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| --- | --- | --- | --- | --- | --- |
| RTI2-B School Team Workbook | | | | | |
| Tier III Training Session 2 | | | | | |
| School: |  | | | |
| District: |  | | | |
| Date: |  | | | |
| Participants: |  | | | |
|  | |  |  |



**Activity #1: Assign Tier III Team Roles**

Tier III Team should include a Tier III system coordinator, administrator, an individual with behavioral expertise, an individual with knowledge of students, Tier II team member, an individual with knowledge of grade levels and programs, and multi-agency supports. Tier III Team responsibilities include a team lead, recorder, time keeper, communicator. Assign your Tier III Team roles, determine a set day to meet, location, and time.

|  |  |  |  |
| --- | --- | --- | --- |
| **RTI2-B Tier III Team Composition Chart** | | | |
| Function | Name of Person(s) | Position of Person(s) | If unfilled, Action Steps |
| Team Lead |  |  |  |
| Recorder |  |  |  |
| Time Keeper |  |  |  |
| Communicator |  |  |  |
| Day to meet: | | Time: | |
| Location: | | | |

(Adapted from OSEP Tier II Getting Started Workbook)

**Activity #2: Identifying Students**

Once you have identified students on the data spreadsheet, write down the list of students who your team believes could possibly receive Tier III Interventions. These are students who are “High Risk” in one or more categories. This list is an example of what the Data Analyst could bring to a Tier II/Tier III meeting for the team members to discuss. These are students who may not have been previously identified and the Tier II/III team would then determine what interventions may or may not be appropriate.

Continue Tier II Intervention

* Student meets 2 or more criteria for “At-Risk” behavior
* Student meets 2 or more criteria “At-Risk” and 1 “High Risk”

Refer Student for Tier III Intervention

* Student has met 2 or more criteria for “High Risk” behavior
* Student is in crisis
* Student is not responding to Tier II after changes have been made

**Note:** Simply place a check mark in the column that is an area of concern.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student  Name | Grade | Area of Concern | | | | Tier II/Tier III Team Decision  (Start Tier III intervention or continue to monitor) |
| SRSS-E | SRSS-I | ODR | Attendance |
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| Totals |  |  |  |  |  | \_\_\_ Continue to monitor  \_\_\_ Start Tier III Intervention |

**Activity #3: Completing Your School’s Grid**

As a team, review and complete the Cut-Off Score Grid from Tier II Training.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Measure** | **Low Risk** | **Moderate Risk** | **High Risk** | **Date(s) to Review** |
| ODR |  |  |  | Monthly (list meeting dates); |
| SRSS-IE  Externalizing | 0-3 | 4-8 | 9+ | Fall, Winter, Spring  (list dates) |
| SRSS-IE  Internalizing | Elem 0-1  Middle High 0-3 | Elem 2-3  Middle High 4-5 | Elem 4+  Middle High 6+ | Fall, Winter, Spring  (list dates) |
| Absences |  |  |  | Monthly (list meeting dates) |
| Tardy |  |  |  | Monthly (list meeting dates)  10/6/2016, 11/3/2016, 12/1/2016, 1/5/2016, 2/2/2016, 3/2/2016, 4/6/2016, 5/4/2016 |
| ISS |  |  |  | Monthly (list meeting dates)  10/6/2016, 11/3/2016, 12/1/2016, 1/5/2016, 2/2/2016, 3/2/2016, 4/6/2016, 5/4/2016 |
| OSS |  |  |  | Monthly (list meeting dates)  10/6/2016, 11/3/2016, 12/1/2016, 1/5/2016, 2/2/2016, 3/2/2016, 4/6/2016, 5/4/2016 |

**Activity #4: Teacher Nomination Form**

As a team, review your Tier II Nomination Form. Determine what information needs to be added to make it appropriate for Tier III nominations.

Should include a space to document:

* Relevant medical history
* Suspensions/expulsions
* Previous FBA/BSP

Notes:

**Activity #5: Tier III Team vs. Student Support Team**

Use this link <https://tinyurl.com/tier3team> to access the “slips of paper” for your team to sort by responsibilities, members, and features that belong to the Tier III Team and those that belong to the Student Support Team. Write down the answers in the table below.

|  |  |
| --- | --- |
| **Tier III Team** | **Student Support Team** |
|  |  |

**Activity #6: Record Review**

As a team, take your selected student or a student in your school and practice completing a Record Review with the form below.

**Elementary/Middle Record Review**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Information |  |  |  |
| Student Name: | Gender: | Age: | Grade: |
|  | ☐ Male ☐ Female |  |  |
| Staff Member Completing: | Does the Student have an IEP? | Is the student an English Language Learner? | Date: |
|  | ☐Yes ☐No ☐ Being Evaluated | ☐Yes ☐No | Click here to enter |

|  |  |
| --- | --- |
| Medical History |  |
| Relevant Medical Information  *(e.g., medication history, diagnoses or conditions, mental health information, receives related services )* |  |

|  |  |
| --- | --- |
| Educational History |  |
| Is the student new to the district or school?  *If so, how long has the student been enrolled in current school?* |  |
| Has the student previously had an FBA/BSP?  *If yes, when was it completed? Last updated? What was the problem behavior? Interventions put in place?* |  |
| Has the student ever been removed from the school environment?  *(e.g., placed at an alternate setting/school, expelled, etc.)* |  |
| Does the student have current or past psychological evaluation?  (Did the student go through the support team process? Did the parent or school initiate process?) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Academic Information |  | Behavior/Attendance Information |  |
| Text Level Assessment |  | Unexcused Absences |  |
| Reading Screener Score (e.g., MAP, AimsWeb, FastBridge) |  | Number of Office Referrals |  |
| Math Screener Score |  | Suspensions/Expulsions  (year-to-date) |  |
| RTI Tier |  | SRSS-IE Score |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Session 2 Homework Checklist and Action Plan:** | | | |
| **Action Item:** | **Who?** | **By When?** | **Notes:** |
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