TOOL KIT FOR STUDENT SUCCESS: RECREATING THE PREREFERRAL PROCESS

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PROJECT

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TOOL KIT FOR STUDENT SUCCESS: RECREATING THE PREREFERRAL PROCESS

A Project

by

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Supporting students in education to ensure they learn is one of the most important aspects of the school environment. Classroom teachers may implement a variety of strategies; however, some seek additional support through the Student Success Team. Referrals for special education assessment may be requested during these meetings. The decision to assess is usually based on the teacher’s documentation, where data or interventions may or may not have been provided. The number of students referred and entering into special education has consistently increased over the past several decades.

Traditional methods of eligibility determination are based on determining a discrepancy between cognitive abilities and academic achievement. Researchers have scrutinized these methods as invalid and inaccurate; not distinguishing between children with biologically based or environmentally based deficits. Federal law allows for the use of response to instruction and intervention (RtI²) model when considering if a child has a learning disability. RtI² models and other prereferral processes show promise in distinguishing between students who may have a learning disability and those who struggle due to inadequate instruction.

This project redeveloped the existing prereferral process at one school site by addressing two key areas. First, the documentation forms and data gathering tools for the Student Success Team (SST) were created to address the need for specific assessment and intervention data. Second, the ‘Tool Kit for Student Success’ created a fluid document which houses support materials from staff development and workshops designed to support students with varying needs. Staff development was provided to orient the staff to the redeveloped process and the use of the ‘Tool Kit’. Results showed a great increase in specific documented data provided by staff at SST meetings.

Rachael Gonzales, Ed.D.

Date
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Chapter 1

INTRODUCTION

As long as there have been schools educating children, there have been children with ranges of learning needs. All kids fall along the spectrum of intelligence whether at the higher end of giftedness or the opposite side of great need. The majority of children fall somewhere in the middle range and may struggle with academics from time to time throughout their educational career. Student support varies from school to school, but many teachers refer students to a student study team where interventions of support are suggested and may lead to a referral for special education services.

For those students who need more intensive services of support, Special Education has often been the route of choice. Eligibility numbers of students receiving special education services across the United States rose significantly from 1975 through early in the 21st century (Algozzine, Ysseldyke, & Christenson, 1983; VanDerHeyden, Witt & Naquin, 2003; Vaughn & Fuchs, 2003;). Approximately three million school-aged children were reported to have a learning disability and received special education services. That equated to 4-8% of all school-aged children, with some estimates as high as 30%, who received special education support for some form of learning disabilities. This number doubled since 1975 (23rd Annual Report to Congress, 2001) and increased by 38% in children ages 6-21 from 1993-2003 (National Institutes of Health, 2003). In the United States, of children who received special education services, more than 51% were identified as having a learning disability (23rd Annual Report to Congress, 2001).
Of this group, 85% were found to be impaired in reading. The federal government recognized this growing trend and addressed it with new legislation.

In 2004, President George W. Bush signed into law the Individuals with Disabilities Education Improvement Act (IDEIA). The Office of Special Education and Rehabilitative Services (OSERS) in the United States Department of Education (USDE) prepared and published the new regulations of IDEIA in 2006. These regulations asserted the criteria for determining whether a child has a specific learning disability (SLD). It gave guidelines to the states, adding procedures and requirements for the eligibility determination. Prior to the new regulations, the use of the discrepancy model that compared an individual’s achievement with their ability was the primary determining factor for eligibility under the SLD. Leading researchers believed this would be phased out with the new regulations (Fuchs, Mock, Morgan, & Young, 2003; Ofeish, 2006; Prasse, 2006; Wodrich, Spencer, & Daley, 2006). The new IDEIA regulations according to OSERS (2006), do not require the use of the discrepancy method, but “permit the use of a process based on a child’s response to scientific, researched-based intervention and the use of other alternative research-based procedures for determining whether a child has a specific learning disability” [34 CFR 300.8(c)(10)]. This option has given great momentum to the Response to Intervention and Instruction (RtI²) movement and has forced local education agencies to reevaluate how they support students and identify those who might be eligible for special education services under the category of SLD (Yell & Drasgow, 2007). Since the Reauthorization of IDEIA 2004, regulations of 2006 and the implementation of various RtI² models, the number of overall students, aged six
to eleven, identified as receiving special education services has declined from 2,729,822 in 2005 to 2,683,653 in 2008 and headed on a downward trend, especially in the area of SLD (OSEP IDEAdatat.org).

Background of the Problem

Prior to the eligibility referral of special education services, the school-based student support team (SST) evaluates various options to address teacher and parent concerns for the student’s progress, or lack there of (Yell & Drasgow, 2007). Teacher input is critical and often a strong determining factor for the referral for special education assessment at a nearly 92% rate, where about 73% are actually placed in special education (Algozzine et al., 1983). As a special education teacher for ten years, the author witnessed first hand how teacher input influenced referral and placement decisions. Per teacher insistence that a particular student did not respond like the peers in the class, or interventions tried have not appeared to help, referral for evaluations or even eligibility decisions in favor of placement occurred when testing scores did not reveal a student had a discrepancy.

With the IQ discrepancy model under scrutiny as a determiner for the existence of a learning disability (Fletcher, Denton, & Francis, 2005; Harry & Klingner, 2007; Shinn, 2007; Vaughn & Fuchs, 2003; Vellutino, Scanlon & Lyon, 2000), the classroom teacher’s input becomes increasingly more valuable. The new regulations for IDEIA, express specific components for SLD determination: (a) The use of high quality instruction, including the essential components of reading; (b) insufficient progress to scientific, research-based instruction; and (c) appropriate instruction provided in the general
education setting which includes data-based documentation of student’s achievement over time (Yell & Drasgow, 2007). The teachers are on the frontlines and attest to these regulation criteria. Reliance on what is happening in the classroom is greatly dependent upon the information they provide.

During the 2009-2010 school year, the author was asked to be on the Student Study Redesign Team and serve as the Student Study Team Coordinator. Part of the author’s duties as coordinator was to screen the referral forms prior to the team meetings. The forms used were basic, but lacked pertinent information to help gauge and scope the direction or true concern of the student. Clarification from teachers for details on the specific functioning level of the student was often required. Current assessment data that established scores relative to classroom peers was rarely provided, even upon request.

Often, the author participated as the facilitator during the meeting. For most meetings, the referring teacher had greatest concern with academics, occasionally combined with behavior issues. The area of concern was typically general in nature (i.e. trouble with language arts or math). When asked about interventions addressing the areas of concern, the response normally included preferential seating toward the front of the class and sitting next to a “smarter kid”. If interventions had been implemented, teachers often responded in the negative as to its success.

A majority of the SST referrals were submitted by the same handful of teachers. Often, they requested assessment for special education eligibility. After the assessment process, not all of the students were deemed eligible for services. On the other hand, other teachers at the site never referred a student, nor had ever referred a student in their
teaching career. Concern over disparity, students not receiving prereferral interventions, and the insufficient data collection for the SST referrals and meetings prompted a conversation with the site principal for a need to update and redevelop the SST process.

Statement of the Research Problem

Frequent change in leadership, paired with limited, structured documentation that reflects current educational practices for student support, has been standard practice at one school site in Sacramento County during the past several years. Documented summary forms from SST meetings revealed global concerns surrounding academics and behavior without substantial or minimal specific data to back up the referrer’s claims or concerns. Further, the summary forms showed modification strategies implemented and recommendations for support often included adjusting the length of assignments, moving the student’s seat, offering a peer as support, and a referral to special education assessment or screening. As a result, students were not effectively supported through appropriate classroom interventions or accurately identified as a child needing academic assistance. Site practice did not require the documentation of present levels of academic functioning or progression data, nor training support for appropriate intervention strategies was provided for educators. No regulated system of documentation or structure of student support for behavior and academic intervention necessitated the reorganization of a support system for student success.

Purpose of the Project

The purpose of this research project was three-fold. The primary purpose was to recreate the archaic and ineffective referral system currently in use to be compliant with
the recommendations of Congress and the U.S. Department of Education in IDEIA and
the 2006 regulations. Students at the site were often referred to a SST, with no clear
indications of tried interventions with first line being a referral for special education
services. Several students truly in need were never referred at all, but slipped through the
system far too long past the optimum time of intervening. By providing a system that
guides, supports and requires prereferral intervention, the expectation was to improve the
child-find process by more accurately identifying those students with special needs as
opposed to those whom have not received adequate instruction and/or intervention.

The secondary purpose was to establish a usable resource binder for teachers to
reference and continually add support materials and ideas gained from workshops,
professional development and training presentations on educational topics requested by
the staff. The binder was referred to as the “Toolkit for Student Success”. The hope was
to offer and provide teachers with resources specific to areas of need by educating,
establishing a process for student support and creating an atmosphere of proactive
teamning, thereby reducing the number of behavior and assessment referrals.

Finally, the third purpose of this project was to provide a foundation for
establishing the basis of a Professional Learning Community with a tiered support of
interventions at this school site. With a clear system and expectations to support students
prior to referral for special education assessment, the next logical step would be to
develop and work toward student initial assessments (i.e. universal screeners), classroom
level interventions, progress monitoring and classroom level support.
Significance of the Project

If the school-based, multidisciplinary team is given the responsibility of determining if a child should be referred for evaluation or eligibility for special education services, then they should be fully equipped to make the best, informed decision. Before a team can make the determination, they need to have the data on which to base their decisions. The revised and redeveloped referral forms included sections that requested information pertaining to specific student concerns, assessment and intervention data. The staff attended a seminar to use the new system and “experience” an SST through professional development training. Additionally, the referral forms and meeting summary sheets with detailed instructions were provided for reference in the ‘Tool Kit’. As future staff development opportunities arise, resource materials may be added to the ‘Tool Kit’. With more efficient and effective data gathering tools available to use, the school may move toward reevaluating what and how they instruct and assess students in the classroom.

Limitations of the Project

To begin, the revised format of the SST referral forms and interventions/concerns checklists addressed the current needs surrounding the population at this school site in Sacramento County. As the population changes, new concerns arise, or legislation changes, the forms will need to be revised to reflect current law and practice. Additionally, students who are struggling academically are the primary population addressed through the Student Success Team (SST). Additional support measures and
modifications could be made to address students who are excelling and require
differentiated instruction strategies to nurture their progression.

In addition, implementation and training limitations included the changing
structure of the school site and staff. This particular school operated as a year round site
where students and staff track on and off every thirty days. Cohesiveness as a staff
remained difficult with the continual change in schedule. Changes in staffing, including
administration to continue the process, were also limiting factors. Budget cuts that
eliminated staff and change in administration created a tentative and reluctant atmosphere
to continue with anything new.

Finally, contractual limitations eliminated two designated days for staff
development originally set aside to further the need of student support. On the
professional staff development day for the redevelopment of the SST, not all staff
members were present. No follow up training was provided beyond individual question
and answer sessions initiated by the teacher.

Definition of Terms

*IDEIA*

Individuals with Disabilities Education Improvement Act, or IDEIA, was passed
in 2004 with regulations for implementing the law published in 2006. This act includes
specific rules and guidelines that require states and local school districts, through school-based
teams that provide implementation, to identify all students with disabilities and
assess them to conclude if they are eligible to receive special education services (Yell &
Drasgow, 2007). This law originated from the Education for All Handicapped Children
Act (EAHCA) established in 1975; was renamed Individuals with Disabilities Education Act (IDEA) in 1990; updated and expanded in 1997; and further updated, expanded and renamed in 2004 to include the second I for Improvement (Fuchs & Fuchs, 2005; Yell & Drasgow, 2007).

Prereferral Intervention

Prior to the assessment referral for special education eligibility, appropriate accommodations and modifications of instruction and behavior management in the general education setting must be attempted to address the needs of at risk students not identified with a disability (Fuchs, Fuchs, Harris, & Roberts, 1996). The primary purpose of the prereferral intervention, especially when used as a team model, is to solve problems collectively, at the same time as develop strategies for student success in effort to reduce inappropriate referrals for special education assessment (Kovaleski, Gickling, Morrow, & Swank, 1999).

Professional Learning Community

Rick and Rebecca DuFour, leading pioneers and consultants for Professional Learning Community (PLC) define PLC as “educators committed to working collaboratively in ongoing processes of collective inquiry and action research in order to achieve better results for the students they serve.” (Dufour & Dufour, 2010, p.108) This collaborative model includes teams that work interdependently to achieve impact with students. PLC is a shift in the typical culture, evaluation, instruction and focus of schools (DuFour, DuFour, Eaker, & Many, 2006).
Response to Intervention and Instruction

Also known as RtI², the California Department of Education describes Response to Intervention and Instruction as, “a systematic, data-driven approach to instruction that benefits every student.” (p.1) IDEIA includes RtI² as part of determining specific learning disabilities. “In determining whether a child has a specific learning disability, a local education agency may use a process that determines if the child responds to scientific, research-based intervention as part of the evaluation process.” [Section 1414(b)(6)(B)]. RtI² includes a systematic and methodical process, involving tiered levels of support to determine whether a student has responded to interventions that are scientifically based and of high quality (Shinn, 2007). This process may vary on the number of tiers, but always includes several core principles: Universal Screening, progress monitoring, and tiered levels of scientifically and evidenced based instruction and intervention that intensifies as a student does not adequately respond to the instruction and intervention. RtI² is used for academics as well as behavior, speech and language (USDE, OSEP, 2006; Fuchs & Fuchs, 2005; Marston, 2005; Shinn, 2007; Yell & Drasgow, 2007).

Student Success Team/Student Study Team

When students present concerns regarding academics, behavior, health and/or attendance, local school based teams come together to develop an action plan of support. Referrals are usually made by the classroom teacher and are generated from concerns observed (Gresham, MacMillan & Bocian, 1998). These teams typically include the parent/guardian of the student, classroom teacher, a special education representative (i.e. Education Specialist, Speech and Language Pathologist, School Psychologist), an
administrator and another general education teacher who either knows the student or is familiar with the grade level expectations of the student. Often, these meetings lead to recommendations and referrals for special education evaluation (VanDerHeyden et al., 2003).

Organization of the Project

The remainder of the project begins with a discussion of the current research related to the identification of students with learning disabilities in chapter two. First, the debate of determining if a child has a true learning disability or is just a low achieving student will be discussed. Second, we will examine the factors leading up to a referral for eligibility including the importance of the teacher factor. Third, various screening methods for validating appropriate referrals will be studied.

Chapter three reviews the toolkit project and the methodology behind the development. It also describes the staff development used for training teachers about the student success team process and the team building approach utilized to promote cohesiveness among the staff. Chapter four provides a description of the project, including the professional development component. A discussion of the project and implications for further use and research are included in this section. A copy of the project including the PowerPoint presentation will be provided in the appendix.
Chapter 2

REVIEW OF THE LITERATURE

Introduction

Changes in legislation and discoveries in research have paved a new way for supporting students. Eligibility determination for special education services is under scrutiny with disagreement over whether a child has a learning disability or is considered low achieving. The Reauthorization of IDEIA in 2004 and the new regulations of 2006 describe changed provisions for eligibility determination in light of the research (National Joint Committee on Learning Disabilities, 2005, p.15). With consideration to the importance of such a decision, the process in how a child is referred for initial assessment is under further examination. New screening methods for validating the initial referral for assessment are being implemented to corroborate eligibility decisions and further improve the child-find process. These areas of research have influenced the shaping of the revised Student Success Team (SST) prereferral process at one school site in Sacramento County, including future plans of further implementation for student improvement with tiered intervention support.

This review of literature aims to (a) review the research surrounding the eligibility debate including the validity of the discrepancy model and research related to the distinction between students with learning disabilities and students who are low achieving (Fletcher, Denton & Francis, 2005; Fuchs & Fuchs, 2005; Shinn, 2007); (b) discuss the referral for special education eligibility assessment process and factors that influence or affect the decision to refer (Gerber, 2005; Gresham, MacMillan, & Bocian,
1998); and (c) present an examination of screening methods currently being used for validation of the referral (Fuchs, Fuchs, & McMaster, 2005; Safran & Safran, 1996).

The Eligibility Debate

Since the 1960’s, part of the identification and evaluation process of students who were struggling academically and might be considered as having a learning disability included evaluation of cognitive ability, or IQ achievement in comparison to academic achievement, also known as the IQ Achievement discrepancy formula. This widely accepted practice was originally studied and based on research conducted by Durrell and Ladd in the 1930’s and other researchers throughout the next four decades (Vellutino, Scanlon & Lyon, 2000). In the 1970’s, researchers Rutter and Yule’s study (as cited in Vellutino et al., 2000) further used the IQ discrepancy to postulate that a person’s IQ was indicative of his or her ability to learn to read and good predictors of performance of reading assessments. Further replication of these studies failed to obtain similar results, to the extent where the reliability of the studies were in question. The concern was that the IQ discrepancy might misidentify readers as disabled, when they were not. Many researchers and practitioners agree the IQ discrepancy model does not accurately distinguish between those students with learning disabilities and those who are low achieving (Fletcher, Denton & Francis, 2005; Fuchs & Fuchs, 2005; Shinn, 2007; VanDerHeyden et al., 2003; Vaughn & Fuchs, 2003; Vellutino et al., 2000). Moreover, an IQ-Achievement discrepancy model cannot determine the rates of progress or effects of intervention in reading acquisition skills (Vellutino et al., 2000; Vellutino, Scanlon, Small & Fanuele, 2006), nor adequately distinguish the causality of underachievement
between environmental or biologically based deficits (Fletcher et al., 2005 and Vellutino et al., 2006).

*IQ As a Poor Distinguisher Between Low-Achieving and Learning Disabled*

The increase in identification of students with learning disabilities has been attributed to the poor accuracy of the IQ-Achievement Discrepancy model differentiating between low achieving students and those with a true learning disability (VanDerHeyden et al., 2003; Vellutino et al., 2006). The types of assessments and how they are used in the determination process may influence the accuracy of identification. Typically, psychometric assessments are used in determining eligibility for special education in those identified as learning disabled and the tests themselves along with how they are used can affect the outcome. Many of the tests include high verbal content, assessing more verbal than nonverbal skills. Using these tests as a basis for a link between intelligence and reading achievement may prove as flawed cognitive analysis because of the strong association of language-based abilities underlying performance rather than related to reading-based abilities (Vellutino et al., 2000). Additionally, diagnostic instruments used to classify a child as learning disabled may not even show a connection to the reading disability, especially when a single assessment is used as the determining factor for eligibility decisions (Fletcher et al., 2005; Marston, 2005; Shinn, 2007; Vellutino et al., 2000; Vellutino et al., 2006). Tests used to measure specific skills like word attack and word identification are not highly correlated with intelligence because such tests, especially given to children who are just learning to read, measure the child’s ability to decode not reading achievement (Vellutino et al., 2000). Further, studies have
shown when a discrepancy is based on individual or multiple (a composite IQ score) measures for basis of comparison, no differences in reading achievement (performance) or rate of growth have been found between students previously identified as learning disabled and those as low achievers (Fletcher et al., 2005; Vellutino et al., 2000; Vellutino et al., 2006).

IQ As a Poor Predictor to Rate of Response

Furthermore, the IQ-Achievement Discrepancy model does not predict how or at what rate a student will respond to intervention or remediation (Vellutino et al., 2000; Vellutino et al., 2006). Additionally, the scores obtained are representative of where the child is functioning on a particular day in time, without account for environmental factors that may have influenced performance. The scores do not show rate of growth or progress over a period of time, which may be indicative of how a child is progressing and responding to an intervention or change in instructional methods.

Longitudinal study for diagnosing learning disability.

Vellutino et al. (2000) conducted a longitudinal study to evaluate intervention in helping to diagnose specific reading disability. They followed students from kindergarten through fourth grade, evaluated entry-level skills and reading-related cognitive abilities followed by larger batteries of assessments in the first and third grades to measure achievement and participation results in one-to-one intensive intervention for a period of time. The students were divided into subgroups based on a combination of assessment scores and teacher classification. Those students, who were classified as low readers, were indiscriminately assigned tutoring or school-based remediation for a period
of one or two semesters starting with the second semester of first grade. All of the
students who received one-to-one tutoring were divided into four subgroups based on
their growth in reading. Results showed these students made very little growth prior to
the intervention and performed worse on reading measures than the group who was
originally identified in the “normal reader group.” Among the remediated or intervention
groups, there was little variance in IQ measures. Additionally, there was little difference
of reading performance scores within the above average and average IQ group. These
results indicated IQ scores do not consistently distinguish performance of readers when
children are beginning to read. Results from reading skills assessments obtained after the
interventions took place demonstrated greater variance between the subgroups within the
original low growth group. However, the original group considered “normal readers”
with the average and above average IQ showed no differences on measures of reading
skills. The research conducted by Vellutino et al. (2000) indicated IQ is not a good
predictor of response to remedial intervention nor reliable in distinguishing between
those readers who are low achieving or truly disabled.

IQ As a Poor Determiner of Causality

Additionally, the IQ-Achievement Discrepancy model does not identify the
source of the underachievement. To diagnose accurately and offer valid
recommendations for supporting student achievement, it is imperative to identify if the
child has biologically based deficits, that is, a true learning disability with cognitive
deficits, or environmental influences such as inadequate instruction and limited exposure
to schooling (Fletcher et al., 2005; Vellutino et al., 2006). IQ tests alone do not take into
account a child’s educational history or attendance. Lack of exposure whether due to
absences, tardies, change of school, curriculum or school schedule; participation in
preschool and/or kindergarten, all aspects of poverty, not to mention prior interventions
and remediation, if and when they occurred, contribute to the child’s performance on
assessments.

*Longitudinal study examining causality of learning difficulties.*

Distinguishing between cognitive deficiencies and experiential or instructional
deficits compounded by motivational struggles as the root or causality of learning
difficulties cannot be solved through use of an IQ achievement test, especially in the
initial stages of schooling (Vellutino et al., 2000; Vellutino et al., 2006). When
systematic, explicit and intensive interventions are used, students at risk for reading
disabilities, including English Language Learners (ELL), have a decreased likelihood of
being referred for special education (Linan-Thompson, Vaughn, Prater, & Cirino, 2006). Remedial interventions for children having difficulty with reading can be very beneficial
and successful when applied in the early stages of reading development (Vellutino et al.,
2006). Recognizing the importance of intervening early, a study was developed to
research how early intervention played a part in the identification of children at risk for
learning difficulties prior to formalized reading instruction programs. Vellutino et al.
(2006) hypothesized that long-term reading difficulties in children were primarily caused
from poor instruction and experience rather than biologically based. The authors focused
on comparing different approaches to remedial intervention in the kindergarten, first,
second and third grade years. The participants in this study included a group of children
that were followed from kindergarten through fourth grade. They were divided into various groups that were assigned varying interventions. Data was collected to determine emergent literacy skills such as knowledge of the alphabet, print concepts, print awareness, phonological awareness and decoding. The results of the study showed the children who received earlier intervention (kindergarten) were less likely to require remedial interventions and had fewer difficulties with language arts and literacy in the following years. The authors made a bold statement based on their findings from this and previous studies stating the majority of reading problems are due to inadequate instruction rather than from true learning disabilities (Vellutino et al., 2006). They believed early intervention is the key to avoiding reading problems. This study further corroborates previous studies, which suggest IQ achievement does not distinguish between those with learning disabilities and those who are low achieving. The more accurate depicter appears to be the rate of responsiveness to intervention, which has been successful in separating those who are suffering from inadequate instruction from those with true cognitive deficiencies (Fletcher et al., 2005; Johnson, Mellard & Byrd, 2005; Shinn, 2007; VanDerHeyden et al., 2003; Vaughn & Fuchs, 2003; Vellutino et al., 2000; Vellutino et al., 2006).

Using only the IQ-Achievement Discrepancy model as the basis for determining if a child has a learning disability disregards relevant research and the legal requirements from the 2006 regulations of IDEIA. Increased numbers in special education is not cause for concern unless we are inappropriately identifying those being assessed. If research indicates that students who are low achievers can be remediated if given appropriate
intervention and opportunity to respond, and current diagnostics do not distinguish between low achievers and those with learning disabilities, then we as educators should be re-evaluating the prereferral process. The regulations of IDEIA address this issue by addressing accountability with the general education setting in pre-referral interventions and classroom practices.

The Referral Process and Factors of Influence

Several institutions require a referral form be completed as part of the SST process that documents concerns, examples of work and interventions tried. The majority of referrals to the SST are based on teacher recommendation (Algozzine, Ysseldyke & Christenson, 1983; Gerber, 2005; Gresham, MacMillan, & Bocian, 1998; VanDerHeyden et al., 2003). When 92% of the students referred are also tested and 73% of those students are placed into special education, teacher input makes a substantial impact (Algozzine et al., 1983). Unfortunately, teacher referrals are often problematic as they are usually based on an assumption, a feeling, or a judgment (Christenson, Ysseldyke, Wang, & Algozzine, 1983; Gerber, 2005; Gresham et al., 1998; VanDerHeyden et al., 2003). Even more detrimental, many teachers’ report of progress or lack thereof, cannot be validated and have been shown to be inaccurate when students are evaluated for learning difficulties (Gresham et al., 1998; Lane, Mahdavi, & Borthwick-Duffy, 2003; Safran & Safran, 1996). Vaughn and Fuchs (2003) described reading disabilities as being highly attributed to a lack of adequate instruction and Gerber (2005) contends a construct based on teacher “tolerance” as the primary referral motive. To place teacher culpability on high referral rates and student failure is decidedly unfair without considering the
nature of the support process being deeply flawed in its design to “support” educators with students who may be difficult to teach or reach (Lane et al., 2003). This arguable and contentious claim is getting more and more steam as the response to intervention and instruction (RtI²) movement becomes increasingly an integrated part of the educational system’s way of doing business.

**The Teacher as a Referral Source**

The general education teacher is the primary initiator for the majority of student referrals when a child is not performing as expected. The reasons for referrals may vary, however; the bulk are related to academic, followed by behavioral concerns (Christenson, 1983). Initially, teachers may note a general decline in global academic areas or recognize behavioral changes in their students. Eventually, students perform more poorly compared to their classroom peers on assignments, tests and classroom participation. Student behavior may change and motivation can lessen. The teacher responds by trying modifications to help support the student including changing seating for proximity and additional monitoring or sitting next to a “smarter kid”; and temporarily shortening assignments or giving more homework practice. When the student does not make progress, the teacher either makes a referral for the SST or hopes that this is a phase the student will eventually conclude.

**Decision Making in Referrals**

In a Student Success Team Survey (SSTS) as conducted in an evaluation of teacher perceptions of the prereferral process by Lane et al., (2003), the two primary reasons for student referral included (a) acquiring intervention and strategy ideas and
support for a particular student and (b) the desire to inform the parents about a particular concern. The SST meeting can be a forum for soliciting communication and support whether through colleagues or parents or both. Although referral reasons from the classroom teacher are typically general in nature (i.e. not doing well in language arts, math or falling behind in class), Gresham et al. (1998) findings from their previous study, notes teachers were the best predictor of overall academic performance in the classroom. They were not, however, able to predict or distinguish where students fell in terms of low achieving, learning disabled, or language impaired. The teacher’s view or perception of a student’s performance is the key indicator of referral to the SST and ultimately to a referral for assessment (Vaughn et al., 2003).

Although referrals are generally from teachers, the whole SST team makes the decision to refer for special education assessment. SSTs have been shown to be poor predictors of students with learning disabilities and are generally based on perceived educational need rather than data driven (Gresham et al., 1998). Often the team decisions are based on perceptions and subjective testimony from the classroom teacher. When psychometric assessments do not corroborate eligibility, decisions are made to go against the data and side with the flustered teacher (Shinn, 2007; VanDerHeyden et al., 2003). Performance levels and determiners of achievement vary from school to school as well. When students from low achieving school communities move to a higher achieving school community and are considered high achieving at their first school, they will be referred to special education relatively quickly (Shinn, 2007, p.606). Shinn (2007) explained this issue as plausible when considering the Relative Achievement Discrepancy
(RAD) approach, where performance scores are compared to local norms as opposed to national norms. A discrepancy is calculated between the student’s scores and their peers’ achievement. There are a higher proportion of students labeled as Learning Disabled in higher performing school communities because perception, based on a relative comparison to peers, plays a huge role in the decision making process (Shinn, 2007).

*Discovering the Root of the Problem*

Before scrutinizing the SST decisions to refer for assessment, it is imperative to discover the root or causality of why the student is not performing up to expectations in the first place. Often the decision to jump to assessment is to determine the “why” or the “how” a child is not performing. Assessments alone cannot determine the reasons why, especially when dealing with the complexities of human beings and the unique differences and motivations brought to the situation by teacher, student or family (Gerber, 2005). Identifying why a child is struggling is difficult to isolate and can be credited to many factors. Gerber (2005) attributes the failure of student progress to the teacher’s inability to instruct effectively due to limitations in knowledge, skills, motivation and attitudes. He further explains teacher effort (motivation and ability) is complex and dependent on many factors outside teaching. When asked in a survey to evaluate their referrals submitted and the causes for the child not performing adequately, teachers responded overwhelmingly at 81% with academic and emotional concerns as being attributed to the child’s home life. Although outside and many factors like poverty absolutely influence a child’s performance (Dauphinais, 2000), only 1% of teachers surveyed attributed concerns to inadequate instruction (Christenson et al., 1983).
Requiring the general education teacher to provide documented appropriate learning experiences and scientific, research-based intervention for those who are struggling is written into current law (IDEIA Regulations, 2006). Classroom instruction becomes more and more scrutinized when evaluating eligibility decisions whether or not teachers believe their instruction influenced a child’s performance.

*Examining the curriculum and instruction.*

The quality of instruction and curriculum greatly influence children’s academic achievement. When instruction is lacking, children are at risk for school failure. Blame for student non-achievement is often shifted to fault either environmental (home life) or biological (learning disabilities) reasons. However, according to current research, classroom instruction plays a large part in student achievement. General cognitive abilities related to reading development vary from child to child. Vellutino et al., (2006), describe this range as a “continuum” of student response to remediation, “that determines the ease with which a child acquires functional literacy skills relational to the amount and quality of the literacy experiences and the literacy instruction to which that child has been exposed” (p. 166). Researchers who explain that the acquiring of literacy skills is dependent on more than one variable, that is, exposure to the curriculum (i.e. frequency and duration) and quality of instruction as well as cognitive abilities for acquiring literacy. Some students in this range will learn regardless if the quality of instruction is not paramount; others with significant deficiencies will struggle greatly even with optimal intensive instruction. For the majority of children and those reflected in the Vellutino et al. (2000) and Vellutino et al. (2006) studies who fall somewhere between
the two extremes, the quality of literacy experience has a greater impact on literacy acquisition than that of the child’s IQ.

Pre-Screening Methods for Validating Appropriate Referrals

Currently, the method of prereferral intervention most commonly used is a verbal suggestion to the classroom teacher during a SST meeting. Generally, follow up consists of inquiring if the suggestion was tried and progress was made. Limited, if any, accountability or direct support is provided to ensure the intervention was implemented with fidelity. No documentation or student work samples are required as verification of student progress. Following the intervention period, the team re-meets and makes a decision to test for special education service eligibility. Before students are referred to grueling and time-consuming assessments that may or may not be warranted, a screening or prereferral process should be used to validate the referral for assessment. As previously discussed, students who are struggling often fall into two main categories: those who are low achievers and those who have biologically-based deficits; the predicament remains in accurately distinguishing between the two. The research makes evident neither IQ achievement assessment nor classroom teachers have been able to accurately predict which children require additional, appropriate interventions and which need longer lasting specialized academic instruction. Waiting until the student falls far behind academically is not an option, especially when research shows the most effective time to intervene is during the initial stages of education. Researchers in the field have studied various approaches to solving this “identity crisis” and have developed processes that use objective data measures in the early stages of schooling in order to distinguish
accurately between students who are low achievers and those who are truly disabled.

Several approaches used to address the prereferral process are based on (a) the models of and variations related to RTI², which utilize documented data for decision-making purposes (Fuchs, Fuchs, & McMaster, 2005; Shinn, 2007; Speece & Case, 2001; Vaughn & Fuchs, 2003; VanDerHeyden et al., 2003); (b) consultative models that support teachers directly, instead of just verbal suggestions of what should be done (Fuchs, Fuchs, Harris, & Roberts, 1996; Safran & Safran, 1996) and (c) a hybrid approach utilizing collaborative support teams while monitoring student progress (Dufour, 2004; DuFour et al., 2006; Kovaleski, Gickling, Morrow, & Swank, 1999).

Response to Intervention and Instruction (RtI²) Models

RtI², now mentioned as a means for identification and a “remedy to an eligibility process based primarily on computing the discrepancy between ability and achievement,” (Shinn, 2007, p. 601) has been in the forefront of educational research. The Dual-Discrepancy Approach, Problem Validation Screening (PVS), System To Enhance Educational Performance (STEEP), and Response-To-Approach are all prereferral screening methods using the core concepts of RtI². Primarily, RtI² is a tool used for identifying if a child has made adequate response to an intervention and instruction. There are many models, however, most use a three-tiered approach. First, all students are screened using research based assessments. Students are then divided into groups based on their levels of performance. Those who perform at or above a certain criterion remain with the general instruction of the classroom. Those who perform below a certain criterion receive research based intensive instruction for a specified period of time. A
retest is made to compare adequate growth and progress. The process is repeated with more intensive, more individualized instruction. In a three-tier model, if a child fails to make adequate progress through the third tier, a referral for special education evaluation is made (Fuchs & Deschler, 2007).

**The Dual-Discrepancy Approach**

The Dual-Discrepancy approach, closely related to the RtI² constructs, (Fuchs et al., 2005) analyzes both performance levels and growth rate of struggling students utilizing curriculum-based measurements. This method distinguishes between responders (those who make adequate progress) and non-responders (those who do not make adequate progress) of intervention and research-based instruction. Using only performance levels does not show how a particular child responds to intervention over a period of time (i.e. the child may actually be making growth, even though he or she has low performance). Likewise, only relying on growth rate does not acknowledge the time needed to make adequate growth, even if growth occurred. The Dual Discrepancy model makes use of both performance level and growth rate, comparing these levels to the student’s classmates’ performance and growth rates as well as to their own (VanDerHeyden et al., 2003). Often the approach is conducted as a whole class intervention, followed by a pull-out method where students receive direct instruction and intervention with evidence-based curriculum during more intensive phases of the intervention (Fuchs et al., 2005).

Other variations of the Dual-Discrepancy approach, such as PVS (VanDerHeyden et al., 2003) and STEEP (VanDerHeyden, Witt, & Gilbertson, 2007)
use the core components of dual discrepancy, comparing growth rate and achievement levels, but require less time and use motivational screeners. The primary goal of both PVS and STEEP are to be effective screeners to improve the efficiency of support and the accuracy of referrals. Class wide data is used to compare individual results in relationship to his or her classmates. Observations and interventions are also part of the assessment process. Individual interventions are conducted within the classroom and monitored for progress.

*Problem Validation Screening*

PVS applies three different processes. First, class wide screens, or probes, are conducted using curriculum-based measurement (CBM). This segment takes approximately forty-five minutes to screen the entire class. The probes are selected by the classroom teacher and are based on the instructional level of the average student in the class. Second, after class wide screens are completed, students who are identified as performing in a deficit range are afforded an additional opportunity to retake the assessment. A tangible reward is offered if they improve their score from the original screening. The third process is called the brief instructional session, where an individualized assessment is conducted after a three-minute clarification session. The students who may have scored poorly because of not understanding the directions are given clarification with examples, followed by an opportunity to correct previous mistakes. The test is then repeated. Those who fail the screens, according to predetermined criteria, are provided individualized interventions. VanDerHeyden et al. (2003) compared PVS with criterion assessment measures and teacher referrals to
measure which method was most effective at predicting which students need further intervention and/or would be appropriate referrals for special education assessment. Results indicated PVS correctly identified 87% of students, having a better predicting rate than the reading inventory at 68% or teachers at 66%. When compared to the Criterion Assessment, teacher accuracy declined to 19%. Additionally, teachers did not identify 11% of students who did demonstrate learning problems. The authors suggest these results express teachers tend to have high rates of inaccurate referrals.

System to Enhance Educational Performance

Another study by VanDerHeyden et al. (2007) examined STEEP as a prereferral screener. STEEP is an example of a systematic researched based RtI² model. It encompasses a series of procedures for assessment and intervention. STEEP is similar to PVS in that multiple phases are used, however, it differs by expanding the intervention component to monitor progress and response to the intervention. Explicit decision rules identify children who may benefit from an eligibility assessment. The STEEP system included both universal screening and class wide intervention methods. It also included a component that measures individual response to extrinsic motivators. The study consisted of three phases. During the initial phase, students were screened using oral reading and computational fluencies. Individual scores were compared to a class wide set, expected instructional standards for the particular grade level relative to the time of year and a task that reflected growth toward an end-of-year goal. If a class wide problem was identified where the class median score fell below the instructional standard, then a class wide direct-instruction intervention occurred for ten minutes daily
for ten consecutive school days. Children who were found continuing not to perform to standard or with limited growth were referred to the next phase. Phase two included extrinsic motivation. Students were told they could earn a prize if they improved upon their previous score. Those who improved did not move on to the next phase, but those who did not improve moved to phase three. Phase three included daily individual intervention for ten minutes with the classroom teacher or designee. The school psychologist provided consultation and appropriate intervention strategies to the teacher. Those who did not make progress were referred for assessment. The results of the VanDerHeyden et al. (2007) study showed fewer evaluations were needed and a higher percentage of those evaluated resulted in eligibility for special education services compared to the baseline data from the previous years. On average, 6.68 sessions occurred before a decision about RtI² was determined adequate and 12.41 sessions for determining inadequate. When eligibility was examined, on average 41% of those evaluated during a baseline year were found eligible compared to 71% during the STEEP year. After the authors concluded their study, the sites reverted back to the original prereferral process conducted prior to STEEP. Eligibility dropped back to baseline year rates at 40% of those evaluated when the schools stopped using the STEEP model. Individual sites demonstrated similar findings. The lower percentage in eligibility rates demonstrates a decreased accuracy in positive referrals, or a higher rate of poor referrals. When schools used the STEEP model, referrals were fewer in number and more accurate. The fewer evaluations saved both time and money for the school district.
Response-To-Approach

The aptly titled article, “Redefining Learning Disabilities as Inadequate Response to Instruction,” by Vaughn & Fuchs (2003), documents the analyses of previous research conducted by the authors as well as the leading researchers in special education, early intervention and the identification of learning disabilities. The identification process becomes increasingly more important as the numbers of students and costs to support them increase. The model explored, the Response-to-Approach, which is highly reminiscent of the RtI² model, relies heavily on an initial screening and progress monitoring over periods of time. The goal of the approach is to evaluate adequate learning or instructional environments and how students respond within that setting. Screenings conducted, compared class wide trends as well as individual student comparisons to their same-class peers. Results showing low scores across the whole class as compared to other classes indicated a need to respond with an effective instructional curriculum and delivery. Individual students performing inadequately are targeted to receive support in the general education setting through classroom accommodations. If the classroom accommodations, referred to as corrective adaptations by Vaughn & Fuchs (2003), are not effective, then the student is considered for a referral for special education assessment.

Vaughn & Fuchs (2003) discussed some variations of the Response-to-Approach where an additional level of intervention was used providing intensive small group or individualized instruction during a ten to fifteen week period. One of the studies completed in 2002, as described by Vaughn & Fuchs (2003), revealed that after 10 weeks
of intervention, the students who made gains and were discontinued from the intervention, failed to thrive when they received instruction only from the general education environment. In essence, when the students received adequate instruction (which was outside their general education environment), they succeeded. This model not only demonstrated the importance of distinguishing between low achievers and those possibly with a learning disability, but also helped to identify possible sources of inadequate instruction.

Consultative Models

Other prereferral intervention approaches, like the Teacher Assistance Teams (TAT) or Mainstream Assistance Teams (MAT) are more consultative models which focus on three primary goals (a) useful collaboration for problem solving; (b) buy in from the general education staff and (c) direct classroom support (Fuchs et al., 1996; Safran & Safran, 1996). As a result of effective MAT or TAT, reduction of inappropriate referrals for assessment and improvement in teacher efficacy for classroom intervention should occur (Fuchs et al., 1996). This type of intervention is considered less structured or formal than the pullout approaches, which focus on direct intervention and data collection. MAT and TAT rely on teacher training of behavioral consultation and ongoing staff development. Most intervention goals are related to the behavior outcomes related to academics (i.e. time on task and task completion).

Mainstream Assistance Teams (MAT) and Teacher Assistance Teams (TAT)

The three-year study conducted by Fuchs et al. (1996) targeted direct and teacher support for students identified as difficult to teach based on behaviors that impacted
academic progress. At each year-end, feedback provided by the teachers dictated modifications in the delivery of MAT. Written scripts with specific interventions were provided to improve fidelity and effectiveness. Alternatives as to durations of time for various interventions were also provided to meet the concerns of time constraints. Through staff training, modeling of instruction, modification by support staff and then monitoring teacher implementation with corrective feedback, students made progress in the targeted behaviors. Various probes were used to analyze results (i.e. ratings, checklists and interviews). As a result of the program, inappropriate referrals for assessment were reduced and student behaviors decreased. Even after the first year, results demonstrated a positive change in teacher perceptions of struggling students. Critics of the program complained about the quantity of time in the consultation process and generalization not occurring with academic and social behaviors. The authors of the study recognized the staff would require enough training to be self-sustaining once the outside support was gone. Provisions were made to ensure the schools could maintain MAT without outside support. Unfortunately, when the financial support ran out and the watchful eyes ensuring fidelity left, the district pulled the program.

Hybrid Models

*Instructional Support Team (IST)*

A hybrid approach for prereferral intervention, called the Instructional Support Team (IST) (Kovaleski et al., 1999), used a collaborative, team-based model that included direct classroom support. This approach was set across the state of Pennsylvania where the researchers used data from multiple schools randomly chosen to
analyze the usefulness of the model. Multiple phases of the IST approach focus on problem solving as a support to the teacher as well as the struggling students. Initially, after the student is identified by the classroom teacher, a team consisting of the classroom teacher, administrator, a support teacher or any other specialist needed come together to review various data, the majority collected by the support teacher. Observations, curriculum-based assessments, work samples, and interviews are used to explore and form a hypothesis as to why the child is struggling. The team identifies the problem and sets goals related to the assessments. Then, the team rules out if the problem is possibly language based or culturally related and designs strategies accordingly to adapt instruction, assessments and acquisition. During this stage, the support teacher works directly with the student and the classroom teacher modeling and monitoring lessons and intervention techniques to ensure interventions are adequate and implemented with fidelity. Progress monitoring and adjustments to the interventions are made accordingly. Eventually, the classroom teacher takes over full implementation of the classroom instruction and individual intervention. The assessment and intervention process spans over a period of fifty school days. At the end of the time period, based on the student’s progress, decisions are made as whether to refer for special education assessment. Results of the studies from IST show a decrease in the number of referrals for special education and those originally set for retention. The data also showed the results were only as effective as those implementing the interventions and strategies. When the program was not implemented as designed, the results demonstrated little or no growth for most students.
A different hybrid approach which shows tremendous promise, applies elements from RtI² and collaborative team-based support models. Professional Learning Communities (PLC), developed by Richard and Rebecca DuFour, is a shift in traditional education approaches. PLC put the needs of children first by focusing on three ‘Big Ideas’: (a) Ensuring that students learn; (b) Developing a culture of collaboration; and (c) Having a focus on results (DuFour, 2004). The first big idea moves beyond the concept of teaching and looks at the result of such teaching, which is that students actually learn. Critical questions guide this first principle, “What do we want each student to learn? How will we know when each student has learned it? How will we respond when a student experiences difficulty in learning?” (DuFour, 2004, p. 7) The second big idea focuses on bringing the staff together as one unit instead of operating as separatists in adjoining rooms. PLC promotes collaboration by involving all teachers equally to build shared knowledge and improve learning in the classroom. Barriers to success are removed when norms are established and excuses are eradicated. Staff must work together to problem solve. The third big idea brings together the action component of sharing data. Teams develop and analyze common and formative assessments for students. Results are used in directing instruction and intervention. The PLC model is one that takes much effort and commitment; however, it is one that is currently being effectively used around the United States in hundreds of districts.
Summary

The reauthorization of IDEIA 2004 and the regulations of 2006 dramatically changed the approach and process educators are to take when considering student success in school and the identification of students with learning disabilities, which leads to eligibility for special education services. It is imperative that we examine how and for what reasons we refer students for eligibility assessment. What we have always done is not how we should conduct our school business. That is, the business of educating and supporting kids. The numbers are telling us how we have done things in the past from instruction in the classroom to identifying struggling students is neither efficient nor effective (Fletcher et al., 2005; Vellutino et al., 2006). Prereferral intervention has been shown to be effective at reducing false positive referrals for special education assessment and identifying those who could benefit from intervention (VanDerHeyden et al., 2007; VanDerHeyden et al., 2003). Providing early intervention has shown to greatly reduce the rates of students at risk for school failure (Vellutino et al., 2006). Schools must work interdependently, not independently to ensure success (DuFour et al., 2006). Remaining static only ensures the same results.
Chapter 3

METHODOLOGY

Introduction

A total of thirty-six elementary teachers including twenty-five general education teachers, seven special education teachers, and the school principal of a public elementary school located in northern California were asked to participate in two professional staff developments, follow up meetings and use a resource tool called, “Tool Kit for Student Success” to address concerns about struggling students in the various areas of academics, behavior, attendance and health related matters. Ideas for follow-up workshop topics and ‘Tool Kit’ sections were generated through initial staff meetings and collaboration discussions during the 2009-2010 academic school year. Additionally, data over a four-year period (2006-2010) from Student Study Team (SST) referrals and meeting summary sheets for behavior and academics were analyzed to identify trends and areas of improvement within our prereferral process. The progression for the development of the “Tool Kit for Student Success” and recreation of the SST process are described within this chapter. Detailed descriptions of the professional staff development used to introduce the redesign process and implementation for the ‘Tool Kit’ are included.

The Initial Concept

The initial concept for the “Tool Kit” was conceived from a conversation with the site principal for a need to update and recreate the SST process. An SST Redesign Team (SSTRT) was created to update the process and coordinating paperwork. The SSTRT

...
included the principal, school psychologist, two special education teachers and two general education teachers. Through conversation among staff and the team, the need for more information and knowledge of how to better support students with behavior and learning concerns became increasingly apparent. Educators were confused on the process and purpose for the SST; many had never attended, much less submitted a request for student support. In the past, the site’s special education staff coordinated and ran the SST process. Considering the initial identification of at-risk students along with appropriate, research-based instruction and interventions should be a general education responsibility (Marston, 2005) and the team of special educators who previously coordinated the SST process retired at the end of the previous year, it was an opportune time for a change in procedure. Indication of the lack of cohesion among staff, drop in morale with recent layoffs and budget reductions, and recent staffing changes district wide lent itself to a plea for a boost in morale and a desperate need for a united team moving in a forward direction. In response, the SSTRT decided to include implementing team building within each staff meeting to address the issue of underlying despair and provide momentum for positive change.

The Recreation Process

*Changing Names-Student Success Team*

One of the first positive changes from the SSTRT was amending the title of the SST to one that exemplified our purpose and focus. The ‘Student Study Team’ was now deemed the ‘Student Success Team’, a more positive, friendly and student centered title. The change to a new name necessitated the redefining of our purpose statement. In a
staff meeting prior to the first Staff Development Day, when queried about the reason for the SST, the staff responded with varying answers. Again, no consensus was found. A purpose statement was developed at the meeting using thoughts and ideas shared by individuals and explored research, which exemplified our intention of the SST:

*The Student Success Team (SST) meets at school to explore possibilities and strategies that will best meet the educational needs of our students. The SST is a procedure for brainstorming a variety of options and documenting the success of those efforts.*

This new focus became the springboard from which the remaining staff gatherings and ‘Tool Kit’ were developed.

*Analyzing Data*

The SSTRT held the assumption that trends in SST meetings generally resulted in referrals for assessments and screens with limited modifications tried in the general education setting. These assumptions were based on observations and participation in the SST meetings and not from documentation. To confirm the suspicions, summary sheets from the previous three years of SST meetings were gathered and analyzed by the author to identify trends in whom and how students were supported. Additionally, questions regarding the effectiveness of the current prereferral process and student achievement guided the specific data on which to focus in the analyses. These questions and findings further influenced the development of the ‘Tool Kit’ and recreation of the SST process:

(a) *For what concerns are the students being referred?*; (b) *Are data being provided to corroborate areas of concern?*; (c) *What types of interventions or modifications are used to support the student achievement?*; (d) *What are our referral rates for SST meetings*
and how many of those are recommended for special education eligibility?; and (e) Are there trends that need to be addressed to improve our current system of student support?

Data collected included total number of SST meetings held in a given year, by grade level; primary reasons for the SST referral; documented data provided by referring teacher; types of modifications/interventions tried; and recommendations for referrals to test or screen. The number of actual meetings held was counted in addition to number of students being supported (please refer to Table 1). So, a student who had three SST meetings held during one academic year was counted as one student, but all three meetings were included in the total meeting count.

Table 1.

<table>
<thead>
<tr>
<th>School Year</th>
<th>Total SST Meetings held</th>
<th>Total Students Addressed</th>
<th>Total Students with Multiple Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2007</td>
<td>39</td>
<td>35</td>
<td>4</td>
</tr>
<tr>
<td>2007-2008</td>
<td>56</td>
<td>45</td>
<td>10</td>
</tr>
<tr>
<td>2008-2009</td>
<td>51</td>
<td>45</td>
<td>6</td>
</tr>
<tr>
<td>*2009-2010</td>
<td>28</td>
<td>23</td>
<td>5</td>
</tr>
</tbody>
</table>

*After implementation of the redeveloped SST process

Table 2.

<table>
<thead>
<tr>
<th>School Year</th>
<th>Kindergarten</th>
<th>First Grade</th>
<th>Second Grade</th>
<th>Third Grade</th>
<th>Fourth Grade</th>
<th>Fifth Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2007</td>
<td>2</td>
<td>14</td>
<td>2</td>
<td>5</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>2007-2008</td>
<td>6</td>
<td>14</td>
<td>6</td>
<td>10</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>2008-2009</td>
<td>7</td>
<td>13</td>
<td>10</td>
<td>6</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>*2009-2010</td>
<td>2</td>
<td>14</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

*After implementation of the redeveloped SST process
The SST meetings held were also broken down by grade level (please see Table 2). Trends of reason for referral were also analyzed. The data suggested the greatest concern were global academics, which included both language arts and math (please see Table 3).

Table 3.

<table>
<thead>
<tr>
<th>School Year</th>
<th>Referred for ELA Concerns</th>
<th>Referred for Math Concerns</th>
<th>Referred for ELA &amp; Math Concerns</th>
<th>Referred for Behavior Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2007</td>
<td>11</td>
<td>1</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>2007-2008</td>
<td>21</td>
<td>1</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>2008-2009</td>
<td>14</td>
<td>0</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>*2009-2010</td>
<td>9</td>
<td>2</td>
<td>12</td>
<td>9</td>
</tr>
</tbody>
</table>

*After implementation of the redeveloped SST process

Other trends showed the most common type of classroom modification or accommodation was to modify work (reduce the homework amount or give more homework), provide peer support (student helping with assignment), followed by preferential seating (move the student’s seating location from to another). Other common recommendations included retention or remediation of the curriculum (please see Table 4). The table is presented as a total from 2006-2009. Summary sheets were not limited to a single accommodation and often contained multiple accommodations. All accommodations listed were included in the count.
Table 4.

<table>
<thead>
<tr>
<th>Accommodation Type</th>
<th>Preferential Seating</th>
<th>Peer Tutor/Support</th>
<th>Modified Work</th>
<th>Remediation/Intercession</th>
<th>Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>57</td>
<td>79</td>
<td>88</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Percentage</td>
<td>39%</td>
<td>54%</td>
<td>60%</td>
<td>21%</td>
<td>21%</td>
</tr>
</tbody>
</table>

When reviewing the referral rates which included referrals for speech and language screens, special education evaluations, and counseling or psychology related services, the results varied from year to year. The highest rate occurred in 2007-2008 with twenty-seven referrals (please see Table 5).

Table 5.

<table>
<thead>
<tr>
<th>School Year</th>
<th>Referrals for Assessments &amp; Screenings (number)</th>
<th>Referrals for Assessments &amp; Screenings (percent of total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2007</td>
<td>19</td>
<td>54%</td>
</tr>
<tr>
<td>2007-2008</td>
<td>27</td>
<td>60%</td>
</tr>
<tr>
<td>2008-2009</td>
<td>18</td>
<td>40%</td>
</tr>
<tr>
<td>*2009-2010</td>
<td>13</td>
<td>43%</td>
</tr>
</tbody>
</table>

*After implementation of the redeveloped SST process

Documented data provided by teachers was assumed to be nearly non-existent when the SSTRT discussed areas of concern. Assessment data from the SST forms documenting the teacher’s area of concern were tabulated. Any documented data provided on the summary sheets were counted (i.e. a fluency score, knew 3 of 4 colors, a percentage score from a test) as providing data. Data were also counted on a per meeting
basis as opposed to per student basis (please refer to Table 6). All data were compared to the total number of meetings held to obtain a percentage for comparison across the years. Data were also collected after implementation of the project for comparison of results. Prior to the revised implementation, SST summary documents revealed in 2006-2007, 23% provided at least one report of data. This percentage increased over the four-year period to a high of 71% during 2009-2010, after the implementation of the revised SST process.

Table 6.

<table>
<thead>
<tr>
<th>School Year</th>
<th>Documented Data Provided by Teacher (number)</th>
<th>Documented Data Provided by Teacher (percent of total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2007</td>
<td>9</td>
<td>23%</td>
</tr>
<tr>
<td>2007-2008</td>
<td>30</td>
<td>54%</td>
</tr>
<tr>
<td>2008-2009</td>
<td>22</td>
<td>43%</td>
</tr>
<tr>
<td>*2009-2010</td>
<td>20</td>
<td>71%</td>
</tr>
</tbody>
</table>

*After implementation of the redeveloped SST process

Results and Trends

Data trends from 2006-2009 revealed the majority of students were being referred for global academic concerns, where teachers described students as not performing at expected levels for a particular grade in all academic areas. Documentation supporting concerns was rarely provided; however, trends showed an increase in provided documentation over time. Supports provided by teachers primarily included an adjustment to the quantity of homework, seating location or support by a peer. More than
half of the SST meetings resulted in referrals for assessment and screenings. This trend
did show a drop in 2008-2009 compared to the previous year. SSTRT assumptions were
confirmed by the data results gathered. The next step included an examination of our
current SST process and data gathering tools.

*Examining the Existing SST Data Gathering Tools*

The SSTRT reviewed the current SST meeting summary forms and searched for
other documents related to the SST process. The initial meeting summary forms were
found to be adequate, as they were revised in 2008 from the handwritten form used in
previous years. Major components for recording information were included: a) strengths;
b) information; c) concerns; d) modifications; e) questions; f) strategies; g) actions; and
h) responsibility. Margins for recording were limited to small spaces a little over one
inch, as all spaces for documenting meeting notes were on one side of paper. There were
no updated, typed summary forms for follow-up meetings. An initial meeting form was
used instead. Previous years’ records showed handwritten forms used for follow-up
meetings. These handwritten forms, like the updated summary sheets, included necessary
components, but were limited on space. At the time of review, no masters of the follow-
up forms were found, so a need for recreated follow-up meeting forms became necessary.

Completed SST summary forms from previous years were located in multiple
binders, in a somewhat chronological order. No records of completed referral
documentation were included in the binders. If referral forms had been previously used,
they were no longer kept with the completed summary documents. Blank SST summary
forms were found within the pockets of the binders, but no other data gathering forms
were located. The limited data information provided within the SST summary notes made sense when considering the lack of data gathering tools. Either teachers were providing supports and had supporting evidence data, which were not being documented, or they were not providing supports and documented data. Either way, documentation needed to occur. The revision of the SST referral documents, followed by the meeting summary forms became a priority.

*The Growing Need for the ‘Tool Kit for Student Success’*

Previously, pre-meeting documentation of student data was rarely provided. Most information was generated during the meeting on the summary sheet and was rarely supported by actual evidence. Most referrals for assessments or screens were based on verbal accounts provided by the classroom teacher. The author took on the responsibility of recreating the SST referral forms. Careful review and feedback was provided by the SSTRT and revisions were made accordingly.

The referral forms (please see Appendix A-1) include data information from the district-required and classroom-based assessments, a checklist of concerns, and attempted interventions. Other pertinent information related to health, attendance and behavior are requested for documentation. Additionally, instructions on completing the form are provided (please see Appendix A-2). The referral forms were designed to gather data in four main areas of concern: a) academics; b) behavior; c) attendance; and d) health related concerns. Academic areas were divided by grade level and requested results from specific assessments that teachers were already required to provide each trimester according to district expectations. An additional worksheet was included to record the
documentation of interventions used and appropriate accommodations provided to the student. The revised form requires much needed documentation that assists the SST members with information needed to make better-informed decisions.

The school psychologist provided a checklist of concerns and accommodations, which was changed and adapted to meet the needs of our site (see appendix A-1). The purpose for providing a checklist was two-fold. First, the checklists provided an added convenience of use. The assumption was teachers would be more likely to check a box than write in accommodations used. Second, the checklists served as a reminder to the teacher of what they were already doing or provided additional ideas for supporting students.

As the basic referral forms were expanding, the need for disseminating the use of the forms and the revised process was increasingly apparent. The SSTRT team planned to present the information at the upcoming staff development day. Although, the teams’ minds were on intervention and prereferral information, questions arose from teachers about supporting students and various areas of concern during the development of the SST recreation process. The diverse population of students went much more beyond race and culture. An inclusion program based at the site included students with varying ranges of abilities from mild to severe. Individual diagnoses of students included, but not limited to Autism Spectrum Disorder, language-based disabilities, Emotional Disturbance, Attention Deficit with or without Hyperactivity Disorder, Specific Learning Disabilities, Anxiety Disorders, Depression, and many others. The multitude of questions and various conversations prompted the idea for a reference tool, which all
teachers could use. Whether or not a specific student with disabilities or suspected
disabilities was in the teacher’s class, an interaction could and most likely would at some point occur. Teachers needed to be prepared or at least have tools to use when encountering students with special needs. These additional tools of information for teachers to use when supporting students led to the concept of the “Tool Kit for Student Success”. The initial components included the SST process, referral forms, and instructions for use. Additional components supporting teachers’ areas of need would be added during the progression of the school year.

During a staff meeting prior to the planned staff development day, the staff was briefed on the concept of the ‘Tool Kit’. They were asked to identify specific areas of need and desire for more information, workshops and other areas of support. The staff brainstormed a list of sixteen main areas, which included the SST process. After that staff meeting, the site’s Leadership Team took the list to their corresponding grade level teams to prioritize the list of support areas. The prioritized results revealed teachers need support with student behavior interfering with academics, more specifically, attention and on-task related concerns.

*The ‘Tool Kit For Student Success’*

The ‘Tool Kit’ contents, including hard copies of recreated Student Success Team (SST) referral process and meeting forms, instructions for completion of such forms, materials from presentations and specific strategies for various instructional areas were provided to staff at the staff development and follow up meetings. The ‘Tool Kit’ was designed as a fluid document to be enhanced throughout the school year as the need for
additional resources and support occurred. Materials and resources were provided through a collaboration of presenters including the School Psychologist, Speech and Language Pathologist, Inclusion Specialist, Occupational Therapists, Special and General Educators and Site Principal. The Building Effective Schools Together (BEST) team members presented and provided resources obtained through several training workshops and current development of a school wide plan to promote positive and safe behavior. The School Site Leadership Team provided and presented material obtained from the participation of Professional Learning Community (PLC) (DuFour & DuFour, 2010) trainings, which was an integral part of communicating to staff beyond the staff development and meetings. Following the initial staff development, full implementation of the new SST process transpired.

Staff Development Day-1

Due to budget constraints and contractual negotiations, only two staff development days were held instead of the three originally planned. The SSTRT members presented the new materials, the Tool Kit and promoted team building through a workshop style format during the first Staff Development Day in September. The theme for the day was based on the popular reality television show, Survivor. Instead of “Outwit, Outlast, Outplay”, the mantra was, “Collaborate, Communicate, Innovate”. The theme conveyed working together despite a financially and emotionally strained environment in order to “survive” through this school year and hopefully beyond. The staff was divided across grade levels into tribes.
Team Building

The team building challenge, called “Spaghetti Towers”, had teams work together to build the tallest standing tower out of uncooked spaghetti noodles and marshmallows in a seven-minute period of time. To demonstrate challenges in our teaching and differences in our skill set, each team member could only use their non-dominant hand to build their tower. At the top of each tower, a flag needed to be displayed. No flag was provided, so teams needed to utilize their creativity in the midst of limited resources. Not unlike the real world, a saboteur was among the group destroying what was already being created.

The teams had to communicate and strategize how to complete their task with the resources and constraints given, sometimes starting completely over. Discussion questions followed relating how our current situation mirrored the struggles encountered during the activity and our need to work together to survive this school year. The questions included: a) How did your team decide to build the structure? b) What roles did the members of your team take during the challenge?; c) What part was difficult? What were some of the barriers?; d) How did you respond to the barriers you encountered?; and e) How could you have approached this challenge differently to build the tower? Most teacher responses included that one teacher took the lead and the others followed. One group stated they worked on their own tower and put it together the parts. The team that had the tower remain standing the longest used other items around them (a nearby bookshelf) to support their structure. The group consensus as the to the most difficult part of the activity was the saboteur who threw marshmallows and destroyed the progress.
the team had already made. The second most difficult was the limited time frame to complete the project.

Time for Change

The site administrator presented a comparison review of how the school previously supported students in contrast with the new direction the school was headed. Where previously, a lack of parent participation, intervention implementation, and a high referral rate to special education had been the norm, a collaborative environment, data driven instruction, parent involvement and staff accountability would be the expectation. Our responsibility as educators was clearly stated: We cannot do what we did in the past and expect things to improve. We must move forward together realizing that change is an inevitable part of that journey.

Presentation of the “Tool Kit for Student Success”

The Tool Kit for Student Success was presented to the Staff and a copy was provided for each grade level. The purpose of the resource binder as a reference tool was reviewed and the submission of the first section explored. The SST process was described utilizing a flowchart. The responsibilities of all team members were described from the onset of the referral, through the meeting continuing to possible outcomes. The new forms developed by the SSTRT were presented and reviewed with the staff. Specific instructions for the referral forms as well as the meeting summary forms were provided within the Tool Kit. Additional components including a checklist of concerns and interventions tried completed the SST referral packet.
Putting it into Practice

To solidify the new information and apply practice, case studies taken directly from referrals already submitted thus far in the current school year were divided among newly redistributed teams. One was directly related to behavior concerns, the other academic. Each team completed the entire SST process from filling out the referral forms through holding the SST meeting. The team members drew roles for the exercise. At the end, each group reported their activities and solutions for their particular case study. Areas of concern were clearly identified; however, actions to support the students were similar to the actions listed on the numerous summary forms reviewed from past years: move the student, place the child near a helpful peer and refer to special education. The activity concluded with a reflection of the process and request for critique of the new forms. Many teachers said the practice helped to clarify the process and the forms included great information. Several stated they appreciated the checklist the most. One made a suggestion of including the duration of modifications tried.

The first staff development day finished like it started, with a team building activity promoting working together. The staff stood in circle, tossing a ball of yarn across to another member as they stated a compliment or a statement of appreciation to that member. A segment of yarn was held by each person creating a web in the middle of the circle. Working together, the group tossed a balloon from one end of the circle to the other without letting the balloon slip through the holes in the web. Finally, each person let go of his or her segment of yarn. The once taut web quickly unraveled into a heap of
yarn on the ground symbolizing how everything falls apart when we do not do our part in working together.

Staff Development Day-2

Recognizing that behaviors influence academics (Kovaleski et al., 1999) and behavior was one of the most requested areas of needed support, the SSTRT and school site Leadership Team acknowledged the need for addressing behavior concerns on campus. A second staff development day was held to address the staff’s request for behavior support.

Team Building

The BEST team facilitated during the workshop, which included a team building activity, called “Pumpkin Pallooza”. Staff members were divided into teams and asked to carve a pumpkin while blindfolded. The author served as facilitator of the activity. The three teams were unknowingly a part of a behavioral experiment as well. Reflection questions from staff were discussed and observations from the activity were shared. The “secret” behavior experiment was revealed and the point discovered that our attitudes and behaviors as the teacher truly affect the attitudes and behaviors of our students.

School Wide and Classroom Based Standards of Behavior

To continue with staff development on behavior, the school site’s personal standards were reviewed: Be Safe, Make Good Decisions, Show Respect, and Solve Problems. The staff was again divided into small groups to review 19 actual office referrals made during the past year. The staff reviewed the referrals, identified what area of personal standards the referral violated and determined whether it was a major or
minor offense. Upon whole group reflection, there was a difference of opinion as to the status of referrals as major or minor offenses. General guidelines were then established as to what constituted major and minor offenses; and when situations should be handled in the classroom or sent to the office for referral.

The staff was asked to reflect on their own classroom management techniques and discipline systems. Individuals were asked to share with a small group; then volunteers were asked to address the whole group. Several ideas and strategies that work in the classroom were also offered from members of the BEST team.

*Filling Buckets*

*Have You Filled A Bucket Today*, by Carol McCloud was read to the staff as the final activity of the day. This book described the idea of being a “bucket filler” instead of a “bucket dipper”. You fill someone else’s bucket, as well as your own, when you love, help and encourage others. The staff was presented with the idea of being bucket fillers in our school community. They were given bucket slips to complete in order to fill someone’s bucket or as a witness to a bucket being filled. Each month, the slips would be read at the staff meeting to encourage the staff members.

**Summary**

The process of the ‘Tool Kit’ project started as an investigation of assumptions based on observations. After fact finding confirmed those assumptions, the solution was to recreate and redefine a process that supported both teachers and students. During the process, questions from teachers revealed a need for a variety of student support
strategies. These support requests and the recreation of the SST process led to the development of the ‘Tool Kit’.

The ‘Tool Kit’ and the information contained within were presented in a workshop style format over two staff development days. The first included the recreated SST process and forms, and the introduction of the ‘Tool Kit’. The second focused on standards of behavior across campus and within the classroom. Although behavior management and techniques are important elements for a successful educational environment, the primary focus and reflection of this report surround the academic implications and the organization of the process itself in the prereferral process. Thus, limited discussion regarding the school’s attempt to address behavioral concerns should not be misconstrued as a poor reflection of the tremendous efforts made by the BEST team or those involved in assisting staff with such matters.
Chapter 4

CONCLUSION AND RECOMMENDATIONS

Conclusion

Documentation in an era of high accountability is essential, especially when concerning the legal ramifications surrounding special education and special education eligibility. The reauthorization of Individuals with Disabilities Education Improvement Act (IDEIA, 2004) makes clear the need for supporting evidence of interventions applied prior to a referral for eligibility assessment. When traditional first response includes a referral to screen, test, or consider the lack of educational progress is due to a disability prior to implementing and documenting interventions, than the system is not functioning as intended. This project attempted to redevelop the student support process, providing an organized system for documentation of student concerns, baseline data and instructionally related supports.

Ensuring that students learn was critical to the Student Success Redesign Team (SSTRT). The method of achieving that ideal, when learning communities collaborated, communicated and created an atmosphere where the learning environment shared the same goal, was used as the basis for the development of the ‘Tool Kit’ and the staff development days of training. Transforming the goal or ideal into tangible proof required a plan to ascertain the best course of action to ensure those results. The SSTRT reflected on procedures of the past in order to refine the process of the future as the important first step. Redeveloping the purpose and process of the Student Success Team (SST) created a foundation for supporting students in an effort to promote success in learning.
Providing a useful reference tool that supported those efforts, and training educators how to apply the process allowed for future tiers of learning support to be built.

The Recreated Documents in the ‘Tool Kit’

The ‘Tool Kit for Student Success’ was developed for the teachers and students in grades Kindergarten through fifth grade. As a fluid document driven by requested staff needs that guide when there is a concern for student progress, the ‘Tool Kit’ was designed to include the hard copy of documents, which support those needs. The initial section encompassed the realized work of the redeveloped SST process. The additional sections provided an assemblage of resources for teachers regarding various areas of concern.

A visual flowchart that shows the SST process from start to finish, and a chart clarifying the roles of various SST members was presented in the first part of the SST section (Please see figures 1 and 2). The process flowchart explained the procedures and steps from the teacher referral to possible outcomes. The roles chart described the special functions of each SST member. Initial teacher comments included various expressions of gratitude for clarity of the process. As the school year went on, the quantity of procedural questions increased by those who did not attend the training as well as those who did.

Instructions for completing the referral documents (prior to the SST meeting) and summary forms (completed during the SST meeting) were included (please see appendix A for complete forms). These were provided for those who were unfamiliar or had limited experience with the SST process.
Student Success Team Process

When a Meeting is Necessary
- Requests for a meeting may be made by the Teacher, Counselor, Parent or Student.
- Teacher checks with last year’s teacher, in cum or with parents to check for previous concerns and actions taken.

Teacher completes and submits the
- SST Referral Forms
- Checklist of Interventions
- Checklist of Strengths and Concerns to the SST Coordinator for their track

Prior to the Meeting
- Coordinator and Teacher arrange the possible meeting dates and times (2 p.m. for K-3 and 2:35 p.m. for 4-5).
- Teacher confirms date/time with parent.
- Coordinator reserves date on calendar and emails office staff
- Coordinator fills out meeting notice for parents and mails home and notifies staff team members of meeting
- Coordinator places original referral in blue SST Record binder (located in conference room cabinet).

At the Meeting
- Teacher brings cum folder
- Teacher brings student’s work samples, examples of expected grade level work, and documentation of behaviors.
- Student’s strengths and concerns are identified and discussed.
- Teacher discusses interventions and modifications that have been tried (duration and results).
- Team makes recommendations and develops an action plan to support student.

Possible Meeting Outcomes:
- Continuation of successful modifications.
- Recommendations for additional modifications and a plan for a follow up meeting.
- Referral for further evaluation by Specialists.

Figure 1.
**Definition of Roles in the Student Success Team**

**Coordinator/Facilitator:**
- Facilitates meeting
- Makes introductions
- Explains process of meeting to team members (strengths, known information, concerns, modifications tried, etc.)
- Keeps time and keeps meeting moving
- Records the consensus of the team and information shared on white board
- Checks for understanding with team members (asks for clarification, background information)
- Encourages input from all team members

**Referring Teacher:**
- Brings student’s cum folder, student’s work samples and examples of expected grade level work
- Invites team teacher if appropriate
- Shares student’s strengths
- Summarizes concerns
- Describes concerns, behaviors, modifications, and interventions attempted (including duration and results)

**Recorder:**
- Copies SST notes from board on SST Summary Sheet
- Looks for important similarities and discrepancies in information
- Shares strategies and resources in school and community
- Verifies all attending members have signed summary sheet
- Makes copies of summary sheet and distributes.
  - Original to SST Binder
  - Copy to Parent
  - Copy to Teacher
  - Copy in cum folder
  - Copy to other parties completing actions.

**Education Specialist:**
- Asks questions and participates in discussion
- Presents information if they have worked with the student
- Offers strategies for further modifications
- Makes referral to Specialist Team for further evaluation

Figure 2.
Additionally, a prereferral checklist was included as the cover to the SST referral forms packet, which helped teachers navigate the process. During the school year following the training, teachers asked clarification questions about completing the forms. When asked if they had reviewed the instructions in the ‘Tool Kit’, the answer was always, “No, but could you just tell me anyway?”

The referral documents were created to provide documentation and baseline information of the present levels of performance on the student being referred. (Please see figure 3 for partial example. The full form is available in appendix A). Prior to the recreated referral forms, there were no other referral documents found within the records, only what was noted on the summary sheets. Teachers only provided documented data 23% of the time in 2006-2007. In 2009-2010, after the training and implementation of the revised process, teachers provided documentation 71% of the time.

**Academic Assessment Data**

<table>
<thead>
<tr>
<th>Kindergarten</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Concepts of Print:</td>
<td></td>
</tr>
<tr>
<td>Letter Recog./Sound ID:</td>
<td></td>
</tr>
<tr>
<td>Irregular Sight Words:</td>
<td></td>
</tr>
<tr>
<td>Shape Recognition</td>
<td></td>
</tr>
<tr>
<td>Numeral Recognition</td>
<td></td>
</tr>
<tr>
<td>Sequencing/Counting</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BPST III Date:</td>
<td></td>
</tr>
<tr>
<td>Score: 91</td>
<td></td>
</tr>
</tbody>
</table>

| San Diego Quick Date:                             |    |
| Grade Level Score:                                |    |

| Irregular High Frequency Words:                    |    |
| 120                                              |    |
The checklist of interventions and documented concerns were also included in the referral form. A worksheet for teachers to record documentation of intervention efforts was also provided. (Please see figures 4 and 5 for partial examples, Appendix A for full example). The checklist was consistently completed by those submitting referrals; however, the worksheet for documentation was often absent among the referral packet of forms.

Figure 3.

Checklist of Interventions

(Please indicate any of the below which have been used. Circle any that have been successful.)

<table>
<thead>
<tr>
<th>Environments</th>
<th>Materials</th>
<th>Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Study carrel</td>
<td>☐ Graph paper</td>
<td>☐ Simplify assignments</td>
</tr>
<tr>
<td>☐ Change seating/Groups</td>
<td>☐ Enlarge text</td>
<td>☐ Shorten assignments</td>
</tr>
<tr>
<td>☐ Create more physical space</td>
<td>☐ Use different materials, tapes, manipulatives, task cards</td>
<td>☐ Partner/Peers</td>
</tr>
<tr>
<td>☐ Cross-age tutors</td>
<td>☐ Learning games</td>
<td>☐ Use of notebook for assignments</td>
</tr>
<tr>
<td>☐ Peer tutor</td>
<td>☐ Computer activities</td>
<td>☐ Copying for visual-motor reinforcement</td>
</tr>
<tr>
<td>☐ Peer partner (buddies)</td>
<td>☐ Calculator</td>
<td>☐ Reduce copying from board</td>
</tr>
<tr>
<td>☐ Small group instruction</td>
<td>☐ Work at student’s ability level</td>
<td>☐ Provide notes</td>
</tr>
<tr>
<td>☐ Individual instruction</td>
<td>☐ Color coded text</td>
<td>☐ Alternative assignment</td>
</tr>
<tr>
<td>☐ Instructional assistant (if available)</td>
<td>☐ Graphic organizers (visuals/spatial displays)</td>
<td>☐ Extended time for completion</td>
</tr>
<tr>
<td>☐ Change schedule/length of day</td>
<td>☐ Change testing</td>
<td>☐ Break up assignments/projects into small chunks</td>
</tr>
<tr>
<td>☐ Personal study space</td>
<td></td>
<td>☐ Allow verbal response</td>
</tr>
<tr>
<td>☐ Reduce unstructured time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 4.

Intervention/Goal Worksheet

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Information</th>
<th>Area of Concern</th>
<th>Goal</th>
<th>Modifications Tried</th>
<th>Date Began/Ended</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample: Follows directions, math</td>
<td>Repeated Kindergarten</td>
<td>Reading HFW</td>
<td>Student needs to read 60 HFW, knows 14</td>
<td>*Made flashcards for home practice</td>
<td>8/3</td>
<td>Increased HFW from 14 to 42!</td>
</tr>
</tbody>
</table>

Figure 5.

The SST Coordinator distributed the SST notification letters to the parents/guardians prior to the scheduled meetings. Parent comments included, “The bright red paper caught my attention and was easy to locate.” Only one parent brought the questionnaire with them to the SST meeting. It is unknown if other parents completed or used the forms to help prepare them for the SST meeting.

Practical application practice was provided through staff development and follow-up meetings. Initial staff response from the redeveloped SST process and Tool Kit was very positive. Many staff members embraced the activities whole-heartedly during the staff development day. One teacher stated, “This is the best staff development I have
ever been to.” Another two teachers claimed they were excited about the change and commented, “Why weren’t you here years ago? It could have made such a huge difference!”

After a few months, the excitement wore off. Not all teachers attended the training and were unsure about the use of the form, so requested one-on-one training. A couple of teachers complained about the length of the paperwork and wanted to submit requests for a SST meeting without it. Even with complaints, the percentage of teachers who provided documentation greatly increased.

Grade level teams were asked to bring their ‘Tool Kit’ to each staff meeting and workshop. Not all grade levels did bring their ‘Tool Kit’ stating they were unaware of its location. After three staff meetings, the reminders stopped as money matters and layoffs became the central topic of meetings. The scheduled workshops addressing the concerns of the teachers were put aside indefinitely while other matters topped the agenda. Budget constraints led to planned workshops being cut. The ‘Tool Kit’ was shelved, but the recreated prereferral process continued on.

Recommendations

Some recommendations to improve upon the existing ‘Tool Kit’, would include going digital. Availability of the referral forms online would reduce the costs of printing and paper use. Further, to record the summary sheets via computer would provide legible documentation that would be less likely to get misplaced.

Additionally, having a shared database that includes the support reference materials and best practice ideas would promote a collaborative and supportive culture.
Teachers contributing what they know works would help foster a supportive and collaborative community.

A next step would include further developing the prereferral screen. The use of a screening tool would assist in further implementation of a tiered support system. Applying the dual-discrepancy method would identify those students who are performing poorly compared to peers and non-responders to intervention supports. Developing the screening tool that works best for the school site may require a trial of a few models.

Professional staff development was originally intended to be ongoing throughout the school year. It was cut short due to financial constraints and contractual changes. Continuing on the path that was originally planned would allow for specific areas of concern to be addressed and new tools added to the ‘Tool Kit’. Reviewing the process each year would help those who missed it originally and those who are new staff at the school better understand the SST process.

Having the entire staff attend the Professional Learning Community training would help consolidate a clearer understanding of shared goals and building community. The training provides the process of working collaboratively to use data effectively and efficiently in order to enhance student achievement. At print, the leadership team attended the PLC training along with the site administrator. Future plans for additional staff members to attend PLC training are dependent on budget constraints and a very long waiting list.
APPENDIX A

Tool Kit for Student Success
Documents
APPENDIX A-1
Student Success Team Referral Form
(Forms have been reformatted to fit the parameters of this document.)
Pre-SST Referral Checklist

Please review this checklist and complete all steps prior to referring a student to the Student Success Team.

- I have talked with the parents/guardians about my concerns.
- I have reviewed the student’s records and talked with the previous teacher.
- I have reviewed the checklists and strategies in the SST Resource Binder and have applied reasonable classroom accommodations.
- I have discussed this student at grade level meetings or with other educators.
- I have obtained additional strategies from (if appropriate), resource teacher, administrator, psychologist, and speech/language pathologist.
- I have kept records of all modifications/accommodations attempted and recorded on the Checklist of Interventions.
- I have identified the student’s strengths and learning styles.
- If referral to SST is appropriate, fill out Student Success Team Referral packet including areas of concern and checklist of interventions and return to the SST coordinator for your track.
- Please be sure to bring with you to SST:
  - Student’s Cum file
  - Notes from observations, conferences, behavioral incidents (including description and frequency)
  - Specific interventions tried (including duration and results)
  - Work samples in target area and examples of class range
# Referral Form

**Teacher** ____________________ **Student** ____________________

**Date** _______ **Birth Date** _______ **Grade/Track** _______

## Reason for Referral

- [ ] Academics (including language processing)
- [ ] Behavior
- [ ] Attendance
- [ ] Health

## Personal and School Information

| Address: | 
| --- | --- |
| **Student Lives with:** | **Primary Language at Home:** |
| **Home Phone #:** | **Primary Language at School:** |
| **School Information** | **Date of entry to current school:** |
| **School/District (List beginning with most recent)** | **R** | **Dates Attended** | **Grades** |
| | | | |

## History of Similar Teaching Concern?

- [ ] Y
- [ ] N

## Has Student Been Retained?

### Repeated Grade: _____

- [ ] Y
- [ ] N

## Previous SST?

- [ ] Y
- [ ] N

## Previous Intervention Programs or Services?

- [ ] Y

## Notes attached

## Special Education Services?

- [ ] Y
- [ ] N

## Academic Assessment Data

### Kindergarten

- [ ] Concepts of Print:
- [ ] Letter Recog./Sound ID:
- [ ] Irregular Sight Words: /34

- [ ] Shape Recognition
- [ ] Numeral Recognition
- [ ] Sequencing/Counting

### Primary
<table>
<thead>
<tr>
<th>Topic</th>
<th>Grade Level Score</th>
<th>Score</th>
<th>Date:</th>
<th>Subject Area:</th>
<th>Score:</th>
<th>Date:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPST III</td>
<td></td>
<td>/91</td>
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<tr>
<td>San Diego Quick</td>
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<tr>
<td>Irregular High Frequency Words</td>
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<td>/120</td>
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<tr>
<td>QRI Level _____ WCPM _____</td>
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<tr>
<td>Comprehension: Oral _____</td>
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<tr>
<td>Reading _____</td>
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<tr>
<td>Writing Assessment</td>
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<tr>
<td>Grammar Assessment</td>
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<tr>
<td>EnVision Math Lesson: ______</td>
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<tr>
<td>Math Facts: _____</td>
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<tr>
<td>Math Reasoning: _____</td>
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<tr>
<td>Intermediate</td>
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<tr>
<td>San Diego Quick Date: ______</td>
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<td>San Diego Quick Grade Level Score:</td>
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<tr>
<td>Irregular High Frequency Words Score</td>
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<td>Writing Assessment</td>
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<td>Grammar Assessment</td>
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<tr>
<td>Saxon Math Assessments</td>
<td>Lesson: _____</td>
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<tr>
<td>Saxon Math Assessments</td>
<td>Lesson: _____</td>
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<tr>
<td>All Grade Levels</td>
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<tr>
<td>Bilingual/CELDT Assessment</td>
<td>Date: ______</td>
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<td></td>
<td>Outcome: ______</td>
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<tr>
<td>Fine Motor Concerns?</td>
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<tr>
<td>Gross Motor Concerns?</td>
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<td>Classroom Assessments</td>
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<td>Description:</td>
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<tr>
<td>Description:</td>
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</tbody>
</table>
## Behavior

**Describe Behavior Concern:**

<table>
<thead>
<tr>
<th>☐ History of Previous Behavior Concern?</th>
<th>Y</th>
<th>☐ Suspension History:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>In School _____</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Out of School _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>☐ Previous /Current Behavior Support Plan (BSP)? (Attach Copy) Date:</th>
<th>Y</th>
<th>☐ Referral made to Counselor/Psychologist? Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Previous Counseling?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>☐ Referral made to Family Physician Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>☐ Referral Made for School Screening Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>☐ Referral Made to Family Physician Date:</th>
</tr>
</thead>
</table>

### Health and Medical Information

- **Vision Screening**
  - Date:
  - ☐ Passed
  - ☐ Failed
  - ☐ Wears Glasses

- **Hearing Screening**
  - Date:
  - ☐ Passed
  - ☐ Failed
  - ☐ Wears Hearing Aid

### Known Health Conditions or Concerns:

### Medications:

### Attendance

- **Is Attendance a Concern?** ☐ Y ☐ N
- **Number of Days in School Year So Far:** _____

- **Number of Absences:** _____
- **Number of Tardies-less than 30 mins.** _____
- **Number of Tardies-more than 30 mins.** _____

- **Number of Truancies:** _____
- **SARB Referred?** ☐ Y ☐ N
<table>
<thead>
<tr>
<th>Strengths</th>
<th>Information</th>
<th>Area of Concern</th>
<th>Goal</th>
<th>Modifications Tried</th>
<th>Date Began/Ended</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sample:</strong></td>
<td>Follows directions, math</td>
<td>Repeated Kindergarten</td>
<td>Reading HFW</td>
<td>Student needs to read 60 HFW, knows 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*Made flash cards for home practice</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*Parent volunteer practice in class</td>
<td></td>
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<td></td>
<td></td>
<td>*after school tutoring</td>
<td></td>
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<td></td>
<td></td>
<td>8/31</td>
<td>10/17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Increased HFW from 14 to 42!</td>
<td></td>
</tr>
</tbody>
</table>
### Checklist of Interventions

(Please indicate any of the below which have been used. Circle any that have been successful.)

<table>
<thead>
<tr>
<th>Environments</th>
<th>Materials</th>
<th>Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Study Carrel</td>
<td>□ Graph Paper</td>
<td>□ Simplify assignments</td>
</tr>
<tr>
<td>□ Change Seating/Groups</td>
<td>□ Enlarge text</td>
<td>□ Shorten assignments</td>
</tr>
<tr>
<td>□ Create more physical space</td>
<td>□ Use different materials, tapes, manipulates, task cards</td>
<td>□ Partner/Peers</td>
</tr>
<tr>
<td>□ Cross-age tutors</td>
<td>□ Learning Games</td>
<td>□ Use of notebook for assignments</td>
</tr>
<tr>
<td>□ Peer tutor</td>
<td>□ Computer Activities</td>
<td>□ Copying for Visual-motor reinforcement</td>
</tr>
<tr>
<td>□ Peer partner (buddies)</td>
<td>□ Calculator</td>
<td>□ Reduce copying from board</td>
</tr>
<tr>
<td>□ Small group instruction</td>
<td>□ Work at student’s ability level</td>
<td>□ Provide notes</td>
</tr>
<tr>
<td>□ Individual instruction</td>
<td>□ Color coded text</td>
<td>□ Alternative assignment</td>
</tr>
<tr>
<td>□ Instructional assistant (if available)</td>
<td>□ Graphic organizers (visuals/spatial displays)</td>
<td>□ Extended time for completion</td>
</tr>
<tr>
<td>□ Change schedule/length of day</td>
<td>□ Change testing mode/settng</td>
<td>□ Break up assignments/projects into small chunks</td>
</tr>
<tr>
<td>□ Personal study space</td>
<td>□ Daily/weekly report home</td>
<td>□ Allow verbal response instead of writing</td>
</tr>
<tr>
<td>□ Reduce unstructured time</td>
<td>□ Daily planner</td>
<td>□ Simplify task directions</td>
</tr>
<tr>
<td>□ Plan for Transitions</td>
<td>□ Auditory diffuser (head phones)</td>
<td></td>
</tr>
<tr>
<td>□ Visual schedules (on board, student desk)</td>
<td>□ Fidget tool/object</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching Techniques</th>
<th>Behavior Modification</th>
<th>Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Vary voice volume/speed</td>
<td>□ Daily parent communication</td>
<td>Please list and describe alternative and supplemental curriculum/programs you have used to address your academic concerns and describe their results:</td>
</tr>
<tr>
<td>□ Use eye contact</td>
<td>□ Re-teach, practice expected behavior</td>
<td>□ GLAD Strategies</td>
</tr>
<tr>
<td>□ Use hands on shoulder</td>
<td>□ Positive reinforcement for target behavior (whole class or individual)</td>
<td>□ Step-Up to Writing</td>
</tr>
<tr>
<td>□ Reduce stimulation amt./degree when appropriate</td>
<td>□ Use consistent consequences</td>
<td>□ Read Naturally</td>
</tr>
<tr>
<td>□ Teacher circulates around room</td>
<td>□ Behavior Contract</td>
<td>________________________________</td>
</tr>
<tr>
<td>□ Proximity</td>
<td>□ Group/Individual Counseling</td>
<td>________________________________</td>
</tr>
<tr>
<td>□ Repeat directions-same/vary</td>
<td>□ Self-Monitoring</td>
<td>________________________________</td>
</tr>
<tr>
<td>□ List assignments/instructions on desk and board</td>
<td>□ Alternative activities</td>
<td>________________________________</td>
</tr>
<tr>
<td>□ Use behavior contracts</td>
<td>□ Acknowledge target behavior of nearby student</td>
<td>________________________________</td>
</tr>
<tr>
<td>□ Use visual aids in giving instruction</td>
<td>□ Opportunity for short breaks</td>
<td>________________________________</td>
</tr>
<tr>
<td>□ Teach study skills</td>
<td>□ Implement classroom behavior management system</td>
<td>________________________________</td>
</tr>
<tr>
<td>□ Limit oral instructions</td>
<td>□ Assign student special</td>
<td>________________________________</td>
</tr>
<tr>
<td>□ Positive, specific praise</td>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td>□ Increase active participation</td>
<td></td>
<td>□ Implement appropriate strategies for a duration of time (at least 8 weeks)</td>
</tr>
<tr>
<td>□ Provide immediate feedback</td>
<td></td>
<td>□ Document Results</td>
</tr>
<tr>
<td>□ Multi-sensory instruction</td>
<td></td>
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</tbody>
</table>
### Areas of Strength and Concern

#### Strengths: (List at least 5)

<p>| | |</p>
<table>
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</table>

#### Concerns:

<table>
<thead>
<tr>
<th>Attendance:</th>
<th>Writing: Poor or difficulty w/</th>
<th>Auditory Perceptual: difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Absences</td>
<td>☐ Staying on line/boundaries</td>
<td>☐ Auditory memory</td>
</tr>
<tr>
<td>☐ Tardies</td>
<td>☐ Writing posture /pencil grip</td>
<td>☐ Listening in noisy environ.</td>
</tr>
<tr>
<td>Spelling:</td>
<td>☐ Writing on topic/organization</td>
<td>☐ Discriminating/reproducing consonant /vowel sounds</td>
</tr>
<tr>
<td>☐ Phonetic Sp. errors (red/rid)</td>
<td>☐ Editing skills</td>
<td>☐ Sound blending</td>
</tr>
<tr>
<td>☐ Errors in written assignments</td>
<td>☐ Spacing between words</td>
<td>☐ Says “what” often/seems not to listen</td>
</tr>
<tr>
<td>☐ Not applying spelling rules or strategies</td>
<td>☐ Uncommon Reversals (7-, j-)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reading: Poor or difficulty with</th>
<th>Math: Poor or difficulty with:</th>
<th>Perceptual Motor: Poor with</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Sight vocabulary</td>
<td>☐ Basic computation facts</td>
<td>☐ Fine motor skills/drawing</td>
</tr>
<tr>
<td>☐ Phonics, word attack skills</td>
<td>☐ Solving word problems</td>
<td>☐ Confused handedness</td>
</tr>
<tr>
<td>☐ Reading comprehension</td>
<td>☐ Number reversals (12/21)</td>
<td>☐ Gross motor coordination, clumsy, awkward</td>
</tr>
<tr>
<td>☐ Confuses words while reading (was/saw, want/went)</td>
<td>☐ Money, time, measurement skills</td>
<td>☐ Physical games, motor skills</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Language Reception: Poor with</th>
<th>Visual Perceptual: Poor with</th>
<th>Cognitive Development:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Listening vocab/word knowl.</td>
<td>☐ Visual details of pictures, objects, surroundings</td>
<td>☐ Brighter than achievement indicates</td>
</tr>
<tr>
<td>☐ Following oral directions</td>
<td>☐ Recalling visual images or sequences</td>
<td>☐ Forgets previously learned material</td>
</tr>
<tr>
<td>☐ Attention of what is heard</td>
<td>☐ Directions (N-S-E-W: L, R)</td>
<td>☐ Learns better at certain times</td>
</tr>
<tr>
<td>☐ Comprehending class discussions</td>
<td>☐ judging distance/size/shape</td>
<td>☐ Knowledge gaps surprise you with what knows/doesn’t know</td>
</tr>
<tr>
<td>☐ Fails to grasp teacher explanation</td>
<td>☐ Easily lost, confused by new settings</td>
<td></td>
</tr>
<tr>
<td>Social Interactions:</td>
<td>Emotional Behavior:</td>
<td>Classroom Behavior:</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>□ Few friends/ last chosen</td>
<td>□ Moody, unhappy</td>
<td>□ Misbehaves out of classroom</td>
</tr>
<tr>
<td>□ Bully, fights, aggressive</td>
<td>□ Sick w/o apparent cause</td>
<td>□ Disobeys class/school rules</td>
</tr>
<tr>
<td>□ Poor sportsmanship</td>
<td>□ Fearful/anxious/tense; fall apart under stress</td>
<td>□ Impulsive/hyper/cannot sit</td>
</tr>
<tr>
<td>□ Unusual bragging or exaggeration/ white lies</td>
<td>□ Temper outbursts, quarrelsome</td>
<td>□ Listless/hypoactive/ hard to get involved</td>
</tr>
<tr>
<td>□ Often interrupts, constantly seeks attention</td>
<td>□ Odd or repetitive mannerisms</td>
<td>□ Easily set off, good/bad day</td>
</tr>
<tr>
<td>□ Withdrawal, shy, timid</td>
<td>□ Shares little about self</td>
<td>□ Off task during unstructured or independent work times</td>
</tr>
<tr>
<td>□ Untruthful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention and Effort</td>
<td>Study Habits</td>
<td>Other:</td>
</tr>
<tr>
<td>□ Easily discouraged w/failure</td>
<td>□ Hard to start, slow worker</td>
<td></td>
</tr>
<tr>
<td>□ Lacks motivation/needs prod</td>
<td>□ Wastes time/not independent</td>
<td></td>
</tr>
<tr>
<td>□ Distractible/attention span</td>
<td>□ Rushes, careless work</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX A-2
Student Success Team Referral Form Instructions
So How Do I Fill Out That Referral for An SST Form Anyway??

SST Referral Form-Page 1

Reason for Referral: Please mark the box for the areas of concern, even if it is more than one.

Personal and School Information: Please fill out child’s most current residence information. Include language spoken at home. If an interpreter is needed at the meeting, please indicate it here. Please list prior school information (if applicable), previous SST, intervention services (HOSTS, Sylvan, etc.), and SPED services (even if no longer receiving them). Include previous or current special education services (speech articulation or language, RSP, SDC, Occupational Therapy (OT), Physical Therapy (PT), etc.) Records of previous schools can be found in the student’s CUM folder. Include if previous SST meetings were conducted at previous schools.

Academic Assessment Data: The assessment data includes information from the NUSD district assessments at the Trimester benchmarks. These tests can be found in your red assessment binders. Please use the most current data available. Put NA where Not Applicable. Remember the purpose is to get a better overview of how your student is performing academically.

Kindergarten: The top three sections refer to Language arts and the bottom sections refer to math. For Concepts of Print, please write “age appropriate” if no concerns, include areas of deficit (directionality, front of book, distinguish between letters and words, etc.).

SST Referral Form-Page 2

Academic Assessment Data (con’t):

Primary: Please fill in the scores for the corresponding district assessments. First grade has the expectation of 60 words, but second and third need to know all 120. Include your latest math assessments (more than one if it has varied from the norm).

Intermediate: Please fill in the assessment data for the corresponding district assessments. The Irregular High Frequency Words refer to the second 60 (for 2nd-third grade) and only if needed as an area of concern.

All Grade Levels: Bilingual/ESL Assessment refers to CELDT scores. These are located in the CUM folder. Fine Motor refers to things like handwriting, cutting and pencil grip. Gross Motor refers to large muscle movement activities like running, jumping and balancing. Classroom Assessments include scores not listed like Open Court comprehension and classroom tests (spelling). Include any other assessments that you feel would demonstrate your student’s ability or lack thereof.
Behavior: Please briefly describe your behavior concern. Review prior records to see if there has been a similar history of concern. Include interventions and referral info made to support help (include outside referral made by family for private support). If a Behavior support plan was developed, attach it to the referral form.

Health and Medical Information: Please fill out whether or not hearing or vision screenings have occurred. Screening results are found on the inside of the cover of the student’s CUM folder. The parent may have had a private screening done by their personal physician. Hearing and vision screenings are considered current if done within the last 12 months. Health conditions include things like (Diabetes, ADHD, seizures, Asthma, allergies, etc.)

Attendance: Attendance information may be found in the Cum file or in Power School. Our health aide is also another resource for information regarding attendance and SART/SARB.

SST Referral Form-Page 4

SST Referral Goal Worksheet

Strengths: Record general areas of relative strengths for the student. Include social/emotional as well as academic areas (i.e. gets along well with others, shows empathy, math calculations, drawing, enjoys science experiments, etc.).

Information: This section is for getting a more complete picture of the student. Include items such as: previous retention, recent move, new to school, family history of learning difficulties, diagnosed ADHD, etc. This area will be more thoroughly completed at the meeting. Much of the information will come from the parents.

Area of Concern: Please focus on the main areas, even when there might be many (i.e decoding skills, reading comprehension, problem solving, attention). More detailed information will be focused on in the next sections.

Goal: This area includes your specifics from the Area of Concern. Your goal maybe something like: long vowel digraphs, or multi-digit multiplication with regrouping.

Modifications Tried: Please list or describe the various types of modifications you have tried to help with the specific goal. Don’t forget to include the dates started and ended. This is very important for compliance with the Ed Code. (See your local specialist for details).

Results: How did your student do with the modifications you tried? Was there improvement? How much? Please bring examples to the meeting.
SST Referral Form-Pages 5 and 6

Intervention Checklist and Areas of Strength and Concern: Please check all of the boxes that apply to this student. Don’t forget to include the strengths. These are important when considering strategies for instruction and positive behavior support.

*Remember:* This may be more time consuming than anything else, but the more information you have, the more smoothly and efficiently the process goes. If you still need help, the SST members are more than happy to walk you through it! 😊
APPENDIX A-3
Student Success Team Meeting Summary Form
TWO RIVERS ELEMENTARY SCHOOL
SST SUMMARY FORM

Student: __________________ Date of Birth: _______ Primary Language: _________ Parents: __________________________

Referring Teacher/Track: _______________ Grade: _______ Date of Initial SST: _______ Today’s Date: _______

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Known Information</th>
<th>Known Concerns</th>
<th>Modifications</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Potential Strategies</td>
<td>Actions (Prioritize)</td>
<td>Who is Responsible?</td>
<td>When</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
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</tr>
</tbody>
</table>

**Team Members Present:**

Parent: ___________________________ Special Education Teacher: ___________________________

Student: __________________________ Psychologist: ___________________________

Administrator: ____________________ Other: ___________________________

Referring Teacher: __________________ Other: ___________________________

General Education Teacher: __________ Other: ___________________________

Follow-up Date: _________________ Invite: _____________________________
APPENDIX A-4
Student Success Team Meeting Form Instructions
SST Meeting Summary Form Instructions

-Page 1-

**General Information:** Please fill out this information prior to starting the meeting. A lot of this information may be found in the student’s CUM folder and on the SST Referral Form. If this is the *initial SST*, please write today’s date.

**Strengths:** Record general areas of relative strengths for the student. Include social/emotional as well as academic areas (i.e. gets along well with others, shows empathy, math calculations, drawing, enjoys science experiments, etc.). Ask parents to include strengths seen at home or away from the school setting.

**Information:** This section is for getting a more complete picture of the student. Much of the information will come from the parents. Questions to consider:
- Any complications with pregnancy or birth?
- At what age did child learn to speak, crawl, or walk? (developmental milestones)
- Any chronic illnesses or have ear aches/colds often? (concern years are between 1-3)
- Any family history of learning difficulties, inattention, etc?
- What language is spoken at home? By parents? By student? How long has student been learning it?
- Do parents have a concern about primary language? What are they?
- Can student follow two or more step directions?
- Medical diagnosis (ADHD) Ask parent to provide doctor’s confirmation if we don’t already have it.
- Have there been any major traumatic factors recently? (death in family, move, loss of pet, etc.)
**Concerns:** Write the main areas of concern (i.e. decoding skills, reading comprehension, problem solving, attention, etc.) Provide scores from assessments here. Include concerns from parents. Do they see the same concerns at home?

**Modifications:** Please list or describe the various types of modifications you have tried to help with the specific goal. Don’t forget to include the dates started and ended along with the results. Include what the family is doing at home and how that has worked.

**Questions:** These are questions that the team would like to get more information and have answered during the follow up meeting (ie. Does the child have ADHD? Are the vision and hearing ok?)

---Page 2---

**Potential Strategies:** These are recommended strategies discussed by the team members during the meeting as to address the specific areas of concern.

**Actions:** Actions are the next steps to take, strategies to try, or referrals for more support selected from the Potential Strategies brainstorming list.

**Who is Responsible:** Record the responsible party here. If the person responsible is not at the meeting, make sure a copy of the SST form is placed in their box.

**When:** Record the due date the responsible party needs to take action. Please take into consideration track changes. 😊

**Signatures:** Make sure all members who are present sign the sheet and a follow up date is placed (month). If academic or behavior strategies are being tried, ideally you need at least 8-12 weeks from the onset of the intervention to determine if the student is responding.

- When the meeting is finished, the recorder makes copies of summary sheet and distributes:
- **Original to Principal**
- **Copy to Parent**
- **Copy to Teacher**
- **Copy in cum folder**
- **Copy in SST Binder**
- **Copy to other parties completing actions.**

- Write "**meeting held**" and the **date** on the **Original Referral Form.** Attach a copy of the summary notes.

- Transfer both the referral form and attached summary notes to the completed SST section of the binder.
APPENDIX A-5
Student Success Team Summary Form for Second Meeting
TWO RIVERS ELEMENTARY
SST (2) FOLLOW-UP SUMMARY FORM

Student: ___________________ Date of Birth: _______________ Parents: ___________________
Referring Teacher/Grade/Track: __________ Date of Initial SST: __________ Today's Date: __________

<table>
<thead>
<tr>
<th>Strategies/Actions from Previous SST</th>
<th>Date Started</th>
<th>Date Ended</th>
<th>Results (evidence-include assessment data)</th>
<th>Questions from Previous SST</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Potential New Strategies/Actions</td>
<td>New Questions</td>
<td>Who is Responsible?</td>
<td>When</td>
<td></td>
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</tbody>
</table>

**Team Members Present:**

Parent: ___________________________ Special Education Teacher: ___________________________

Student: __________________________ Psychologist: ___________________________

Administrator: ____________________ Other: ___________________________

Referring Teacher: __________________ Other: ___________________________

General Education Teacher: ________________ Other: ___________________________

Follow-up Date: ________________ Invite: _____________________________
APPENDIX A-6
Student Success Team Flowchart
When a Meeting is Necessary

- **Requests** for a meeting may be made by the Teacher, Counselor, Parent or Student.
- **Teacher** checks with last year’s teacher, in cum or with parents to check for previous concerns and actions taken.

Teacher completes and submits the

- *SST Referral Forms*
- Checklist of Interventions
- Checklist of Strengths and Concerns to the SST Coordinator for their track

Prior to the Meeting

- **Coordinator and Teacher** arrange the possible meeting dates and times (2 p.m. for K-3 and 2:35 p.m. for 4-5).
- **Teacher** confirms date/time with parent.
- **Coordinator** reserves date on calendar and emails office staff
- **Coordinator** fills out meeting notice for parents and mails home and notifies staff team members of meeting
- **Coordinator** places original referral in blue SST Record binder (located in conference room cabinet).

At the Meeting

- **Teacher** brings cum folder
- **Teacher** brings student’s work samples, examples of expected grade level work, and documentation of behaviors.
- **Student’s** strengths and concerns are identified and discussed.
- **Teacher** discusses interventions and modifications that have been tried (duration and results).
- **Team** makes recommendations and develops an action plan to support student.

Possible Meeting Outcomes:

- Continuation of successful modifications.
- Recommendations for additional modifications and a plan for a follow up meeting.
- Referral for further evaluation by Specialists.
APPENDIX A-7
Definition of Roles in the Student Success Team Process
Definition of Roles in the Student Success Team

Coordinator/Facilitator:
- Facilitates meeting
- Makes introductions
- Explains process of meeting to team members (strengths, known information, concerns, modifications tried, etc.)
- Keeps time and keeps meeting moving
- Records the consensus of the team and information shared on white board
- Checks for understanding with team members (asks for clarification, background information)
- Encourages input from all team members

Referring Teacher:
- Brings student’s cum folder, student’s work samples and examples of expected grade level work
- Invites team teacher if appropriate
- Shares student’s strengths
- Summarizes concerns
- Describes concerns, behaviors, modifications, and interventions attempted (including duration and results)

Recorder:
- Copies SST notes from board on SST Summary Sheet
- Looks for important similarities and discrepancies in information
- Shares strategies and resources in school and community
- Verifies all attending members have signed summary sheet
- Makes copies of summary sheet and distributes.
  - Original to SST Binder
  - Copy to Parent
  - Copy to Teacher
  - Copy in cum folder
  - Copy to other parties completing actions.

Education Specialist:
- Asks questions and participates in discussion
- Presents information if they have worked with the student
- Offers strategies for further modifications
- Makes referral to Specialist Team for further evaluation
Student Success Team

Date:________

Dear _______________,

You have been invited to attend and participate in the Student Success Team meeting for ______________ on __________________________ at ______p.m.

What is Student Success Team?
Students are most successful where there is a strong spirit of cooperation between home and school. Based on our shared responsibility, the Student Success Team meets at school to explore possibilities and strategies that will best meet the educational needs of your student. The SST is a procedure for brainstorming a variety of options and documenting the success of those efforts.

How does it work?
Students may be referred to address one or a combination of four main areas of concern: Academics, Behavior, Attendance and Health. They are typically referred by the classroom teacher, but any member of the school staff or parent(s) may request support from the SST. The Student Success Team process encourages staff members and parents, working as a team, to contribute their knowledge and expertise to help students be successful in school.

Prior to a referral, the teacher meets with the parents to discuss concerns and reviews classroom modifications used to improve learning for students. Results from modifications tried or those currently in place will be discussed during the SST meeting. Additional information such as class work samples, assessment results, attendance records, etc. will also be used to support the team with decision making.
As the parent/guardian, you are an integral member of this team. Your attendance and information provided during the meeting is a key for student success. Please complete and bring the parent questionnaire (on the reverse of this form) to the meeting.

Please complete and return this bottom portion to the office.

The parent of ___________________ in Mr./Ms.________________class has an SST scheduled
__________________________ at ___________p.m.

_____ I plan to attend the Student Success Team Meeting.

_____ I am not available, but can reschedule on __________(Tuesdays, 2:00 or 2:35)

_____ I will not be able to attend, but hold the meeting without me.
Pre-Student Success Team
Parent/Guardian Questionnaire

1) Things I really enjoy about my child are (his/her strengths):
____________________________________________________________________________________
____________________________________________________________________________________

2) Activities or things my child like best are:
____________________________________________________________________________________
____________________________________________________________________________________

3) What motivates my child is:
____________________________________________________________________________________
____________________________________________________________________________________

4) My concerns about my child (home, school, other) are:
____________________________________________________________________________________
____________________________________________________________________________________

5) Expectations I have for my child are:
____________________________________________________________________________________
____________________________________________________________________________________

6) Questions I have are:
____________________________________________________________________________________
____________________________________________________________________________________

Leave this area blank.
APPENDIX B

Staff Development Day
APPENDIX B-1
Staff Development Day Agenda
Two Rivers Staff Development Day
September 25, 2009
7:30-11:45

Agenda:
I. (7:30-7:55) Welcome, Breakfast, Fill out Fact sheet
II. (8:00-8:30) Team Building Activity-Spaghetti Towers (team config. 1)
   a. Rules
   b. Build towers
   c. Questions/Debrief
III. (8:30-9:15) Tool Kit for Student Success Overview
   a. Video-Acronym/Farmer’s Market
   b. Then and Now-how things have changed
   c. Our responsibility as educators-NCLB
   d. OMG-Not Another Binder-purpose of Tool
      Kit, walk through sections
Break 10 minutes-Still Standing
IV. (9:30-10:00) Process of SST (team config. 2)
   a. Flowchart of Process
   b. Responsibilities of Members
   c. Clarifications of forms (revised checklists)
Break-Still Standing
V. (10:05-11:30) Case Studies (Team config. 3)
   a. Task explanation, Sample
   b. Teams review case study
   c. Apply strategies -like full SST meeting at
      their table?
   d. Questions for discussion
VI. (11:30-11:45) Team Building Activity-The Web We Weave (Full
      Team)
VII. (11:45-  Response card/Questionnaire
   a. 3-2-1
APPENDIX B-2
PowerPoint Presentation from Staff Development Day
Good Morning...

• Please find your name tag and put it on;
• Enjoy some breakfast; and
• Complete the task card on your table and return to Amanda.
The Tribes........

WOLLEY
  JOANN
  LYNDSEY
  KRIS
  JULIE

ELPRUP
  CINDY
  MEGAN
  KAREN
  PHIL

DER
  JEANETTE
  SABRINA
  CHRIS
  COLLEEN
  TAVIA

EVLB
  BARB
  JENNIFER
  HELEN
  GREG
  COACH

NEERG
  KATHLEEN
  ANN
  DONNA
  MARCO
  ROY

DLOG
  JILL
  SHIRLEY
  RENEE
  BOB
  JEANNE
Questions...

- How did your team decide to build the structure?
- What roles did the members of your team take during the challenge?
- What part was difficult? What were some of the barriers?
- How did you respond to the barriers you encountered?
- How could you have approached this challenge differently to build the tower?
Acronym Soup

The ABC's and Education
Then and Now....

- Parent Participation
- High Referral Rate
- Intervention Implementation
- Skill/Will

- Data Driven
- Tools for Success
- Collaboration
- Accountability
OUR RESPONSIBILITIES AS EDUCATORS
OMG... not another binder!!

Purpose of the Tool Kit
Student Success Team
Process, Information and Referral Forms
When a Meeting is Necessary

- **Requests** for a meeting may be made by the **Teacher**, **Counselor**, **Parent** or **Student**.
- **Teacher** checks with last year’s teacher, in cum or with parents to check for previous concerns and actions taken.
Teacher completes and submits the...

- SST Referral Forms
- Checklist of Interventions
- Checklist of Strengths and Concerns

...to the SST Coordinator for their track:

- **Track A**: Renee
- **Track C**: Barbara O
- **Track D**: *Julie*
Prior to the Meeting:

- **Coordinator** and **Teacher** arrange the possible meeting dates and times (2 p.m. for K-3 and 2:35 p.m. for 4-5).
- **Teacher** confirms date/time with parent.
- **Coordinator** reserves date on calendar and emails office staff.
- **Coordinator** fills out meeting notice for parents and mails home and notifies staff team members of meeting.
- **Coordinator** places original referral in SST Record binder (located in conference room drawer).
At the Meeting:

- **Teacher** brings cum folder
- **Teacher** brings student’s work samples, examples of expected grade level work, and documentation of behaviors.
- **Student’s** strengths and concerns are identified and discussed.
- **Teacher** discusses interventions and modifications that have been tried (duration and results).
- **Team** makes recommendations and develops an action plan to support student.
Possible Meeting Outcomes:

- Continuation of successful modifications.
- Recommendations for additional modifications and a plan for a follow up meeting.
- Referral for further evaluation by Specialists.
Responsibility of Members

Roles in the Student Success Team Meeting
Roles in the SST Meeting

Coordinator/Facilitator

- Facilitates meeting
- Makes introductions
- Explains process of meeting to team members (strengths, known information, concerns, modifications tried, etc.)
- Keeps time and keeps meeting moving
- Records the consensus of the team and information shared on white board
- Checks for understanding with team members (asks for clarification, background information)
- Encourages input from all team members
Roles in the SST Meeting

Referring Teacher:

- Brings student’s cum folder, student’s work samples and examples of expected grade level work
- Invites team teacher if appropriate
- Shares student’s strengths
- Summarizes concerns
- Describes concerns, behaviors, modifications, and interventions attempted (including duration and results)
So How Do I Fill Out That Referral For An SST Form Anyway??
SST Referral Form Instructions

- **Yellow** pages are the instructions
- **Page 1**
  - Personal and School Info
  - Academic Assessment Data
    - Kindergarten
- **Page 2**
  - Academic Assessment (con’t)
    - Primary
    - Intermediate
    - All Grade Levels
SST Referral Form Instructions

• Page 3
  • Behavior
  • Health and Medical Information
  • Attendance

• Page 4  SST Referral Goal Worksheet
  • Strengths
  • Information
  • Area of Concern
  • Goal
  • Modifications Tried
  • Results
SST Referral Form Instructions

- Page 5 Checklist of Intervention
  - Environments
  - Materials
  - Assignments
  - Teaching Techniques
  - Behavior Modifications
  - Curriculum

- Page 6 Areas of Strengths and Concern
  - Attendance, Attention and Effort, Study Habits,
  - Spelling, Writing, Math, Reading,
  - Auditory Perceptual, Perceptual Motor, Language Reception,
    Visual Perceptual, Cognitive Development
  - Social Interactions, Emotional and Classroom Behavior
SST Meeting Summary Form
Instructions

Page 1
- General Information
- Strengths
- Information
- Concerns
- Modifications
- Questions

Page 2
- Potential Strategies
- Actions
- Who is Responsible?
- When?
- Signatures
What is Student Success Team?

Students are most successful where there is a strong spirit of cooperation between home and school. Based on our shared responsibility, the Student Success Team meets at school to explore possibilities and strategies that will best meet the educational needs of your student. The SST is a procedure for brainstorming a variety of options and documenting the success of those efforts.
Including The Parents....

- Things I really enjoy about my child are (his/her strengths):
- Activities or things my child like best are:
- What motivates my child is:
- My concerns about my child (home, school, other) are:
- Expectations I have for my child are:
- Questions I have are:
Applying What We Know...

- Draw Individual Responsibility Task
- Work together to review case study
- Complete SST Referral Form
- Hold an SST Meeting
Reflection

What Worked?

What do we need to work on?
REFERENCES


OSEP Research and Statistics website [https://www.ideadata.org/default.asp](https://www.ideadata.org/default.asp)


