



Multi-Tiered Systems of Support  
(MTSS) Student Support Process  
*Resource Guide*  
*for Member District*  
*Student Success Teams*

Chisholm,, ISD 695      Cook County, ISD 166      Ely, ISD 696      International Falls, ISD 361  
Mesabi East, ISD 2711      Mt. Iron-Buh, ISD 712      Nett Lake, ISD 707  
Northland Learning Center, ISD 6076      Rock Ridge, ISD 2909      St. Louis County, ISD 2142

# **Table of Contents**

Explanation

Student Success Teams (SST)

Scientific Research Based Interventions (SRBI)

Student Success Team (SST) Process

Elementary Case Study

Sample - Part 1: Team Discussion

Sample - Part 2: Intervention Data

Sample - Part 3: Team Data Review

Sample - Part 4: Referral for Special Education Evaluation

High School Case Study

Sample - Part 1: Team Discussion

Sample - Part 2: Intervention Data

Sample - Part 3: Team Data Review

Sample - Part 4: Referral for Special Education Evaluation

Parent Request for Special Education Evaluation Process

Additional Resources

Frequently Asked Questions

Appendix

**Part 1: Team Discussion**

**Part 2: Intervention Data**

**Part 3: Team Data Review**

**Part 4: Referral for a Special Education Evaluation**

## Explanation

Multi-Tiered Systems of Supports (MTSS) is a systematic, continuous-improvement framework in which data-based problem solving and decision-making is practiced across all levels of the educational system for supporting all students. This includes students receiving special education services. The MTSS paradigm shift focuses on **all** students, identifies what help **each student needs**, and is intentional in design and redesign of services and supports matched to the needs of each student.

There are three tiers of support in an MTSS model.

- **Tier 1** includes universal, high-quality classroom-wide instruction and support for all students. This is best practice with differentiated instruction in place. Districts should aim to have **80-90%** of students in Tier 1.
- **Tier 2** provides targeted support through group interventions based on a similar need to address a student's gap in skills. Districts should aim to have **5-15%** of students in Tier 2.
- **Tier 3** involves intensive, individualized interventions with frequent progress monitoring. Districts should aim to have **1-5%** of students in Tier 3.

The goal is to improve outcomes for students using:

1. Data for decision making.
2. Evidence-based practices for student outcomes.
3. Systems which adults need in order to support implementation efforts.
4. Fidelity and consistency to adequately measure outcomes.

According to the **MDE MTSS guidebook**, MTSS is a “team sport.” Successful implementation of MnMTSS requires well-functioning teaming across and within the school district, school and intra-school levels. This guidebook is intended to help district and school-based teams implement the expectations found within the MnMTSS framework and unleash the collective wisdom and expertise of educators and stakeholders. Successful teaming leads to good decisions, effective support of educators and ultimately positive student outcomes.

## Student Success Team (SST)

In the State of Minnesota, school districts are required to develop child find procedures for referring a student who is suspected of having a disability. The group of people who collaborate to address student concerns and develop interventions is often called a child study team.

In order to promote collaboration and student success for the whole child, the NLC has chosen to replace the term child study team with Student Success Team (SST). Member districts may choose an alternative term for their child study teams, but the pre-referral process outlined in this guide remains the same for all NLC member districts. The following process is a general education initiative that **may or may not** result in a special education evaluation and is determined by intervention data. **Authority: 34 C.F.R. § 300.11; Minn. R. 3525.0750; Minn. R. 3525.1100, subp. 2A.**

### Student Success Teams **must:**

- Appoint a Chair to oversee SST meetings
- Schedule SST meetings on a regular basis
- Develop a system for tracking students who are receiving interventions
- Consult with their School Psychologist with questions regarding intervention questions

### Members of the Student Success Team (SST) **may** include:

- Principal/Assistant Principal/Dean of Students
- Interventionist
- Social Worker
- Mental Health Practitioner
- School Counselor
- General Education Teacher(s)
- Special Education Teacher
- Others as needed (Cultural Liaison, Itinerant Staff, Nurse, etc.)

## **Scientific Research-Based Interventions (SRBI)**

**Minnesota Statute § 125A.56, Subd. 1(a)** requires at least two research-based pre-referral interventions, in each area of concern, be implemented prior to a student evaluation for special education services.

A pre-referral intervention is a scientific research-based instructional strategy, alternative, or intervention to address a student's academic, social, emotional, or behavioral needs in the general education setting.

The **NLC Intervention Bank** was created to provide districts with Scientific Research Based Interventions (SRBI) to provide students with intensive instruction in identified areas of need. Intervention areas are indicated with tabs on the bottom. This is not an exhaustive list and other SRBIs can be implemented.

Note: *It is recommended the team consults with the district's School Psychologist prior to starting interventions.*

The student should be viewed through the whole child lens, and the top two areas of identified need should be prioritized according to the needs that appear to be most interfering with the student's educational success. Each area of need must be addressed with an intervention. This means a student may have an intervention in each area of need being conducted concurrently.

Each intervention must be implemented daily for 30 school days/6 weeks with a minimum of 1 to 3 documented progress monitoring points per week for an academic intervention and 3 or more documented progress monitoring points per week for a behavior intervention. The data that indicates whether or not a student participated in intervention for that day is different from the 3 documented progress monitoring points per week. The 3 documented progress monitoring points per week must measure progress in the area of concern.

September 21, 2023

Note: On Prolific, there will be two places where data must be entered. One will indicate that the intervention was completed and one will document progress monitoring that measures progress in the area of concern.

At the end of the first round of interventions, data should be brought back to the Student Success Team (SST) and reviewed. If the student has made adequate progress with the current intervention, the student may be moved to a watch list with the option of continuing the intervention. If the student has not made adequate progress, a second round of interventions using a new SBRI intervention must be implemented for each area of concern identified in Round 1. The progress for each area of need should be analyzed separately and a decision should be made for each area of concern.

## **Student Success Team (SST) Problem-Solving Process**

The Northland Learning Center has created a four part process to support the NLC member districts MTSS/SST teams. All forms are located on the Northland Learning Center's website [\*\*Northland Learning Center Website\*\*](#) and are also linked below. They may be printed or completed electronically.

- **Part 1: Team Discussion**
- **Part 2: Intervention Data**
- **Part 3: Team Data Review**
- **Part 4: Referral for Special Education Evaluation**

Note: *If completing the forms electronically, make sure to make a copy first in Google Drive.*

**Part 1: Team Discussion** - When a student is struggling in school and is in need of intensive support (academic, behavioral, social/emotional, etc.), the general education teacher completes the MTSS Form Part 1: Team Discussion to bring to the Student Success Team (SST) meeting following each district's process to review students.

The information on this form is designed to include the whole team (your core SST as well as any additional members needed) to use a whole child lens to help "tell the child's story" so that they are able to collaborate and make decisions to support the student through the MTSS process beginning with SBRI interventions.

Vision and hearing screening should be completed prior to beginning interventions to rule out possible vision and/or hearing concerns that may be contributing to the student's challenges. All supplemental data should be printed prior to the meeting and brought to the SST meeting.

Once the data is reviewed, the team will indicate the areas of concern and then prioritize the top 2-3. The team will then consider interventions ([\*\*NLC's Intervention Hub\*\*](#)) to address each area of concern and choose a SBRI intervention which is then assigned to a staff member who will be responsible for completing it.

**Part 2: Intervention Data** - Each intervention should have its own **Part 2: Intervention Data sheet**.

- The intervention for each area of concern will be documented on its own **Part 2: Intervention Data** sheet.
- The person responsible for implementing each intervention will be responsible for completing the intervention data.
- The purpose/goal (what we are measuring i.e. increase number of using words to have needs met, decrease in hitting, ect.) will be identified on the **Part 2: Intervention Data** sheet.
- Each intervention is implemented for 30 school days. This can be tracked by marking the Yes and No box on each day. Engagement and Participation should be completed daily as well.
- Progress monitoring for each intervention must take place a minimum of **one time per week** for academic interventions and **three times per week** for behavioral interventions.
- Before the data is brought back to the SST meeting for review, staff should complete a line graph.

This may be completed by:

- Hand drawn
- Excel spreadsheet
- Graphing website
- If you are entering data in Proliftic or another intervention tracking program, you may print the graph from that program.

Note: *When in doubt, consult with your School Psychologist.*

**Part 3: Team Data Review** - The referring staff member will collect all Part 2: Intervention Data sheets and bring them to the SST meeting. The team will review the Part 2: Intervention Data sheets and graph(s) from the intervention using the following questions.

- What does progress monitoring data indicate for each area of concern?
- Did the student's skill level increase, decrease, or stay the same?
- Is the student at a place where they can be moved to a watch list in this area or should we implement Round 2 of interventions?

The SST then decides on the next steps, which are documented on the **Part 3: Team Data Review** sheet.

- Students who are making adequate progress will move to a watchlist to monitor and are removed from the SST review process.
- Students who are not making adequate progress in Round 1 will move to a Round 2 intervention using a new SBRI.
- After Round 2 interventions are complete, the team may decide to implement a third optional round of interventions or may decide to move forward to Part 4: Referral for Special Education Evaluation.

Note: *Round 1 and Round 2 are both documented on the same Part 3: Team Data Review Sheet.*

**Part 4: Referral for Special Education Evaluation** - After a student has completed 2 rounds of interventions addressing the same area(s) of concern and the SST analyzes progress monitoring data and determines the student should be evaluated for special education eligibility, the **Part 4: Referral for Special Education Evaluation** should be completed at the SST meeting.

A member of the team will be chosen to complete the referral form and should collect Parts 1-3,

September 21, 2023

along with all required supplemental documentation, to submit to the special education case manager. The original paperwork should be kept for the due process file and a copy should be scanned and emailed to your school psychologist who will begin the evaluation planning process.

## Elementary Case Study

The following case study is an example using a fictitious elementary student. MTSS Part 1: Team Discussion, Part 2: Intervention Data, and Part 3: Team Data Review. These forms provide a framework for districts to follow when following the MTSS process for student interventions. As always, please reach out to your School Psychologist or Coordinator/Assistant Director with any questions.

### Background Information:

Sam is a 9-year-old 3rd grader at Example Elementary. His teacher Mrs. Exampleton has concerns about his reading. He has difficulty completing assignments and reads at a much slower pace than his peers. His teacher said he gives good effort but tends to shut down and will not complete reading assignments when things get too hard. Therefore his grades are suffering, and she is concerned that he will struggle to be successful in her class. Mrs. Exampleton is seeking out support from the Student Success Team to address these concerns.

His teacher provided the following data:

### Benchmarks:

- Fall STAR Reading 543
- Winter STAR Reading 563
- These scores are considered not meeting grade-level standards.

### Grades:

Reading: U

Spelling: U

Math: S

Music: S

Gym: S

Library/Media: S

### Interventions/Accommodations/Modifications that have been implemented:

- Given lower-level reading materials to read that are differentiated from his peers.

### Skill Deficits Identified:

1. Reading Fluency
2. Task Completion

## Part 1: Team Discussion (Elementary Case Study)



Multi-tiered System of Supports (MTSS) Student Success Team

\*This form pertains to K-12 students only.

Updated 9/21/23

### Part 1: Team Discussion

- This form is intended to be a guide to have meaningful discussions and develop a plan.
- Staff expressing concern should complete the entire form prior to SST meeting.

SST General Education Questionnaire			
Student Name:	Sam Student	DOB:	8/1/04
Grade:	3	SST Meeting Date:	10/1/23
District:	ISD# ABC		
Serving School:	Example Elementary		
Staff Name/Title:	Mrs. Example/Classroom Teacher		
Staff Email:	mexample@abc.com		
<b>1. Communication Log</b> (use to document areas of concern, interventions to begin, and referral to MTSS process)			
Date & Person Contacted:	Method: phone, text, in-person, or email	Parent/Guardian Concerns and Feedback (provide details)	
9/1/23	Mom Student	in-person	mom shared concerns about Sam and his struggles
9/20/23	Mom Student	phone	Called mom to discuss reading rates/assignment completion
10/1/23	Mom Student	phone	Mom is onboard to start interventions for Sam.
<b>2. Please list 2-3 strengths for this student:</b> Good Effort and positive attitude			
<b>3. School Attendance History Information:</b> (print and attach attendance report from last 2 years)			
Length of time the student has been in current district:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months to 1 year <input checked="" type="checkbox"/> 1-3 years <input type="checkbox"/> 4+ years	Name of schools attended: (List below) Sam has attended Example Elementary since Pre-K	
<b>4. Vision/Hearing Screening:</b> (NOTE: If student has a recently identified vision/hearing impairment, a 30-day corrective period must be implemented before the intervention process can proceed.)			
Date of school nurse vision screening	9/14/23	Date of school nurse hearing screening	9/14/23
Vision Results:	Pass	Hearing Results:	Pass
Does student wear glasses?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does student have hearing aids or use assistive hearing technology?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>5. Medical History:</b> (Discuss with school nurse and list any significant conditions and/or results including both physical and mental health) Notes: no concerns noted			
<b>6. Is the student receiving any additional school or community-based services or support?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, please list service(s) and provider(s):</b> Title I: lower level reading materials	
<b>7. Required supplemental data to print, discuss at meeting, and attach:</b>			
<input checked="" type="checkbox"/>	Student Demographic summary page		
<input checked="" type="checkbox"/>	Student Enrollment Information		
<input checked="" type="checkbox"/>	Discipline/Behavior Referrals (Past 2 years, as applicable)		
<input checked="" type="checkbox"/>	Attendance Report (Past 2 years, as applicable)		
<input checked="" type="checkbox"/>	Grades (Past 2 years, as applicable)		
<input checked="" type="checkbox"/>	Universal Benchmark Data used to include Progress Monitoring graphs (3x per year)		
<input checked="" type="checkbox"/>	Other academic assessment/data (i.e., running records, writing samples, etc.)		
<input checked="" type="checkbox"/>	Other pertinent documentation and/or data sources: (i.e. mental health evaluation) 2nd grade teacher discussed ADAPT with mom last year.		

8. Indicate Area(s) of Concern: Check all that apply. If needed, intervention resources are available in the MTSS Intervention Bank, or you may choose an alternate Scientific Research Based Intervention (SRBI).		
<b>Reading</b> <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input checked="" type="checkbox"/> Reading Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Dyslexia <input type="checkbox"/> Other:	<b>Math</b> <input type="checkbox"/> Fact Fluency <input type="checkbox"/> Number Operations <input type="checkbox"/> Math Word Problems <input type="checkbox"/> Number Sense <input type="checkbox"/> Math Concepts <input type="checkbox"/> Other:	
<b>Speech/Language: Comprehension</b> <input type="checkbox"/> Listening Comprehension/Receptive Language <input checked="" type="checkbox"/> Comprehension (understanding directions) <input type="checkbox"/> Other:	<b>Speech/Language: Oral Expression</b> <input type="checkbox"/> Communication (Conversation Skills) <input type="checkbox"/> Articulation (sound production) <input checked="" type="checkbox"/> Voice <input type="checkbox"/> Fluency/Stuttering <input type="checkbox"/> Vocabulary <input type="checkbox"/> Grammar <input type="checkbox"/> Sentence Structure <input type="checkbox"/> Semantics <input checked="" type="checkbox"/> Low Language Development <input type="checkbox"/> Other:	
<b>Writing/Spelling</b> <input type="checkbox"/> Writing <input type="checkbox"/> Spelling <input type="checkbox"/> Other:		
<b>Emotional (Social Emotional)</b> <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Mild Internalizing Concerns <input checked="" type="checkbox"/> Social Skills/Peer Relationships <input type="checkbox"/> Transitions <input type="checkbox"/> Communication <input type="checkbox"/> Other:	<b>Behavior</b> <input type="checkbox"/> Inattention/Hyperactivity <input checked="" type="checkbox"/> Disruptive Behavior <input checked="" type="checkbox"/> Non-Compliance <input checked="" type="checkbox"/> Not Following the Rules <input checked="" type="checkbox"/> Other: Verbal aggression on playground	
<b>Executive Functioning</b> <input type="checkbox"/> Off-task <input type="checkbox"/> Organization <input type="checkbox"/> Initiating Tasks <input checked="" type="checkbox"/> Assignment/Work Completion <input type="checkbox"/> Attention/Focus <input type="checkbox"/> Self-Control/Impulsivity/Response Inhibition <input checked="" type="checkbox"/> Other:	<b>Other</b> <input type="checkbox"/> Health <input type="checkbox"/> Outside Diagnosis <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Fine Motor <input type="checkbox"/> Gross Motor <input type="checkbox"/> Other: (please describe)	
9. Next Steps		
<i>To be completed at SST meeting for students who will receive interventions</i>		
<b>Prioritize top 2-3 areas of concern.</b> List intervention to be used and staff responsible for each intervention. <b>Note:</b> Each intervention should be documented on its own MTSS Part 2: Intervention Data sheet.		
Area of Concern 1:	Planned Intervention:	Staff Responsible:
Reading Fluency	Visual Supports	Mr. Title I
Area of Concern 2:	Planned Intervention:	Staff Responsible:
Verbal Aggression	Checklist of Expected Behaviors	Mrs. Example
Area of Concern 3:	Planned Intervention:	Staff Responsible:

In reviewing the supplemental data, SST members noted that Sam has been struggling with verbal aggression on the playground. Review of his benchmark data and classroom grades show that he is performing below grade level expectations. His attendance is good with a 95% attendance rate. There are no health concerns. He was referred to ADAPT last year but mom didn't want to pursue any services. Vision and hearing screening was completed. The team has chosen one academic and one behavioral area to implement SBRIs.

## Part 2: Intervention Data Area of Concern #1 (Elementary Case Study)



**Northland**  
LEARNING CENTER

Multi-tiered System of Supports (MTSS) Student Success Team

\*This form pertains to K-12 students only.

updated 9/21/23

### Part 2: Intervention Data

**A. INTERVENTION DATA DOCUMENTATION-1 form per intervention for each 6-week cycle.**

- Fill out intervention data completely including the start date for each week; mark an "X" if no school and an "A" if absent.
- Record daily participation level. (High, Average, Low, or Refused to participate)
- Record weekly progress monitoring. (Academic: 1-3 data points. Behavior: 3 or more data points.) This is used to check if intervention is working.

Student Name: <b>Sam Student</b>		DOB: <b>8/1/04</b>		Grade: <b>3</b>		
Area of Concern from Part 1 #9: <b>Reading Fluency</b>						
Intervention: <b>Visual Supports</b>			Intervention completed by: <b>Mr. Title I</b>			
Purpose/Goal of Intervention: <b>Increase sight word fluency</b>			Progress Monitoring Tool:			
	Day 1	Day 2	Day 3	Day 4	Day 5	Progress Monitoring
Date Week 1 10/2/23	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date <b>10/3/23</b> 10/6				
						Data <b>0/10</b> 1/10
Engagement and Participation	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: <b>Was hard to engage Sam in intervention activities. He said he didn't feel well.</b>
Date Week 2 10/9	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date <b>10/13</b>				
						Data <b>3/10</b>
Engagement and Participation	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: <b>Sam understands activity and we are building a relationship.</b>
Date Week 3 10/17	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date <b>10/20</b>				
						Data <b>5/10</b>
Engagement and Participation	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: <b>Sam asked if a friend could join our game.</b>
Date Week 4 10/24	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date <b>10/27</b>				
						Data <b>5/10</b>
Engagement and Participation	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: <b>Sam was actively engaged.</b>
Date Week 5 10/31	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date <b>11/4</b>				
						Data <b>2/10</b>
Engagement and Participation	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: <b>Sam was out of town this week.</b>
Date Week 6	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date <b>11/11</b>				
						Data <b>4/10</b>
Engagement and Participation	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: <b>Sam was very engaged even when task was hard this week</b>

- If student has excessive absences and/or interventions are not completed daily, additional days/weeks must be completed.
- Print additional sheets as needed.

## Part 2: Intervention Data Area of Concern #2 (Elementary Case Study)



Multi-tiered System of Supports (MTSS) Student Success Team

\*This form pertains to K-12 students only.

updated 9/21/23

### Part 2: Intervention Data

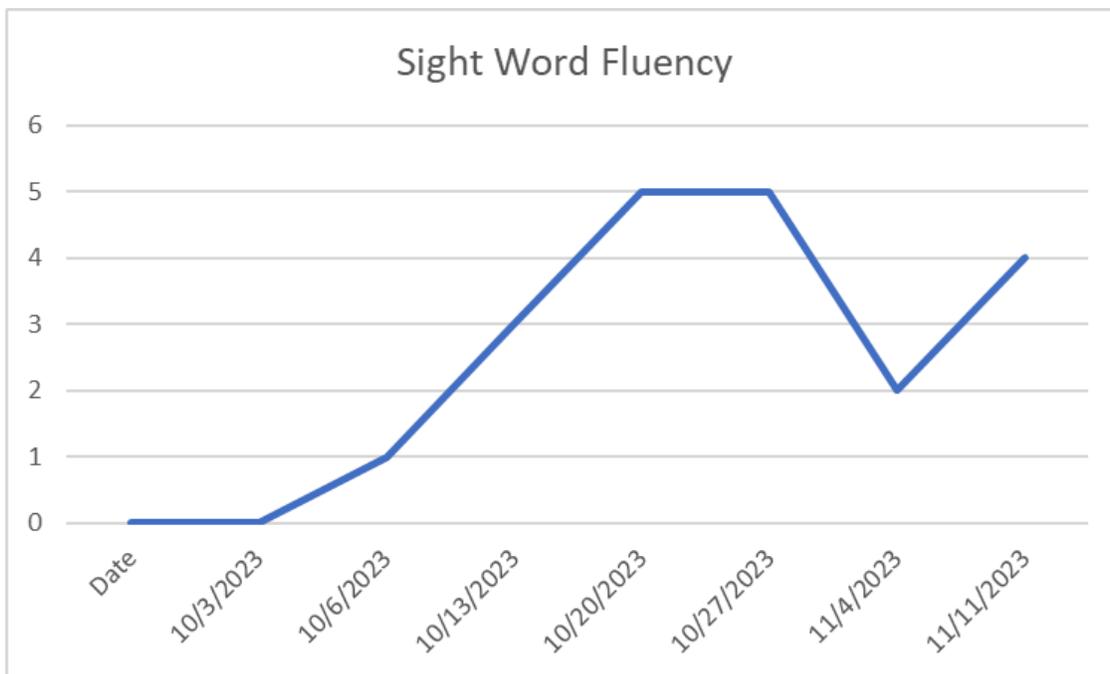
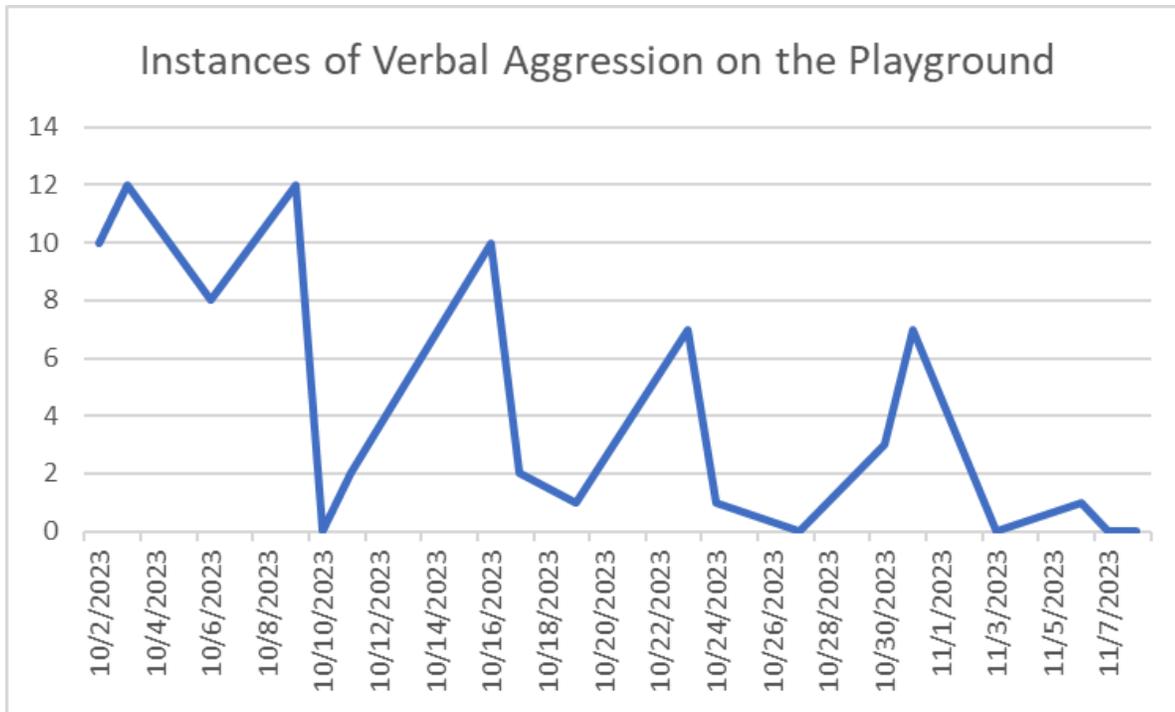
**A. INTERVENTION DATA DOCUMENTATION-1 form per intervention for each 6-week cycle.**

- Fill out intervention data completely including the start date for each week; mark an "X" if no school and an "A" if absent.
- Record daily participation level. (High, Average, Low, or Refused to participate)
- Record weekly progress monitoring. (Academic: 1-3 data points. Behavior: 3 or more data points.) This is used to check if intervention is working.

Student Name: <b>Sam Student</b>		DOB: <b>8/1/04</b>		Grade: <b>3</b>		
Area of Concern from Part 1 #9: <b>Verbal Aggression</b>						
Intervention: <b>Checklist of expected behaviors</b>			Intervention completed by: <b>Mrs. Example</b>			
Purpose/Goal of Intervention: <b>decrease aggression on playground</b>			Progress Monitoring Tool: <b>Checklist</b>			
	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Progress Monitoring</b>
<b>Date Week 1</b> 10/2	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 10/2    10/3    10/8 Data 10        12        8				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: Data is # of instances of verbal aggression on playground. No reward this week.
<b>Date Week 2</b> 10/9	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 10/9    10/10    10/11 Data 12        0        2				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: Sam had 2 days of no instances. 1st reward earned.
<b>Date Week 3</b> 10/18	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 10/16    10/17    10/19 Data 10        2        1				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: Refused to review checklist 1 day. 2 days of no instances. Earned 2nd reward.
<b>Date Week 4</b> 10/23	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 10/23    10/24    10/27 Data 7        1        0				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: no instances w-f Earned 3rd reward
<b>Date Week 5</b> 10/30	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 10/30    10/31    11/3 Data 3        7        0				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: 3 days of 0. Earned 4th reward
<b>Date Week 6</b> 11/8	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 11/6    11/7    11/8 Data 1        0        0				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: Reviewed checklist m, t, & w. had 2 0 days. Earned 5th reward

- If student has excessive absences and/or interventions are not completed daily, additional days/weeks must be completed.
- Print additional sheets as needed.

Once you have completed your data sheets, you will create and/or print a graph for the SST to review. You may create a graph by hand, use excel, print from Prolific, or use any other online program. *Below is an example of Sam's data put into graphs that were created in Excel.*



## Part 3: Team Data Review (Elementary Case Study)



Multi-tiered System of Supports (MTSS) Student Success Team

*\*This form pertains to K-12 students only*

Updated 9/18/23

Part 3: Team Data Review			
Student Name: Sam Student		DOB: 8/1/2004	Grade: 3
		Meeting Date: 11/9/23	
Area of Concern #1: Reading Fluency		Specific skill: Sight Words	
<b>Round 1: First 6-week cycle of Concern #1 Intervention</b>		<b>Round 2: Second 6-week cycle of Concern #1 Intervention</b>	
Intervention: (name/description) Visual Supports		Intervention: (name/description)	
Intervention completed by: (name of staff/position) Mr. Title I		Intervention completed by: (name of staff/position)	
What does data show? (Based on progress monitoring graph, is student making growth toward goal?) Slow growth is happening		What does data show? (Based on progress monitoring graph, is student making growth toward goal?)	
What does data show? (Based on progress monitoring graph, is student making growth toward grade level standards?) Student is below grade level fluency as he is still learning basic sight words.		What does data show? (Based on progress monitoring graph, is student making growth toward grade level standards?)	
Teacher Feedback/Observation: Using visual cues has helped sam with understanding but not fluency. Want to move to a more phonics based intervention. Will try word boxes from intervention bank. <a href="https://www.interventioncentral.org/node/966670">https://www.interventioncentral.org/node/966670</a>		Teacher Feedback/Observation:	
<b>Round 1 Student Success Team Decision</b>		<b>Round 2 Student Success Team Decision</b>	
1. Student is making adequate progress. <i>Move to watchlist to monitor progress. Interventions may continue.</i>	<input type="checkbox"/>	1. Student is making adequate progress. <i>Move to watchlist to monitor progress. Interventions may continue.</i>	<input type="checkbox"/>
2. Student is not making adequate progress. <i>Proceed with 2<sup>nd</sup> round of interventions using a new intervention to address area of concern.</i>	<input checked="" type="checkbox"/>	2. Student is not making adequate progress. <i>Proceed with optional 3<sup>rd</sup> round of interventions using a new intervention to address area of concern.</i>	<input type="checkbox"/>
List new intervention: <i>(name/description)</i> Word Boxes	Staff Responsible: Mr. Title I	List new intervention: <i>(name/description)</i>	Staff Responsible:
3. Other: (please list)	<input type="checkbox"/>	3. Other: (please list)	<input type="checkbox"/>

Area of Concern #2: Verbal Aggression on the playground		Specific skill: Replacement behaviors	
<b>Round 1: First 6-week cycle of Concern #2 Intervention</b>		<b>Round 2: Second 6-week cycle of #2</b>	
Intervention: (name/description) Checklist of expected behaviors		Intervention: (name/description)	
Intervention completed by: (name of staff/position) Mrs. Example		Intervention completed by: (name of staff/position)	
What does data show? (Based on progress monitoring graph, is student making growth toward goal?) Verbal aggression is decreasing. Beginning of week is higher.		What does data show? (Based on progress monitoring graph, is student making growth toward goal?)	
What does data show? (Based on progress monitoring graph, is student making growth toward grade level standards?) Student is learning skills and decreasing behaviors.		What does data show? (Based on progress monitoring graph, is student making growth toward grade level standards?)	
Teacher Feedback/Observation: Sam is learning how to communicate with his peers and his instances of aggression are decreasing with support. Will continue to use checklist to support.		Teacher Feedback/Observation:	
Round 1 Student Success Team Decision		Round 2 Student Success Team Decision	
1. Student is making adequate progress. <i>Move to watchlist to monitor progress. Interventions may continue.</i>	<input checked="" type="checkbox"/>	1. Student is making adequate progress. <i>Move to watchlist to monitor progress. Interventions may continue.</i>	<input type="checkbox"/>
2. Student is not making adequate progress. <i>Proceed with 2<sup>nd</sup> round of interventions using a new intervention to address area of concern.</i>	<input type="checkbox"/>	2. Student is not making adequate progress. <i>Proceed with optional 3<sup>rd</sup> round of interventions using a new intervention to address area of concern.</i>	<input type="checkbox"/>
List new intervention: (name/description)	Staff Responsible:	List new intervention: (name/description)	Staff Responsible:
3. Other: (please list)	<input type="checkbox"/>	3. Other: (please list)	<input type="checkbox"/>
Round 1 Student Success Team Meeting Attendance Staff Name/Position		Round 2 Student Success Team Meeting Attendance Staff Name/Position	
Mrs. Admin/Building Principal			
Ms. Helper/Interventionist			
Mr. Title I/Title I			
Mrs. Example/Teacher			
Ms. Johnson/ADAPT			
SST has decided that all pre-referral criteria have been met to proceed with a special education referral.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
The Part 4: Referral form will be filled out and submitted to case manager by: (staff name/position)			

The SST team reviews data and makes decisions for the next steps. In this case study, Sam will do a second round of interventions with a new intervention in reading fluency. Data will be collected and brought back to the SST team for data review in six weeks. Since he is making adequate progress using his checklist, he will continue to use the checklist for behaviors but will not stay in the SST process for this area.

## High School Case Study

The following case study is an example using a fictitious elementary student. MTSS Part 1: Team Discussion, Part 2: Intervention Data, and Part 3: Team Data Review. These forms provide a framework for districts to follow when following the MTSS process for student interventions. As always, please reach out to your School Psychologist or Coordinator/Assistant Director with any questions.

### **Background Information:**

Robby is a 16-year-old 10<sup>th</sup> grader at Sample High School. His teacher has concerns related to withdrawal, participation, task initiation, and work completion. He is currently failing most of his classes due to missing assignments. During English, he does not participate in classroom discussion, rarely communicates with his peers, often puts his head down, fidgets with his materials or his phone, or looks around the room during independent work time, and rarely turns in completed work. His other teachers have expressed similar concerns, but reported that he appears to have a small group of friends who he regularly interacts with in school. His parents have concerns regarding anxiety and his ability to concentrate and complete homework assignments on his own. He is seeing a therapist outside of the school and has diagnoses of Generalized Anxiety Disorder and Attention Deficit Hyperactivity Disorder, Inattentive Type. His parents have voiced their concerns to his English teacher, and he agreed that the Student Success Team should be consulted to address current concerns.

### **His teacher provided the following information:**

Robby has missed 5 days of school (excused absences) and does not have any office discipline referrals. He passed the vision and hearing screening.

### **Benchmarks (6<sup>th</sup> Grade – MCA Scores)**

Reading - 651

Mathematics - 660

These scores meet the grade-level standards.

### **Grades:**

### **Percentage of Missing Assignments:**

English – F	85%
American History – F	97%
Health – C	25%
Art – A	0%
Physical Science – F	89%
Geometry – F	79%

### **The following accommodations/modifications have been utilized by his teachers:**

- Robby will be given additional time to complete his classroom assignments.
- His assignments will be modified to contain fewer items.
- Robby will be allowed to take tests in a quiet room with fewer distractions.

## Part 1: Team Discussion (High School Case Study)



**Northland**  
LEARNING CENTER

Multi-tiered System of Supports (MTSS) Student Success Team

\*This form pertains to K-12 students only.

Updated 9/21/23

### Part 1: Team Discussion

- This form is intended to be a guide to have meaningful discussions and develop a plan.
- Staff expressing concern should complete the entire form prior to SST meeting.

SST General Education Questionnaire			
Student Name:	Robbie Student	DOB:	12/15/05
Grade:	10	SST Meeting Date:	12/21/21
District:	ISD XYZ		
Serving School:	Sample High School		
Staff Name/Title:	Mike Smith/English Teacher	Staff Email:	msmith@sampleschool.com
<b>1. Communication Log</b> (use to document areas of concern, interventions to begin, and referral to MTSS process)			
Date & Person Contacted:	Method: phone, text, in-person, or email	Parent/Guardian Concerns and Feedback (provide details)	
12/21/21	Mary Newton	in-person	concerned about anxiety
12/22/21	Mary Newton	phone	discuss bringing to SST for interventions
12/23/21	Mary Newton	email	approval to start interventions
<b>2. Please list 2-3 strengths for this student:</b> excels in Art, Has core group of friends, is willing to work with school staff			
<b>3. School Attendance History Information:</b> (print and attach attendance report from last 2 years)			
Length of time the student has been in current district:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1-3 years <input checked="" type="checkbox"/> 4+ years	Name of schools attended: (List below) Sample Elementary, Sample High School	
<b>4. Vision/Hearing Screening:</b> (NOTE: If student has a recently identified vision/hearing impairment, a 30-day corrective period must be implemented before the intervention process can proceed.)			
Date of school nurse vision screening	12/21/21	Date of school nurse hearing screening	12/21/21
Vision Results:	passed	Hearing Results:	passed
Does student wear glasses?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does student have hearing aids or use assistive hearing technology?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>5. Medical History:</b> (Discuss with school nurse and list any significant conditions and/or results including both physical and mental health) Notes: mom is worried about anxiety and his ability to complete work. He doesn't seem able to concentrate & isn't completing work. ADHD & General Anxiety Diagnosis			
<b>6. Is the student receiving any additional school or community-based services or support?</b>		<b>If yes, please list service(s) and provider(s):</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Therapy/Therapy Central, School Social Worker	
<b>7. Required supplemental data to print, discuss at meeting, and attach:</b>			
<input checked="" type="checkbox"/>	Student Demographic summary page		
<input checked="" type="checkbox"/>	Student Enrollment Information		
<input checked="" type="checkbox"/>	Discipline/Behavior Referrals (Past 2 years, as applicable)		
<input checked="" type="checkbox"/>	Attendance Report (Past 2 years, as applicable)		
<input checked="" type="checkbox"/>	Grades (Past 2 years, as applicable)		
<input checked="" type="checkbox"/>	Universal Benchmark Data used to include Progress Monitoring graphs (3x per year)		
<input checked="" type="checkbox"/>	Other academic assessment/data (i.e., running records, writing samples, etc.)		
<input checked="" type="checkbox"/>	Other pertinent documentation and/or data sources: (i.e. mental health evaluation)		
<input checked="" type="checkbox"/>	Consent to talk to therapist		

8. Indicate Area(s) of Concern: Check all that apply if needed, intervention resources are available in the MTSS Intervention Bank, or you may choose an alternate Scientific Research Based Intervention (SRBI).		
<p><b>Reading</b></p> <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Dyslexia <input type="checkbox"/> Other: _____		
<p><b>Math</b></p> <input type="checkbox"/> Fact Fluency <input type="checkbox"/> Number Operations <input type="checkbox"/> Math Word Problems <input type="checkbox"/> Number Sense <input type="checkbox"/> Math Concepts <input type="checkbox"/> Other: _____		
<p><b>Speech/Language: Comprehension</b></p> <input type="checkbox"/> Listening Comprehension/Receptive Language <input checked="" type="checkbox"/> Comprehension (understanding directions) <input type="checkbox"/> Other: _____		
<p><b>Speech/Language: Oral Expression</b></p> <input type="checkbox"/> Communication (Conversation Skills) <input type="checkbox"/> Articulation (sound production) <input checked="" type="checkbox"/> Voice <input type="checkbox"/> Fluency/Stuttering <input type="checkbox"/> Vocabulary <input type="checkbox"/> Grammar <input type="checkbox"/> Sentence Structure <input type="checkbox"/> Semantics <input checked="" type="checkbox"/> Low Language Development <input type="checkbox"/> Other: _____		
<p><b>Writing/Spelling</b></p> <input type="checkbox"/> Writing <input type="checkbox"/> Spelling <input type="checkbox"/> Other: _____		
<p><b>Emotional (Social Emotional)</b></p> <input checked="" type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Mild Internalizing Concerns <input checked="" type="checkbox"/> Social Skills/Peer Relationships <input type="checkbox"/> Transitions <input type="checkbox"/> Communication <input type="checkbox"/> Other: _____		
<p><b>Behavior</b></p> <input checked="" type="checkbox"/> Inattention/Hyperactivity <input type="checkbox"/> Disruptive Behavior <input checked="" type="checkbox"/> Non-Compliance <input checked="" type="checkbox"/> Not Following the Rules <input type="checkbox"/> Other: _____		
<p><b>Executive Functioning</b></p> <input checked="" type="checkbox"/> Off-task <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Initiating Tasks <input checked="" type="checkbox"/> Assignment/Work Completion <input checked="" type="checkbox"/> Attention/Focus <input type="checkbox"/> Self-Control/Impulsivity/Response Inhibition <input checked="" type="checkbox"/> Other: _____		
<p><b>Other</b></p> <input type="checkbox"/> Health <input type="checkbox"/> Outside Diagnosis <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Fine Motor <input type="checkbox"/> Gross Motor <input type="checkbox"/> Other: (please describe) _____		
9. Next Steps		
<i>To be completed at SST meeting for students who will receive interventions</i>		
<p><b>Prioritize top 2-3 areas of concern.</b> List intervention to be used and staff responsible for each intervention.  <b>Note:</b> Each intervention should be documented on its own <b>MTSS Part 2: Intervention Data sheet.</b></p>		
Area of Concern 1:	Planned Intervention:	Staff Responsible:
Social/Emotional/Behavioral	5 point scale	Mr. Smith
Area of Concern 2:	Planned Intervention:	Staff Responsible:
Self-Management	Check list with prompt	Mrs. History
Area of Concern 3:	Planned Intervention:	Staff Responsible:

In reviewing the supplemental data, SST members noted that Robbie is failing English, American History, Physical Science, and Geometry. He has a C in Health and an A in Art. His benchmark scores for reading and math are within grade-level standards. He has three accommodations currently in place.

- Robbie will be given additional time to complete his classroom assignments.
- Robbie's assignments will be modified to contain fewer items.
- Robbie will be allowed to take tests in a quiet room with fewer distractions.

He has missed 5 days of school (excused absences) and does not have any office discipline referrals. He has a diagnosis of Generalized Anxiety Disorder and Attention Deficit Hyperactivity Disorder. He passed both vision and hearing screening. The team has chosen one emotional and one functional intervention.

## Part 2: Intervention Data Area of Concern #1 (High School Case Study)



Multi-tiered System of Supports (MTSS) Student Success Team  
 \*This form pertains to K-12 students only.

updated 9/21/23

### Part 2: Intervention Data

**A. INTERVENTION DATA DOCUMENTATION-1 form per intervention for each 6-week cycle.**

- Fill out intervention data completely including the start date for each week; mark an "X" if no school and an "A" if absent.
- Record daily participation level. (High, Average, Low, or Refused to participate)
- Record weekly progress monitoring. (Academic: 1-3 data points. Behavior: 3 or more data points.) This is used to check if intervention is working.

Student Name: Robbie Student		DOB: 12/15/05		Grade: 10		
Area of Concern from Part 1 #9: Verbal Aggression						
Intervention: Social Emotional Behavioral			Intervention completed by: Mr. Smith			
Purpose/Goal of Intervention: Self regulation/identify feelings			Progress Monitoring Tool: 5 point scale			
	Day 1	Day 2	Day 3	Day 4	Day 5	Progress Monitoring
<b>Date Week 1</b> 1/3/22	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 1/3 1/5 1/7 Data 5 5 5				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: highest number reported on the 5 pt scale is in English. Seemed annoyed about reporting
<b>Date Week 2</b> 1/10	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 1/10 1/12 1/13 Data 5 4 5				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: was more cooperative with teachers this week.
<b>Date Week 3</b> 1/17	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 1/17 1/19 1/21 Data 4 4 5				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: 1/18: 5. 1/20: 4
<b>Date Week 4</b> 1/24	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 1/24 1/26 1/28 Data 5 4 5				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: scored 5 on 1/25 & 1/27
<b>Date Week 5</b> 1/31	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 1/31 Data 5				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: 5's every day this week
<b>Date Week 6</b> 2/7	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 2/7 2/8 2/9 Data 5 4 5				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: 2/10: 5, 2/11: 5

- If student has excessive absences and/or interventions are not completed daily, additional days/weeks must be completed.
- Print additional sheets as needed.

## Part 2: Intervention Data Area of Concern #2 (High School Case Study)



Multi-tiered System of Supports (MTSS) Student Success Team

\*This form pertains to K-12 students only.

updated 9/21/23

### Part 2: Intervention Data

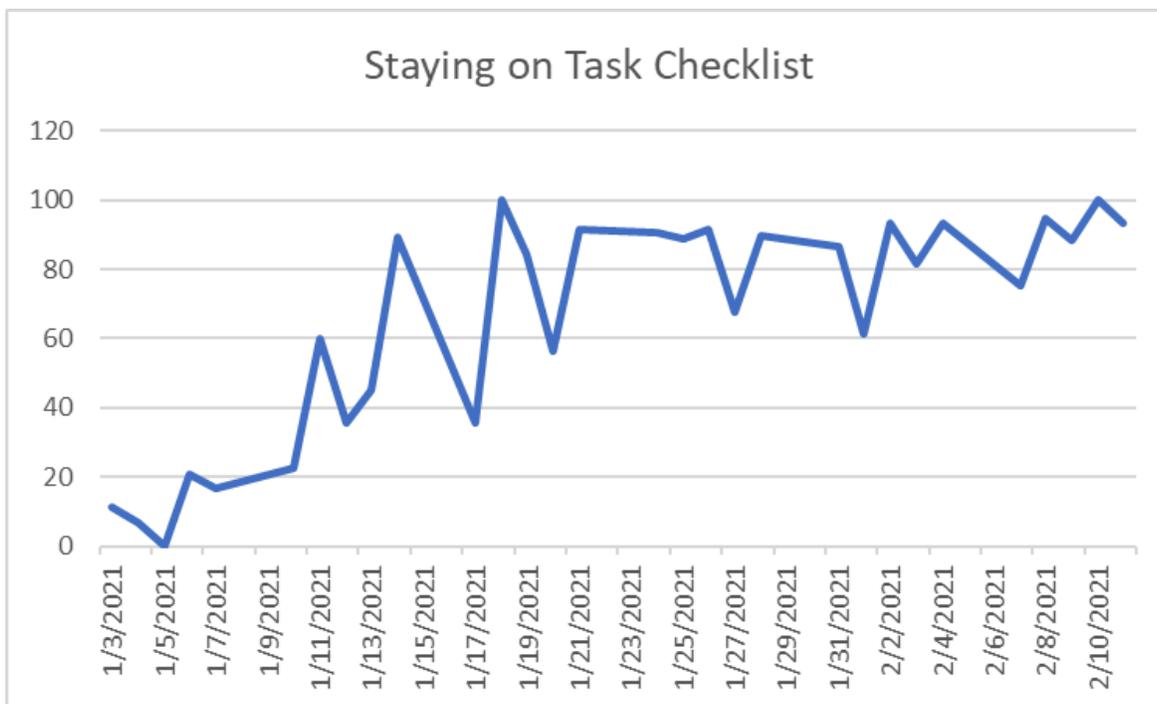
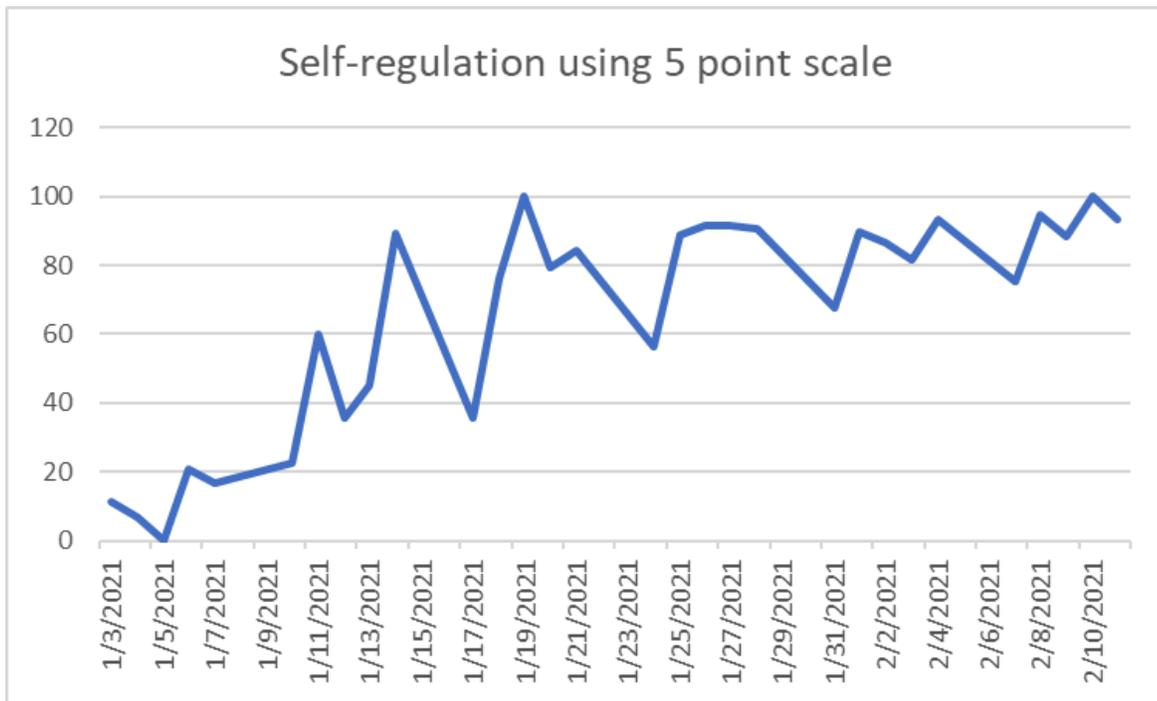
**A. INTERVENTION DATA DOCUMENTATION-1 form per intervention for each 6-week cycle.**

- Fill out intervention data completely including the start date for each week; mark an "X" if no school and an "A" if absent.
- Record daily participation level. (High, Average, Low, or Refused to participate)
- Record weekly progress monitoring. (Academic: 1-3 data points. Behavior: 3 or more data points.) This is used to check if intervention is working.

Student Name: <b>Robbie Student</b>		DOB: <b>12/15/05</b>		Grade: <b>10</b>		
Area of Concern from Part 1 #9: <b>Functional Skills</b>						
Intervention: <b>Self-management</b>			Intervention completed by: <b>Mr. Smith</b>			
Purpose/Goal of Intervention: <b>staying on task</b>			Progress Monitoring Tool: <b>checklist</b>			
	Day 1	Day 2	Day 3	Day 4	Day 5	Progress Monitoring
<b>Date Week 1</b>	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 1/3 1/4 1/5 Data 11.5% 6.7% 0				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: 1/6-20.7%, 1/7-16.7% was a struggle to get intervention in place. most yes in history
<b>Date Week 2</b>	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 1/10 1/11 1/12 Data 22.5% 60% 35.8%				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes: 1/13-45.2%, 1/14-89.4%.
<b>Date Week 3</b>	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 1/17 1/19 1/21 Data 35.6 100% 84.3%				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes 1/18: 76.3% 1/20: 79.5%
<b>Date Week 4</b>	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 1/24 1/26 1/28 Data 56.4% 91.3% 90.8%				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes 1/25-88.9% & 1/27-91.3%
<b>Date Week 5</b>	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 1/31 2/1 2/2 Data 67.5% 89.5% 86.7%				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes 2/3-81.5%, 2/4-93.5%
<b>Date Week 6</b>	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date 2/7 2/8 2/9 Data 75.4% 94.5% 88.5%				
<b>Engagement and Participation</b>	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Refused	Weekly Notes 2/10: 100%, 2/11:93.5%

- If student has excessive absences and/or interventions are not completed daily, additional days/weeks must be completed.
- Print additional sheets as needed.

Once you have completed your data sheets, you will create and/or print a graph for the SST to review. You may create a graph by hand, use excel, print from Prolific, or use any other online program. *Below is an example of Robbie's data in graph form that were created in Excel.*



## Part 3: Team Data Review (High School Case Study)



Multi-tiered System of Supports (MTSS) Student Success Team

\*This form pertains to K-12 students only

Updated 9/18/23

Part 3: Team Data Review			
Student Name: Robbie Student		DOB: 12/15/05	Grade: 10
		Meeting Date: 2/12/22	
Area of Concern #1: Social Emotional Behavioral		Specific skill: Self regulation	
<b>Round 1: First 6-week cycle of Intervention #1</b>		<b>Round 2: Second 6-week cycle of Intervention #1</b>	
Intervention: (name/description) 5 point scale/name feelings/thoughts/physical symptoms associated with 1-5		Intervention: (name/description)	
Intervention completed by: (name of staff/position) Mr. Smith		Intervention completed by: (name of staff/position)	
What does data show? (Based on progress monitoring graph, is student making growth toward goal?) Robbie was consistently reporting 5's on the scale. He participated and attended 100% of interventions.		What does data show? (Based on progress monitoring graph, is student making growth toward goal?)	
What does data show? (Based on progress monitoring graph, is student making growth toward grade level standards?) not at this time.		What does data show? (Based on progress monitoring graph, is student making growth toward grade level standards?)	
Teacher Feedback/Observation: The intervention does not seem to be working for Robbie. A different intervention is needed.		Teacher Feedback/Observation:	
Round 1 Student Success Team Decision		Round 2 Student Success Team Decision	
1. Student is making adequate progress. <i>Move to watchlist to monitor progress. Interventions may continue.</i>	<input type="checkbox"/>	1. Student is making adequate progress. <i>Move to watchlist to monitor progress. Interventions may continue.</i>	<input type="checkbox"/>
2. Student is not making adequate progress. <i>Proceed with 2<sup>nd</sup> round of interventions using a new intervention to address area of concern.</i>	<input checked="" type="checkbox"/>	2. Student is not making adequate progress. <i>Proceed with optional 3<sup>rd</sup> round of interventions using a new intervention to address area of concern.</i>	<input type="checkbox"/>
List new intervention: (name/description) Teach Coping Skills	Staff Responsible: Ms. Square	List new intervention: (name/description)	Staff Responsible:
3. Other: (please list)	<input type="checkbox"/>	3. Other: (please list)	<input type="checkbox"/>

Area of Concern #2: Functional Self-Management		Specific skill: Staying on task	
<b>Round 1: First 6-week cycle of Intervention #2</b>		<b>Round 2: Second 6-week cycle of Intervention #2</b>	
Intervention: (name/description) Self monitor on task behavior with checklist and prompts.		Intervention: (name/description)	
Intervention completed by: (name of staff/position) Mr. Smith		Intervention completed by: (name of staff/position)	
What does data show? (Based on progress monitoring graph, is student making growth toward goal?) Intervention is working well. Robbie has been able to self-monitor during work time. Continue.		What does data show? (Based on progress monitoring graph, is student making growth toward goal?)	
What does data show? (Based on progress monitoring graph, is student making growth toward grade level standards?) Robbie is successful in English but still struggles in other subjects. Add an intervention to other classes.		What does data show? (Based on progress monitoring graph, is student making growth toward grade level standards?)	
Teacher Feedback/Observation: Robbie is using tool in English. Continue and add new intervention to other classes.		Teacher Feedback/Observation:	
Round 1 Student Success Team Decision		Round 2 Student Success Team Decision	
1. Student is making adequate progress. <i>Move to watchlist to monitor progress. Interventions may continue.</i>	<input type="checkbox"/>	1. Student is making adequate progress. <i>Move to watchlist to monitor progress. Interventions may continue.</i>	<input type="checkbox"/>
2. Student is not making adequate progress. <i>Proceed with 2<sup>nd</sup> round of interventions using a new intervention to address area of concern.</i>	<input type="checkbox"/>	2. Student is not making adequate progress. <i>Proceed with optional 3<sup>rd</sup> round of interventions using a new intervention to address area of concern.</i>	<input type="checkbox"/>
List new intervention: (name/description) Checklist for Geometry	Staff Responsible: Ms. Square	List new intervention: (name/description)	Staff Responsible:
3. Other: (please list)	<input type="checkbox"/>	3. Other: (please list)	<input type="checkbox"/>
Round 1 Student Success Team Meeting Attendance Staff Name/Position		Round 2 Student Success Team Meeting Attendance Staff Name/Position	
Mrs. Admin/Building Principal			
Ms. Helper/Interventionist			
Mr. Title I/Title I			
Mrs. Example/Teacher			
Ms. Johnson/ADAPT			
SST has decided that all pre-referral criteria have been met to proceed with a special education referral.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
The Part 4: Referral form will be filled out and submitted to case manager by: (staff name/position)			

The SST team reviews data and makes decisions for the next steps. In this case study, Robbie will do a second round of interventions in both areas of concern. He will use the same checklist intervention in staying on task in the other academic classes and will add a coping skills intervention in the self-management area. Data will be collected and brought back to the SST team for data review in six weeks.

# Referral for a Special Education Evaluation

If the SST decides that interventions have been completed with fidelity and the data does not show growth and/or change in students skills, the next step could be a third round of interventions or it could be a referral for a special education evaluation.. If the team decides to move forward with a special education evaluation, they should decide and assign a staff member to complete the **Part 4: Referral for a Special Education Evaluation** at the SST meeting.

- All fields in the form should be completed.
- The original form should stay on site and be added to the student’s due process folder.
- The form, along with Part 1, Part 2, Part 3, and all supplemental documentation, should be scanned and emailed to your school psychologist who will begin the evaluation planning process.



Multi-tiered System of Supports (MTSS) Student Success Team

\*This form pertains to K-12 students only

updated 9/21/23

## Part 4: Referral for Special Education Evaluation

### A. Student Demographics

Student Name:		MARSS #:	DOB:	Age:	Grade:
Gender:	Race/Ethnicity:	Resident District:	Providing District:	Providing School:	
Parent/Guardian Name:			Parent/Guardian Email:		

### B. Staff Information

Date Referral Sent:	Name of Referring Staff Member:	Staff Email:
Additional staff who know student well to assist in referral process. (including classroom teacher if different from referring staff)		
Staff Name:	Staff Email:	Staff Name:
		Staff Email:

### C. Additional Information needed for Evaluation Planning

Does student have a 504 plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student repeated a grade(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational History: (Work with special education staff and check all that apply)	
<input type="checkbox"/> Student has received MTSS intervention. <input type="checkbox"/> Student has previously been referred to Special Education. <input type="checkbox"/> Student has had a special education evaluation in this district, another district, or another state. <input type="checkbox"/> Student is currently receiving special education services. (i.e. speech)	
Services currently or previously received: (check all that apply)	
<input type="checkbox"/> Tutoring <input type="checkbox"/> ADAPT/Counseling <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Title I <input type="checkbox"/> Outside Counseling <input type="checkbox"/> Other:	
Describe communication Skills:	
<input type="checkbox"/> Non-verbal <input type="checkbox"/> A Few Words <input type="checkbox"/> Phrase Speech <input type="checkbox"/> Halting Speech <input type="checkbox"/> Articulation Errors <input type="checkbox"/> Poor Grammar <input type="checkbox"/> Difficulty Conveying Thoughts/Ideas <input type="checkbox"/> Slow Verbal Response Time <input type="checkbox"/> Difficulty Repeating Back Information <input type="checkbox"/> Fluent Speech <input type="checkbox"/> ASL <input type="checkbox"/> Other:	
If student is non-verbal or physically impaired, how do they functionally communicate their responses?	
<input type="checkbox"/> Signing/Gestures <input type="checkbox"/> Picture Board <input type="checkbox"/> Technology (describe:) <input type="checkbox"/> Other: (describe)	

### D. NLC Socio-Cultural Checklist (Must be completed; check all that apply)

<b>Race/Culture</b>	
1. The student is racially different from the majority of peers and staff in this school.	<input type="checkbox"/>
2. The student's family participates regularly in events within their race/cultural group and/or the family is an enrolled member of a recognized American Indian tribe.	<input type="checkbox"/>
3. The student seldom interacts with peers or staff of other racial/cultural backgrounds or has poor relations with peers and staff of other racial/cultural backgrounds.	<input type="checkbox"/>
4. The student recently moved from another town, city, district, or state.	<input type="checkbox"/>
5. None of the above apply to this student.	<input type="checkbox"/>
<b>Communication/Language</b>	
1. There is a language, dialect, or communication style other than standard English spoken by the family members in the student's home.	<input type="checkbox"/>
2. The student has a language, dialect, or communication style other than standard English.	<input type="checkbox"/>
3. None of the above apply to this student.	<input type="checkbox"/>

Other Factors	
1. The student's family has moved more than once during the current school year or has a pattern of moving at least once a year over several years.	<input type="checkbox"/>
2. The student's previous education has been sporadic, limited, or very different from the current school.	<input type="checkbox"/>
3. The student's primary caregiver has changed within the last year.	<input type="checkbox"/>
4. The student has recently experienced a crisis or trauma	<input type="checkbox"/>
5. The student expresses or displays a sense of stress, anxiety, or isolation.	<input type="checkbox"/>
6. None of the above apply to this student.	<input type="checkbox"/>

E. Areas of Concern (check ALL that apply)	
Academic Skills	Performance/Work Production
<input type="checkbox"/> Basic Reading Skills (i.e., Phonics) <input type="checkbox"/> Reading Fluency/Low Words Correct Per Minute <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Difficulty Recalling Vocabulary/Concepts <input type="checkbox"/> Basic Math Skills <input type="checkbox"/> Math Facts <input type="checkbox"/> Math Calculations <input type="checkbox"/> Math Concepts/Problem Solving <input type="checkbox"/> Spelling <input type="checkbox"/> Written Expression (ideas; grammar; mechanics) <input type="checkbox"/> Handwriting skills (legibility; fine motor control) <input type="checkbox"/> Listening Skills (e.g. recall; multi-step directions, comprehension of verbal information) <input type="checkbox"/> Oral Language (if checked, please also check appropriate boxes in communication area in part C) <input type="checkbox"/> Other:	<input type="checkbox"/> Attention <input type="checkbox"/> Organization <input type="checkbox"/> Study Skills <input type="checkbox"/> Limited Endurance <input type="checkbox"/> Task Initiation <input type="checkbox"/> Task Completion <input type="checkbox"/> Limited Physical Strength <input type="checkbox"/> Attendance <input type="checkbox"/> Fatigue <input type="checkbox"/> Difficulty Concentrating <input type="checkbox"/> Planning and/or Sequencing Information <input type="checkbox"/> Other:
Behavior	Other
<input type="checkbox"/> Verbally Aggressive <input type="checkbox"/> Physically Aggressive <input type="checkbox"/> Disruptive <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Frequent Blurting Out <input type="checkbox"/> Hyperactive/Impulsive <input type="checkbox"/> Withdrawn <input type="checkbox"/> Anxious <input type="checkbox"/> Disordered Thoughts (e.g., irrational, incoherent) <input checked="" type="checkbox"/> Atypical Behavior (e.g., delusional, extremely odd actions, self-injury) Describe: <input type="checkbox"/> Other:	<input type="checkbox"/> Fine Motor Skills (e.g., buttons, tying, using scissors, handwriting, keyboarding) <input type="checkbox"/> Gross Motor Skills <input type="checkbox"/> Low Cognitive Ability <input type="checkbox"/> Communication Skills <input type="checkbox"/> Daily & Independent Living Skills <input type="checkbox"/> Social & Interpersonal Skills <input type="checkbox"/> Difficulty with Changes in Routine <input type="checkbox"/> Difficulty with Transitions <input type="checkbox"/> Difficulty Making Friends <input type="checkbox"/> Social Naivete or Vulnerability <input type="checkbox"/> Other:

Please Share Additional Concerns and Important Information Here (e.g. other test data, teacher/student interactions, office discipline referrals, student's own concerns, needed accommodations)

Attach the following documentation from MTSS Student Support Process	
	Part 1: Discuss Form including all supplemental data
	Part 2: Intervention Data
	Part 3: Team Data Review
	Any Community based Medical Evaluation(s) and/or Mental Health Diagnostic Assessments

Special Education Case Manager Name:	Case Mgr. Email:
Student Success Team Chairperson:	Name: Signature:
Building Administrator	Name: Signature:

Note: if Student has an ADHD diagnosis, DSM-V form from Sped forms is required

## Parent Request for a Special Education Evaluation

When a parent requests an evaluation for special education, whether verbal or written, the Principal should be notified. Minnesota Statute requires a written response to the request. The NLC recommends a written response be sent home within 10 school days of the request.

### **MN MDE Q & A on State Statute**

***Following is the process for responding to parent request for a special education evaluation:***

**Step 1:** The Principal or administrative designee will schedule a meeting to discuss concerns. Team members should include the principal, parent, general education teacher, and any other relevant staff. The meeting may be in-person or virtual.

**Step 2:** The purpose of the meeting is to discuss the concern(s) of the parent and develop a plan to address them.

The following options may be considered:

- Implement research-based interventions in area(s) of concern to address the skill deficit(s). *The district's Data Review Team will oversee this process.*
- 504 Plan with accommodations to support the student (if applicable)

*If the parent refuses the interventions, contact your Coordinator/Assistant Director.*

**Step 3:** The Principal or administrative designee will send home a **letter (link)** on district letterhead that documents the steps the district will take to address the area(s) of concern.

**Step 4:** If interventions will be implemented, the Principal or administrative designee will forward the areas of concern(s) to the Student Success Team.

**Step 5:** After interventions are implemented for 60 days, the Principal or administrative designee will schedule a team meeting, including the parent, to discuss intervention data, student progress, and next steps.

**Step 6:** Place all documentation in the student's cumulative folder.

## Additional Resources

### Creating a Graph in Excel:

Step 1: Enter dates in the first column.

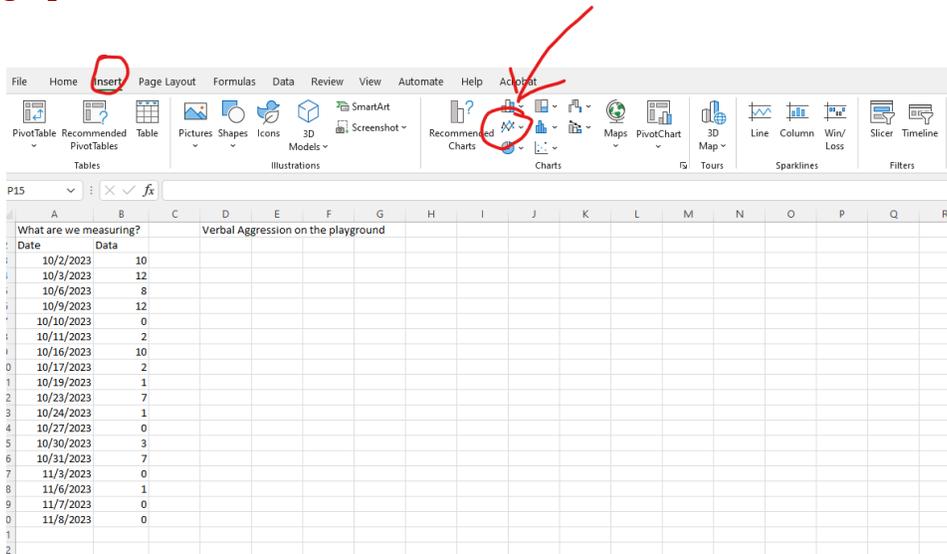
What are we measuring?		Verbal Aggression on the playground			
Date	Data				
10/2/2023					
10/3/2023					
10/6/2023					
10/9/2023					
10/10/2023					
10/11/2023					
10/16/2023					
10/17/2023					
10/19/2023					
10/23/2023					
10/24/2023					
10/27/2023					
10/30/2023					
10/31/2023					
11/3/2023					
11/6/2023					
11/7/2023					
11/8/2023					

Step 2: Enter data (from intervention data sheet) into the second column.

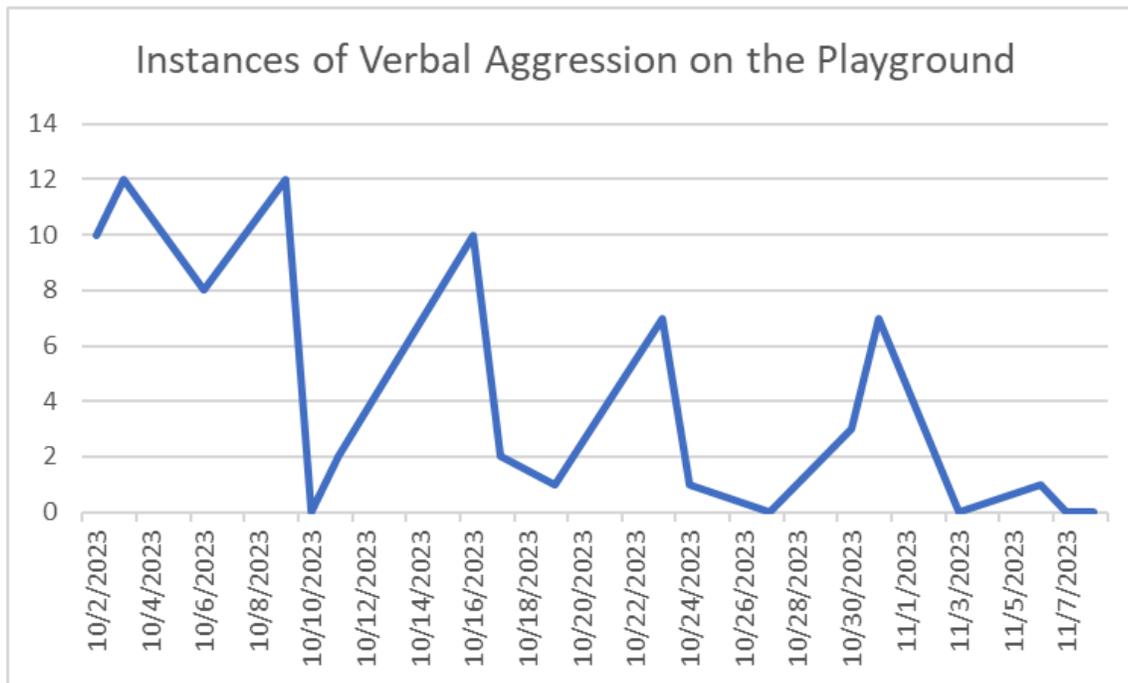
What are we measuring?		Verbal Aggression on the playground			
Date	Data				
10/2/2023	10				
10/3/2023	12				
10/6/2023	8				
10/9/2023	12				
10/10/2023	0				
10/11/2023	2				
10/16/2023	10				
10/17/2023	2				
10/19/2023	1				
10/23/2023	7				
10/24/2023	1				
10/27/2023	0				
10/30/2023	3				
10/31/2023	7				
11/3/2023	0				
11/6/2023	1				
11/7/2023	0				
11/8/2023	0				

Step 3: Highlight the date column and data column. Go to the insert tab and choose the line

graph icon.



Step 4: The line graph will generate and show up on the spreadsheet next to your data. Click on the box with the graph. Copy and paste it into a word document to attach to intervention data.



## **Frequently Asked Questions**

### **Should we start interventions through the MTSS process if we don't believe that the student needs to be tested for special education?**

Starting the MTSS process does not mean that the student is automatically moving to a special education evaluation.

### **When should each form be completed?**

- **Part 1: Team Discussion** should be completed when the general education staff member wants to bring a student to the SST team.
- **Part 2: Intervention Data** should be completed when the SST team decides to put formal evaluations in place and/or when the general education staff have intervention data to use in the MTSS process. Data collection charts or Prolific should be utilized from the beginning of the intervention process.
- **Part 3: Team Data Review** should be completed at the SST team meeting after the interventions have been completed and data has been collected.
- **Part 4: Referral for Special Education Evaluation** should be completed after the SST has completed all of the prereferral requirements and has decided that a special education evaluation is needed.

### **Why does vision and hearing screening need to be conducted and documented on Part 1: Team Discussion prior to the implementation of interventions?**

It is important to rule out a vision or hearing issue contributing to the student's challenges at school.

### **There is a student on a 504 and parents are pushing for a special education evaluation. What do we do?**

It is the recommendation to call a meeting with the 504 Coordinator, building principal, parents, and general education teachers. At this meeting, talk with parents about their concerns to get to the root of the issue. Sometimes parents just want to be heard and know their student is getting support. If the parent still is requesting a special education evaluation, contact your district Coordinator/Assistant Director for more support.

### **How do we choose interventions for a student?**

Talk to the team about the needs of the student in order to determine the main areas of concern. There may need to be additional informal assessments completed in order to determine the specific area of concern. For Example: It's important to determine if the student needs intervention in the area of basic reading skills versus reading comprehension before choosing an intervention.

For each area of concern, look at the tab in the Intervention Bank, or you may use a scientifically research-based intervention available at your school, for that area in order to find an SRBI that will work for the person who will be implementing it. Determine the goal for the student in each area of need and determine how progress will be measured in order to determine if the intervention has helped the student to make gains toward the goal. For Example: If doing an intervention in the area of reading fluency, a CBM may be completed 3x per week to measure words read per minute. Once an intervention and data collection method have been determined, please connect with the school psychologist in the district in order to keep them updated.

### **When does attendance play an issue for referrals?**

There is no set percentage of missed days that determines when the referral can be submitted or not. However, the SST must look at factors impacting the students attendance (i.e. unexcused absences, excused absences, anxiety, medical appointments, family resource circumstances, etc). These play a critical role in determining disability category, but can also be an exclusionary factor for eligibility determination.

### **How do I set a reasonable goal for the intervention? How much progress is too much? When do we consider students' progress towards grade level standards over intervention progress in submitting the referral?**

The goal with interventions is to “bridge the gap” and bring students to grade level. If they are making notable gains but are still not close to grade level, then it is recommended to implement Round 2 or Round 3 of interventions. Each case is considered using a variety of information and data, and each student should be considered using the whole child lens on an individual basis. When in doubt, teams are encouraged to consult with their School Psychologist and/or Coordinator/Assistant Director.

### **Can we do more than one intervention concurrently?**

Yes, areas of concern should be prioritized to the two or three areas that appear to be most interfering with the student’s education success. Interventions for prioritized areas of concern should be implemented concurrently. This supports the whole child framework. Depending on intervention data, students may move to a watch list in one or more areas after completing Round 1 of interventions.

## Appendix



### Multi-tiered System of Supports (MTSS) Student Success Team

*\*This form pertains to K-12 students only.*

*Updated 9/21/23*

### Part 1: Team Discussion

- *This form is intended to be a guide to have meaningful discussions and develop a plan.*
- *Staff expressing concern should complete the entire form prior to SST meeting.*

SST General Education Questionnaire			
Student Name:	DOB:	Grade:	SST Meeting Date:
District:	Serving School:		
Staff Name/Title:	Staff Email:		
<b>1. Communication Log</b> <i>(use to document areas of concern, interventions to begin, and referral to MTSS process)</i>			
Date & Person Contacted:	Method: phone, text, in-person, or email	Parent/Guardian Concerns and Feedback (provide details)	
<b>2. Please list 2-3 strengths for this student:</b>			
<b>3. School Attendance History Information:</b> <i>(print and attach attendance report from last 2 years)</i>			
Length of time the student has been in current district:	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 4+ years	Name of schools attended: (List below)	
<b>4. Vision/Hearing Screening:</b> <i>(NOTE: If student has a recently identified vision/hearing impairment, a 30-day corrective period must be implemented before the intervention process can proceed.)</i>			
Date of school nurse vision screening:	Date of school nurse hearing screening:	Notes:	
Vision Results:	Hearing Results:		
Does student wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does student have hearing aids or use assistive hearing technology? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5. Medical History:</b> (Discuss with school nurse and list any significant conditions and/or results including both physical and mental health) Notes:			
<b>6. Is the student receiving any additional school or community-based services or support?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list service(s) and provider(s):	
<b>7. Required supplemental data to print, discuss at meeting, and attach:</b>			
Student Demographic summary page			
Student Enrollment Information			
Discipline/Behavior Referrals (Past 2 years, as applicable)			
Attendance Report (Past 2 years, as applicable)			
Grades (Past 2 years, as applicable)			
Universal Benchmark Data used to include Progress Monitoring graphs (3x per year)			
Other academic assessment/data (i.e., running records, writing samples, etc.)			
Other pertinent documentation and/or data sources: (i.e. mental health evaluation)			

<p><b>8. Indicate Area(s) of Concern: Check all that apply if needed, intervention resources are available in the MTSS Intervention Bank, or you may choose an alternate Scientific Research Based Intervention (SRBI).</b></p>		
<p><b>Reading</b></p> <input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Dyslexia <input type="checkbox"/> Other:	<p><b>Math</b></p> <input type="checkbox"/> Fact Fluency <input type="checkbox"/> Number Operations <input type="checkbox"/> Math Word Problems <input type="checkbox"/> Number Sense <input type="checkbox"/> Math Concepts <input type="checkbox"/> Other:	
<p><b>Speech/Language: Comprehension</b></p> <input type="checkbox"/> Listening Comprehension/Receptive Language <input type="checkbox"/> Comprehension (understanding directions) <input type="checkbox"/> Other:	<p><b>Speech/Language: Oral Expression</b></p> <input type="checkbox"/> Communication (Conversation Skills) <input type="checkbox"/> Articulation (sound production) <input type="checkbox"/> Voice <input type="checkbox"/> Fluency/Stuttering <input type="checkbox"/> Vocabulary <input type="checkbox"/> Grammar <input type="checkbox"/> Sentence Structure <input type="checkbox"/> Semantics <input type="checkbox"/> Low Language Development <input type="checkbox"/> Other:	
<p><b>Writing/Spelling</b></p> <input type="checkbox"/> Writing <input type="checkbox"/> Spelling <input type="checkbox"/> Other:		
<p><b>Emotional (Social Emotional)</b></p> <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Mild Internalizing Concerns <input type="checkbox"/> Social Skills/Peer Relationships <input type="checkbox"/> Transitions <input type="checkbox"/> Communication <input type="checkbox"/> Other:	<p><b>Behavior</b></p> <input type="checkbox"/> Inattention/Hyperactivity <input type="checkbox"/> Disruptive Behavior <input type="checkbox"/> Non-Compliance <input type="checkbox"/> Not Following the Rules <input type="checkbox"/> Other:	
<p><b>Executive Functioning</b></p> <input type="checkbox"/> Off-task <input type="checkbox"/> Organization <input type="checkbox"/> Initiating Tasks <input type="checkbox"/> Assignment/Work Completion <input type="checkbox"/> Attention/Focus <input type="checkbox"/> Self-Control/Impulsivity/Response Inhibition <input type="checkbox"/> Other:	<p><b>Other</b></p> <input type="checkbox"/> Health <input type="checkbox"/> Outside Diagnosis <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Fine Motor <input type="checkbox"/> Gross Motor <input type="checkbox"/> Other: (please describe)	
<p><b>9. Next Steps</b> <i>To be completed at SST meeting for students who will receive interventions</i></p>		
<p><b>Prioritize top 2-3 areas of concern.</b> List intervention to be used and staff responsible for each intervention. Note: Each intervention should be documented on its own <b>MTSS Part 2: Intervention Data</b></p>		
Area of Concern 1:	Planned Intervention:	Staff Responsible:
Area of Concern 2:	Planned Intervention:	Staff Responsible:
Area of Concern 3:	Planned Intervention:	Staff Responsible:

**Part 2: Intervention Data**

**A. INTERVENTION DATA DOCUMENTATION-1 form per intervention for each 6-week cycle.**

- Fill out intervention data completely including the start date for each week; mark an "X" if no school and an "A" if absent.
- Record daily participation level. (High, Average, Low, or Refused to participate)
- Record weekly progress monitoring. (Academic: 1-3 data points. Behavior: 3 or more data points.) This is used to check if intervention is working.

Student Name:				DOB:		Grade:	
Area of Concern from Part 1 #9:							
Intervention:				Intervention completed by:			
Purpose/Goal of Intervention:				Progress Monitoring Tool:			
	Day 1	Day 2	Day 3	Day 4	Day 5	Progress Monitoring	
Date Week 1	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date					
						Data	
Engagement and Participation	<input type="checkbox"/> High	Weekly Notes:					
	<input type="checkbox"/> Average						
	<input type="checkbox"/> Low						
	<input type="checkbox"/> Refused						
Date Week 2	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date					
						Data	
Engagement and Participation	<input type="checkbox"/> High	Weekly Notes:					
	<input type="checkbox"/> Average						
	<input type="checkbox"/> Low						
	<input type="checkbox"/> Refused						
Date Week 3	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date					
						Data	
Engagement and Participation	<input type="checkbox"/> High	Weekly Notes					
	<input type="checkbox"/> Average						
	<input type="checkbox"/> Low						
	<input type="checkbox"/> Refused						
Date Week 4	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date					
						Data	
Engagement and Participation	<input type="checkbox"/> High	Weekly Notes					
	<input type="checkbox"/> Average						
	<input type="checkbox"/> Low						
	<input type="checkbox"/> Refused						
Date Week 5	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date					
						Data	
Engagement and Participation	<input type="checkbox"/> High	Weekly Notes					
	<input type="checkbox"/> Average						
	<input type="checkbox"/> Low						
	<input type="checkbox"/> Refused						
Date Week 6	Intervention <input type="checkbox"/> Y <input type="checkbox"/> N	Date					
						Data	
Engagement and Participation	<input type="checkbox"/> High	Weekly Notes					
	<input type="checkbox"/> Average						
	<input type="checkbox"/> Low						
	<input type="checkbox"/> Refused						

- If student has excessive absences and/or interventions are not completed daily, additional days/weeks must be completed.
- Print additional sheets as needed.



**Multi-tiered System of Supports (MTSS) Student Success Team**

*\*This form pertains to K-12 students only*

*Updated 9/18/23*

**Part 3: Team Data Review**

<b>Student Name:</b>		<b>DOB:</b>	<b>Grade:</b>	<b>Meeting Date:</b>
<b>Area of Concern #1:</b>		<b>Specific skill:</b>		
<b>Round 1:</b> <i>First 6-week cycle of Concern #1 Intervention</i>		<b>Round 2:</b> <i>Second 6-week cycle of Concern #1 Intervention</i>		
<b>Intervention:</b> (name/description)		<b>Intervention:</b> (name/description)		
<b>Intervention completed by:</b> (name of staff/position)		<b>Intervention completed by:</b> (name of staff/position)		
<b>What does data show?</b> (Based on progress monitoring graph, is student making growth toward goal?)		<b>What does data show?</b> (Based on progress monitoring graph, is student making growth toward goal?)		
<b>What does data show?</b> (Based on progress monitoring graph, is student making growth toward grade level standards?)		<b>What does data show?</b> (Based on progress monitoring graph, is student making growth toward grade level standards?)		
<b>Teacher Feedback/Observation:</b>		<b>Teacher Feedback/Observation:</b>		
<b>Round 1 Student Success Team Decision</b>		<b>Round 2 Student Success Team Decision</b>		
1. Student <b>is</b> making adequate progress. <i>Move to watchlist to monitor progress. Interventions may continue.</i>	<input type="checkbox"/>	1. Student <b>is</b> making adequate progress. <i>Move to watchlist to monitor progress. Interventions may continue.</i>	<input type="checkbox"/>	
2. Student <b>is not</b> making adequate progress. <i>Proceed with 2<sup>nd</sup> round of interventions using a new intervention to address area of concern.</i>	<input type="checkbox"/>	2. Student <b>is not</b> making adequate progress. <i>Proceed with optional 3<sup>rd</sup> round of interventions using a new intervention to address area of concern.</i>	<input type="checkbox"/>	
List new intervention: <i>(Name/Description)</i>	Staff Responsible:	List new intervention: <i>(Name/Description)</i>	Staff Responsible:	
3. Other: (please list)	<input type="checkbox"/>	3. Other: (please list)	<input type="checkbox"/>	





**Part 4: Referral for Special Education Evaluation**

**A. Student Demographics**

Student Name:		MARSS #:		DOB:	Age:	Grade:
Gender:	Race/Ethnicity:	Resident District:	Providing District:	Providing School:		
Parent/Guardian Name:			Parent/Guardian Email:			

**B. Staff Information**

Date Referral Sent:	Name of Referring Staff Member:	Staff Email:	
Additional staff who know student well to assist in referral process. (including classroom teacher if different from referring staff)			
Staff Name:	Staff Email:	Staff Name:	Staff Email:

**C. Additional Information needed for Evaluation Planning**

Does student have a 504 plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student repeated a grade(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational History: (Work with special education staff and check all that apply)	
<input type="checkbox"/> Student has received MTSS intervention. <input type="checkbox"/> Student has previously been referred to Special Education. <input type="checkbox"/> Student has had a special education evaluation in this district, another district, or another state. <input type="checkbox"/> Student is currently receiving special education services. (i.e. speech)	
Services currently or previously received: (check all that apply)	
<input type="checkbox"/> Tutoring <input type="checkbox"/> ADAPT/Counseling <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Title I <input type="checkbox"/> Outside Counseling <input type="checkbox"/> Other:	
Describe communication Skills: <input type="checkbox"/> Non-verbal <input type="checkbox"/> A Few Words <input type="checkbox"/> Phrase Speech <input type="checkbox"/> Halting Speech <input type="checkbox"/> Articulation Errors <input type="checkbox"/> Poor Grammar <input type="checkbox"/> Difficulty Conveying Thoughts/Ideas <input type="checkbox"/> Slow Verbal Response Time <input type="checkbox"/> Difficulty Repeating Back Information <input type="checkbox"/> Fluent Speech <input type="checkbox"/> ASL <input type="checkbox"/> Other:	
If student is non-verbal or physically impaired, how do they functionally communicate their responses?	
<input type="checkbox"/> Signing/Gestures <input type="checkbox"/> Picture Board <input type="checkbox"/> Technology (describe:) <input type="checkbox"/> Other: (describe)	

**D. NLC Socio-Cultural Checklist (Must be completed; check all that apply)**

<b>Race/Culture</b>	
1. The student is racially different from the majority of peers and staff in this school.	<input type="checkbox"/>
2. The student's family participates regularly in events within their race/cultural group and/or the family is an enrolled member of a recognized American Indian tribe.	<input type="checkbox"/>
3. The student seldom interacts with peers or staff of other racial/cultural backgrounds or has poor relations with peers and staff of other racial/cultural backgrounds.	<input type="checkbox"/>
4. The student recently moved from another town, city, district, or state.	<input type="checkbox"/>
5. None of the above apply to this student.	<input type="checkbox"/>
<b>Communication/Language</b>	
1. There is a language, dialect, or communication style other than standard English spoken by the family members in the student's home.	<input type="checkbox"/>
2. The student has a language, dialect, or communication style other than standard English.	<input type="checkbox"/>
3. None of the above apply to this student.	<input type="checkbox"/>

<b>Other Factors</b>	
1. The student's family has moved more than once during the current school year or has a pattern of moving at least once a year over several years.	<input type="checkbox"/>
2. The student's previous education has been sporadic, limited, or very different from the current school.	<input type="checkbox"/>
3. The student's primary caregiver has changed within the last year.	<input type="checkbox"/>
4. The student has recently experienced a crisis or trauma	<input type="checkbox"/>
5. The student expresses or displays a sense of stress, anxiety, or isolation.	<input type="checkbox"/>
6. None of the above apply to this student.	<input type="checkbox"/>

<b>E. Areas of Concern (check ALL that apply)</b>	
<p align="center"><b>Academic Skills</b></p> <input type="checkbox"/> Basic Reading Skills (i.e., Phonics) <input type="checkbox"/> Reading Fluency/Low Words Correct Per Minute <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Difficulty Recalling Vocabulary/Concepts <input type="checkbox"/> Basic Math Skills <input type="checkbox"/> Math Facts <input type="checkbox"/> Math Calculations <input type="checkbox"/> Math Concepts/Problem Solving <input type="checkbox"/> Spelling <input type="checkbox"/> Written Expression (ideas; grammar; mechanics) <input type="checkbox"/> Handwriting skills (legibility; fine motor control) <input type="checkbox"/> Listening Skills (e.g. recall; multi-step directions, comprehension of verbal information) <input type="checkbox"/> Oral Language (if checked, please also check appropriate boxes in communication area in part C) <input type="checkbox"/> Other:	<p align="center"><b>Performance/Work Production</b></p> <input type="checkbox"/> Attention <input type="checkbox"/> Organization <input type="checkbox"/> Study Skills <input type="checkbox"/> Limited Endurance <input type="checkbox"/> Task Initiation <input type="checkbox"/> Task Completion <input type="checkbox"/> Limited Physical Strength <input type="checkbox"/> Attendance <input type="checkbox"/> Fatigue <input type="checkbox"/> Difficulty Concentrating <input type="checkbox"/> Planning and/or Sequencing Information <input type="checkbox"/> Other:
<p align="center"><b>Behavior</b></p> <input type="checkbox"/> Verbally Aggressive <input type="checkbox"/> Physically Aggressive <input type="checkbox"/> Disruptive <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Frequent Blurting Out <input type="checkbox"/> Hyperactive/Impulsive <input type="checkbox"/> Withdrawn <input type="checkbox"/> Anxious <input type="checkbox"/> Disordered Thoughts (e.g., irrational, incoherent) <input type="checkbox"/> Atypical Behavior (e.g., delusional, extremely odd actions, self-injury) Describe: <input type="checkbox"/> Other:	<p align="center"><b>Other</b></p> <input type="checkbox"/> Fine Motor Skills (e.g., buttons, tying, using scissors, handwriting, keyboarding) <input type="checkbox"/> Gross Motor Skills <input type="checkbox"/> Low Cognitive Ability <input type="checkbox"/> Communication Skills <input type="checkbox"/> Daily & Independent Living Skills <input type="checkbox"/> Social & Interpersonal Skills <input type="checkbox"/> Difficulty with Changes in Routine <input type="checkbox"/> Difficulty with Transitions <input type="checkbox"/> Difficulty Making Friends <input type="checkbox"/> Social Naivete or Vulnerability <input type="checkbox"/> Other:

**Please Share Additional Concerns and Important Information Here** (e.g. other test data, teacher/student interactions, office discipline referrals, student's own concerns, needed accommodations)

<b>Attach the following documentation from MTSS Student Support Process</b>	
	Part 1: Discuss Form including all supplemental data
	Part 2: Intervention Data
	Part 3: Team Data Review
	Any Community based Medical Evaluation(s) and/or Mental Health Diagnostic Assessments

Special Education Case Manager Name:		Case Mgr. Email:
Student Success Team Chairperson:	Name:	
	Signature:	
Building Administrator	Name:	
	Signature:	

*Note: if Student has an ADHD diagnosis, DSM-V form from Sped forms is required*