

Pyramid of Interventions Resource Guide

*Responses to Meet the Needs of All Ware
County Students*



Dr. Joseph C. Barrow, Jr. Superintendent

Introduction & Overview

This manual was compiled to guide teachers and administrators through the process of applying the federal mandate of Response to Intervention. In Georgia, a four-tiered approach called the Pyramid of Interventions is used. The Georgia Student Achievement Pyramid of Interventions is the process of aligning appropriate assessments with purposeful instruction for all students. In Georgia, Response to Intervention is based in the general education classroom where teachers routinely implement a strong and rigorous standards-based learning environment. The tiered approach to providing layers of intervention for students needing support services requires a school wide common understanding of the Georgia Performance Standards (GPS), assessment practices, and instructional pedagogy.

Georgia's RTI process includes several key components:

A 4-Tier delivery model designed to provide support matched to student need through the implementation of standards-based classrooms.

Evidence-based instruction as the core of classroom pedagogy.

Evidence-based interventions utilized with increasing levels of intensity based on progress monitoring.

The use of a variety of ongoing assessment data to determine which students are not meeting success academically and/or behaviorally.

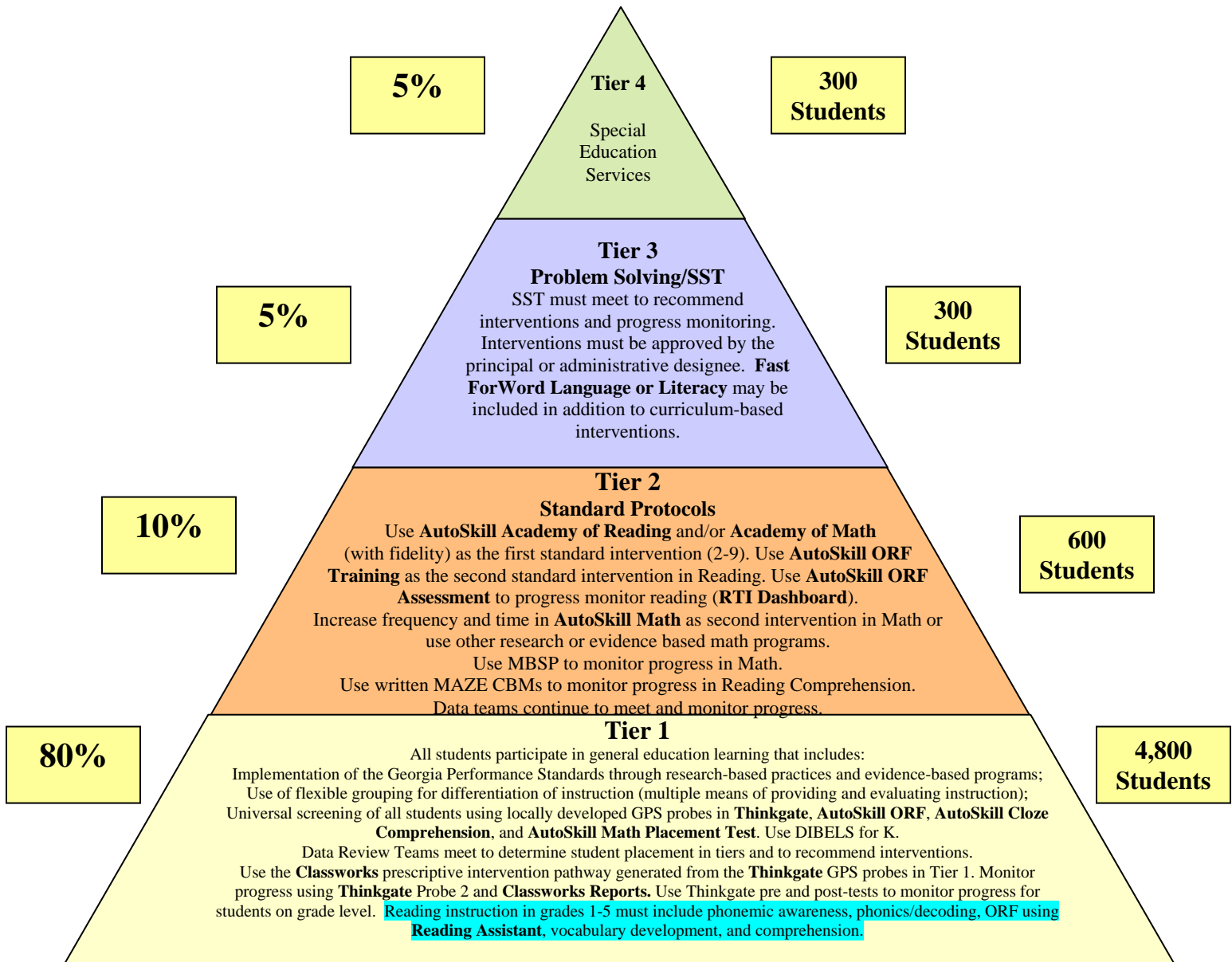
Data Teams in each school serve as the driving force for instructional decision making in the building.

Purposeful allocation of instructional resources based on student assessment data.

In Ware County, all students participate in standards based learning. Students requiring interventions to meet individual learning expectations will receive support through a systematic and purposeful process. The number of students requiring interventions will decrease as the level of intensity of the intervention increases.

In this manual, you will find the Ware County Pyramid of Intervention, steps to implement the Response to Intervention process, forms that should be used at each tier for documentation and interventions.

WARE COUNTY SCHOOLS STUDENT ACHIEVEMENT PYRAMID OF INTERVENTIONS



Notes:

1. Tier 2, 3, and 4 interventions are *in addition to* standards-based instruction in Tier 1.
2. Tier 3 interventions are prescribed by the school's SST team. Interventions may include more time and/or intensity on Classworks, AutoSkill Academy of Reading and/or Academy of Math as well as Fast ForWord Language or Literacy.
3. Tier 4 interventions may include any of the software applications specified in Tier 2 and Tier 3 as prescribed by the student's IEP.
4. Small group/individualized teacher-directed instruction may also be needed in Tier 2, 3, and 4.
5. Documentation of intervention fidelity and progress monitoring is required by state law in all four tiers. **Regardless of the intervention used, AutoSkill ORF will be used for progress monitoring in Reading.**

Guide to Implementing the Pyramid of Intervention

1. All students are taught in Standards-Based Classrooms using Learning Focused Strategies and flexible grouping.
2. All students participate in Universal Screenings using locally developed GPS probes in Thinkgate, AutoSkill ORF, and AutoSkill CLOZE Comprehension. Use DIBELS for K-1.
3. Students scoring below the grade level cut off score on the Thinkgate Probe are given the Mathematics Placement test in AutoSkill.
4. The Data Review Team (Teachers by Grade Level, Principal or Designee, Instructional Coach, RTI Coordinator, Central Office Personnel) meets to review Universal Screening data and to determine student placement in Tiers and recommend interventions. In Tier 1, students with a deficiency in Reading and/or Mathematics work in the Classworks Prescriptive Intervention pathway generated from the Thinkgate GPS probes for approximately 4 weeks.
5. After these four weeks, students working in the Classworks Prescriptive Intervention pathway should be evaluated with Probe 2.
6. The Data Team (Teachers of students working in Prescriptive Classworks, Principal or Designee, Instructional Coach, RTI Coordinator, Central Office Personnel) will meet to review results of Probe 2, determine placement in the Tiers and recommend interventions.
7. Tier 2 includes two interventions with progress monitoring.
8. When a student is placed in Tier 2, fill out **Data for Tier 2 Placement Sheet** (POI-2), **Student Profile** (POI-3) and the **Language Assessment Screening** (POI-4 if reading delays only). If language delays are present, contact speech therapist for interventions.
9. Use AutoSkill Academy of Reading (Grades 2-9), and progress monitor with AutoSkill Oral Reading Fluency at least every two weeks. Use alternate intervention (K-1) and progress monitor using DIBELS.
10. Use AutoSkill Academy of Math (Grades 2-9), and progress monitor with MBSP mathematics probes at least every two weeks. Use alternate interventions for K-1.
11. After four weeks, the RTI Team (Principal or designee, RTI Coordinator, Interventionist, and Classroom Teacher of Record) will meet to look at progress monitoring data, recommend interventions and movement in the tiers (i.e. continue in Tier 2 and increase frequency and/or time of 1st intervention, move back to Tier 1, or move to second Tier 2 intervention). Complete **Tier 2 Team Meeting Form** (POI-5).
12. Send home **Parent Notification** (POI-6)
13. If the RTI Team recommends a change of intervention in Reading, use AutoSkill Oral Fluency Training (Grades 2-9) and progress monitor with AutoSkills Oral Reading Fluency every two weeks. Choose an alternate intervention for K-1 and progress monitor with DIBELS at least every two weeks.
14. If the RTI team determines that reading comprehension is the student's primary deficit, progress monitor using MAZE reading passages.
15. If the RTI Team recommends a change of intervention in Mathematics, increase frequency or time in AutoSkills Math or use other research or evidence based mathematics programs. Progress monitor with MSBP mathematics probes at least every two weeks.

16. In four weeks, the RTI team (Principal or designee, RTI Coordinator, Interventionist, classroom teacher of record) will meet to look at progress monitoring data, recommend interventions and movement in the tiers (i.e. continue in Tier 2 and increase frequency, move back to Tier 1, or move to Tier 3). Complete **Tier 2 Team Meeting Form** (POI-5).
17. If the RTI team recommends moving to Tier 3, send **Parent Notice** (POI-7) and **Background Information** (POI-8). Continue current interventions until Tier 3 meeting is held.
18. At Tier 3, the RTI/SST Team (Principal or designee, RTI Coordinator, Interventionist, Classroom teacher of record, parent, school psychologist, and others deemed appropriate) will meet to look at Tier 2 progress monitoring data, recommend Tier 3 interventions. Complete **Tier 3 Team Meeting Form** (POI-9). The team may elect to continue AutoSkill (increase time/frequency), and/or try another curriculum based intervention (i.e. Read Naturally, Road to the Code).
19. FastForward Language/Literacy should be used in conjunction with curriculum based interventions if deemed necessary.
20. In Tier 3, progress monitor at least weekly.
21. In four weeks, the RTI/SST Team (Principal or designee, RTI Coordinator, Interventionist, Classroom teacher of record, parent, school psychologist, and others deemed appropriate) will meet to review Tier 3 progress monitoring data, recommend movement in the Tiers. If the team determines that the student should remain in Tier 3, continue interventions for the duration of the selected interventions.
22. If recommended average weekly improvement is not being made, the team will recommend that the RTI/SST folder be sent to the Central Office Review team (Theresa Martin).
23. If the review team approves the referral to special education, the folder will be sent back to the RTI/SST coordinator.
24. The RTI/SST coordinator will then give all documentation, including progress monitoring data and graphs, to the special education coordinator.

NOTE: In reading, use the **RTI Dashboard** to track progress and pull reports for progress monitoring. In Math and in Reading Comprehension, you will need to record data and chart progress using **Chart Dog** or other graphing programs.

Validity Statement: I certify that Tier 1 standards based instruction is being implemented with fidelity as specified in the Ware County Pyramid of Intervention (POI).

Teacher's Signature

Principal's Signature

Tier 2 Intervention Plan

AutoSkill Academy of Reading (Required Grades 2-9)

Beginning Date _____

Frequency (times per week) _____ Minutes per session _____

AutoSkill Academy of Math (Required Grades 2-9)

Beginning Date _____

Frequency (times per week) _____ Minutes per session _____

Other Intervention: _____

Beginning Date _____

Frequency (times per week) _____ Minutes per session _____

Progress Monitoring

How will the intervention be monitored? _____

Frequency? _____ (Two-week intervals recommended)

Expected Improvement In Oral Reading Fluency _____ words per week.

Next Scheduled Meeting _____

Hasbrouck & Tindal Oral Reading Fluency Data

Expected Gains

GRADE	1	2	3	4	5	6	7	8
GAIN	1.9	1.2	1.1	.9	.9	.7	.7	.6

**Ware County School System
Response to Intervention Student Profile**

Name of Student: _____ School: _____

Grade: _____

Date of Birth: _____ GTID: _____

Please respond to each question and provide or attach additional information as indicated.

Yes No Did the student attend, or is the student currently attending, a preschool or Head Start program? If YES,

Name the program or school: _____ (Refer to Ware County School System Registration Form)

Yes No Is this student age appropriate for his/her grade level? If NO, indicate which of the following apply:

Retained: Yes No Specify Grade(s): _____
Started School Late: Yes No Home schooled: Yes No

Yes No Is the student's hearing and vision within normal limits? (Attach copy of hearing and vision screening(s)

and/or appropriate Doctor's Report.) Screening Date(s) Vision _____
Hearing _____

Yes No Does this child have any health concerns or diagnosed disorders/syndromes? If yes, please explain:

(attach copy POI-12 Doctor's Report or Medical Records)

Yes No Does this student take daily medication? If yes please explain:

(attach copy of POI-12 Doctor's Report, or medical records)

Yes No Does this student have motor, coordination, or mobility needs? If yes, please explain:

(attach completed POI-10 – Functional Motor Assessment)

Yes No Does the child have adaptive or medical needs? (i.e. glasses, wheelchair, hearing aids. Etc.) If yes, please explain:

Yes No Does this student have an articulation or language problem? (If yes, complete the Speech/Language Assessment and attach)

Yes No Has this student been referred to or previously served in Special Education (including speech)? If yes, please explain:

Yes No Is the student's primary language English? (Refer to Ware County School System Registration Form)
If NO, answer the following questions:

Has the student been evaluated by the ESOL teacher? Yes No If so, what were the results of the evaluation?

What ESOL services or supports have been provided?

Yes No Does evidence support that the student's difficulties may be primarily due to behavioral difficulties? If yes, describe difficulties:

Yes No Does evidence support that the student's difficulties may be primarily due to attendance problems, tardiness, or frequent school interruptions? If YES, explain reasons for the absences/tardies/interruptions:

Yes No Does evidence support that the student's difficulties may be primarily due to other factors, such as trauma, family concerns, or other concerns in the home or community? If YES, note when issues occur and describe correlation to the area(s) of difficulty:

Attach attendance record and permanent record card.

Referred by: _____

Date: _____

Ware County Schools
Speech/Language Assessment

Student Name _____ Date _____

Person completing this attachment _____

3. Check each statement which has been true in the past few weeks. Compare the child to others of the same age.

- _____ Speech sounds were omitted inappropriately.
- _____ Sounds were substituted for other sounds inappropriately.
- _____ Articulation errors interfered with daily communication.
- _____ Student showed frustration with communication problems.
- _____ Both expressive and receptive language seemed to be deficient.
- _____ Student demonstrated a lack of comprehension of basic concepts of time, sequence, quantity, position, direction, and/or quality.
- _____ Student responded inappropriately to questions. Student confused who, what, where, why, and how on many questions.

2. Check all that apply, comparing this student to others in the class.

Oral expression

- _____ Responds frequently with more than one or two responses.
- _____ Vocabulary development is comparable to peers.
- _____ Able to provide verbal labels for common objects in school or home environment
- _____ Verbal statements communicate ideas adequately (not dependent on gestures)
- _____ Grammatical structure is comparable to peer group (considering cultural and family communication style)
- _____ Uses inflection and tone in speech to communicate meaning
- _____ Verbal production adequate when picture stimuli provided
- _____ Able to relate experience, stories, or tales in sequential order when picture or work cues are provided

Listening Comprehension

- _____ Attends to peers when they are talking
- _____ Associates non-verbal environmental sounds with source
- _____ Follows simple, verbal directions (i.e. requiring a single response)
- _____ Can select an appropriate picture to identify the meaning of a sentence
- _____ Follows multiple verb command
- _____ Can order a series of pictures to demonstrate an understanding of an orally presented story or lecture.

3. Please explain and/or give examples for any items checked above.

Intervention Plan

(check one) Tier 2 _____ Tier 3 _____

Classworks Prescriptive Path

Beginning date _____ Frequency _____ Minutes per session _____

AutoSkill Academy of Reading

Beginning date _____ Frequency _____ Minutes per session _____

AutoSkill Academy of Math

Beginning date _____ Frequency _____ Minutes per session _____

AutoSkill ORF Training

Beginning date _____ Frequency _____ Minutes per session _____

FastForWord

Beginning date _____ Frequency _____ Minutes per session _____

Earobics

Beginning date _____ Frequency _____ Minutes per session _____

Stepping Stones to Literacy

Beginning date _____ Frequency _____ Minutes per session _____

Sound Partners

Beginning date _____ Frequency _____ Minutes per session _____

Read Naturally

Beginning date _____ Frequency _____ Minutes per session _____

Power Readers

Beginning date _____ Frequency _____ Minutes per session _____

Six Minute Solution

Beginning date _____ Frequency _____ Minutes per session _____

Road to the Code

Beginning date _____ Frequency _____ Minutes per session _____

Math Facts in a Flash

Beginning date _____ Frequency _____ Minutes per session _____

Study Island

Beginning date _____ Frequency _____ Minutes per session _____

Number Worlds

Beginning date _____ Frequency _____ Minutes per session _____

Other Intervention

Beginning date _____ Frequency _____ Minutes per session _____

Progress Monitoring

How will the intervention be monitored? _____

Frequency? _____ (Two-week intervals recommended)

Next Scheduled Meeting _____



Parent Notification

Date: _____

To the parents of _____:

The Ware County School System is committed to promoting the success of all students, including those that may be having difficulty meeting Georgia's Performance Standards. Research has shown that approximately 80% of students can be successful in the general education classroom when provided with standards-based instruction that is differentiated based on student needs. However, there are some students for which a more individualized approach is needed.

Your child has been referred by _____, his/her classroom teacher, to a team of teachers and other school personnel, to form a plan for addressing his/her unique needs. Based on the team's recommendations, the following interventions and/or supplemental instruction will be provided:

The interventions and/or supplemental instruction will begin on _____ and will be provided for _____ minutes a day, _____ days a week.

If you have any questions about the intervention process or about the areas we will address through this extra help, please contact your child's teacher.

Sincerely,

RTI/SST Coordinator



Parent Invitation

Date: _____

To the parents of _____:

There will be a Student Support Team meeting concerning your child on _____(date) at _____(time) in _____(location). The purpose of this meeting will be to review all relevant information about your child and to develop appropriate interventions and strategies to meet his/her needs.

The following people have been invited to attend this meeting:

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

You are invited and urged to participate in this meeting. If you would like more information about this meeting or would like the meeting date and/or time changed, please contact your school's Student Support Team Coordinator, _____, or your child's teacher.

Sincerely,

SST Coordinator

Please check one and return this form to your child's teacher.

I will attend this meeting.

I will not be attending this meeting and understand that I may request a copy of the Team recommendations.

Signature _____

Date _____

(Parent/Guardian/Surrogate)

Marital Status of Parents:

If parents are separated or divorced, how old was child when the separation occurred?

List all people living in household:

<i>Name:</i>	<i>Relationship to Child</i>	<i>Age</i>
_____	_____	
_____	_____	
_____	_____	
_____	_____	

SCHOOL HISTORY

Did your child attend preschool? If so, name of Pre-K program:

Other Schools Attended:

Describe any serious problems your child has had at school:

Describe any serious problems your child has had at home:

BIRTH HISTORY

List any illnesses or problems occurring during pregnancy.

Full Term: Yes ___ No ___ Birth weight: _____

Delivery: Normal Breech Cesarean Complications: _____

Was there any evidence of injury at birth? Yes ___ No ___ Explain:

Please give additional information on any item checked above:

DEVELOPMENTAL DATA

Was your child delayed in learning to walk or talk? No _____ Yes _____, please explain

PHYSICAL CONDITION

My child's general condition is:

_____ Seems to be in good health _____ Sleeps too much _____
Overweight

_____ Tires easily, listless, lacks energy _____ Sleeps too little _____
Underweight

_____ Overly active; always on the move _____ Awkward in running, walking, or playing

List any physical handicaps, serious illnesses, hospital stays, accidents or head injuries (vision, hearing, speech, seizures, operations, diseases, etc.)

Is your child on any prescription medication? Yes No If so, what?

Physician's name:

BEHAVIORAL CHECKLIST

(Please check the behaviors that best describe your child)

_____ Feels happy with him/herself	_____ Sucks his/her thumb	_____ Wets the bed
_____ Demands excessive attention	_____ Overly dependent on others	_____ Cries often
_____ Plays well with other students	_____ Overly anxious to please	_____ Poor self-control
_____ Exhibits uncooperative attitude	_____ Tries to control others	_____ Friendly
_____ Has very few close friends	_____ Relates well to adults	_____ Sad or depressed often
_____ Lacks motivation, lazy	_____ Aggressive	_____ Shy, withdrawn
_____ Does not adjust readily to change	_____ Fearful	_____ Daydreams often

___ Acts younger than other children
his/her age

___ Openly affectionate to
family members

___ Easily frustrated
___ Jealous of
brother(s)sister(s)

___ Can be trusted

___ Restless

___ Loud

If you wish to add additional information, please attach it to this form. Thank you for your input.

Parent/Guardian's Signature

Date

TIER 3 TEAM MEETING

Date of Meeting: _____

Reading ____ **or Math** ____

Student: _____ Birthdate _____ School: _____

Grade: _____ Classroom Teacher: _____

Team Members (Signatures): _____

Meeting Notes:

Summary of Progress Monitoring Data: (attach data printout)

**I certify that the intervention has been provided with fidelity as specified in the
intervention plan. Intervention Specialist signature**

Status:

- ___ Return to Tier 2
- ___ Continue at Tier 3
- ___ Refer to Tier 4

Principal signature required _____

date _____

Intervention Plan

(check one) **Tier 2** _____ **Tier 3** _____

AutoSkill Academy of Reading

Beginning date _____ Frequency _____ Minutes per session _____

AutoSkill Academy of Math

Beginning date _____ Frequency _____ Minutes per session _____

AutoSkill ORF Training

Beginning date _____ Frequency _____ Minutes per session _____

FastForWord

Beginning date _____ Frequency _____ Minutes per session _____

Earobics

Beginning date _____ Frequency _____ Minutes per session _____

Stepping Stones to Literacy

Beginning date _____ Frequency _____ Minutes per session _____

Sound Partners

Beginning date _____ Frequency _____ Minutes per session _____

Read Naturally

Beginning date _____ Frequency _____ Minutes per session _____

Power Readers

Beginning date _____ Frequency _____ Minutes per session _____

Six Minute Solution

Beginning date _____ Frequency _____ Minutes per session _____

Road to the Code

Beginning date _____ Frequency _____ Minutes per session _____

Math Facts in a Flash

Beginning date _____ Frequency _____ Minutes per session _____

Study Island

Beginning date _____ Frequency _____ Minutes per session _____

Number Worlds

Beginning date _____ Frequency _____ Minutes per session _____

Other Intervention

Beginning date _____ Frequency _____ Minutes per session _____

Progress Monitoring

How will the intervention be monitored? _____

Frequency? _____ (at least weekly required)

Next Scheduled Meeting _____

Ware County Schools
Functional Motor Assessment

Student Name: _____ Date: _____

Person completing this assessment: _____

1: Extensive Assistance 2: Moderate Assistance 3: Minimal Assistance 4: No Assistance

Assistance

1. Walking or functional mobility:
 - Walking (or propelling wheelchair) over surfaces inside and outside
1 2 3 4
 - Walking (or propelling wheelchair) around obstacles
1 2 3 4
 - Walking (or propelling wheelchair) in a line noting direction and staying up with peers
1 2 3 4
 - Able to carry bookbag without falling
1 2 3 4
 - Able to open and close doors independently
1 2 3 4
 - Walking (or propelling wheelchair) all distances necessary in school, such as to and from the lunchroom, to and from the playground, etc.
1 2 3 4
 - Able to step up and down one curb step
1 2 3 4
 - Able to climb up at least three steps while carrying an object
1 2 3 4

2. Sitting balance and moving positions:
 - Transitions from position to position, such as floor to/from standing, sitting to/from standing, on/off toilet
1 2 3 4
 - Able to sit in age appropriate position
1 2 3 4
 - Able to get in and out of a bus and/or car
1 2 3 4

3. Physical education and outdoor time:
 - Able to participate in all running activities
1 2 3 4
 - Able to play on one or more pieces of playground equipment
1 2 3 4
 - Able to participate in structured games involving physical activity
1 2 3 4

4. Set up and cleanup of items:
 - Able to carry lunch tray from line to table without spillage
1 2 3 4
 - Able to retrieve and replace work materials from several places (table, bookbag, cubby, etc.)
1 2 3 4
 - Opening classroom containers and milk carton
1 2 3 4

5. School work tasks:

Effectively uses pencils, erasers, markers, scissors, and glue

1 2 3 4

Able to turn pages in books

1 2 3 4

Able to produce written work of acceptable quality

1 2 3 4

Accesses the computer with keyboard and mouse

1 2 3 4

6. Self-care skills:

Able to feed self by utilizing utensils

1 2 3 4

Able to drink from a milk carton or cup without spillage

1 2 3 4

Able to wipe face when necessary

1 2 3 4

Able to wash and dry hands

1 2 3 4

Able to complete toileting tasks, including fasteners and hygiene

1 2 3 4

Able to put on and take off jacket

1 2 3 4

Able to manage fasteners on jacket

1 2 3 4

**Ware County School System
DOCTOR'S REPORT**

POI-11

To be completed by school personnel

Student: _____ DOB: _____

Date: _____

School and Address:

Attention _____ (School Official)

_____ (School Name)

_____ (Address)

_____ (City, State, Zip)

Parent Release:

I hereby give my permission for the doctor's office to release the following information concerning my child.

Parent's/Guardian's/Surrogate's Signature

To be completed by doctor's office: please print or type

1. Diagnosis/Prognosis:
2. Medications and Dosage:
3. Special health care procedures, special diet, or activity restrictions:
4. Please document the impact of the physical condition on the vitality, alertness, or strength of the child:

Date of Evaluation _____

Signature of Licensed doctor of medicine: _____

Please print or type name and address: _____

Please return to the school at the address listed above.



AUTHORIZATION TO REQUEST INFORMATION

Ware County School System requests confidential records for:

Student: _____

DOB: _____

School: _____

FROM: _____

TO: _____

Records requested:

_____ Psychological/Psychiatric Records

_____ Medical Records/Comments

_____ Educational Records

_____ Special Education/Due Process Records

_____ Other _____

_____ Other _____

Reason(s) for request:

_____ Educational Planning/Placement

_____ Medical Problems

_____ Other _____

_____ Other _____

I hereby authorize the Ware County School System to request and keep on file confidential records for _____. It is understood that the Ware County School System will not release this information to a third party.

(Parent/Guardian/Surrogate Signature)

Date



RELEASE OF INFORMATION

I hereby authorize the Ware County Board of Education to release and receive the information listed below on my child:

_____ to/from the following sources:

- _____ Department of Family and Children Services
- _____ Satilla Community Services
- _____ Department of Juvenile Justice
- _____ Other _____
- _____ Other _____
- _____ Other _____

I understand that this information will not be shared with third party sources. The information will be used for the following purpose(s):

Records to be released:

- _____ Clinical Records
- _____ Case Records
- _____ Psychological/Psychiatric Records
- _____ Juvenile Court Records
- _____ Other _____
- _____ Other _____
- _____ Other _____

I understand and agree to the above.

(Parent/Guardian/Surrogate Signature)

Date



**Ware County School System
Student Support Team
Parent Permission for In-School Screening**

Date _____/_____/_____

To the Parent/Guardian of _____:

Your child has been referred to the Student Support Team (SST) by _____ . The SST is a regular education, collaborative problem-solving process in every Georgia school. Its purpose is to provide support to both students and teachers with the outcome being improved school performance. The Team assists teachers in helping students by clarifying problems, designing intervention plans, administering screening tests, and making a referral for further evaluation, if necessary.

The SST requests permission to have school personnel conduct an in-school screening with your child. Tests may include screening in any of the following domains: hearing/vision, speech/language, intellectual, academic, and/or emotional/behavioral.

Please sign below indicating your agreement or non-agreement to have your child screened. Return this form to _____, RTI/SST Coordinator. You will be given the opportunity to participate in all SST meetings. If you have any questions about the process or the in-school screening, please contact me at the following number: _____.

Sincerely,

RTI/SST Coordinator

Check one below and sign:

- _____ Yes, I give permission for my child to be given an in-school screening.
- _____ No, I do NOT give permission for my child to be given an in-school screening.

My reasons are as follows:

Signature of Parent/Guardian

Date

