

**FANNIN COUNTY SPECIAL EDUCATION SSA**

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Serving Bonham, Dodd City, Ector, Fannindel, Honey Grove, Leonard, Sam Rayburn, Savoy & Trenton ISDs

**Response to Intervention – Student Information**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

SSN#: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name/Signature of Referring Teacher: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Language (attach copy of Home Language Survey): \_\_\_\_\_

Has student ever been retained? If so, in what grade? \_\_\_\_\_

Has child ever been home schooled or attended a private school? \_\_\_\_\_ If so, when? \_\_\_\_\_

**Directions:** Fill out sections A-D for all students. **Fill out section E only if behavior is an area of concern.**

**A. Mark only areas of concern that significantly affect student’s classroom experiences.**

**Rate your concern as (H) High or (S) Some. If you are not sure, do not mark it.**

- |   |                                      |
|---|--------------------------------------|
| _____ physical attributes                         | _____ attention span                 |
| _____ attendance                                  | _____ memory skills                  |
| _____ activity level                              | _____ ability to follow directions   |
| _____ language development                        | _____ listening skills               |
| _____ language fluency                            | _____ response to questions          |
| _____ problem-solving ability                     | _____ ability to focus on task       |
| _____ vocabulary                                  | _____ self-expression                |
| _____ organizational skills                       | _____ self-discipline                |
| _____ easily confused                             | _____ gross motor skill/coordination |
| _____ social/interpersonal skills                 | _____ fine motor skills              |
| _____ self-awareness                              | _____ disorientation                 |
| _____ over-aggression                             | _____ passive/non-responsive         |
| _____ low self-esteem                             | _____ lack of responsibility         |
| _____ academic progress (skills/areas of concern) | _____                                |

\_\_\_\_\_ medical/health (manifestation/areas of concern) \_\_\_\_\_

\_\_\_\_\_ behavior (observations, areas of concern) \_\_\_\_\_

\_\_\_\_\_ emotional/social (specify and describe) \_\_\_\_\_

\_\_\_\_\_ OTHER (specify and describe) \_\_\_\_\_

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**B. Add any other information you can to help the team better understand your concerns. Also describe the student's strengths.**

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**C. PRIOR ACTIONS TO ADDRESS THE CONCERN**

1. Include the Response to Intervention data for the student with this referral packet.
2. Of the four areas listed below, which have you changed in some way in an attempt to address the concern? Check the area(s) and describe what you manipulated.

\_\_\_\_\_ Presentation: How lessons are delivered and materials are displayed

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\_\_\_\_\_ Physical Environment: The classroom arrangement and learning environment.

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\_\_\_\_\_ Materials: Changing student and teacher materials

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\_\_\_\_\_ Instruction: Ways student acquire skills in the classroom

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2. Below is a partial list of possible interventions. Check any that have been used prior to this point to address the concern. Add other specific interventions that have been tried.

\_\_\_\_\_ using tape recorder; overhead projector

\_\_\_\_\_ previewing; rephrasing

\_\_\_\_\_ using graphic organizers

\_\_\_\_\_ posting charts, labeling

\_\_\_\_\_ contracts

\_\_\_\_\_ giving visual/verbal clues

\_\_\_\_\_ peer tutoring

\_\_\_\_\_ use of alternative materials

\_\_\_\_\_ cooperative learning

\_\_\_\_\_ memory drills (math facts)

\_\_\_\_\_ memory drills (sight words)

\_\_\_\_\_ pattern books and work families

\_\_\_\_\_ manipulatives for math, other subjects

\_\_\_\_\_ modified discipline plan

\_\_\_\_\_ attendance follow-up

\_\_\_\_\_ observation by another staff member

\_\_\_\_\_ ESL (English as a Second Language)

\_\_\_\_\_ ECL (Early Childhood Literacy)

- |   |   |
|---|---|
| <input type="checkbox"/> tailored assignments                     | <input type="checkbox"/> Title I reading                        |
| <input type="checkbox"/> reinforcement schedules                  | <input type="checkbox"/> Bilingual Education                    |
| <input type="checkbox"/> parent involvement                       | <input type="checkbox"/> tutoring                               |
| <input type="checkbox"/> preferential seating                     | <input type="checkbox"/> counseling                             |
| <input type="checkbox"/> acknowledging correct responses          | <input type="checkbox"/> point out relevance to student's lives |
| <input type="checkbox"/> dividing tasks into smaller portions     | <input type="checkbox"/> giving opportunities for success       |
| <input type="checkbox"/> offer strategies                         | <input type="checkbox"/> giving opportunities for leadership    |
| <input type="checkbox"/> incorporating cultural differences       | <input type="checkbox"/> promoting family involvement           |
| <input type="checkbox"/> incorporating socio-economic differences | <input type="checkbox"/> building on student's strengths        |
| <input type="checkbox"/> environmental differences                | <input type="checkbox"/> providing bilingual signs/labels       |
| <input type="checkbox"/> accessing prior knowledge                | <input type="checkbox"/> using music, art, drama                |
| <input type="checkbox"/> Reading Recovery                         | <input type="checkbox"/> Open Court                             |
| <input type="checkbox"/> Study Island online software             | <input type="checkbox"/> Lexia software                         |
| <input type="checkbox"/> other Research-Based Intervention _____  |   |
| <input type="checkbox"/> other Research-Based Intervention _____  |   |
| <input type="checkbox"/> other Research-Based Intervention _____  |   |
| <input type="checkbox"/> other Research-Based Intervention _____  |   |

3. Describe the student's response to the intervention.

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(Optional) If they were ineffective, what do you think was the possible reason?

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## D. Attachments

If the student is having **academic difficulties**, please attach a sample(s) of the student's work that reflects your specific concerns.

sample(s) attached     n/a

If there is a **medical concern**, please attach any known relevant information or history.

information attached     n/a

If there is a **behavioral concern**, please attach any disciplinary action taken or other documentation and fill out section E: *Teacher Input for Addressing Problem Behaviors*.

documentation attached     teacher input completed (section E)     n/a

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## E. Teacher Input for Addressing Problem Behaviors

(Teacher **fills out** this section **only** if student is being referred to the Referral Team **for behavioral concerns**. If behavior is not an issue, there is no need to complete this section.)

1. Describe the behavior(s) of concern. Use measurable terms. *Example: Rather than "Lisa picks fights, : describe the actions and frequency: "Lisa demonstrates aggressive behavior toward other children at least 2-3 times a day, often more. She shows her aggression by such actions as pushing, grabbing materials from others, and by using verbal commands and name-calling."*

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3. When is the behavior most and least likely to occur?

Mark each as **M** (More Likely), **L** (Less Likely), **U** (Unlikely)

\_\_\_\_\_ On a particular day or days of the week, such as Fridays. If so, which? \_\_\_\_\_

\_\_\_\_\_ At a particular time or times of the day, such as lunch or transitions. If so, when? \_\_\_\_\_

\_\_\_\_\_ When interacting with certain people – individuals or groups. If so, who? \_\_\_\_\_

\_\_\_\_\_ Under specific environmental conditions, such as in crowds or outdoor recess. If so, what? \_\_\_\_\_

\_\_\_\_\_ When physically tired, hungry, or sick. If so, which? \_\_\_\_\_

4. What do you think the student gains or avoids by demonstrating the behavior?

Get attention? \_\_\_\_\_ What kind? From whom? \_\_\_\_\_

Avoid attention? \_\_\_\_\_ What kind? From Whom? \_\_\_\_\_

Get control? \_\_\_\_\_ Of what? \_\_\_\_\_

Avoid embarrassment? \_\_\_\_\_ Regarding what? \_\_\_\_\_

Get relief? \_\_\_\_\_ From what? \_\_\_\_\_

Avoid task? \_\_\_\_\_ Which? \_\_\_\_\_

(Lazy is not an appropriate response)

OTHER? \_\_\_\_\_

5. Describe the specific expectations you have for the student that are not being met.

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6. How have you conveyed your expectations to the student? \_\_\_\_\_

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7. Do you think the student **can't** (is unable to) or **won't** (is unwilling to) demonstrate the appropriate/desired behavior? Why? \_\_\_\_\_

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8. What appropriate/acceptable behavior(s) could the student use as a substitute for the behavior regarded an unacceptable? \_\_\_\_\_

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9. What have you already tried to change about the situations in which the behavior occurs?

\_\_\_\_\_ modified tasks/assignments to align better with student's skills

\_\_\_\_\_ changed the student's schedule or order of activities

\_\_\_\_\_ changed the curriculum for this student

\_\_\_\_\_ provided extra assistance

\_\_\_\_\_ changed the student's physical environment (seating, room arrangement, grouping ....)

\_\_\_\_\_ other \_\_\_\_\_

\_\_\_\_\_ other \_\_\_\_\_

10. What techniques have you already tried to help the student meet behavioral expectations?

\_\_\_\_\_ posted rules for the whole class

\_\_\_\_\_ denied desired items/activities

\_\_\_\_\_ immediate feedback

\_\_\_\_\_ notes/phone calls to parents

\_\_\_\_\_ teacher – student contract

\_\_\_\_\_ loss of privileges

\_\_\_\_\_ met with parents

\_\_\_\_\_ reprimands

\_\_\_\_\_ reward system

\_\_\_\_\_ ignored the behavior

\_\_\_\_\_ hand or other signals

\_\_\_\_\_ detention

\_\_\_\_\_ offered options/choices

\_\_\_\_\_ referral to office

\_\_\_\_\_ consistency of enforcement

\_\_\_\_\_ referral to school counselor

\_\_\_\_\_ other \_\_\_\_\_

\_\_\_\_\_ other \_\_\_\_\_

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## Student Observation (to be completed by qualified personnel)

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Name of Referring Teacher or Parent/Guardian \_\_\_\_\_

Circumstances of Observation (subject, teacher, time of day, reason for observation, etc.)

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### A. Compare this student's performance with that of the majority of other students in the class.

- |  |  |  |   |
|--|--|--|---|
| 1. How the student works                 | <input type="checkbox"/> more slowly   | <input type="checkbox"/> more quickly    | <input type="checkbox"/> about the same |
| 2. Focus & attention span                | <input type="checkbox"/> better        | <input type="checkbox"/> poorer          | <input type="checkbox"/> about average  |
| 3. Activity level of the student         | <input type="checkbox"/> more active   | <input type="checkbox"/> less active     | <input type="checkbox"/> about the same |
| 4. Language skills                       | <input type="checkbox"/> better        | <input type="checkbox"/> poorer          | <input type="checkbox"/> about average  |
| 5. Demonstration of interest             | <input type="checkbox"/> disinterested | <input type="checkbox"/> very interested | <input type="checkbox"/> about average  |
| 6. Subject matter difficulty/frustration | <input type="checkbox"/> high          | <input type="checkbox"/> low             | <input type="checkbox"/> about average  |
| 7. Emotional/social maturity             | <input type="checkbox"/> less than     | <input type="checkbox"/> greater than    | <input type="checkbox"/> about average  |
| 8. Other (specify)                       | _____                                  |  |   |

### B. Teacher Behavior Observed: check all that apply.

**Teaching Methods Observed:**  visual  auditory  large group  small group  
 peer  one-to-one  other (specify) \_\_\_\_\_

**Conceptual Content:**  concrete  abstract  both

**Behavioral Reinforcement:**  positive  negative  ignored  isolation  
 other (specify) \_\_\_\_\_

### Teacher's Style

- How much movement/activity is allowed?  a great deal  some  minimal  none
- How much talking/noise is tolerated?  a great deal  some  minimal  none
- What type(s) of feedback were given?  praise  criticism  reward  punishment
- What tone/manner was used to communicate?  supportive  matter-of-fact  harsh
- During this observation, how did the teacher spend most of his or her time? (e.g. at the board, with a small group, at the teacher's desk, circulating among students at work...)

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6. What, if anything, about the teacher or classroom seemed to have a positive or negative effect on the students in general, or on this student in particular? \_\_\_\_\_

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**C. Student Behavior Observed:** Write Yes or No with regard to the student being observed.

1. \_\_\_\_\_ The student performs with the group.
2. \_\_\_\_\_ The student voluntarily participates in activities.
3. \_\_\_\_\_ The student is responsive to the teacher.
4. \_\_\_\_\_ The student is responsive to other students.
5. \_\_\_\_\_ The student starts and stays on task.
6. \_\_\_\_\_ The student finishes what is started.
7. \_\_\_\_\_ The student answers when called on.
8. \_\_\_\_\_ The student shows independence.
9. \_\_\_\_\_ the student seems alert (not sleepy or lethargic).

**D. Based on this observation, check any area that may be an issue.**

(Additional comments helpful, but optional)

- \_\_\_ English proficiency \_\_\_\_\_
- \_\_\_ Instructional level \_\_\_\_\_
- \_\_\_ Environment \_\_\_\_\_
- \_\_\_ Developmental \_\_\_\_\_
- \_\_\_ Motor skills \_\_\_\_\_
- \_\_\_ Emotional \_\_\_\_\_
- \_\_\_ Psychological \_\_\_\_\_
- \_\_\_ Giftedness \_\_\_\_\_
- \_\_\_ Family \_\_\_\_\_
- \_\_\_ Cultural \_\_\_\_\_
- \_\_\_ Health/Medical \_\_\_\_\_
- \_\_\_ Other (specify) \_\_\_\_\_

**E. Student Strengths:** What strengths were observed in this student that could be drawn upon in designing interventions? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**F. Summary:** Please provide a narrative summary of the student's learning/behavior. (Use and attach a separate sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_