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 20th 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 20th 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.
All Students Are Screened for Additional Instructional Needs (Fall, Winter & Spring DIBELS, IDEL, OAKS, ODRs, etc.)

Individuate Instruction Rule: When students fail to progress after two (2) consecutive small group interventions.

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

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

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.

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.

*More than 5 absences or 2 or more counseling or discipline referrals in a 30 day period
# EBIS GROUP INTERVENTIONS & PLANNING FORM

<table>
<thead>
<tr>
<th>School:</th>
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## Issues

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<th>Check if Appropriate</th>
<th>Enter Scores</th>
<th>Interventions</th>
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<thead>
<tr>
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<tr>
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<th>Homeroom Teacher</th>
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<th>Behavior/Social Emotional</th>
<th>Attendance</th>
<th>Tardies</th>
<th>Reading</th>
<th>Writing</th>
<th>Math</th>
<th>Health/Physical</th>
<th>Special Education</th>
<th>ELL</th>
<th>Title</th>
<th>DBELS/DDEL PSF Raw Score</th>
<th>DBELS/DDEL NWF Raw Score</th>
<th>DBELS/DDEL ORF (Median Score)</th>
<th>CBM Score</th>
<th>Reading RIT Score</th>
<th>Math RIT Score</th>
<th>Test Window: F(1), W(2), and/or S(3)</th>
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EBIS READING DECISION RULES - Kindergarten

BEGINNING OF THE YEAR: October

Place students in Level 1 or Level 2 intervention groups by October 15th 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 (FPS) 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 (FPS) is below 10
First Grade: Nonsense Word Fluency (FPS) 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 (FPS) is below 25
First Grade: Nonsense Word Fluency (FPS) 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

<table>
<thead>
<tr>
<th>GRADE</th>
<th>TIER I: PRIMARY Time</th>
<th>PROGRAM OPTIONS</th>
<th>TIER II: STRATEGIC Time &amp; Group Size</th>
<th>PROGRAM OPTIONS</th>
<th>TIER III: INTENSIVE Time and Group Size</th>
<th>PROGRAM OPTIONS</th>
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<tbody>
<tr>
<td>K</td>
<td>60 minutes daily</td>
<td>Macmillan</td>
<td>Add 10 minutes daily</td>
<td>*Ladders to Literacy</td>
<td>-Add 30 minutes daily</td>
<td>*ERI only for 30 mins. OR</td>
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<tr>
<td></td>
<td>Macmillan &amp; Fast Track</td>
<td>Large group, typically</td>
<td>*PA in Young Children</td>
<td>*SFA Tutoring</td>
<td>-Small group</td>
<td>*Language for Learning and ERI for 45 minutes</td>
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<tr>
<td></td>
<td>SFA</td>
<td>In the classroom</td>
<td>*Road to the Code</td>
<td>*Daisy Castle</td>
<td></td>
<td>*Language for Learning (in addition to reading int.)</td>
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<td></td>
<td></td>
<td></td>
<td>*Earobics</td>
<td></td>
<td></td>
<td>*Fast Track Phonics</td>
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<tr>
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<td>90 minutes daily</td>
<td>Macmillan</td>
<td>Add 30 minutes daily</td>
<td>*Read Naturally</td>
<td>-Add 30 minutes</td>
<td>*ERI only for 30 mins. OR</td>
</tr>
<tr>
<td></td>
<td>Macmillan &amp; Fast Track</td>
<td>Small group</td>
<td>*SFA Tutoring</td>
<td></td>
<td>-Small group</td>
<td>*Language for Learning and ERI for 45 minutes</td>
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<td>SFA</td>
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<td>Small group</td>
<td>*Phonics For Reading</td>
<td>*Read Naturally</td>
<td>-If CORE is reduced to 30 minutes (vocal/comp) then add a minimum of two 30-45 minute intervention periods daily as determined by progress -Small group</td>
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<td>*STARS</td>
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<td>*Phonics For Reading</td>
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<td>Small group</td>
<td>*REWARDS</td>
<td>*Six-Minute Solution</td>
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<td>K</td>
<td>60 minutes daily</td>
<td>Tesoros SFA</td>
<td>Add 10 minutes daily Large group</td>
<td>*Estrellitas review * Tesoros Interventions *SFA Tutoring * El Camino Add 30 minutes daily Small group</td>
<td>*Canciones a cuentos *Elefonetica *Santillana-programs * El Camino</td>
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<td>*Read Naturally * Tesoros Interventions *SFA Tutoring * El Camino</td>
<td>Add 30 minutes Small group</td>
<td>*Elefonetica *Santillana programs *Reading A to Z in Spanish *Reading Rods * El Camino</td>
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<td>Tesoros</td>
<td>Add 30 minutes daily Small group</td>
<td>*Read Naturally * Tesoros Interventions</td>
<td>45 minutes of instruction daily Small group</td>
<td>*Read Naturally *STARS for Spanish *Repeated reading text *Reading Rods *Elefonetica *Santillana programs *Reading A to Z in Spanish</td>
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<td>Tesoros</td>
<td>Add 30 minutes daily Small group</td>
<td>*Read Naturally *Phonics For Reading *STARS * Tesoros Interventions</td>
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<td>*Read Naturally *STARS (Spanish) *Repeated reading text with targeted goals</td>
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<td>*REWARDS *Six-Minute Solution *Read Naturally *Collaborative Strategic Reading *STARS *Connections for Comp. *Reading Success</td>
<td>*ADD 45 minutes of intervention daily Small group</td>
<td>*Triumphs *Reading Mastery *Read Naturally *Great Leaps *Corrective Reading *Reading Success</td>
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* 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
  o Motivation
    ▪ Add incentives
    ▪ Change incentives
    ▪ Increase success level
    ▪ Increase communication between interventionist, classroom teacher, and parent
  o Increase active engagement
    ▪ Number of responses per session
  o Increase types of cueing approaches
    ▪ Visual
    ▪ Auditory
    ▪ Tactile

• Options for Curriculum/Program
  o Check fidelity of implementation of program
    ▪ Provide additional training
    ▪ Add a coaching component

• Options for Instruction (Practices)
  o Increase pace of instruction
  o Increase opportunities to respond
  o Employ standard cueing correction procedures
  o Build/activate prior knowledge

• Options for Instruction (Logistics)
  o Change instructor
  o Change seating within group
  o Provide instruction in small units throughout the day
  o 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):


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):


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):


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

<table>
<thead>
<tr>
<th>Grade Level(s)</th>
<th>Universal Screening Tools</th>
<th>Core Program</th>
<th>Second Tier Interventions</th>
<th>Third Tier Interventions</th>
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</thead>
</table>
| K-1            | • First Step To Success Screener  
• Phoneme Segmentation Fluency  
• Office Discipline Referrals  
• Attendance Reports  
• Suspension/Expulsion Data | • School Rules & Behavior Expectations Are Explicitly Taught to ALL Students  
• All Students Regularly & Consistently Acknowledged for Demonstrating Behavior Expectations  
• School-wide Social/Emotional Curriculum Delivery (e.g. Second Steps, Steps to Respect, etc.) | • Re-Teach Expectations  
• Check & Connect Programs  
• Hug Program  
• Adult Mentoring  
• Skills Groups  
• Behavior Contracts  
• Targeted Social/Emotional Curriculum Follow-up (e.g., Second Steps with Small Group of Struggling Students) | • Core + Second Tier and...  
• First Step To Success  
• Functional Behavior Assessment & Individual Behavior Support Plans  
• Individualized Behavior Goals and Progress Monitoring (IEP & 504) |
| 2-12           | • Office Discipline Referrals  
• Attendance Reports  
• Suspension/Expulsion Data  
• Oregon Healthy Teens Survey  
• Social Marketing Surveys | • All Students Immediately & Reliably Corrected When Behavior Expectations Are Not Demonstrated. Positive Behavior Expectation Re-taught & Reinforced Immediately | • Re-Teach Expectations  
• Check & Connect  
• Check-in/Check-out Program  
• HUG Program  
• Strategic “Positive Referrals” for Identified Students Working Towards Increased Positive Behavior  
• Adult Mentoring  
• Peer Mentoring  
• Skills Groups  
• Behavior Contracts  
• Advisory Classes  
• Targeted Social/Emotional Curriculum Follow-up (e.g., Second Steps with Small Group of Struggling Students)  
• Strategic Tutors | • Core + Second Tier and...  
• Functional Behavior Assessment & Individual Behavior Support Plans  
• Individualized Behavior Goals and Progress Monitoring (IEP & 504) |

**Who does this work?**  
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 10 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: _______________________________________________

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: _______________________________________________

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: _______________________________________________

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

Decision Rules:
- **Screening:**
  - K: Students scoring in the lowest 20% on Missing Numbers CBM OR receiving only “0” 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 30th 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.

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 | **Grade 1:** Progress Reports AND CBM: Missing Numbers  **Grade 2:** 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 | | 10 minutes of Computer Assisted Instruction per day | ≥ 15 minutes of Computer Assisted Instruction per day

Who does this work?
- Grade Level/EBIS Teams
- Classroom Teachers
- EBIS Team Determines

Grade Level(s) | Universal Screening Tool | Core Program | Second Tier Interventions | Third Tier Interventions
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Who does this work?
- Grade Level/EBIS Teams
- Classroom Teachers
- EBIS Team Determines

Decision Rules:
- **Screening:**
  - K: Students scoring in the lowest 20% on Missing Numbers CBM OR receiving only “0” and/or “/” in the “Progression of Mathematics Stages” on the Progress Report are considered for Tier 2 interventions.
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  - 3-5: Students receiving only “1,” “2,” and/or “/” in “Math” on the Progress Report AND scoring below the 30th 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.

Disclaimer: This tool has not been reviewed, vetted, or endorsed by the Center on Instruction or the U.S. Department of Education. It was developed as a resource for use by the schools or districts we visited and was not intended to have a broader use. It is provided here simply as a way to fulfill a commonly received request for examples of tools that schools and districts use in their RTI implementation. Practitioners wishing to use this tool in their own schools or districts should consider modifying it to meet the unique needs of their educational setting(s).
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: _____________________________________________________


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: _____________________________________________________


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: _____________________________________________________


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: ____________________________

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EFFECTIVE BEHAVIOR AND INSTRUCTION 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 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 REUNIÓN 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 comunicó con usted acerca del 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

(Coordinador de Equipo) (Número de Telefono)

información más específica del tiempo y lugar.

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 EDUCACIÓN ESPECIAL: A veces los estudiantes pasan
por dificultades sustanciales en la escuela que resultan en incapacidades de aprender. Si el equipo de la escuela
o los maestros de su niño(a) tienen esta preocupación, ellos hablarán con usted para discutir esto. Si usted esta
preocupado que su niño(a) tenga una incapacidad 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.

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.

• 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.
• **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 cuáles estudiantes están haciendo bien en las clases de instrucción estándares, cuáles estudiantes pueden necesitar instrucción suplemental y cuáles 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 está 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 tomará acabo sin una conferencia con usted y su consentimiento escrito.

Si tiene cualquier pregunta sobre esta información, por favor hable con el Especialista de Alfabetización 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
Page 1 of 3
(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: _____________________________
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?  ____________________________________________
28. Did your child attend preschool?  Yes____  No____  Please list frequency, duration, and types of activities.
___________________________________________________________________________________________
___________________________________________________________________________________________

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:
___________________________________________________________________________________________

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?
___________________________________________________________________________________________
___________________________________________________________________________________________

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

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

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.
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

39. At present time, do you have any concerns about your child?  Yes____  No____
If so, please describe:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
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 visitó 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 cuáles fueron las complicaciones?

3. Did you have measles or any other childhood disease while you were pregnant? ¿Tuvo sarampión 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)?

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DISCLAIMER: This tool has not been reviewed, vetted, or endorsed by the Center on Instruction or the U.S. Department of Education. It was developed as a resource for use by the schools or districts we visited and was not intended to have a broader use. It is provided here simply as a way to fulfill a commonly received request for examples of tools that schools and districts use in their RTI implementation. Practitioners wishing to use this tool in their own schools or districts should consider modifying it to meet the unique needs of their educational setting(s).
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.

   ____________________________  

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. 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. Kind of an surgery? ¿Ha tenido algún tipo de cirugía?  
   □ 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 oído o la visión?  
   □ Yes (Sí)  □ No  

   1. 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)?
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, escribe sobre ello:

____________________________________________________________________________________________

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. 

____________________________________________________________________________________________

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 significamente 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:

____________________________________________________________________________________________

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.

____________________________________________________________________________________________

21. What language(s) are spoken in the home? ¿Que idioma(s) se hablan en casa?

____________________________________________________________________________________________
What language does your child speak most often with friends? ¿Qué idioma usa mas su hijo(a) con amigos/amigas? ____________________

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)? _______________

Do both parents live at home? ¿Viven ambos padres en el hogar? □ Yes (Sí) □ No

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

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):

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 inglés, ¿ha recibido instrucción formal en su idioma nativo? □ Yes (Sí) □ No
For how many years? ¿Por cuantos años? ___________

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

Has your family experienced homelessness? ¿Ha experimentado su familia el quedarse sin hogar? □ Yes (Sí) □ No

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?**

Por favor haga la lista de las actividades.

____________________________________________________________________________________________
____________________________________________________________________________________________

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 REPEATE 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?**

□ 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

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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 occurred. Si así fue, por favor explique y haga lista de cuándo ocurrieron estas cosas.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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 (Sí sí, descríbalo):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
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)

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Grand Total of Days of School Attended: ______ Divid by 171: ______. Years + Months of Actual Attendance: ______

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

Reading achievement:

Math achievement:

Behavior (including attending skills):

Language skills: 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.

Hearing Screening Results:

English Language Development:

Other:
## INDIVIDUAL PROBLEM SOLVING WORKSHEET – CONTINUED

**STUDENT: _______________________ DATE: __________**

### ACHIEVEMENT REVIEW – READING

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<td>NWF: 50 (Winter) ORF: 40-60</td>
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<td>ORF: 110 OAKS: 204</td>
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Other information: Summary of teacher concerns, referral questions, etc.

### ACHIEVEMENT REVIEW – ELL LANGUAGE

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</tr>
<tr>
<td><strong>Speaking</strong></td>
<td>S ___</td>
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<tr>
<td><strong>Comprehension</strong></td>
<td>C ___</td>
<td>C ___</td>
<td>C ___</td>
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</tbody>
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**DISCLAIMER:** This tool has not been reviewed, vetted, or endorsed by the Center on Instruction or the U.S. Department of Education. It was developed as a resource for use by the schools or districts we visited and was not intended to have a broader use. It is provided here simply as a way to fulfill a commonly received request for examples of tools that schools and districts use in their RTI implementation. Practitioners wishing to use this tool in their own schools or districts should consider modifying it to meet the unique needs of their educational setting(s).
INDIVIDUAL PROBLEM SOLVING WORKSHEET - CONTINUED

STUDENT: _______________________ DATE: ____________

ACHIEVEMENT REVIEW - MATH MULTIPLE CHOICE

<table>
<thead>
<tr>
<th>Grade</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPECTED GAINS</td>
<td>N/A</td>
<td>OAKS: 6 points</td>
<td>OAKS: 7 points</td>
<td>OAKS: 5 points</td>
<td>OAKS: 6 points</td>
<td>OAKS: 5 points</td>
<td>OAKS: 8 points</td>
</tr>
<tr>
<td>STUDENT SCORE</td>
<td>OAKS: %ilea</td>
<td>OAKS: %ilea</td>
<td>OAKS: %ilea</td>
<td>OAKS: %ilea</td>
<td>OAKS: %ilea</td>
<td>OAKS: %ilea</td>
<td>OAKS: %ilea</td>
</tr>
</tbody>
</table>

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

ACHIEVEMENT REVIEW - WRITING

<table>
<thead>
<tr>
<th>Grade 4</th>
<th>Grade 7</th>
<th>Grade 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPOSITE BENCHMARK</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>STUDENT SCORE (Note areas of concern by traits)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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.

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?

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?

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.

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

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