties will be initiated.
- c. A referral for a formal special education evaluation is appropriate. The information from the intervention profile, progress-monitoring information, developmental history, and individual problem solving worksheet should be included with the referral as they provide evidence regarding the student's responses to various interventions. See the most current Special Education Procedures Manual for details on the special education process.

## EBIS EARLY IDENTIFICATION PROCESS Tigard-Tualatin School District, Tigard, Oregon

### TEAMWORK TIMELINES:

EBIS teams meet fall, winter & spring to review data and make decisions about school-wide progress.

EBIS teams/Grade level teacher teams meet monthly to review data, plan and adjust interventions.



### DECISION RULES:

**80% Decision Rule:** If 80% of students are not meeting benchmarks, review core program (s).

**20% Decision Rule:** Students below the 20<sup>th</sup> percentile in academic skills and/or with chronic behavior needs\* are placed in small group interventions.

**Individualize Instruction Rule:** When students fail to progress after two (2) consecutive small group interventions, move to the individual level.

**Change Small Group or Individual Interventions Rule:** When progress data is below the aimline for 4 consecutive points or when the slope is flat or decreasing

**Refer for Special Education Evaluation Rule:** When students fail to progress after one individually designed intervention.

\*More than 5 absences or 2 or more counseling or discipline referrals in a 30 day period



## **EBIS READING DECISION RULES - Kindergarten**

### **BEGINNING OF THE YEAR: October**

***Place students in Level 1 or Level 2 intervention groups by October 15<sup>th</sup> based on fall DIBELS/IDEL data.***

- Level 1 support (Strategic): Add 10 minutes of intervention instruction daily
- Level 2 support (Intensive): Add 30 minutes of intervention instruction daily

Monitor and graph progress monthly (end of October, November and December)

### **MIDDLE OF THE YEAR: January**

***Regroup students after January DIBELS/IDEL has been completed. Place students according into the following groups:***

- Strategic support: Add 10 minutes of intervention instruction daily
- Intensive support: Add 30 minutes of intervention instruction daily

Monitor and graph progress 2 times per month for the students receiving strategic support and weekly for those receiving intensive support through mid April.

### **END OF THE YEAR: April**

**For those students still not making adequate progress, EBIS teams should complete the Individual Problem Solving Worksheet and do one of the following:**

- Revise the intervention and continue with implementation and data collection
- Refer for Special Education evaluation

## EBIS READING DECISION RULES - Grades 1-5

### ***Place students in the 20% group when:***

- Academic skills fall below benchmark and place them in the lowest 20% compared to their peers on one or more of the following measures: DIBELS, IDEL, Math & Writing curriculum based assessments, OAKS.
- Chronic problems with attendance and/or socio-emotional-behavioral skills occur, as defined by:
  - More than 5 absences in a 30 day period
  - 2 or more discipline or counseling referrals in a 30 day period

### ***Change interventions when:***

- Progress monitoring indicates 4 consecutive data points below the aimline.
- If data is highly variable, maintain the current intervention until 7 data points have been collected, then analyze aimline and trendline . Change intervention if the slope is flat or decreasing.
  - *Progress is monitored once weekly*

### ***Individualize interventions when:***

- Progress trend under small group instruction is below the aimline for two consecutive intervention periods (at 8, 12, or 16 weeks, depending on the data). Prior to individualizing the intervention, the EBIS team should select a case manager, complete the Individual Problem Solving Worksheet, complete a developmental history, provide parents with the RTI Brochure, and if the student receives ELL services, do a language level assessment.

### ***Refer for Special Education evaluation when:***

- After one highly structured, individually designed intervention, progress continues below aimline.
  - *Progress is monitored twice weekly or more frequently if needed*

## **EBIS DECISION RULES: SPANISH LITERACY**

***Place students in the 20% group when IDEL scores are as follows:***

### **BEGINNING OF THE YEAR: October**

Kindergarten: Phoneme Segmentation Fluency (FSF) is below 5

First Grade: Nonsense Word Fluency (FNS) is below 25

Second Grade: Oral Reading Fluency (FLO) is below 25

Third Grade: Oral Reading Fluency (FLO) is below 50

### **MIDDLE OF THE YEAR: January**

Kindergarten: Nonsense Word Fluency (FNS) is below 10

First Grade: Nonsense Word Fluency (FNS) is below 40

Second Grade: Oral Reading Fluency (FLO) is below 40

Third Grade: Oral Reading Fluency (FLO) is below 60

### **END OF THE YEAR: May**

Kindergarten: Nonsense Word Fluency (FNS) is below 25

First Grade: Nonsense Word Fluency (FNS) is below 70

Second Grade: Oral Reading Fluency (FLO) is below 50

Third Grade: Oral Reading Fluency (FLO) is below 65

## TTSD STANDARD READING PROTOCOL

GRADE	TIER I: PRIMARY Time	PROGRAM OPTIONS	TIER II: STRATEGIC Time & Group Size	PROGRAM OPTIONS	TIER III: INTENSIVE Time and Group Size	PROGRAM OPTIONS
<b>K</b>	60 minutes daily	Macmillan  Macmillan & Fast Track  SFA	Add 10 minutes daily  Large group, typically In the classroom	*Ladders to Literacy *PA in Young Children *Road to the Code *Earobics *Daisy Castle	-Add 30 minutes daily -Small group	*ERI only for 30 mins. OR *Language for Learning and ERI for 45 minutes *Language for Learning (in addition to reading int.) *Fast Track Phonics
<b>1</b>	90 minutes daily	Macmillan  Macmillan & Fast Track  SFA	Add 30 minutes daily  Small group	*Read Naturally  *SFA Tutoring	-Add 30 minutes -Small group	*ERI only for 30 mins. OR *Language for Learning and ERI for 45 minutes *Language for Learning (in addition to reading int.) *Fast Track Phonics *Reading Mastery *Read Naturally *Horizons
<b>2</b>	90 minutes daily	Macmillan  Reading Mastery	Add 30 minutes daily  Small group	*Triumphs *Phonics For Reading *Read Naturally *STARS	-Add 45 minutes of intervention daily -If CORE is reduced to 30 minutes (vocab/comp) then add a minimum of two 30-45 minute intervention periods daily as determined by progress -Small group	*Triumphs *Reading Mastery *Read Naturally *Language for Thinking (in addition to reading intervention) *Horizons *Phonics For Reading
<b>3</b>	90 minutes daily	Macmillan  Reading Mastery	Add 30 minutes daily  Small group	*Triumphs *Phonics For Reading *Read Naturally *STARS *Reading Success	-Add 45 minutes of intervention daily -If CORE is reduced to 30 minutes (vocab/comp) then add a minimum of two 30-45 minute intervention periods daily as determined by progress -Small group	*Triumphs *Horizons *Read Naturally *Reading Mastery *Reading Success *Phonics For Reading
<b>4</b>	90 minutes daily	Macmillan  Reading Mastery	Add 15-30 minutes daily  Small group	*Triumphs *REWARDS *Six-Minute Solution *Read Naturally *STARS *Reading Success	-Add 45 minutes of intervention daily -If CORE is reduced to 30 minutes (vocab/comp) then add a minimum of two 30-45 minute intervention periods daily as determined by progress -Small group	*Triumphs *Reading Mastery *Read Naturally *Great Leaps *Corrective Reading *Reading Success
<b>5</b>	90 minutes daily	Macmillan  Reading Mastery	Add 15-30 minutes daily  Small group	*Triumphs *REWARDS *Six-Minute Solution *Read Naturally *STARS *Reading Success	-Add 45 minutes of intervention daily -If CORE is reduced to 30 minutes (vocab/comp) then add a minimum of two 30-45 minute intervention periods daily as determined by progress -Small group	*Triumphs *Reading Mastery *Read Naturally *Great Leaps *Corrective Reading *Reading Success

## TTSD STANDARD SPANISH READING PROTOCOL

GRADE	TIER I: PRIMARY Time	PROGRAM OPTIONS	TIER II: STRATEGIC Time & Group Size	PROGRAM OPTIONS	TIER III: INTENSIVE Time and Group Size	PROGRAM OPTIONS
K	60 minutes daily	Tesoros SFA	Add 10 minutes daily Large group	*Estrellitas review * Tesoros Interventions *SFA Tutoring * El Camino	Add 30 minutes daily Small group	*Canciones a cuentos *Elefonetica *Santillana-programs * El Camino
1	90 minutes daily	Tesoros SFA	Add 30 minutes daily Small group	*Read Naturally * Tesoros Interventions *SFA Tutoring * El Camino	Add 30 minutes Small group	*Elefonetica *Santillana programs *Reading A to Z in Spanish *Reading Rods * El Camino
2	90 minutes daily	Tesoros	Add 30 minutes daily Small group	*Read Naturally * Tesoros Interventions	45 minutes of instruction daily Small group	*Read Naturally *STARS for Spanish *Repeated reading text *Reading Rods *Elefonetica *Santillana programs *Reading A to Z in Spanish
3	90 minutes daily	Tesoros	Add 30 minutes daily Small group	*Read Naturally *Phonics For Reading *STARS * Tesoros Interventions	45 minutes of instruction daily Small group	*Read Naturally *STARS (Spanish) *Repeated reading text with targeted goals
Transition	90 minutes daily *	Macmillan	* Add 15-30 minutes daily Small group	*REWARDS *Six-Minute Solution *Read Naturally *Collaborative Strategic Reading *STARS *Connections for Comp. *Reading Success	*ADD 45 minutes of intervention daily Small group	*Triumphs *Reading Mastery *Read Naturally *Great Leaps *Corrective Reading *Reading Success

\* During the transition period, ELL students may need greater emphasis on vocabulary development, comprehension and specific literacy transfer skills. Consult with ELL team.

## **Intervention Changes and Modifications**

### **Modification to Intervention**

*(Applied to intervention as necessary, does not require documentation or EBIS team decision)*

- ***Options for the Student***
  - Motivation
    - Add incentives
    - Change incentives
    - Increase success level
    - Increase communication between interventionist, classroom teacher, and parent
  - Increase active engagement
    - Number of responses per session
  - Increase types of cueing approaches
    - Visual
    - Auditory
    - Tactile
- ***Options for Curriculum/Program***
  - Check fidelity of implementation of program
    - Provide additional training
    - Add a coaching component
- ***Options for Instruction (Practices)***
  - Increase pace of instruction
  - Increase opportunities to respond
  - Employ standard cueing correction procedures
  - Build/activate prior knowledge
- ***Options for Instruction (Logistics)***
  - Change instructor
  - Change seating within group
  - Provide instruction in small units throughout the day
  - Change physical environment

### **Change in Intervention**

*(Constitutes a new intervention, decided upon by EBIS team)*

- ***Add 15 minutes per intervention session (extra time could be used to pre-teach vocabulary or core content)***
- ***Reduce group size by 2-3 students***
- ***Change or add curriculum according to reading protocol***  
***Add a behavior plan***

## EBIS Student Intervention Profile - READING

**Student Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Initial Data Information:** Initial Grade Level: \_\_\_\_\_ Date: \_\_\_\_\_

Attach DIBELS Individual Student Profile and Progress Monitoring Report or IPAS Report.  
Most Recent OAKS RIT Scores: (grade taken \_\_\_\_\_): R/L \_\_\_\_\_ M \_\_\_\_\_ Wr. \_\_\_\_\_ Sci. \_\_\_\_\_  
ELL Language Level: \_\_\_\_\_ Math CBM Screening Score: \_\_\_\_\_  
Attendance Issues: \_\_\_\_\_ YTD Absences \_\_\_\_\_ YTD Tardies \_\_\_\_\_  
Behavioral Issues: \_\_\_\_\_  
(If behavioral concerns, attach SWIS Individual Student Report or data on behavior plan)  
Number of Health Room Visits by subject: \_\_\_\_\_

### Intervention #1

**Start Date:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_  
**Curriculum (From Reading Protocol):** \_\_\_\_\_  
**Group Size:** Individual: \_\_\_\_\_ 2-5: \_\_\_\_\_ 6-15: \_\_\_\_\_ Class: \_\_\_\_\_  
**Frequency:** **DAILY**  
**Duration:** 10 min (K only): \_\_\_\_\_ 15 min.: \_\_\_\_\_ 20 min.: \_\_\_\_\_ 30 min.: \_\_\_\_\_ 45 min.: \_\_\_\_\_ Other: \_\_\_\_\_  
**End Date:** \_\_\_\_\_ **Attach Progress Monitoring Data**

### Intervention #2

**Start Date:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_  
**Curriculum (From Reading Protocol):** \_\_\_\_\_  
**Group Size:** Individual: \_\_\_\_\_ 2-5: \_\_\_\_\_ 6-15: \_\_\_\_\_ Class: \_\_\_\_\_  
**Frequency:** **DAILY**  
**Duration:** 10 min (K only): \_\_\_\_\_ 15 min.: \_\_\_\_\_ 20 min.: \_\_\_\_\_ 30 min.: \_\_\_\_\_ 45 min.: \_\_\_\_\_ other: \_\_\_\_\_  
**End Date:** \_\_\_\_\_ **Attach Progress Monitoring Data**

### Intervention #3

**Start Date:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_  
**Curriculum (From Reading Protocol):** \_\_\_\_\_  
**Group Size:** Individual: \_\_\_\_\_ 2-5: \_\_\_\_\_ 6-15: \_\_\_\_\_ Class: \_\_\_\_\_  
**Frequency:** **DAILY**  
**Duration:** 10 min (K only): \_\_\_\_\_ 15 min.: \_\_\_\_\_ 20 min.: \_\_\_\_\_ 30 min.: \_\_\_\_\_ 45 min.: \_\_\_\_\_ other: \_\_\_\_\_  
**End Date:** \_\_\_\_\_ **Attach Progress Monitoring Data**

## TTSD Standard Behavior Protocol

Grade Level(s)	Universal Screening Tools	Core Program	Second Tier Interventions	Third Tier Interventions
K-1	<ul style="list-style-type: none"> <li>• First Step To Success Screener</li> <li>• Phoneme Segmentation Fluency</li> <li>• Office Discipline Referrals</li> <li>• Attendance Reports</li> <li>• Suspension/Expulsion Data</li> </ul>	<ul style="list-style-type: none"> <li>• School Rules &amp; Behavior Expectations Are Explicitly Taught to <u>ALL</u> Students</li> <li>• All Students Regularly &amp; Consistently Acknowledged for Demonstrating Behavior Expectations</li> </ul>	<ul style="list-style-type: none"> <li>• Re-Teach Expectations</li> <li>• Check &amp; Connect Programs</li> <li>• Hug Program</li> <li>• Adult Mentoring</li> <li>• Skills Groups</li> <li>• Behavior Contracts</li> <li>• <i>Targeted</i> Social/Emotional Curriculum <u>Follow-up</u> (e.g., Second Steps with Small Group of Struggling Students)</li> </ul>	<ul style="list-style-type: none"> <li>• Core + Second Tier <b>and...</b></li> <li>• First Step To Success</li> <li>• Functional Behavior Assessment &amp; Individual Behavior Support Plans</li> <li>• Individualized Behavior Goals and Progress Monitoring (IEP &amp; 504)</li> </ul>
2-12	<ul style="list-style-type: none"> <li>• Office Discipline Referrals</li> <li>• Attendance Reports</li> <li>• Suspension/Expulsion Data</li> <li>• Oregon Healthy Teens Survey</li> <li>• Social Marketing Surveys</li> </ul>	<ul style="list-style-type: none"> <li>• All Students Immediately &amp; Reliably Corrected When Behavior Expectations Are Not Demonstrated. Positive Behavior Expectation Re-taught &amp; Reinforced Immediately</li> <li>• School-wide Social/Emotional Curriculum Delivery (e.g. Second Steps, Steps to Respect, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Re-Teach Expectations</li> <li>• Check &amp; Connect</li> <li>• Check-in/Check-out Program</li> <li>• HUG Program</li> <li>• Strategic “Positive Referrals” for Identified Students Working Towards Increased Positive Behavior</li> <li>• Adult Mentoring</li> <li>• Peer Mentoring</li> <li>• Skills Groups</li> <li>• Behavior Contracts</li> <li>• Advisory Classes</li> <li>• Targeted Social/Emotional Curriculum <u>Follow-up</u> (e.g., Second Steps with Small Group of Struggling Students)</li> <li>• Strategic Tutors</li> </ul>	<ul style="list-style-type: none"> <li>• Core + Second Tier <b>and...</b></li> <li>• Functional Behavior Assessment &amp; Individual Behavior Support Plans</li> <li>• Individualized Behavior Goals and Progress Monitoring (IEP &amp; 504)</li> </ul>
<b>Who does this work?</b>	District FSTS Staff EBIS / EBS Teams	ALL STAFF	Appropriate Staff as Determined by EBS Team	Appropriate Staff as Determined by EBS Team

(See Page 2 for Decision Rules)

## **TTSD Standard Behavior Protocol**

(Page 2)

### **Decision Rules:**

- Screening
  - K-1
    - Every student that a K-1 teacher or staff member believes will need behavior support is screened with the First Step to Success Screener.
    - Students who score in the “high risk” or “extreme risk” range of the First Step to Success (FSTS) Screener are considered for participation in the FSTS program.
    - Students identified as “at risk” or “deficit” on Phoneme Segmentation Fluency (PSF) on the DIBELS are considered for Second Tier Reading &/or Behavior Interventions.
    - **Students who are identified as “at-risk” or “deficit” on the PSF AND “extreme risk” on the FSTS screener MUST be discussed by the EBIS team for possible referral to the First Step to Success Program.**
  - K-5
    - Office Discipline Referral Data reviewed monthly. If more than 1 referral per day per month for every 250 students, revisit the CORE and look for patterns in location, time, grade, type, and frequency of incidents.
  - 6-12
    - Office Discipline Referral Data reviewed monthly. If more than 1 referral per day per month for every 200 students, revisit the CORE and look for patterns in location, time, grade, type, and frequency of incidents.
  - K-12
    - If more than 20% of all students received 2 or more referrals: revisit the CORE.
    - More than 30% of referrals occur in a specific area of the school: re-teach specific common area behavior expectations, acknowledge/reward positive behavior, & correct inappropriate behavior immediately.
    - More than 40% of referrals occur in classrooms: re-teach classroom expectations, increase professional development in classroom management strategies, and/or revisit CORE instruction in specific classrooms.
- Strategic:
  - If more than 2 referrals in a 30-day period, meet with parents and develop a plan.
  - If more than 5 absences in a 30-day period: instigate communication strategies with families and EBIS team reviews other data to determine appropriate interventions.
  - If a student has 2 or more F’s or a GPA of <1.4 during any quarter, provide intervention.
  - If more than 5 referrals, complete an FBA and individualize your interventions.
- Progress monitoring:
  - K/1: 1x/week PSF & Behavior Intervention Data.
  - K-12: Behavior data from Check-in/Check-out programs.
  - K-12: Progress on individual behavior goals or Behavior Support Plan.
- Intensifying intervention:
  - Students who receive 2-5 referrals should receive CORE + Second Tier Interventions.
  - If progress is below the expected rate after 6 to 8 weeks of Second Tier Intervention, students move to Third Tier Interventions (consider performing a Functional Behavior Assessment and developing a Behavior Support Plan).
  - Students receiving 6 or more behavior referrals: perform an appropriate Functional Behavior Assessment & develop a Behavior Support Plan.

## Student Intervention Profile --BEHAVIOR

**Student Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Initial Data Information:** Initial Grade Level: \_\_\_\_\_ Date: \_\_\_\_\_

Attach DIBELS Individual Student Profile and Progress Monitoring Report or IPAS Report.

Most Recent OAKS RIT Scores: (grade taken \_\_\_\_\_): R/L \_\_\_\_\_ M \_\_\_\_\_ Wr. \_\_\_\_\_ Sci. \_\_\_\_\_

ELL Language Level: \_\_\_\_\_ Math CBM Screening Score: \_\_\_\_\_

Attendance Issues: \_\_\_\_\_ YTD Absences \_\_\_\_\_ YTD Tardies \_\_\_\_\_

Behavioral Issues: \_\_\_\_\_

(Attach SWIS Individual Student Report and data on behavior plan)

Number of Health Room Visits by subject: \_\_\_\_\_

### Intervention #1

**Start Date:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**Program/Curriculum:** \_\_\_\_\_

**Group Size:** Individual: \_\_\_\_\_ 2-5: \_\_\_\_\_ 6-15: \_\_\_\_\_ Class: \_\_\_\_\_

**Frequency:** Once/Wk: \_\_\_\_\_ Twice/Wk: \_\_\_\_\_ Daily: \_\_\_\_\_ Other: \_\_\_\_\_

**Duration:** 10 min.: \_\_\_\_\_ 15 min.: \_\_\_\_\_ 20 min.: \_\_\_\_\_ 30 min.: \_\_\_\_\_ Other: \_\_\_\_\_

**End Date:** \_\_\_\_\_ **Attach Progress Monitoring Data**

### Intervention #2

**Start Date:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**Program/Curriculum:** \_\_\_\_\_

**Group Size:** Individual: \_\_\_\_\_ 2-5: \_\_\_\_\_ 6-15: \_\_\_\_\_ Class: \_\_\_\_\_

**Frequency:** Once/Wk: \_\_\_\_\_ Twice/Wk: \_\_\_\_\_ Daily: \_\_\_\_\_ Other: \_\_\_\_\_

**Duration:** 10 min.: \_\_\_\_\_ 15 min.: \_\_\_\_\_ 20 min.: \_\_\_\_\_ 30 min.: \_\_\_\_\_ Other: \_\_\_\_\_

**End Date:** \_\_\_\_\_ **Attach Progress Monitoring Data**

### Intervention #3

**Start Date:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**Program/Curriculum:** \_\_\_\_\_

**Group Size:** Individual: \_\_\_\_\_ 2-5: \_\_\_\_\_ 6-15: \_\_\_\_\_ Class: \_\_\_\_\_

**Frequency:** Once/Wk: \_\_\_\_\_ Twice/Wk: \_\_\_\_\_ Daily: \_\_\_\_\_ Other: \_\_\_\_\_

**Duration:** 10 min.: \_\_\_\_\_ 15 min.: \_\_\_\_\_ 20 min.: \_\_\_\_\_ 30 min.: \_\_\_\_\_ Other: \_\_\_\_\_

**End Date:** \_\_\_\_\_ **Attach Progress Monitoring Data**

## TTSD STANDARD MATH PROTOCOL

Grade Level(s)	Universal Screening Tool	Core Program	Second Tier Interventions	Third Tier Interventions
K	Progress Reports AND CBM: Missing Numbers	Adopted Curriculum: Agreed upon minutes of instruction per day.	Increased teacher attention during math instruction	5 minutes of additional guided practice per day
1-2	<b>Grade 1:</b> Progress Reports AND CBM: Missing Numbers <b>Grade 2:</b> Progress Reports		10 minutes of additional guided practice per day (can be embedded in the core)	Core plus:  ≥ 15 minutes of additional guided practice per day
3-5	Progress Reports and Oregon State Assessment		<b>OR</b>  10 minutes of Computer Assisted Instruction per day	<b>OR</b>  ≥ 15 minutes of Computer Assisted Instruction per day
<i>Who does this work?</i>	Grade Level/EBIS Teams	Classroom Teachers	Classroom Teachers	EBIS Team Determines

### Decision Rules:

- Screening:
  - K: Students scoring in the lowest 20% on Missing Numbers CBM **OR** receiving only “o” and/or “/” in the “Progression of Mathematics Stages” on the Progress Report are considered for Tier 2 interventions.
  - 1: Students scoring in the lowest 20% on Missing Numbers CBM **OR** receiving only “1” and/or “/” in “Math” on the Progress Report are considered for Tier 2 interventions.
  - 2: Students receiving only “1” and/or “/” in “Math” on the Progress Report are screened using CBM, and considered for Tier 2 interventions.
  - 3-5: Students receiving only “1,” “2,” and/or “/” in “Math” on the Progress Report AND scoring below the 30<sup>th</sup> percentile on the OAKS, are screened using CBM and considered for Tier 2 interventions.
- Progress monitoring:
  - CBMs are given every two weeks. Trend lines are reviewed every 12 weeks. Trained IAs complete progress monitoring and graph data.
- Intensifying intervention:
  - If progress is below the expected rate after 12 weeks of Second Tier Intervention, students move to Third Tier Intervention.
  - If progress is below the expected rate after 12 weeks of Third Tier Intervention, EBIS makes a referral to special education.

## Student Intervention Profile --MATH

**Student Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Initial Data Information:** Initial Grade Level: \_\_\_\_\_ Date: \_\_\_\_\_

Attach DIBELS Individual Student Profile and Progress Monitoring Report or IPAS Report.

Most Recent OAKS RIT Scores: (grade taken \_\_\_\_\_): R/L \_\_\_\_\_ M \_\_\_\_\_ Wr. \_\_\_\_\_ Sci. \_\_\_\_\_

ELL Language Level: \_\_\_\_\_ Math CBM Screening Score: \_\_\_\_\_

Attendance Issues: \_\_\_\_\_ YTD Absences \_\_\_\_\_ YTD Tardies \_\_\_\_\_

Behavioral Issues: \_\_\_\_\_

(If behavioral concerns, attach SWIS Individual Student Report and data on behavior plan)

Number of Health Room Visits by subject: \_\_\_\_\_

### Intervention #1

**Start Date:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**Program/Curriculum:** \_\_\_\_\_

**Group Size:** Individual: \_\_\_\_\_ 2-5: \_\_\_\_\_ 6-15: \_\_\_\_\_ Class: \_\_\_\_\_

**Frequency:** **DAILY**

**Duration:** 10 min.: \_\_\_\_\_ 15 min.: \_\_\_\_\_ 20 min.: \_\_\_\_\_ 30 min.: \_\_\_\_\_ Other: \_\_\_\_\_

**End Date:** \_\_\_\_\_ **Attach Progress Monitoring Data.**

### Intervention #2

**Start Date:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**Program/Curriculum:** \_\_\_\_\_

**Group Size:** Individual: \_\_\_\_\_ 2-5: \_\_\_\_\_ 6-15: \_\_\_\_\_ Class: \_\_\_\_\_

**Frequency:** **DAILY**

**Duration:** 10 min.: \_\_\_\_\_ 15 min.: \_\_\_\_\_ 20 min.: \_\_\_\_\_ 30 min.: \_\_\_\_\_ Other: \_\_\_\_\_

**End Date:** \_\_\_\_\_ **Attach Progress Monitoring Data.**

### Intervention #3

**Start Date:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**Program/Curriculum:** \_\_\_\_\_

**Group Size:** Individual: \_\_\_\_\_ 2-5: \_\_\_\_\_ 6-15: \_\_\_\_\_ Class: \_\_\_\_\_

**Frequency:** **DAILY**

**Duration:** 10 min.: \_\_\_\_\_ 15 min.: \_\_\_\_\_ 20 min.: \_\_\_\_\_ 30 min.: \_\_\_\_\_ Other: \_\_\_\_\_

**End Date:** \_\_\_\_\_ **Attach Progress Monitoring Data.**

## Student Intervention Profile --MATH

**Student Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Initial Data Information:** Initial Grade Level: \_\_\_\_\_ Date: \_\_\_\_\_

Attach DIBELS Individual Student Profile and Progress Monitoring Report or IPAS Report.

Most Recent OAKS RIT Scores: (grade taken \_\_\_\_\_): R/L \_\_\_\_\_ M \_\_\_\_\_ Wr. \_\_\_\_\_ Sci. \_\_\_\_\_

ELL Language Level: \_\_\_\_\_ Math CBM Screening Score: \_\_\_\_\_

Attendance Issues: \_\_\_\_\_ YTD Absences \_\_\_\_\_ YTD Tardies \_\_\_\_\_

Behavioral Issues: \_\_\_\_\_

(If behavioral concerns, attach SWIS Individual Student Report and data on behavior plan)

Number of Health Room Visits by subject: \_\_\_\_\_

### Intervention #1

**Start Date:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**Program/Curriculum:** \_\_\_\_\_

**Group Size:** Individual: \_\_\_\_\_ 2-5: \_\_\_\_\_ 6-15: \_\_\_\_\_ Class: \_\_\_\_\_

**Frequency:** **DAILY**

**Duration:** 10 min.: \_\_\_\_\_ 15 min.: \_\_\_\_\_ 20 min.: \_\_\_\_\_ 30 min.: \_\_\_\_\_ Other: \_\_\_\_\_

**End Date:** \_\_\_\_\_ **Attach Progress Monitoring Data.**

### Intervention #2

**Start Date:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**Program/Curriculum:** \_\_\_\_\_

**Group Size:** Individual: \_\_\_\_\_ 2-5: \_\_\_\_\_ 6-15: \_\_\_\_\_ Class: \_\_\_\_\_

**Frequency:** **DAILY**

**Duration:** 10 min.: \_\_\_\_\_ 15 min.: \_\_\_\_\_ 20 min.: \_\_\_\_\_ 30 min.: \_\_\_\_\_ Other: \_\_\_\_\_

**End Date:** \_\_\_\_\_ **Attach Progress Monitoring Data.**

### Intervention #3

**Start Date:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

**Program/Curriculum:** \_\_\_\_\_

**Group Size:** Individual: \_\_\_\_\_ 2-5: \_\_\_\_\_ 6-15: \_\_\_\_\_ Class: \_\_\_\_\_

**Frequency:** **DAILY**

**Duration:** 10 min.: \_\_\_\_\_ 15 min.: \_\_\_\_\_ 20 min.: \_\_\_\_\_ 30 min.: \_\_\_\_\_ Other: \_\_\_\_\_

**End Date:** \_\_\_\_\_ **Attach Progress Monitoring Data.**

## EFFECTIVE BEHAVIOR AND INSTRUCTIONAL SUPPORT (EBIS) TEAM MEETING NOTICE

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

(Parent / Guardian)

The Effective Behavior and Instructional Support (EBIS) Team has been monitoring the progress of your child, \_\_\_\_\_. The EBIS program's purpose is prevention of academic and behavior problems, and supports group and individual programs for all students. \_\_\_\_\_ called you

Teacher's Name

regarding your child's progress on \_\_\_\_\_.

Date

The team is planning on meeting at school to discuss your child's needs and plan an EBIS program on:

\_\_\_\_\_.

(Date)

We invite you to attend this meeting and would welcome participation in this process. If you would like attend, please contact \_\_\_\_\_ at \_\_\_\_\_ for more specific information on the time and place. (Team Coordinator) (Phone Number)

If you have questions regarding the EBIS program, please contact your school principal or Dan Goldman, the District EBIS Director at 503-431-4117.

**IMPORTANT NOTICE REGARDING SPECIAL EDUCATION:** Sometimes students experience substantial on-going difficulties in school as the result of disabilities. If the school team or your child's teacher(s) have this concern, they will contact you to discuss it. If you are concerned that your child may have a disability and is in need of special education services, please contact the school principal.

## **APOYO DE INSTRUCCIÓN Y COMPORTAMIENTO EFICAZ (EBIS) NOTICIA DE LA REUNION CON EL EQUIPO**

Estimado \_\_\_\_\_:

(Padre/ Tutor)

El Equipo de Apoyo de Instrucción y Comportamiento Eficaz (EBIS) ha estado evaluando el progreso de su hijo(a), \_\_\_\_\_. El propósito del programa de EBIS es la prevención de problemas académicos y de comportamiento, y para apoyar programas de grupos e individuales para todos los estudiantes. \_\_\_\_\_ se comunico con usted acerca de el progreso de su

Nombre de Maestro(a)

hijo(a) el \_\_\_\_\_.

Fecha

El equipo se reunirá en la escuela para discutir las necesidades de su niño(a) y planear un programa de EBIS el:

\_\_\_\_\_.

Fecha

Usted está invitado a asistir esta reunión y será bienvenido para participar en este proceso. Si le gustaría asistir, por favor hable con \_\_\_\_\_ al \_\_\_\_\_ para información más específica del tiempo y lugar.

(Coordinador de Equipo)

(Numero de Telefono)

Si tiene preguntas con respecto al programa de EBIS, por favor de contactar al director de su escuela o Dan Goldman, el Director de EBIS del Distrito al 503-431-4117.

**NOTICIA IMPORTANTE CON RESPECTO A LA EDUCACION ESPECIAL:** A veces los estudiantes pasan por dificultades sustanciales en la escuela que resultan en inhabilidades de aprender. Si el equipo de la escuela o los maestros de su niño(a) tienen esta preocupación, ellos hablaran con usted para discutir esto. Si usted esta preocupado que su niño(a) tenga una inhabilidad de aprender y esta en necesidad de servicios de educación especial, por favor hable con el director de su escuela.

## *• How we determine who needs additional instruction:*

In Tigard-Tualatin School District, we review all elementary students' progress three times a year. In middle and high school, we screen students when they enter school, and we review assessment, attendance, grade, and behavior data throughout the year. We track students' achievement in reading especially carefully, and we also look at math and writing performance.

In some cases, all students are given a short assessment. Other times, a team of professionals simply reviews existing academic, behavior, and attendance information. The teams use the data to decide which students are doing well in the standard classroom instruction, which students may need supplemental instruction, and which students may need individualized instruction.

When students receive supplemental small group or individualized instruction, we check their progress frequently. We use "decision rules" to look at the students' progress and decide if the child needs to have a different kind of supplemental instruction. The key idea is to make changes when instruction is not working for a child.

The first step is to provide small group interventions for a student. If, after a period of instruction, there is still concern, we will plan an individualized intervention. You are invited to participate in this process. During individualized interventions, we monitor children's progress each week. If a student makes limited progress during an individualized intervention, we may ask for your permission to conduct an individual evaluation. This evaluation might result in the identification of a learning disability. No evaluation would be conducted without your written consent.

## *• Parent participation:*

Parents are essential to children's success in school. When a child needs supplemental instruction, we will describe that instruction to you. We will also ask you to tell us about anything you think might affect your child's learning. For example, it is important for us to know if a child has missed a lot of school, experienced a trauma, or is having problems with friends at school. These types of problems may affect a student's progress, and if we know about them, we can design an intervention more effectively.

Parents frequently partner with the school to provide extra practice to develop skills. If you do want to provide extra support at home, you can work with the school to make yourself part of your child's program.

## *• When children continue to have difficulty:*

The school will tell you whether your child begins to make sufficient progress, or if your child has continued difficulty. If you and the school have tried several interventions, and progress is still limited, you may be asked to give your consent for an evaluation. The purpose of such an evaluation is to determine what your child's educational needs are, and to consider whether he or she might have a learning disability.

## • *Response to Intervention (RTI)*

The approach described in this brochure is called Response to Intervention (RTI). This is a way of organizing instruction that has two purposes:

1. To identify children needing help in reading, math, and writing, and prevent the development of serious learning problems; and
2. To identify children who, even when they get extra help, make very limited progress. Research has shown that these children sometimes have learning disabilities.

You may also request an evaluation at any time if you think your child may have a disability. No evaluation would take place without a conference with you, and your written consent.

If you have any questions about this information, please contact the school's Literacy Specialist or Principal.



## • *Your child's instructional program in the Tigard-Tualatin School District*

Tigard-Tualatin School District is committed to ensuring each child makes significant academic progress. To do this, we continuously review information that tells us how each child is progressing. Teacher teams in your school use this process, called “Effective Behavior and Instructional Support.” Look inside to see how this process can help your child.

- *Cómo determinamos quién necesita instrucción adicional:*

En el Distrito Escolar de Tigard-Tualatin, repasamos el progreso de todos los estudiantes en las escuelas primarias (K-5°) tres veces al año. En las escuelas secundarias (6°-8°) y preparatorias (9°-12°), examinamos a estudiantes cuando entran a la escuela, y repasamos exámenes, asistencia, grado y datos de comportamiento a través del año. Seguimos el logro de los estudiantes en la lectura muy cuidadosamente y también miramos como están en las matemáticas y la escritura.

En algunos casos, se les da a todos los estudiantes un examen corto. Otras veces, un equipo de profesionales simplemente repasa información existente académica, de comportamiento y de asistencia. Los equipos utilizan los datos para decidir cuales estudiantes están haciendo bien en las clases de instrucción estándares, cuales estudiantes pueden necesitar instrucción suplemental y cuales estudiantes pueden necesitar instrucción individualizada.

Cuando estudiantes reciben instrucción suplemental en grupos pequeños o instrucción individualizada, nosotros revisamos su progreso con frecuencia. Utilizamos las “leyes de decisión” para mirar el progreso de los estudiantes y para decidir si el estudiante necesita tener una instrucción suplemental

diferente. La idea dominante es de hacer cambios cuando la instrucción no está trabajando para un niño(a).

El primer paso es de proporcionar intervenciones para el estudiante en grupos pequeños. Si, después de un periodo de instrucción, todavía hay preocupación, planearemos una intervención individualizada. Usted esta invitado a participar en este progreso. Durante intervenciones individualizadas, nosotros supervisamos el progreso de los niños cada semana. Si un estudiante hace un progreso limitado durante una intervención individualizada, podemos pedir su permiso de conducir una evaluación individual. Esta evaluación puede resultar en la identificación de una inhabilidad de aprender. No se conduciría ninguna evaluación sin su consentimiento escrito.

- *Participación del padre:*

Los padres son esenciales para el éxito de los niños en la escuela. Cuando un niño necesita instrucción suplemental, le describiremos esa instrucción a usted. También le preguntaremos que nos diga sobre cualquier cosa que usted piense puede afectar la habilidad de aprender de su niño(a). Por ejemplo, es importante que nosotros sepamos si un niño(a) ha faltado mucho la escuela, ha pasado por una trauma o esta teniendo problemas con amigos en la

escuela. Estos tipos de problemas pueden afectar el progreso de un estudiante y si sabemos sobre ellos, podemos diseñar una intervención con más eficacia.

Los padres se unen frecuentemente con la escuela para proporcionar práctica adicional para desarrollar habilidades. Si usted desea proporcionar ayuda adicional en el hogar, puede trabajar con la escuela para hacerse parte del programa de su niño(a).

- *Cuando los niños continúan teniendo dificultades:*

La escuela le dirá si su niño(a) esta empezando a hacer progreso suficiente, o si su niño(a) ha continuado con dificultad. Si usted y la escuela han tratado varias intervenciones, y el progreso todavía esta limitado, se le puede pedir por su consentimiento para una evaluación. El propósito de esa evaluación es para determinar cuales son las necesidades educativas de su niño y para considerar si el o ella pueda tener una inhabilidad de aprender.

## • *Respuesta a la Intervención (RTI)*

El enfoque escrito en este folleto se llama Respuesta a la Intervención (RTI). Esta es una manera de organizar instrucción que tiene dos propósitos:

- 1 Para identificar a niños que necesitan ayuda en la lectura, matemáticas y escritura y prevenir el desarrollo de serios problemas de aprender; y
- 2 Para identificar a los niños que, aun cuando se les da ayuda adicional, hacen un progreso muy limitado. Investigaciones han demostrado que estos niños tienen a veces inhabilidades de aprender.

Usted también puede solicitar una evaluación en cualquier momento si usted piensa que su niño pueda tener una inhabilidad de aprender. Ninguna evaluación se tomara acabo sin una conferencia con usted y su consentimiento escrito.

Si tiene cualquier pregunta sobre esta información, por favor hable con el Especialista de Alfabetismo o con el Director de la escuela.



### *El programa educacional de su niño(a) en el Distrito Escolar de Tigard-Tualatin*

El Distrito Escolar de Tigard-Tualatin esta comprometido a asegurar que cada niño(a) haga un progreso académico significativo. Para hacer esto, repasamos continuamente la información que nos dice como cada niño(a) esta progresando. Equipos de maestros en su escuela usan este proceso, llamado “Comportamiento Eficaz y Apoyo Educacional.” Mire adentro para ver como este proceso puede ayudarle a su niño.

## Developmental History

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(To be completed through an interview with the counselor or school psychologist)

**Student's Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Person Interviewed:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
**Interview Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Language Spoken in Home:** \_\_\_\_\_ **Interpreter (If used):** \_\_\_\_\_

### Birth History

1. How often did you see a doctor while you were pregnant? Regularly \_\_\_ A few times \_\_\_ Not at all \_\_\_
2. Were you sick or did you have any complications while you were pregnant? Yes \_\_\_ No \_\_\_  
If yes, what did you have? \_\_\_\_\_
3. Did you have measles or any other childhood disease while you were pregnant? Yes \_\_\_ No \_\_\_  
If yes, what did you have? \_\_\_\_\_
4. Did you have trouble giving birth? Yes \_\_\_ No \_\_\_  
If yes, what was the trouble? \_\_\_\_\_
5. Was your child born earlier than you expected? Yes \_\_\_ No \_\_\_  
If yes, how many weeks early? \_\_\_\_\_
6. Was there anything unusual or wrong with the birth? Yes \_\_\_ No \_\_\_  
If yes, please explain. \_\_\_\_\_
7. Was your child born in a hospital? Yes \_\_\_ No \_\_\_
8. In what country was your child born? \_\_\_\_\_
9. What age were the mother and father at the birth? Mother \_\_\_ Father \_\_\_
10. Is there a family history of any genetic conditions? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_  
Was genetic testing completed for your child? What were the results? \_\_\_\_\_

### Health History

11. Did your child have any illness or other concerns during the first year? Yes \_\_\_ No \_\_\_  
If yes, what was the illness or concern? \_\_\_\_\_
12. Have any of the following happened to your child?

a. had a temperature over 104 degrees for more than a few hours?	Yes ___	No ___
b. had to go to the hospital because of a temperature?	Yes ___	No ___
c. ever been knocked unconscious?	Yes ___	No ___
d. ever had a concussion?	Yes ___	No ___
e. ever been in a coma?	Yes ___	No ___
f. ever had any kind of an operation?	Yes ___	No ___
g. ever been to a hospital for any other sickness or trouble not mentioned above?	Yes ___	No ___
h. ever had problems with hearing or vision	Yes ___	No ___
i. had frequent earaches?	Yes ___	No ___

if yes, were tubes installed? \_\_\_\_\_ at what age? \_\_\_\_\_

If you answered yes to any of these questions, please tell about it: \_\_\_\_\_

**Developmental History**

**Page 2 of 3**

13. Does your child take any kind of medicine or pills regularly for some condition? Yes \_\_\_ No \_\_\_  
If yes, please tell what the medicine is for and how long your child has been taking it. \_\_\_\_\_

\_\_\_\_\_

14. Has the child been diagnosed with any health problems? If so please explain:

\_\_\_\_\_

\_\_\_\_\_

**Developmental Milestones**

15. At what age did your child:

a. sit alone \_\_\_\_\_ b. walk \_\_\_\_\_ c. speak single words \_\_\_\_\_ d. speak 2-3 word sentences \_\_\_\_\_

16. When was your child completely toilet trained? \_\_\_\_\_

17. At the present time, does your child ever have toileting accidents? Yes \_\_\_ No \_\_\_

18. Does the child have any brothers or sisters? If so, list ages, gender, and whether they live at home.

\_\_\_\_\_

19. Has your child's speech and/or language development been significantly different than his or her siblings?  
(i.e. simpler vocabulary, later to begin speaking, difficulty following directions) Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_

\_\_\_\_\_

20. Do people outside the family understand what your child says? Yes \_\_\_ No \_\_\_

If no, please tell about it. \_\_\_\_\_

\_\_\_\_\_

21. What language(s) is (are) spoken in the home? \_\_\_\_\_  
What language does your child speak most often with friends? \_\_\_\_\_ siblings? \_\_\_\_\_ What language does your  
child hear most often at home? \_\_\_\_\_ In which language does your child generally respond? \_\_\_\_\_

22. Do both parents live at home? Yes \_\_\_ No \_\_\_

23. Is there any history of learning problems and/or speech/language difficulties in the family? Yes \_\_\_ No \_\_\_  
Please explain \_\_\_\_\_

\_\_\_\_\_

24. Is there any family history of physical or mental health problems? Yes \_\_\_ No \_\_\_  
If so please describe:

\_\_\_\_\_

\_\_\_\_\_

25. How many different schools has your child attended? \_\_\_\_\_  
If your child's primary language is not English, has your child had any formal schooling in their native language? \_\_\_  
For how many years? \_\_\_\_\_

26. Would you describe the child's school attendance as poor, fair, or good? \_\_\_\_\_ If there have been any  
interruptions in your child's school experience, please explain. \_\_\_\_\_

\_\_\_\_\_

27. Has your family experienced homelessness? \_\_\_\_\_

**Developmental History**

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28. Did your child attend preschool? Yes \_\_\_\_\_ No \_\_\_\_\_ Please list frequency, duration, and types of activities.

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29. Now or in the past has your child been involved in any activities outside of school such as sports, playgroups, library visits, or scouts? Please list: \_\_\_\_\_

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30. What does your child like to do with just you? \_\_\_\_\_

31. What does the whole family like to do for fun together? \_\_\_\_\_

32. How much "screen time" or media does your child have access to daily? \_\_\_\_\_

33. When you want your child to do something, do you feel you have to repeat yourself more often than you would like to or feel that you should have to? Yes \_\_\_\_\_ No \_\_\_\_\_

34. How does your child respond when you have to speak a second or third time, and what do you do? \_\_\_\_\_

35. What kinds of things do you expect or ask that your child do such as chores or responsibilities around the house (for example: cleaning his/her room, emptying the trash, answering the phone, etc.)? Is this routine or when he/she feels like it? \_\_\_\_\_

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36. What does your child do which pleases you the most (those things that make you proud as a parent)?

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37. Does your child experience difficulty doing or completing homework? Please explain: \_\_\_\_\_

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38. Has there been anything unusual that occurred to you and your family within the last five years, such as a major illness, death in the family, change of residence, divorce, moving away from family, etc? If so, please explain and list when these things occurred. \_\_\_\_\_

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39. At present time, do you have any concerns about your child? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe:

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## Developmental History (Historia del Desarrollo)

PAGE 1 OF 4

(TO BE COMPLETED THROUGH AN INTERVIEW WITH THE COUNSELOR OR SCHOOL PSYCHOLOGIST)

NAME OF STUDENT (*NOMBRE DEL ESTUDIANTE*) \_\_\_\_\_

DOB (*FECHA DE NACIMIENTO*) \_\_\_\_\_ AGE (*EDAD*) \_\_\_\_\_ GRADE (*GRADO*) \_\_\_\_\_

PERSON INTERVIEWED (*PERSONA ENTREVISTADA*): \_\_\_\_\_

RELATIONSHIP TO STUDENT (*RELACIÓN CON EL ESTUDIANTE*): \_\_\_\_\_

INTERVIEW COMPLETER BY (*ENTREVISTA COMPLETADA POR*): \_\_\_\_\_

DATE (*FECHA*) \_\_\_\_\_ LANGUAGE SPOKEN IN HOME (*IDIOMA HABLADO EN CASA*) \_\_\_\_\_

### BIRTH HISTORY (*HISTORIAL DE NACIMIENTO*)

1. HOW OFTEN DID YOU SEE A DOCTOR WHILE YOU WERE PREGNANT? *¿QUÉ TAN FRECUENTE VISITO UN DOCTOR MIENTRAS ESTABA EMBARAZADA?*  REGULARLY (*REGULARMENTE*)  A FEW TIMES (*ALGUNAS VECES*)  NOT AT ALL (*NUNCA*)
  
2. WERE YOU SICK OR DID YOU HAVE ANY COMPLICATIONS WHILE YOU WERE PREGNANT? *¿ESTUVO ENFERMA O TUVO COMPLICACIONES DURANTE SU EMBARAZO?*  YES (*Sí*)  NO  
IF YES, WHAT DID YOU HAVE? *SI SÍ, ¿QUÉ TUVO O CUALES FUERON LAS COMPLICACIONES?*  
\_\_\_\_\_  
\_\_\_\_\_
  
3. DID YOU HAVE MEASLES OR ANY OTHER CHILDHOOD DISEASE WHILE YOU WERE PREGNANT? *¿TUVO SARAPIÓN U OTRA ENFERMEDAD DE NIÑEZ MIENTRAS ESTABA EMBARAZADA?*  YES (*Sí*)  NO  
IF YES, WHAT DID YOU HAVE? *SI SÍ, ¿QUÉ ES LO QUE TUVO?*  
\_\_\_\_\_
  
4. DID YOU HAVE TROUBLE GIVING BIRTH? *¿TUVO PROBLEMAS AL DAR A LUZ?*  YES (*Sí*)  NO  
IF YES, WHAT WAS THE TROUBLE? *SI SÍ, ¿CUÁL FUE EL PROBLEMA?*  
\_\_\_\_\_  
\_\_\_\_\_
  
5. WAS YOUR CHILD BORN EARLIER THAN YOU EXPECTED? *¿NACIÓ SU NIÑO(A) ANTES DE LO QUE ESPERABA?*  
 YES (*Sí*)  NO IF YES, HOW MANY WEEKS EARLY? *SI SÍ, ¿CUÁNTAS SEMANAS ANTES?*  
\_\_\_\_\_
  
6. WAS THERE ANYTHING UNUSUAL OR WRONG WITH THE BIRTH? *¿HUBO ALGO INUSUAL O MAL CON EL PARTO?*  
 YES (*Sí*)  NO IF YES, WHAT WAS WRONG? *SI SÍ, ¿QUÉ ESTUVO MAL?* \_\_\_\_\_
  
7. WAS YOUR CHILD BORN IN A HOSPITAL? *¿NACIÓ SU HIJO(A) EN UN HOSPITAL?*  YES (*Sí*)  NO
  
8. IN WHAT COUNTRY WAS YOUR CHILD BORN? *¿EN QUÉ PAÍS NACIÓ SU HIJO(A)?*  
\_\_\_\_\_

9. WHAT AGE WERE THE MOTHER AND FATHER AT BIRTH? *¿CUÁL ERA LA EDAD DE LA MADRE Y EL PADRE CUANDO NACIÓ*  
SU HIJO(A) MOTHER (MADRE) \_\_\_\_\_ FATHER (PADRE) \_\_\_\_\_

10. IS THERE A FAMILY HISTORY OF ANY GENETIC CONDITIONS? *¿HAY ALGUN HISTORIAL DE CONDICIONES GENÉTICAS EN LA FAMILIA?*  YES (SÍ)  NO IF YES, PLEASE EXPLAIN. *SI SÍ, POR FAVOR EXPLIQUE*  
\_\_\_\_\_

\_\_\_\_\_

WAS GENETIC TESTING COMPLETED FOR YOUR CHILD? WHAT WERE THE RESULTS? *¿SE LES HICIERON PRUEBAS GENÉTICAS A SU HIJO(A)? ¿CUÁLES FUERON LOS RESULTADOS?*  
\_\_\_\_\_

11. DID YOUR CHILD HAVE ANY ILLNESS OR ANY OTHER CONCERNS DURING THE FIRST YEAR? *¿TUVO SU HIJO(A) ENFERMEDADES O ALGO MALO DURANTE EL PRIMER AÑO?*  YES (SÍ)  NO IF YES, WHAT WAS THE ILLNESS OR CONCERNS? *SI SÍ, ¿CUÁL FUE LA ENFERMEDAD O QUE TENÍA MAL?*  
\_\_\_\_\_

### HEALTH HISTORY (HISTORIA DE LA SALUD)

Page 2 of 4

12. HAVE ANY OF THE FOLLOWING HAPPENED TO YOUR CHILD? *¿ALGO DE LO SIGUIENTE LE HA SUCEDIDO A SU HIJO(A) ALGUNA VEZ?*

- A. HAD A TEMPERATURE OVER 104 DEGREES FOR MORE THAN A FEW HOURS? *¿HA TENIDO TEMPERATURA SOBRE 104 GRADOS F° (40 GRADOS C°) POR MÁS DE UNAS CUANTAS HORAS?*  YES (SÍ)  NO
- B. HAD TO GO TO THE HOSPITAL BECAUSE OF A TEMPERATURE? *¿HA TENIDO QUE IR AL HOSPITAL POR RAZÓN DE UNA TEMPERATURA?*  YES (SÍ)  NO
- C. EVER BEEN KNOCKED UNCONSCIOUS? *¿HA PERDIDO LA CONSCIENCIA?*  YES (SÍ)  NO
- D. EVER HAD A CONCUSSION? *¿HA TENIDO UNA CONCUSIÓN CEREBRAL?*  YES (SÍ)  NO
- E. EVER BEEN IN A COMA? *¿HA ESTADO EN UN COMA?*  YES (SÍ)  NO
- F. EVER HAD ANY KIND OF AN SURGERY? *¿HA TENIDO ALGUN TIPO DE CIRUGIA?*  YES (SÍ)  NO
- G. EVER BEEN TO A HOSPITAL FOR ANY OTHER SICKNESS OR TROUBLE NOT MENTIONED ABOVE? *¿HA VISITADO UN HOSPITAL POR CUALQUIER OTRA ENFERMEDAD QUE NO HA SIDO MENCIONADA ARRIBA?*  YES (SÍ)  NO
- H. EVER HAD PROBLEMS WITH HEARING OR VISION? *¿HA TENIDO PROBLEMAS DE OIDO O LA VISIÓN?*  YES (SÍ)  NO
- I. HAD FREQUENT EARACHES? *¿HA TENIDO DOLOR DE OÍDOS FRECUENTEMENTE?*  YES (SÍ)  NO  
IF YES, WERE TUBES INSTALLED? *SI SÍ, ¿SE INSTALARON TUBOS?*  YES (SÍ)  NO  
AT WHAT AGE? *¿A QUÉ EDAD?* \_\_\_\_\_
- IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE TELL ABOUT IT. *SI CONTESTO SÍ A UNA DE ESTAS PREGUNTAS, POR FAVOR ESCRIBA SOBRE ELLO:*  
\_\_\_\_\_

13. DOES YOUR CHILD TAKE ANY KIND OF MEDICINE OR PILLS REGULARLY FOR SOME CONDITION? *¿TOMA SU HIJO(A) CUALQUIER TIPO DE PASTILLAS O MEDICINA REGULARMENTE PARA ALGUNA CONDICIÓN?*  YES (SÍ)  NO  
IF YES, PLEASE TELL WHAT THE MEDICINE IS FOR AND HOW LONG YOUR CHILD HAS BEEN TAKING IT. *¿SI SÍ, POR FAVOR DIGA PARA QUÉ ES LA MEDICINA Y POR CUÁNTO TIEMPO LO HA ESTADO TOMANDO SU HIJO(A)?*

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14. HAS THE CHILD BEEN DIAGNOSED WITH ANY HEALTH PROBLEMS? IF SO TELL ABOUT THEM: *HA SIDO DIAGNOSTICADO SU HIJO(A) CON CUALQUIER PROBLEMAS DE SALUD? SI SÍ, ESCRIBA SOBRE ELLO:*

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**DEVELOPMENTAL MILESTONES *ETAPAS DE DESARROLLO***

15. AT WHAT AGE DID YOUR CHILD *¿A QUÉ EDAD SU HIJO(A)?*:

- A. SIT ALONE (*SE SENTO SOLO*) \_\_\_\_\_ B. WALK (*CAMINO*) \_\_\_\_\_ C. SPEAK SINGLE WORDS (*DIJO SUS PRIMERAS PALABRAS*) \_\_\_\_\_ D. SPEAK 2-3 WORD SENTENCES (*HABLO ORACIONES DE 2-3 PALABRAS*) \_\_\_\_\_

16. AT WHAT AGE WAS YOUR CHILD COMPLETELY TOILET TRAINED? ( *A QUE EDAD FUE ENTRENADO COMPLETAMENTE SU HIJO(A) PARA USAR EL BAÑO?* \_\_\_\_\_)

17. AT THE PRESENT TIME, DOES YOUR CHILD EVER HAVE TOILETING ACCIDENTS? *ACTUALMENTE, ¿HA TENIDO SU HIJO(A) ACCIDENTES EN USAR EL BAÑO?*

YES (*SÍ*)  NO

18. DOES THE CHILD HAVE ANY BROTHERS OR SISTERS? IF SO, LIST AGES, GENDER, AND WHETHER THEY LIVE AT HOME. *¿TIENE SU HIJO(A) HERMANOS O HERMANAS? SI SÍ, HAGA LISTA DE LAS EDADES, SEXO, Y SI VIVEN EN CASA O NO.*

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**DEVELOPMENTAL HISTORY (*HISTORIA DEL DESARROLLO*)**

**PAGE 3 OF 4**

19. HAS YOUR CHILD'S SPEECH AND/OR LANGUAGE DEVELOPMENT BEEN SIGNIFICANTLY DIFFERENT THAN HIS OR HER SIBLINGS? (I.E. SIMPLER VOCABULARY, LATER TO BEGIN SPEAKING, DIFFICULTY FOLLOWING DIRECTIONS). *¿HA SIDO SIGNIFICANTEMENTE DIFERENTE EL HABLA O EL DESARROLLO DEL LENGUAJE DE SU HIJO(A) AL DE SUS HERMANOS? (POR EJEMPLO USA VOCABULARIO MÁS SENCILLO, DEMORO MAS EN HABLAR, O SE LE DIFICULTA SEGUIR INSTRUCCIONES).*  YES (*SÍ*)  NO  
IF YES, PLEASE EXPLAIN. *SI SÍ, POR FAVOR EXPLIQUE:*

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20. DO PEOPLE OUTSIDE THE FAMILY UNDERSTAND WHAT YOUR CHILD SAYS? *¿ENTIENDEN LAS PERSONAS FUERA DE SU FAMILIA LO QUE DICE EL NIÑO(A)?*

YES (*SÍ*)  NO

IF NO, PLEASE TELL ABOUT IT. *SI NO, POR FAVOR ESCRIBA SOBRE ELLO.*

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21. WHAT LANGUAGE(S) ARE SPOKEN IN THE HOME? *¿QUE IDIOMA(S) SE HABLAN EN CASA?*

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WHAT LANGUAGE DOES YOUR CHILD SPEAK MOST OFTEN WITH FRIENDS? *¿QUÉ IDIOMA USA MAS SU HIJO(A) CON AMIGOS/AMIGAS ? \_\_\_\_\_ WITH SIBLINGS ¿CON SUS HERMANOS/HERMANAS? \_\_\_\_\_.*

WHAT LANGUAGE DOES YOUR CHILD HEAR MOST OFTEN AT HOME? *¿QUÉ IDIOMA ESCUCHA MAS SU HIJO(A) EN CASA? \_\_\_\_\_.* IN WHICH LANGUAGE DOES YOUR CHILD GENERALLY RESPOND? *¿EN QUÉ IDIOMA GENERALMENTE RESPONDE SU HIJO(A)? \_\_\_\_\_.*

22. DO BOTH PARENTS LIVE AT HOME? *¿VIVEN AMBOS PADRES EN EL HOGAR?*  YES (SÍ)  NO

23. IS THERE ANY HISTORY OF LEARNING PROBLEMS AND/OR SPEECH/LANGUAGE DIFFICULTIES IN THE FAMILY? *¿HAY PROBLEMAS DE FAMILIA EN EL APRENDIZAJE Y/O DIFICULTADES DE IDIOMA?*

YES (SÍ)  NO

PLEASE EXPLAIN. *POR FAVOR EXPLIQUE*

\_\_\_\_\_

24. IS THERE ANY FAMILY HISTORY OF PHYSICAL OR MENTAL HEALTH PROBLEMS? *¿HAY HISTORIAL DE PROBLEMAS MENTALES O FÍSICOS EN LA FAMILIA?*

YES (SÍ)  NO

IF SO, PLEASE DESCRIBE (SI SÍ, DESCRÍBALO): \_\_\_\_\_

\_\_\_\_\_

25. HOW MANY DIFFERENT SCHOOLS HAS THE CHILD ATTENDED? *¿A CUÁNTAS ESCUELAS HA ASISTIDO EL NIÑO(A)? \_\_\_\_\_* IF YOUR CHILD'S PRIMARY LANGUAGE IS NOT ENGLISH, HAS YOUR CHILD HAD ANY FORMAL SCHOOLING IN THEIR NATIVE LANGUAGE? *SI EL IDIOMA PRINCIPAL DE SU HIJO(A) NO ES EL INGLES, ¿HA RECIBIDO INSTRUCCIÓN FORMAL EN SU IDIOMA NATIVO?  YES (SÍ)  NO* FOR HOW MANY YEARS? *¿POR CUANTOS AÑOS? \_\_\_\_\_*

26. WOULD YOU DESCRIBE THE CHILD'S SCHOOL ATTENDANCE AS POOR, FAIR, OR GOOD? *¿CÓMO DESCRIBIRÍA LA ASISTENCIA ESCOLAR DEL ESTUDIANTE: BUENO, REGULAR, MALO? \_\_\_\_\_*

IF THERE HAVE BEEN ANY INTERRUPTIONS IN YOUR CHILD'S SCHOOL EXPERIENCE, PLEASE EXPLAIN. *SI HA HABIDO INTERRUPCIONES DURANTE LA EXPERIENCIA ESCOLAR DE SU HIJO(A), POR FAVOR EXPLIQUE*

\_\_\_\_\_

27. HAS YOUR FAMILY EXPERIENCED HOMELESSNESS? *¿HA EXPERIMENTADO SU FAMILIA EL QUEDARSE SIN HOGAR?*

YES (SÍ)  NO

28. DID YOUR CHILD ATTEND PRESCHOOL? *¿SU HIJO(A) ASISTIÓ A LA PRE-ESCUELA?*  YES (SÍ)  NO

PLEASE LIST FREQUENCY, DURATION, AND TYPES OF ACTIVITIES. *POR FAVOR HAGA LISTA DE LA FRECUENCIA CON QUE ASISTIÓ, LA DURACIÓN Y LAS DIFERENTES ACTIVIDADES QUE HACÍAN*

\_\_\_\_\_

#### DEVELOPMENTAL HISTORY (HISTORIA DEL DESARROLLO)

PAGE 4 OF 4

**29. NOW OR IN THE PAST HAS YOUR CHILD BEEN INVOLVED IN ANY ACTIVITIES OUTSIDE OF SCHOOL SUCH AS SPORTS, PLAYGROUPS, LIBRARY VISITS, OR SCOUTS? *ESTÁ O HA ESTADO SU HIJO(A) ENVUELTO EN ALGUNA ACTIVIDAD FUERA DE LA ESCUELA TAL COMO EN DEPORTES, GRUPOS DE JUEGO, VISITAS A LA BIBLIOTECA O HA SIDO EXCURSIONISTA/SCOUT?***

PLEASE LIST . POR FAVOR HAGA  
MENCIONELOS \_\_\_\_\_

\_\_\_\_\_

**30. WHAT DOES YOUR CHILD LIKE TO DO WITH JUST YOU? *¿QUÉ LE GUSTA HACER A SU HIJO(A) CON USTED SOLAMENTE?***

\_\_\_\_\_

**31. WHAT DOES THE WHOLE FAMILY LIKE TO DO FOR FUN TOGETHER? *¿QUÉ LE GUSTA HACER A LA FAMILIA PARA DIVERTIRSE JUNTOS?***

\_\_\_\_\_

**32. HOW MUCH SCREEN TIME OR MEDIA DOES YOUR CHILD HAVE ACCESS TO DAILY? *¿QUÉ TANTO TIEMPO PASA EN LA PANTALLA O QUE TANTO ACCESO DIARIO TIENE AL MEDIO DE COMUNICACIÓN?***

\_\_\_\_\_

**33. WHEN YOU WANT YOUR CHILD TO DO SOMETHING, DO YOU FEEL YOU HAVE TO REPEAT YOURSELF MORE OFTEN THAN YOU WOULD LIKE TO OR FEEL THAT YOU SHOULD HAVE TO? *CUANDO USTED QUIERE QUE SU HIJO(A) HAGA ALGO ¿ SIENTE QUE TIENE QUE REPETÍRSELO MÁS DE LO QUE QUISIERA O QUE DEBERÍA HACERLO?***

YES (SÍ)  NO

**34. HOW DOES YOUR CHILD RESPOND WHEN YOU HAVE TO SPEAK A SECOND OR THIRD TIME, AND WHAT DO YOU DO? *¿CÓMO RESPONDE SU HIJO(A) CUANDO USTED TIENE QUE HABLARLE UNA SEGUNDA O TERCERA VEZ, Y QUE HACE USTED?***

\_\_\_\_\_

**35. WHAT KINDS OF THINGS DO YOU EXPECT OR ASK THAT YOUR CHILD DO SUCH AS CHORES OR RESPONSIBILITIES AROUND THE HOUSE (FOR EXAMPLE: CLEANING HIS/HER ROOM, EMPTYING THE TRASH, ANSWERING THE PHONE, ETC.)? *¿QUÉ CLASE DE COSAS ESPERA USTED O LE PIDE A SU HIJO(A) QUE HAGAN COMO QUEHACERES O RESPONSABILIDADES ALREDEDOR DE LA CASA (POR EJEMPLO: LIMPIAR SU CUARTO, TIRAR LA BASURA, CONTESTAR EL TELÉFONO, ETC.)?***

\_\_\_\_\_

\_\_\_\_\_

**36. WHAT DOES YOUR CHILD DO WHICH PLEASES YOU THE MOST (THOSE THINGS THAT MAKE YOU PROUD AS A PARENT)? *¿QUÉ HACE SU HIJO(A) QUE LE AGRADA A USTED (ESAS COSAS QUE LO ENORGULLECEN COMO PADRE/MADRE)?***

\_\_\_\_\_

**37. DOES YOUR CHILD EXPERIENCE DIFFICULTY DOING OR COMPLETING HOMEWORK? *¿EXPERIMENTA DIFICULTAD SU HIJO(A) PARA TERMINAR LA TAREA?***  YES (SÍ)  NO PLEASE EXPLAIN.  
POR FAVOR EXPLIQUE \_\_\_\_\_

**38. HAS THERE BEEN ANYTHING UNUSUAL THAT OCCURRED TO YOU AND YOUR FAMILY WITHIN THE LAST FIVE YEARS, SUCH AS A MAJOR ILLNESS, DEATH IN THE FAMILY, CHANGE OF RESIDENCE, DIVORCE, MOVING AWAY FROM FAMILY, ETC.? *¿HA HABIDO ALGO INUSUAL QUE LE HAYA OCURRIDO A USTED Y A SU FAMILIA DENTRO DE LOS ÚLTIMOS CINCO AÑOS, TAL COMO UNA ENFERMEDAD GRAVE, UNA MUERTE***

**EN LA FAMILIA, CAMBIO DE RESIDENCIA, DIVORCIO, O QUE SE HUBIERAN MUDADO LEJOS DE LA FAMILIA, ETC.?**  **YES (SÍ)**  **NO (NO)**

**IF SO, PLEASE EXPLAIN AND LIST WHEN THESE THINGS OCURRED. SI ASI FUE, POR FAVOR EXPLIQUE Y HAGA LISTA DE CUANDO OCURRIERON ESTAS COSAS.**

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**39. AT PRESENT TIME, DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD? ACTUALMENTE, TIENE USTED PREOCUPACIONES SOBRE SU HIJO(A)?**  **YES (SÍ)**  **NO** **IF SO, PLEASE DESCRIBE (SI SÍ, DESCRÍBALO):**

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## INDIVIDUAL PROBLEM SOLVING WORKSHEET

### File Review and Problem Identification

Date:	School:	Grade:	Teacher:	Current Services:
Student Name:	Case Manager:	Team Members:		

**ATTENDANCE REVIEW**  
 (based on an average of 171 school days per year)

Grade	K	1	2	3	4	5	6	7	8	9	10	11	12
School Year													
School Attended													
Days Total	171	342	513	684	855	1026	1197	1368	1539	1710	1881	2052	2223
Student's Attendance per Year													
Student Total for all Years													

Grand Total of Days of School Attended: \_\_\_\_\_ Divide by 171: \_\_\_\_\_. Years + Months of Actual Attendance: \_\_\_\_\_

Review of report cards, progress reports, and teacher remarks by grade level significant for:

<i>Reading achievement:</i>
<i>Math achievement:</i>
<i>Behavior (including attending skills):</i>
<i>Language skills:</i> Significant difficulty (2's or less on report card) in writing, speaking skills, organization, social skills, following directions, or difficulty across subject areas requiring comprehension that can not be explained by other factors.
<i>Hearing Screening Results:</i>
<i>English Language Development:</i>
<i>Other:</i>

**INDIVIDUAL PROBLEM SOLVING WORKSHEET – CONTINUED**

**STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ACHIEVEMENT REVIEW – READING**

Grade	K	1	2	3	4
BENCHMARKS	PSF: 35 NWF: 25	NWF: 50 (Winter) ORF: 40-60	ORF: 90	ORF: 110 OAKS: 204	ORF: 118 OAKS: 211
EXPECTED GAINS	N/A	ORF: 1.9 Words per Week	ORF: 1.2 Words per Week	ORF: 1.1 Words per Week	ORF: .9 Words per Week OAKS: 7 points
STUDENT SCORE	PSF: NWF:	ORF:	ORF:	ORF: OAKS:	ORF: OAKS:

Grade	5	6	7	8	10
BENCHMARKS	ORF: 124 OAKS: 218	ORF: 125 OAKS: 222	OAKS: 227	OAKS: 231	OAKS: 236
EXPECTED GAINS	ORF: .9 Words per Week OAKS: 7 points	ORF: .7 Words per Week OAKS: 5 points	OAKS: 6 points	OAKS: 5 points	OAKS: 8 points
STUDENT SCORE	ORF: OAKS: %ilea:	ORF: OAKS: %ilea:	OAKS: %ilea:	OAKS: %ilea:	OAKS: %ilea:

Other information: Summary of teacher concerns, referral questions, etc.

**ACHIEVEMENT REVIEW – ELL LANGUAGE**

Grade	K	1	2	3	4	5	6	7	8	9	10
ELPA benchmarks											
Early Intermediate level 2	483	492	495	501	497	497	497	497	499	491	493
Intermediate Level 3	492	507	508	514	508	508	506	507	508	501	501
Early Advanced Level 4	498	514	514	521	514	516	515	517	518	515	516
Advanced Level 5- EXIT	507	523	523	529	521	523	522	524	526	526	527
TOTAL Student Score	T ___	T ___	T ___	T ___	T ___	T ___	T ___	T ___	T ___	T ___	T ___
Reading	R ___	R ___	R ___	R ___	R ___	R ___	R ___	R ___	R ___	R ___	R ___
Writing	W ___	W ___	W ___	W ___	W ___	W ___	W ___	W ___	W ___	W ___	W ___
Listening	L ___	L ___	L ___	L ___	L ___	L ___	L ___	L ___	L ___	L ___	L ___
Speaking	S ___	S ___	S ___	S ___	S ___	S ___	S ___	S ___	S ___	S ___	S ___
Comprehension	C ___	C ___	C ___	C ___	C ___	C ___	C ___	C ___	C ___	C ___	C ___

**INDIVIDUAL PROBLEM SOLVING WORKSHEET - CONTINUED**

**STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ACHIEVEMENT REVIEW - MATH MULTIPLE CHOICE**

Grade	3	4	5	6	7	8	10
<b>BENCHMARKS</b>	OAKS: 205	OAKS: 212	OAKS: 218	OAKS: 221	OAKS: 226	OAKS: 230	OAKS: 236
<b>EXPECTED GAINS</b>	N/A	OAKS: 6 points	OAKS: 7 points	OAKS: 5 points	OAKS: 6 points	OAKS: 5 points	OAKS: 8 points
<b>STUDENT SCORE</b>	OAKS: %ilea	OAKS: %ilea	OAKS: %ilea	OAKS: %ilea	OAKS: %ilea	OAKS: %ilea	OAKS: %ilea

Other information: Summary of teacher concerns, referral questions, etc.

**ACHIEVEMENT REVIEW - WRITING**

	Grade 4	Grade 7	Grade 10
<b>COMPOSITE BENCHMARK</b>	32 to 39 (28 to 31 may conditionally meet. The district may declare the student met if all work sample requirements are met)  Minimum of 3 in each trait.	40 to 49 (35 to 39 may conditionally meet. The district may declare the student met if all work sample requirements are met)  Minimum of 3 in each trait.	40 to 49 (35 to 39 may conditionally meet. The district may declare the student met if all work sample requirements are met)  Minimum of 3 in each trait.
<b>STUDENT SCORE</b> (Note areas of concern by traits)			

**INDIVIDUAL PROBLEM SOLVING WORKSHEET – CONTINUED**

**STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HYPOTHESIS DEVELOPMENT**

**Summarizing evidence above, address questions below:**

1. Does evidence support that the student's problems may be primarily due to problems with attention, motivation, or other behavioral difficulty? Include data along with progress monitoring of behavioral supports.

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2. Does evidence support that the student's problems may be primarily due to attendance problems, or frequent school interruptions? If so, indicate reasons for absences and interruptions. What interventions have been put in place to address this issue?

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3. Does evidence support that the student's problems may be primarily due to other concerns like trauma, economic or cultural disadvantage, or other disabilities? Describe. Be sure to note *when* these issues occurred and their correlations with any academic concerns. What will be done to help the student be more successful?

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4. Does the evidence support that the child's difficulties may be the result of language difficulties in areas such as language processing, social language, or articulation? Indicate next steps.

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5. Does the evidence support the hypothesis that the difficulty is due to limited English proficiency? Indicate next steps.

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6. Does the evidence suggest that the student has low skills and slow progress despite intensive interventions?

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