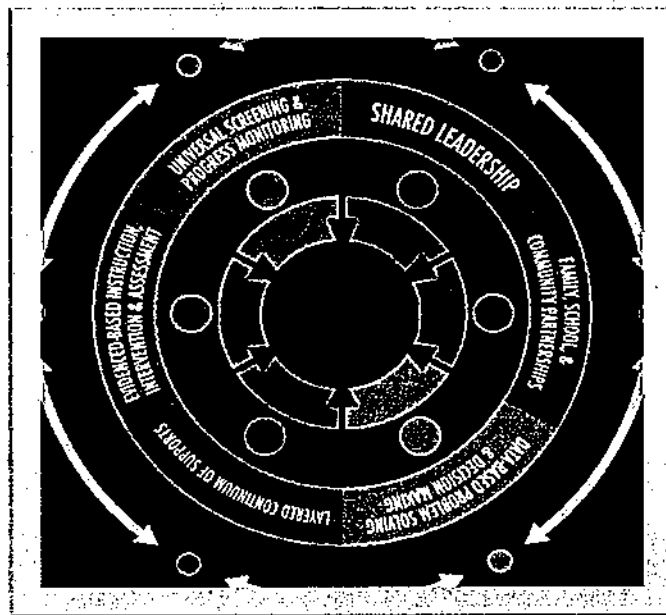




Yazoo County School District

Academic Tiers I, II, and III

Multi-Tiered System of Supports Documentation Packet





Policy 41.1

Part Three

Intervention Processes and Procedures

**Revision of Policy: Mississippi Department
of Education August 2016**

Yazoo County School District

Revision of Processes and Procedures:

Fall 2018

Part 3 Chapter 41: Intervention

Rule 41.1 Intervention

Adoption Date: January 21, 2005

Revision: August 18, 2016

1. The purpose of this policy is to ensure that the behavioral and academic needs of every student are met through an instructional model that is designed to address student learning with quality classroom instruction and opportunities for intervention. The Mississippi Department Education (MDE) shall require every school district to follow the instructional model, which consists of three (3) tiers of instruction:
 - a. Tier 1: Quality classroom instruction based on Mississippi Curriculum Frameworks
 - b. Tier 2: Focused supplemental instruction
 - c. Tier 3: Intensive interventions specifically designed to meet the individual needs of students

2. If strategies at Tier 1 and Tier 2 are unsuccessful, students must be referred to the Teacher Support Team (TST). The TST is the problem-solving unit responsible for interventions developed at Tier 3. Each school must have a Teacher Support Team (TST) implemented in accordance with the process developed by the MDE. The chairperson of the TST shall be the school principal as the school's instructional leader or the principal's designee. The designee may not be an individual whose primary responsibility is special education. Interventions will be:
 - a. designed to address the deficit areas;
 - b. evidence based;
 - c. implemented as designed by the TST;
 - d. supported by data regarding the effectiveness of interventions.

3. Teachers should use progress monitoring information to:
 - a. determine if students are making adequate progress,
 - b. identify students as soon as they begin to fall behind, and
 - c. modify instruction early enough to ensure each student gains essential skills.

Monitoring of student progress is an ongoing process that may be measured through informal classroom assessment, benchmark assessment instruments, and large-scale assessments.

4. After a referral is made, the TST must develop and begin implementation of an intervention(s) within two weeks. No later than eight weeks after implementation of the intervention(s) the TST must conduct a documented review of the interventions to determine success of the intervention(s). No later than 16 weeks after implementation of the intervention(s), a second review must be conducted to determine whether the intervention(s) is successful. If the intervention(s) is determined to be unsuccessful, then the student will be referred for a comprehensive assessment.

5. In accordance with the Literacy-Based Promotion Act of 2013, each public school student who exhibits a substantial deficiency in reading at any time, as demonstrated through:
 - a. performance on a reading screener approved or developed by the MDE, or
 - b. locally determined assessments and teacher observations conducted in Kindergarten and Grades 1 through 3, or
 - c. statewide end-of-year assessments or approved alternate yearly assessments in Grade 3, must be given intensive reading instruction and intervention immediately following the identification of the reading deficiency. A student who was promoted from Grade 3 to Grade 4 under a good cause exemption of the Literacy- Based Promotion Act must be given intensive reading instruction and intervention. The intensive intervention must include effective instructional strategies and appropriate teaching methodologies necessary to assist the student in becoming a successful reader, able to read at or above grade level, and ready for promotion to the next grade.

6. A dyslexia screener must be administered to all students during the spring of their kindergarten year and the fall of their first grade year. The screening must include the following components:
 - a. Phonological awareness and phonemic awareness;
 - b. Sound symbol recognition;
 - c. Alphabet knowledge;
 - d. Decoding skills;
 - e. Encoding skills; and
 - f. Rapid naming (quickly naming objects, pictures, colors, or symbols (letters or digits) aloud.

7. All students in Kindergarten and grades 1 through 3 shall be administered a state- approved screener within the first 30 days of school and repeated at mid-year and at the end of the school year to identify any deficiencies in reading. In addition to failure to make adequate progress following Tier 1 and Tier 2, students will be referred to the TST for interventions as specified in Response to Intervention guidelines developed by MDE if any of the following events occur:
 - a. Grades K-3: A student has failed one (1) grade;
 - b. Grades 4-12: A student has failed two (2) grades;
 - c. A student failed either of the preceding two grades and has been suspended or expelled for more than twenty (20) days in the current school year;
 - d. A student scores at the lowest level on any part of the Grade 3 or Grade 7 statewide accountability assessment; or
 - e. A student is promoted from Grade 3 to Grade 4 under a good cause exemption of the Literacy-Based Promotion Act.

8. Referrals to the TST must be made within the first twenty (20) school days of a school year if the student meets any of the criteria a-e stated above in Paragraph 7.

9. School districts must complete, at a minimum, documentation as required for all students in Tier 2 or Tier 3. All Tier 3 documentation must accompany the student's cumulative folder upon promotion or transfer to a new school.

Source: Miss. Code Ann. § 37-177-1, et seq., (Act) (Revised 8/2016)



Sections

Section 1A, 1B, or 1C: Student Profiles

Section 1D: Tier One High-Quality Classroom Observation

Section 2A, 2B, and 2C: Tier II (Supplemental Instruction) Documentation

Section 3A: Teacher Support Team (TST) Referral and Meeting

Section 3B, 3C, and 3D: Tier III (Intensive Intervention) Documentation

Appendices

Appendix A: Social/Emotional Worksheet

Appendix B: Language Service Plan (For Students with Limited Language Proficiency)

Appendix C: Dyslexia Checklist for Teachers and Parent Interview

Appendix D: Sample Parent Notification of Intervention Services

Appendix E: Individual Reading Plan

Appendix F: Good Cause Exemption Documentation (LBPA)

Appendix G: The Mississippi Learning Standards for Classroom Serving Four Years Old Children: An Observational and Performance-Based Checklist

Appendix H: Part Three Chapter 41: Intervention

Recommended Guidance for Tier Components

The Mississippi Department of Education, with the support of the Intervention Services Advisory Panel, developed an All-Inclusive Intervention Documentation (AID) packet to assist districts, schools, and educators with the documentation and implementation of interventions as well as the Literacy-Based Promotion Act (LBPA). The AID packet provides the means to reflect on policies and practices at the classroom, school, and district level in order to continually improve student outcomes. The AID packet is organized according to the following sections:



SECTION 1A, 1B, 1C PRE-K, K-8, or 9-12 Student Profile

Provides a means of collecting detailed student information that can be used to determine recommendations for interventions, screenings, assessments and classroom instruction. All students receiving academic or behavioral interventions must have a student profile completed.

SECTION 1D Tier I High-Quality Classroom Observation

Includes essential components of Tier I instruction aligned to the Teacher Growth Rubric Teacher Evaluation Domains and Standards. These components should be observed and verified by a school administrator to ensure appropriate classroom instruction, classroom management, and differentiated instruction with the general education core curriculum as well as social/behavioral supports.

SECTION 2A, 2B, and 2C Tier II (Supplemental Instruction) Documentation

Provides an efficient means of collecting and documenting information regarding classroom instruction, progress monitoring, parent notification, supplemental instruction, integrity checks, and social/behavioral interventions used to support and extend the critical elements of core instruction. School districts must complete, at a minimum, documentation as required for all students in Tier II.

SECTION 3A Teacher Support Team (TST) Referral and Meeting

Provides an efficient means of requesting or recommending further supports needed due to the student's lack of progress with Tier II interventions, as well as documentation of meetings held and decisions made by the TST.

SECTION 3B, 3C, and 3D Tier III (Intensive Intervention) Documentation

Provides an efficient means of collecting and documenting information regarding intensive interventions and progress monitoring for all students who fail to respond adequately to Tier I and Tier II instruction and supports. School districts must complete, at a minimum, documentation as required for all students in Tier III. All Tier III documentation must accompany the student's cumulative folder upon promotion or transfer to a new school.

Appendices

Additional documents were added as an appendix to the AID packet to assist with the effective implementation, notification, and documentation of intervention services for all students. The appendix is organized according to the following sections:

APPENDIX A Social/Emotional Worksheet

Provides a checklist to aid in collecting information to identify potential deficit areas where Tier II or Tier III intervention may be needed.

APPENDIX B Language Service Plan (for Students with Limited English Proficiency)

Provides an efficient means of collecting information to determine student's knowledge and skills in their first language and then understanding their performance in their second language.

APPENDIX C Dyslexia Checklist for Teachers and Parent Interview

Provides a checklist for elementary, middle and high school teachers, as well as a Parent Interview Form that can be completed to aid in the decision making process of intervention selection.

APPENDIX D Sample Parent Notification of Intervention Services

Provides a sample letter that can easily be adapted by districts to inform parents of the intervention process, progress monitoring results, and decisions relevant to their individual child.

APPENDIX E Individual Reading Plan

Provides a template for documenting the LBPA requirements pertaining to the identification of a reading deficiency, intensive reading instruction, and intervention.

APPENDIX F Good Cause Exemption Documentation (LBPA)

Provides a template with the required documentation of parent notification regarding deficiency, date Read-at-Home Plan was shared, qualifying determination of good cause, adherence to process, and final decision of superintendent.

APPENDIX G *The Mississippi Early Learning Standards for Classrooms Serving Four-Year-Old Children: An Observational and Performance-Based Checklist*

Provides a checklist of competencies and objectives that are aligned to the College-and Career-Readiness Standards and Domains for four-year-old children. The checklist can be used in the fall, winter, and spring to track student progress and plan appropriate classroom instruction and intervention.

APPENDIX H Part 3 Chapter 41: Intervention

Details the instructional model that the Mississippi Department of Education requires districts to follow, which consists of three (3) tiers of instruction.

Recommendations for Documentation

The chart below provides **recommended guidance** for selecting the appropriate forms needed to document the essential components of a Multi-Tiered System of Supports.

STUDENTS IN GENERAL EDUCATION: TIER II	
Required Components	Recommended Data Collector
<ol style="list-style-type: none"> 1. Section 1A, 1B, or 1C 2. Section 1D 3. Section 2A, 2B, & 2C 4. Appendix A 5. Appendix D 6. Appendix E 7. Appendix G 	<ol style="list-style-type: none"> 1. Classroom Teacher/Counselor 2. School Administrator 3. Classroom Teacher/Interventionist 4. Classroom Teacher/Interventionist * NOTE: Complete social emotional/behavior checklist if needed. 5. Classroom Teacher/Interventionist 6. Classroom Teacher/TST/IEP Team 7. Classroom Teacher/Interventionist * NOTE: Complete checklist for Pre-K students only if needed.
STUDENTS IN GENERAL EDUCATION: TIER III	
Required Components	Recommended Data Collector
<ol style="list-style-type: none"> 1. Section 1A, 1B, or 1C 2. Section 1D 3. Section 2A, 2B, & 2C 4. Section 3A 5. Section 3B, 3C & 3D 6. Appendix A 7. Appendix D 8. Appendix E 9. Appendix F 	<ol style="list-style-type: none"> 1. Classroom Teacher/Counselor 2. School Administrator 3. Classroom Teacher/Interventionist 4. Classroom Teacher/Interventionist 5. Classroom Teacher/TST * NOTE: Skip IEP section 6. Classroom Teacher/Interventionist * NOTE: Complete social emotional/behavior checklist if behavior is identified as deficit area. 7. Classroom Teacher/Interventionist 8. Classroom Teacher/TST/IEP Team * NOTE: Applies to students in K-4 with a reading deficiency. 9. Classroom Teacher/Interventionist * NOTE: Complete only if 3rd grade student applying for Good Cause Exemption.

STUDENTS IN SPECIAL EDUCATION: INTENSIVE INTERVENTIONS K-4	
Required Components <ol style="list-style-type: none"> 1. Section 1A, 1B, or 1C 2. Section 1D 3. Section 3B, 3C, & 3D 4. Appendix D 5. Appendix E 6. Appendix F 	Recommended Data Collector <ol style="list-style-type: none"> 1. Classroom Teacher/Counselor 2. School Administrator 3. Classroom Teacher/TST/IEP Team * NOTE: Include IEP section Template 4. Classroom Teacher/ TST/IEP Team 5. Classroom Teacher/TST/IEP Team 6. Classroom Teacher/Interventionist * NOTE: Complete only if 3rd grade student applying for Good Cause Exemption.

STUDENTS WITH DYSLEXIA	
Required Components <ol style="list-style-type: none"> 1. Section 1A, 1B, or 1C 2. Section 1D 3. Section 2A & 2B 4. Section 3A 5. Section 3B, 3C, & 3D 6. Appendix C 7. Appendix E 8. Appendix F 	Recommended Data Collector <ol style="list-style-type: none"> 1. Classroom Teacher/Counselor 2. School Administrator 3. Classroom Teacher/Interventionist 4. Classroom Teacher/Interventionist 5. Classroom Teacher/TST 6. Teacher and Parent 7. Classroom Teacher/TST/IEP Team * NOTE: Applies to students in K-4 with a reading deficiency. 8. Classroom Teacher/Interventionist * NOTE: Complete only if 3rd grade student applying for Good Cause Exemption.

ENGLISH LEARNER*	
Required Components <ol style="list-style-type: none"> 1. Section 1A, 1B, or 1C 2. Section 1D 3. Appendix B 4. Appendix E 5. Appendix F 	Recommended Data Collector <ol style="list-style-type: none"> 1. Classroom Teacher/Counselor 2. School Administrator 3. ELL Teacher 4. Classroom Teacher/TST/IEP Team 5. Classroom Teacher/Interventionist 6. * NOTE: Complete only if 3rd grade student applying for Good Cause Exemption.

*If English Learner (EL) students are in the Tier process it is recommended that Tier II and Tier III documentation is utilized as outlined for “Students in General Education.”



Student Profiles

Section 1A Profile: Pre-Kindergarten Students Only

Section 1B Profile: Kindergarten-8th Grade Students Only

Section 1C Profile: 9th-12 Grade Students Only

SECTION 1A

PRE-K STUDENT PROFILE

STUDENT NAME:			DATE:		
MSIS Number/ID:		Date of Birth:		Gender:	Race:
Teacher:		School/Site:		District:	
Parent/Guardian Name:			Phone:		Email:
Street Address:					

COLLEGE AND CAREER READINESS ANCHOR STANDARDS PERFORMANCE

Indicate the total number of performance standards that were indicated as code 1 (needs development) in each domain on the *The Mississippi Early Learning Standards for Classrooms Serving Four-Year-Old Children: An Observational and Performance-Based Checklist (Appendix F)*.

Academic Area	Fall	Winter	Spring
Approaches to Learning			
Social/Emotional			
English Language Arts			
Mathematics			
Science			
Social Studies			
Physical Development			
The Arts			

ATTENDANCE

CURRENT SCHOOL YEAR	DAYS ABSENT	DAYS PRESENT
PREVIOUS SCHOOL YEARS	DAYS ABSENT	DAYS PRESENT

List last 3 schools attended and dates.

- _____
- _____
- _____

KINDERGARTEN READINESS ASSESSMENT SCORES

Fill in the chart below based on student scores on the MKAS² Assessment. Recommended Score: 498

	SCORE	DATE (MM/DD/YYYY)
Fall		
Spring		

HEARING AND VISION SCREENER

HEARING		VISION	
Date		Date	
Pass/Fail		Pass/Fail	

BEHAVIOR

Check if documentation is applicable and available.

- Social Emotional Issues (Appendix A)
- Discipline Record
- Total Number of Discipline Reports: _____
- Total Number of Classroom Removals: _____
- Parent Conference(s) Date(s): _____
- Additional behaviors that may impact performance: _____

SPECIAL POPULATION

Check if applicable to student.

- Special Education/IEP
Initial Eligibility Date: _____
Eligibility Category: _____
- 504
- EL (Appendix B)
- Other: _____

SCREENER(S)

Indicate the name of each screener used in the classroom and the screener's recommended cut score. Indicate the date of the screener and the student's score.

SCREENER NAME			
RECOMMENDED CUT SCORE			
Date			
Score			

SCREENER NAME			
RECOMMENDED CUT SCORE			
Date			
Score			

SCREENER NAME			
RECOMMENDED CUT SCORE			
Date			
Score			

SECTION 1B

K-8 STUDENT PROFILE

STUDENT NAME:			DATE:		
MSIS Number/ID:		Date of Birth:	Gender:	Race:	
Teacher:		School/Site:	District:		
Parent/Guardian Name:			Phone:	Email:	
Street Address:					

COURSE PERFORMANCE						BEHAVIOR	
Indicate recent term grades in the table below.						Check if documentation is applicable and available.	
Academic Area	T1	T2	T3	T4	Final	<input type="checkbox"/> Social Emotional Issues (Appendix A)	
Reading						<input type="checkbox"/> Discipline Record	
Mathematics						<input type="checkbox"/> Total Number of Discipline Reports: _____	
Science						<input type="checkbox"/> Total Number of Suspensions: _____	
Social Studies						<input type="checkbox"/> In School: _____ <input type="checkbox"/> Out of School: _____	
Language Arts						<input type="checkbox"/> Parent Conference(s) Date(s): _____	
						<input type="checkbox"/> Additional behaviors that may impact performance: _____	

ATTENDANCE			GRADE RETENTION		SPECIAL POPULATION	
CURRENT SCHOOL YEAR	DAYS ABSENT	DAYS PRESENT	If applicable, indicate grade(s) and school year(s) below.		Check if applicable to student.	
PREVIOUS SCHOOL YEARS	DAYS ABSENT	DAYS PRESENT	GRADE	SCHOOL YEAR	<input type="checkbox"/> Special Education/IEP Initial Eligibility Date: _____ Eligibility Category: _____	
List last 3 schools attended and dates.					<input type="checkbox"/> 504 <input type="checkbox"/> EL (Appendix B) <input type="checkbox"/> Other: _____	
1. _____						
2. _____						
3. _____						

LITERACY-BASED PROMOTION ACT			DYSLEXIA SCREENER		UNIVERSAL SCREENER															
Complete this section only if the student completed 3 rd grade after implementation of Literacy-Based Promotion Act (2014-2015).			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">K (SPRING)</th> </tr> <tr> <td style="text-align: center;">Date</td> <td></td> </tr> <tr> <td style="text-align: center;">Pass/Fail</td> <td></td> </tr> <tr> <th colspan="2" style="text-align: center;">1st GRADE (FALL)</th> </tr> <tr> <td style="text-align: center;">Date</td> <td></td> </tr> <tr> <td style="text-align: center;">Pass/Fail</td> <td></td> </tr> </table>		K (SPRING)		Date		Pass/Fail		1 st GRADE (FALL)		Date		Pass/Fail		Indicate score and screener used for each.			
K (SPRING)																				
Date																				
Pass/Fail																				
1 st GRADE (FALL)																				
Date																				
Pass/Fail																				
ATTEMPTS	DATE	SCORE			READING:	Fall	Winter	Spring												
First Attempt					MATH:															
First Retest					BEHAVIOR:															
Second Retest																				
(If the student fails all three attempts, reference Appendix F to see if student qualifies for Good Cause Exemptions.)					If additional district screener(s) were used, please attach student score reports.															

K-READINESS ASSESSMENT		HEARING AND VISION				STATE ASSESSMENT	
SCALE SCORE		HEARING		VISION		<input type="checkbox"/> Attach previous years' state assessment score reports for review by the TST.	
DATE		Date		Date			
Recommended Score: 530		Pass/Fail		Pass/Fail			

SECTION 1C

9-12 STUDENT PROFILE

STUDENT NAME:			DATE:		
MSIS Number/ID:		Date of Birth:		Gender:	Race:
Teacher:		School/Site:		District:	
Parent/Guardian Name:			Phone:	Email:	
Street Address:					

COURSE PERFORMANCE

Indicate recent term grades in the table below.

Academic Area	T1	T2	T3	T4	Final
Reading					
Mathematics					
Science					
Social Studies					
Language Arts					

Indicate recent SATP course grades.

Academic Area	T1	T2	T3	T4	Final
Algebra I					
English II					
Biology					
U.S. History					

BEHAVIOR

Check if documentation is applicable and available.

- Social Emotional Issues (Appendix A)
- Discipline Record
- Total Number of Discipline Reports: _____
- Total Number of Suspensions: _____
 - In School: _____ Out of School: _____
- Parent Conference(s) Date(s): _____
- Additional behaviors that may impact performance: _____

ATTENDANCE

CURRENT SCHOOL YEAR	DAYS ABSENT	DAYS PRESENT
PREVIOUS SCHOOL YEARS	DAYS ABSENT	DAYS PRESENT

List last 3 schools attended and dates.

1. _____
2. _____
3. _____

GRADE RETENTION

If applicable, indicate grade(s) and school year(s) below.

GRADE	SCHOOL YEAR

SPECIAL POPULATION

Check if applicable to student.

- Special Education/IEP
 - Initial Eligibility Date: _____
 - Eligibility Category: _____
- 504
- EL (Appendix B)
- Other: _____

REPEATED COURSEWORK

Indicate course name, school year and final grade for failed courses. Indicate course recovery method (summer school, credit recovery, etc.) and the school year and final grade for the course.

COURSE	SCHOOL YEAR	FINAL GRADE	METHOD OF RECOVERY	SCHOOL YEAR	FINAL GRADE

STATE ASSESSMENT

ALGEBRA I			
Date		Score	
ENGLISH II			
Date		Score	
BIOLOGY			
Date		Score	
U.S. HISTORY			
Date		Score	
READING			
Date		Score	

DIPLOMA OPTIONS

(Begins with incoming freshmen of 2018-2019.)

- Traditional Alternate

TRADITIONAL DIPLOMA ENDORSEMENTS

- Career & Technical Academic
- Distinguished Academic

- Falls under previous diploma options.

HEARING AND VISION

HEARING

Date	
Pass/Fail	

VISION

Date	
Pass/Fail	

If additional screener(s)/benchmark(s) were used, please attach student score reports.



Tier One

Section 1D: Tier One High-Quality Classroom Observation
Form

Instructions: Prior to students entering Tier II, **SCHOOL ADMINISTRATORS** should complete this form by placing a check mark only in the boxes by the traits that are observed. It is recommended that this form be completed prior to Tier II. This form may be reproduced as needed.

Teacher Name:	Grade/Subject:
Observed By:	Date of Observation:

CLASSROOM INSTRUCTION	DIFFERENTIATED INSTRUCTION	CLASSROOM MANAGEMENT
<input type="checkbox"/> Students actively engaged in learning. Domain 3, Standard 5 <input type="checkbox"/> Content is at instructional level. Domain 2, Standard 4 <input type="checkbox"/> Students answering questions correctly. Domain 2, Standard 3 <input type="checkbox"/> Students ask questions. Domain 3, Standard 5 <input type="checkbox"/> Teacher communicates expectations of lesson. Domain 2, Standard 3 <input type="checkbox"/> Teacher questioning measures students' understanding of the prerequisite concepts. Domain 2, Standard 4 <input type="checkbox"/> Teacher questioning measures students' understanding of new concepts. Domain 2, Standard 3 <input type="checkbox"/> Teacher encourages students to think critically concerning previous concepts and new concepts. Domain 2, Standard 3 <input type="checkbox"/> Teacher reviews prerequisite knowledge needed for the lesson in order to effectively build student understanding. Domain 1, Standard 2	<input type="checkbox"/> Teacher uses activities to support instruction (i.e., advanced organizer, intro to lesson, or closure). Domain 3, Standard 10 <input type="checkbox"/> Teacher aligns tasks to learning goals. Domain 1, Standard 1 <input type="checkbox"/> Teacher engagement with students varies as the needs of the students differ. Domain 1, Standard 2 <input type="checkbox"/> Teacher provides guided practice and modeling in learning new concepts. Domain 2, Standard 4 <input type="checkbox"/> Teacher uses a variety of techniques to support students in making meaning of content. Domain 2, Standard 4 <input type="checkbox"/> Teacher groups students to work on instructional component. Domain 3, Standard 5 <input type="checkbox"/> Teacher provides prompt feedback to students concerning performance. Domain 2, Standard 3 <input type="checkbox"/> Teacher assists students in preparation for assignments, long-range projects, and tests. Domain 2, Standard 3	<input type="checkbox"/> Use of smooth transitions: providing transition activities for students. Domain 3, Standard 6 <input type="checkbox"/> Procedures and rules are clearly communicated in the classroom. Domain 3, Standard 6 <input type="checkbox"/> Teacher actively supervises student behavior by scanning, moving around room, and interacting with students. Domain 3, Standard 5 and Domain 3, Standard 6 <input type="checkbox"/> Teacher encourages students to take ownership for actions and fosters respect among all students. Domain 3, Standard 5 and Domain 3 Standard 7

OBSERVATION SUMMARY	<i>Instructions:</i> SCHOOL ADMINISTRATORS , check the appropriate box below and identify recommendations if needed.
----------------------------	---

<input type="checkbox"/> Teacher demonstrated traits of high-quality classroom instruction. <input type="checkbox"/> Teacher demonstrated <u>some</u> traits of high-quality classroom instruction, and should implement the following recommendation(s) to enhance Tier I Instruction:
--

DESCRIPTION OF RECOMMENDATION(S):	DATE TO BEGIN RECOMMENDATION(S):
	DATE TO EVALUATE RECOMMENDATION(S):
	DATE OF REVALUATION:
	<input type="checkbox"/> Demonstrated <input type="checkbox"/> Did not demonstrate



Tier Two

Yazoo County School District Academic Tier Process Checklist

Appendix D: Sample Parent Notification of Intervention Services (Tier II)

MTSS Parent Conference Form

Section 2A: Details of Intervention

Section 2B: Tier II (Supplemental Instruction) Intervention Integrity Checks

Section 2C: Progress Monitoring and Evaluation for Tier II Interventions

Yazoo County School District

Academic Tier II Process Guidance Checklist

Tier II

PROCEDURES	FORMS TO USE	RECOMMENDED DATA COLLECTOR
<p>I. Continue Tier I High Quality Instruction AND:</p> <ul style="list-style-type: none"> ○ Notify Parents ○ Identify Academic Target Deficit Baseline (what's the defining problem?) ○ Implement Scientifically Based Intervention(s) ○ Set Specific Learning Goal(s) – No More Than One-Three Goals ○ Progress Monitor Bi-Weekly 	<ul style="list-style-type: none"> ○ Section 1A, 1B, or 1C ○ Appendix D: Parent Notification ○ MTSS Parent Conference Documentation ○ Tier II (2A) ○ Integrity Check (2B) ○ Tier II Progress Monitoring Evaluation (2C) 	<ul style="list-style-type: none"> ○ Appendix D: Counselor ○ MTSS Parent Conference Form: Counselor ○ Section 1A, 1B, or 1C: Classroom Teacher and Counselor ○ Section 2A: Classroom Teacher/Interventionist ○ Section 2B: School Administrator ○ Section 2c: Classroom Teacher/Interventionist (Individual Responsible for Delivering the Intervention)
<p>II. TST Meets Monthly to Review Success of Intervention(s)</p> <p>If intervention(s) was/were successful, student:</p> <ul style="list-style-type: none"> ○ May return to Tier I ○ Continue Tier II intervention(s) and be reassessed via progress monitoring ○ Continue in Tier II with additional intervention(s) 	<ul style="list-style-type: none"> ○ Tier II (2A) ○ Integrity Check (2B) ○ Tier II Progress Monitoring Evaluation (2C) 	<ul style="list-style-type: none"> ○ Section 2A: Classroom Teacher/Interventionist ○ Section 2B: School Administrator ○ Section 2C: Classroom Teacher/Interventionist (Individual Responsible for Delivering the Intervention)
<p>If intervention(s) was/were not successful, and adequate progress has not/was not made; then, the student:</p> <ul style="list-style-type: none"> ○ Will be referred to the Teacher Support Team for the consideration of Tier III 	<ul style="list-style-type: none"> ○ Teacher Support Team Referral and Meeting (3A) 	<ul style="list-style-type: none"> ○ Section 3A: Teacher Support Team

Dear Parent/Guardian:

As part of district- and state-wide efforts to meet individual student needs and improve student achievement, [insert school district name] works to consistently track your student's progress toward grade level goals, both academically and behaviorally. Interventions (extra support) will be provided as needed to all students who do not meet expected levels of achievement in reading, writing, math, and/or behavior. This system is called Response to Intervention (RtI).

Based on academic testing results, classroom performance, and/or teacher recommendation, **(student name)** has been identified as a student who could benefit from intervention services. This letter is to notify you of your child's placement in:

Tier II, best described as supplemental or small group instruction that your child will receive in addition to core curriculum instruction provided by his/her classroom teacher. Your child may be in this tier for up to eight (8) weeks before final progress is determined and further support is provided, if needed.

The additional support that your child will be provided includes:

- [add Intervention #1 here]
- [add Intervention #2 here, if applicable]
- [add Intervention #3 here, if applicable]

If you have any questions or concerns, please contact us at:

Phone number:

E-mail address:

Please understand that ongoing assessment and progress monitoring of interventions throughout the year aid in determining the need to continue, change, or discontinue intervention services. Our goal for providing interventions to your child is to ensure that **(student name)** will be successful in meeting the Mississippi grade level expectations and requirements. If you have any questions, please contact your child's classroom teacher or counselor.

Sincerely,

[Insert school administrator/TST chair signature and title here]

Yazoo County School District Academic Tier Process

MTSS Parent Conference Form

Date of Meeting: _____

Meeting Called By: _____ Teacher(s) _____ Parent/Guardian _____ MTSS Team

Tier Placement: _____ Tier I _____ Tier II _____ Tier III

Subject Area(s): _____ **Behavioral Area(s):** _____

Purpose of Meeting:

Recommendation(s):

Persons Present:

Name(s):

Parent or Position:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Instructions: TEACHERS should complete this form for each student that did not respond to high quality Tier I core instruction. For students receiving more than one intervention in multiple academic or behavioral areas, teachers can duplicate this form. Visit www.mde.k12.ms.us/intervention *RtI Resource Links* for additional resources.*

DETAILS OF INTERVENTION			DATE
<p>Student Name:</p>	<p>Describe supplemental and/or small group strategies utilized – should be evidence-based:</p>	<p>Provide specific evaluation criteria, in <i>measurable</i> terms, utilized to determine effectiveness and monitor progress:</p>	
<p>Describe target deficit area of intervention(s) – identify if academic and/or behavioral and explain:</p>	<p>Please check the intervention and describe in the box below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I-Ready Computer-Based Adaptive Instruction <input type="checkbox"/> I-Ready Teacher-Led Small Group instruction <input type="checkbox"/> Core Learning Progressions (STAR/Renaissance Learning) <input type="checkbox"/> Intervention Central Research-Based Intervention (describe in detail below in the box) <input type="checkbox"/> Susan Barton Reading and Spelling System <input type="checkbox"/> Phonics First Teacher Led Small Group Instruction <input type="checkbox"/> Florida Center for Reading Research Interventions (describe in detail in the box below) <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>	<p>Specific Learning Goal:</p> <p>_____ will increase his/her baseline score from _____ to _____ (PLEASE CIRCLE appropriate measure) (1) scale score, (2) percentile rank, or (3) student growth percentile on:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I-Ready Growth Monitoring (progress monitoring) <input type="checkbox"/> STAR (Renaissance platform; progress monitoring) <input type="checkbox"/> Curriculum-Based Measurement <input type="checkbox"/> AIMSWeb <input type="checkbox"/> edSpring/Edcheckup Standard Reading Passages <input type="checkbox"/> HHH Math Inventory (formerly Scholastic Math Inventory) <input type="checkbox"/> HHH Reading Inventory (formerly Scholastic reading Inventory) <input type="checkbox"/> iStation Indicators of Progress (ISIP) <input type="checkbox"/> mClass (math) <input type="checkbox"/> mClass (reading) <input type="checkbox"/> Other (describe below): <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <p>Specific Learning Goal:</p> <p>_____ will increase his/her baseline score from _____ to _____ (PLEASE CIRCLE appropriate measure) (1) scale score, (2) percentile rank, or (3) student growth percentile on: (list progress monitoring tool)</p> <p>_____</p>	
INTERVENTION START DATE	DURATION OF INTERVENTION	FREQUENCY OF INTERVENTION	FREQUENCY OF PROGRESS MONITORING (Section 2C):
	weeks	T2: 30 min./3 days per week	MDE RECOMMENDATION: 2x per month (Bi-Weekly)
Name(s) and role(s) of individual(s) responsible for delivering intervention(s):			Based on progress monitoring data (Section 2C) student progress will be cumulatively reviewed on:
			<input type="checkbox"/> A quarterly basis <input type="checkbox"/> A monthly basis MDE POLICY: no later than 8 weeks after start date

PARENTAL NOTIFICATION (For parent letter template, see Appendix D)	
Parent(s) notified of Tier II intervention (select one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:

Instructions: **SCHOOL ADMINISTRATORS**, check the box next to each trait of quality implementation demonstrated during Tier II intervention observation. Complete at least two (2) integrity checks at equal intervals during course of intervention.

INTEGRITY CHECK #1	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 2A.)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

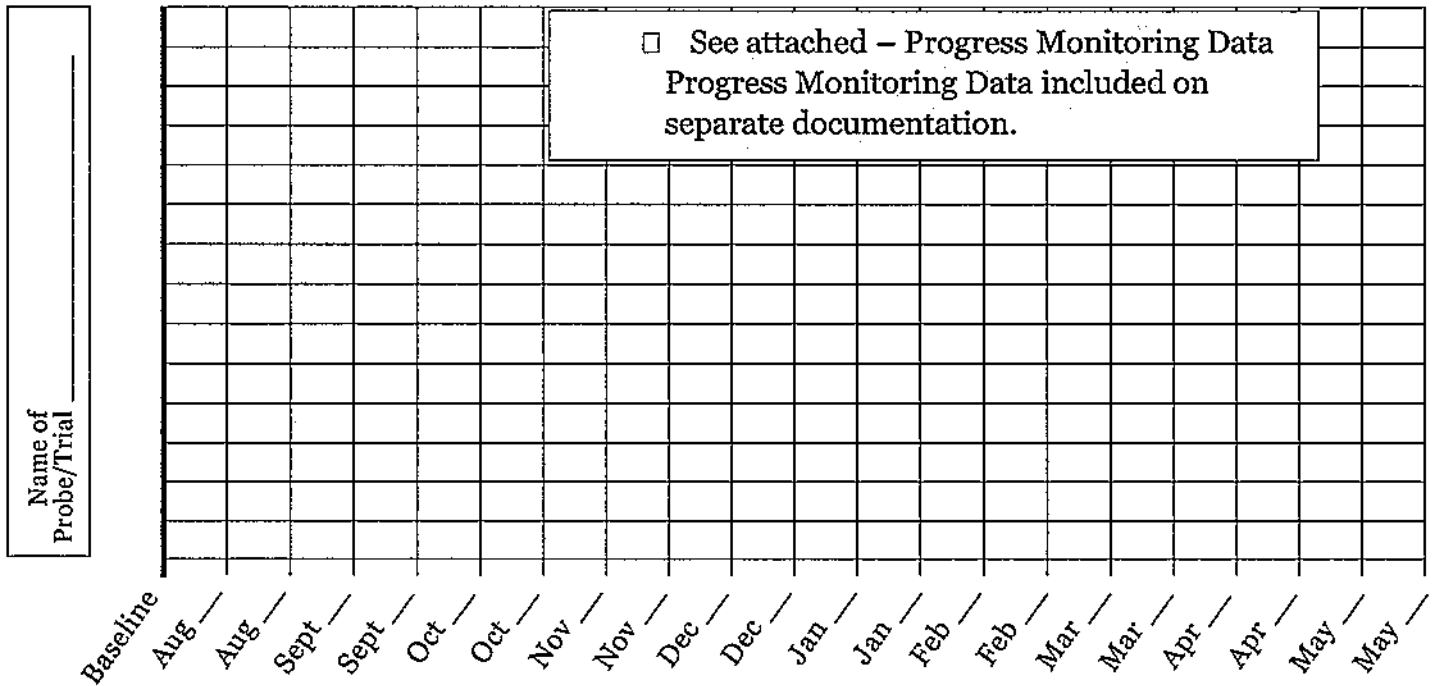
INTEGRITY CHECK #2	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 2A.)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #3	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 2A.)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #4	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 2A.)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

Instructions: **INDIVIDUALS RESPONSIBLE FOR DELIVERING INTERVENTIONS** should complete progress monitoring using the graph below or a report generated by your district intervention program. It is recommended that the teacher establish a baseline by administering three (3) probes or trials, selecting the median, and marking the baseline by placing a dot on the vertical axis. Teachers should determine the goal by determining the expected rate of progress and marking the target by placing a dot at the intersections. On the bolded line above each month, indicate the first result recorded that month; on the line to the right, indicate the second result of that month.

SUPPLEMENTAL INSTRUCTION



DOCUMENTED REVIEWS FOR TIER II

MDE RECOMMENDS two (2) Tier II documented reviews, with the first documented review conducted no later than four (4) weeks after implementation and the cumulative documented review no later than eight (8) weeks after implementation.

Instructions: Use the graph above and documented review boxes below to record the effectiveness of the intervention(s) and to determine the next steps of this student's intervention based on his/her progress.

FIRST DOCUMENTED REVIEW

Date:

Sufficient progress made? (select one) Yes No
 (If no, an additional intervention form should be completed.)

To be completed no later than 4 weeks after starting intervention.

CUMULATIVE DOCUMENTED REVIEW

Date:

Sufficient progress made? (select one) Yes No
 (check one of the boxes below for final decision)

To be completed no later than 8 weeks after starting intervention.

Adequate progress **WAS** made; intervention was successful in meeting student's needs. This student will be returned to Tier 1 (core instruction).

Progress **WAS** made; intervention was somewhat successful in meeting student's needs. Intervention will continue and be re-evaluated on: _____

Adequate progress **WAS NOT** made; intervention was somewhat successful in meeting student's needs. Student will continue at Tier II and an additional intervention will be attempted.
 (Complete an additional Section 2A & 2C - Tier II documentation form).

Adequate progress **WAS NOT** made; intervention did not meet student's needs. Student will be referred to Teacher Support Team (TST) for Tier III consideration.
 (Complete Section 3A - TST Referral and Meeting form and attach documentation.)

Classroom Teacher Signature

Date

School Administrator Signature

Date



Tier Three

Yazoo County School District Academic Tier III Process Checklist

Section 3A: Teacher Support Team Referral and Meeting

Appendix D: Sample Parent Notification of Intervention Services (Tier III)

MTSS Parent Conference Form

Section 3B: Tier III (Intensive Intervention) Documentation

Appendix E: Individual Reading Plan

Appendix E: Individual Reading Plan Checklist

Section 3C: Tier III (Intensive Intervention) Intervention Integrity Checks Section 3D:

Progress Monitoring and Evaluation for Tier III Interventions

Teacher Narrative

Developmental History (Ages 3-9)

Developmental History (Ages 10-21)

Notification of Request for SPED Evaluation

Yazoo County School District

Academic Tier III Process Guidance Checklist

Tier III

PROCEDURES	FORMS TO USE	RECOMMENDED DATA COLLECTOR
<p>I. Teacher Support Team Meets AND: Continue Tier I High Quality Instruction AND:</p> <ul style="list-style-type: none"> ○ Analyzes data and makes recommendations (See 3A) ○ Notify Parents if recommendation of Tier III intervention is made ○ Identify Academic Target Deficit Baseline (what's the defining problem?) ○ Complete Appendix E (if applicable) ○ Implement Scientifically Based Intervention(s) ○ Set Specific Learning Goal(s) – No More Than One-Three Goals ○ Progress Monitor Bi-Weekly 	<ul style="list-style-type: none"> ○ Teacher Support Team Referral and Meeting (3A) ○ Appendix D: Parent Notification ○ MTSS Parent Conference Documentation ○ Tier III (3B) ○ Appendix E for K-3 students and 4th grade students who qualify for "Good Cause Exemption" ○ Integrity Check (3C) ○ Tier III Progress Monitoring Evaluation (3D) 	<ul style="list-style-type: none"> ○ Section 3A: Teacher Support Team ○ Appendix D: Counselor ○ MTSS Parent Conference Form: Counselor ○ Section 1A, 1B, or 1C: Classroom Teacher and Counselor ○ Section 3B and Appendix E: Classroom Teacher/Interventionist ○ Section 3C: School Administrator ○ Section 3D: Classroom Teacher/Interventionist/TST
<p>II. TST Meets Monthly to Review Success of Intervention(s)</p> <p>If intervention(s) was/were successful, student:</p> <ul style="list-style-type: none"> ○ May return to Tier I or II and be reassessed via progress monitoring ○ Continue Tier III intervention(s) and continue to be assessed via progress monitoring ○ Continue in Tier II with additional intervention(s) and continue to be assessed via progress monitoring 	<ul style="list-style-type: none"> ○ Tier III (3B) ○ Integrity Check (3C) ○ Tier II Progress Monitoring Evaluation (3D) 	<ul style="list-style-type: none"> ○ Section 3A: Classroom Teacher/Interventionist ○ Section 3C: School Administrator ○ Section 3D: Classroom Teacher/Interventionist or TST
<p>If intervention(s) was/were not successful, and adequate progress has not/was not made; then, the student:</p> <ul style="list-style-type: none"> ○ Will be referred for Child Study 	<ul style="list-style-type: none"> ○ Teacher Narrative ○ Developmental History ○ Notification of Request for SPED Evaluation ○ Counselor will provide forms. 	<ul style="list-style-type: none"> ○ Classroom Teacher and/or Interventionist ○ MET (Multi-Disciplinary Evaluation Team)

SECTION 3A

TEACHER SUPPORT TEAM REFERRAL AND MEETING

Instructions: TEACHERS, complete this form if progress monitoring data does not show adequate student progress and further support is needed. Attach completed Section 1A, 1B, or 1C; 1D, 2A, 2B, and 2C.

TO: TEACHER SUPPORT TEAM CHAIR

I request that (student name) be reviewed by the TST to assist in providing interventions to improve his/her overall performance. I have observed problems that interfere with his/her educational progress in the following area(s):

- Academic performance, low or failing grades
- Behavior and/or discipline
- Other, specify: _____

OR

Referral of the student is made based upon Mississippi State Board Policy Part 3 Chapter 41, Rule 41.1: Intervention. These referrals must be made within the first 20 school days of a school year if the child failed the preceding year. Please indicate below:

- Grades K–3: Student has failed one grade. Grades 4–12: Student has failed two grades.
- A student failed either of the preceding two grades and has been suspended or expelled for more than 20 days in the current school year.
- A student scored at the “lowest level” on any part of the grade 3 or grade 7 statewide accountability assessment.
- A student is promoted from Grade 3 to Grade 4 under a good cause exemption of the Literacy-Based Promotion Act. (Attach Appendix F.)

Teacher submitting referral:	TST Chair acknowledging receipt:	Date of receipt of referral:	Date of TST Meeting to discuss referral
			(must be within 2 weeks)

REFERRAL MEETING DETAILS

TST members present agree that all information discussed pertaining to the TST process will be held in strict confidence. They shall neither contact anyone outside the official function of this TST process nor make any notes or copies of any documents utilized during the process.

SUMMARY OF DISCUSSION (continue on back if needed):	SIGNATURE OF TST MEMBERS PRESENT	TITLE

TST RECOMMENDATIONS

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Contact parents <input type="checkbox"/> Implement academic Tier III intervention in area(s) needed:
<input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Language Arts <input type="checkbox"/> Other <input type="checkbox"/> Implement behavior Tier III intervention <input type="checkbox"/> Conduct student conference <input type="checkbox"/> Perform behavior observation <input type="checkbox"/> Intervention(s) not successful <input type="checkbox"/> Modify current plan and continue intervention(s) in Tier II <input type="checkbox"/> Other: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Return to Tier I general education classroom <input type="checkbox"/> Continue instructional intervention(s) in General Education Classroom (Tier II) <input type="checkbox"/> Administer developmental screener (5 yr. old, in-school) <input type="checkbox"/> Administer hearing/vision screening <input type="checkbox"/> Request medical follow-up <input type="checkbox"/> Refer to school counselor <input type="checkbox"/> Refer to community agency <input type="checkbox"/> Complete Teacher Narrative Packet <input type="checkbox"/> Refer for Child Study |
|--|--|

Dear Parent/Guardian:

As part of district- and state-wide efforts to meet individual student needs and improve student achievement, [insert school district name] works to consistently track your student's progress toward grade level goals, both academically and behaviorally. Interventions (extra support) will be provided as needed to all students who do not meet expected levels of achievement in reading, writing, math, and/or behavior. This system is called Response to Intervention (RtI).

Based on academic testing results, classroom performance, and/or teacher recommendation, **(student name)** has been identified as a student who could benefit from intervention services. This letter is to notify you of your child's placement in:

Tier III, best described as intensive interventions that occur daily and with the guidance of the Teacher Support Team. Your child may be in this tier for 8-16 weeks before final progress is determined and further support is provided, if needed.

The additional support that your child will be provided includes:

- [add Intervention #1 here]
- [add Intervention #2 here, if applicable]
- [add Intervention #3 here, if applicable]

The Teacher Support Team (TST) would like to invite you to a meeting regarding your child's progress in school. The TST's purpose is to review and consider all available information and to recommend additional educational strategies and interventions to further assist your child. We welcome and desire your participation in the decision making process through your attendance.

DATE	TIME	LOCATION
------	------	----------

If you have any questions or concerns or are unable to attend the meeting, please contact us at:

Phone number:

E-mail address:

Please understand that ongoing assessment and progress monitoring of interventions throughout the year aid in determining the need to continue, change, or discontinue intervention services. Our goal for providing interventions to your child is to ensure that **(student name)** will be successful in meeting the Mississippi grade level expectations and requirements. If you have any questions, please contact your child's classroom teacher or counselor.

Sincerely,

[Insert school administrator/TST chair signature and title here]

TST Referral Date: _____

Initial Eligibility Date: _____

Instructions: TST MEMBERS, CLASSROOM TEACHERS, AND INTERVENTIONISTS should work together to complete this form for each student that did not respond to Tier II interventions or for 4th grade students requiring Intensive Intervention after a Good Cause Exemption promotion or for Intensive Reading Interventions for Special Education students (K-4) and English Learners (ELs).

DETAILS OF INTERVENTIONVisit www.mde.k12.ms.us/intervention *RtI Resource Links* for additional resources.

Student Name:		Describe intensive intervention strategies utilized – should be evidence-based:	Provide specific evaluation criteria, in <i>measurable</i> terms, utilized to determine effectiveness and monitor progress:
Describe target deficit area of intervention(s) – identify if academic and/or behavioral and explain:		Please check the intervention and describe in the box below: <ul style="list-style-type: none"> <input type="checkbox"/> I-Ready Computer-Based Adaptive Instruction <input type="checkbox"/> I-Ready Teacher-Led Small Group instruction <input type="checkbox"/> Core Learning Progressions (STAR/Renaissance Learning) <input type="checkbox"/> Intervention Central Research-Based Intervention (describe in detail below in the box) <input type="checkbox"/> Susan Barton Reading and Spelling System <input type="checkbox"/> Phonics First Teacher Led Small Group Instruction <input type="checkbox"/> Florida Center for Reading Research Interventions (describe in detail in the box below) <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>	Specific Learning Goal: _____ will increase his/her baseline score from _____ to _____ (PLEASE CIRCLE appropriate measure) (1) scale score, (2) percentile rank, or (3) student growth percentile on: <ul style="list-style-type: none"> <input type="checkbox"/> I-Ready Growth Monitoring (progress monitoring) <input type="checkbox"/> STAR (Renaissance platform; progress monitoring) <input type="checkbox"/> Curriculum-Based Measurement <input type="checkbox"/> AIMSweb <input type="checkbox"/> edSpring/Edcheckup Standard Reading Passages <input type="checkbox"/> HHH Math Inventory (formerly Scholastic Math Inventory) <input type="checkbox"/> HHH Reading Inventory (formerly Scholastic reading Inventory) <input type="checkbox"/> iStation Indicators of Progress (ISIP) <input type="checkbox"/> mClass (math) <input type="checkbox"/> mClass (reading) <input type="checkbox"/> Other (describe below): <div style="border: 1px solid black; height: 50px; width: 100%; margin-top: 10px;"></div>
INTERVENTION START DATE	DURATION OF INTERVENTION	FREQUENCY OF INTERVENTION	FREQUENCY OF PROGRESS MONITORING (Section 3D)
	weeks	T3: 45 min. or ____/4 days per week/Progress Monitor on 5th day	Weekly MDE RECOMMENDATION: weekly
Name(s) and role(s) of individual(s) responsible for delivering intervention(s):			Based on progress monitoring data (Section 3D), student progress will be cumulatively reviewed on:
			<input type="checkbox"/> A quarterly basis <input type="checkbox"/> A monthly basis MDE POLICY: no later than 16 weeks after start date

PARENTAL NOTIFICATION (For parent letter template, see Appendix D)
 Parent(s) notified of Tier III intervention (select one): Yes No
 Mississippi Department of Education MISS Documentation Packet

 Date Notified: _____
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READING INSTRUCTION PROGRAM

What evidence-based program will be used to deliver explicit, systematic core reading instruction during the required 90-minute reading block?

Indicate the areas addressed by the core reading program:

- Phonemic Awareness
- Phonics
- Fluency
- Vocabulary
- Comprehension

Additional supplemental materials (if applicable):

PARENTAL SUPPORT (Parent Read-at-Home Plan)

Target deficit area(s):

The following strategies are recommended for parents/families to use in assisting the student to achieve reading competency:

Written Parental Notification Received

Parent Read-at-Home Plan Received

PARENT INITIALS:

DATE:

PARENT INITIALS:

DATE:

ADDITIONAL SERVICES

Indicate any additional services the teacher deems available and appropriate to accelerate the student's reading skill development, if applicable:

APPENDIX E Individual Reading Plan Checklist

Following the identification of a reading deficiency, intensive reading instruction and intervention must be documented for each student in an individual reading plan, which includes, at a minimum, the following:

- The student's specific, diagnosed reading skill deficiencies as determined (or identified) by diagnostic assessment data;
- The goals and benchmarks for growth;
- How progress will be monitored and evaluated;
- The type of additional instructional services and interventions the student will receive;
- The research-based reading instructional programming the teacher will use to provide reading instruction, addressing the areas of phonemic awareness, phonics, fluency, vocabulary and comprehension;
- The strategies the student's parent is encouraged to use in assisting the student to achieve reading competency; and,
- Any additional services the teacher deems available and appropriate to accelerate the student's reading skill development

NOTE: The Individual Reading Plan correlates with the Multi-Tiered System of Supports (MTSS) student documentation required for Tier III (Intensive Intervention). These pages must be used when meeting with the Teacher Support Team for each student in K-3 identified with a substantial reading deficiency that did not respond to Tier II Interventions; 4th grade students requiring Intensive Intervention after Good Cause Exemption promotion; or, for intensive reading interventions for Special Education students (K-4) and English Learners (ELs).

Instructions: **SCHOOL ADMINISTRATORS**, check the box next to each trait of quality implementation demonstrated during Tier III intervention observation. Complete **at least two (2) integrity checks** at equal intervals during course of intervention.

INTEGRITY CHECK #1	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 3B.)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #2	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 3B.)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #3	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 3B.)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

INTEGRITY CHECK #4	Date:
<input type="checkbox"/> The intervention is described in specific, measurable terms that can be progress monitored and evaluated. (See Section 3B.)	
<input type="checkbox"/> The intervention is being delivered in a manner which is consistent with the intervention details as described above.	
<input type="checkbox"/> The intervention seems appropriate for the needs of this student.	
<input type="checkbox"/> The individual(s) responsible for delivering intervention has the materials and support he/she needs.	
<input type="checkbox"/> The student's attendance has not been a significant factor in hindering his/her progress.	
<input type="checkbox"/> The parent/guardian(s) of student received notification of the intervention plan.	
COMMENTS:	
Signature and title of person completing integrity check:	

**YAZOO COUNTY SCHOOL DISTRICT • OFFICE OF SPECIAL EDUCATION
DEVELOPMENTAL HISTORY (Ages 3 – 9)**

NOTE: The information collected on this form will be used by your child's school to help them determine your child's educational needs. It is not required for you to complete this form. If there are any questions you do not wish to answer or you feel uncomfortable answering, feel free to leave them blank. Please include any information you think will help us in understanding your child.

Informant:	Relationship to the Child:
-------------------	-----------------------------------

PERSONAL DATA			
Child's Name:	Race/Ethnicity:	Gender:	DOB:
District/School:	MSIS #:	Grade:	Age:

HOME AND FAMILY INFORMATION	
Parent(s)/Guardian(s):	Age:
Home Address:	Home Phone:
Employer/Occupation:	Work Phone:
Child lives with:	<input type="checkbox"/> Birth Parent(s) <input type="checkbox"/> Adoptive Parent(s) <input type="checkbox"/> Parent and Step-Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other: _____

Persons Living in the Home				
Name	Age	Gender	Relationship	Special Needs
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Language(s) Spoken in the Home				
Is any language other than English spoken in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section)				
Language(s)	Child		Parent(s)/Guardian(s)	
	Understands	Speaks	Understands	Speaks
English				

Your Child's Strengths
<i>Describe your child's strengths.</i>

Concerns for Your Child
<i>Describe any concerns that you have or any recent changes in your child's development, behavior, or learning (e.g., missing developmental milestones, inattention, angry outbursts, withdrawn, difficulty learning information).</i>

Life Events or Family Transitions

YAZOO COUNTY SCHOOL DISTRICT • OFFICE OF SPECIAL EDUCATION

Describe any major life events or changes in the family situation that may have affected your child (e.g., abuse, accidents, change in guardianship, death of a family member, divorce, economic hardship, family move, natural disasters, remarriage, separations, etc.).

MEDICAL / PHYSICAL DEVELOPMENT

Birth History

Mother's age at birth: _____ years **Mother received prenatal care during pregnancy?** Yes No

Were there any complications during pregnancy or delivery? Yes No (skip to next question)

<input type="checkbox"/> High blood pressure/toxemia	<input type="checkbox"/> Maternal injury/illness	<input type="checkbox"/> Exposure to alcohol/cigarettes /drugs
<input type="checkbox"/> Rubella/German measles	<input type="checkbox"/> Gestational diabetes	<input type="checkbox"/> Emergency C-section
<input type="checkbox"/> Premature (___ weeks gestation)	<input type="checkbox"/> Low birth weight (indicate one: <input type="checkbox"/> <2.3 lbs. <input type="checkbox"/> 2.3-3.3lbs <input type="checkbox"/> 3.4-5.4 lbs.)	
<input type="checkbox"/> Other: _____		

Did your child have an extended stay in the hospital after birth? Yes No (skip to next question)

Length of time: < one week one to four weeks one month or more (___ months)

Reason: _____

General Health

Has your child been hospitalized or had any significant operations? Yes No (skip to next question)

Explain: _____

Has your child had any significant medical conditions or illnesses? Yes No (skip to next question)

<input type="checkbox"/> Eye or vision problems	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Hydrocephalus, hemorrhages, and/or shunt
<input type="checkbox"/> Ear infections and/or ear tubes	<input type="checkbox"/> Seizures/neurological issues	<input type="checkbox"/> Allergies (specify: _____)
<input type="checkbox"/> Asthma or breathing difficulties	<input type="checkbox"/> Significant infections (e.g., meningitis, encephalitis, etc.) or high fevers	
<input type="checkbox"/> Other: _____		

Has your child had any significant accidents/injuries (e.g., head injuries)? Yes No (skip to next question)

<input type="checkbox"/> Motor vehicle accident(s)	<input type="checkbox"/> Fall-related injury(ies)	<input type="checkbox"/> Significant blow(s) to the head
<input type="checkbox"/> Other: _____		

Explain: _____

Has your child had any difficulties or disorders with the following? Yes No (skip to next question)

<input type="checkbox"/> Eating difficulties/disorders	<input type="checkbox"/> Sleeping difficulties/disorders	<input type="checkbox"/> Toileting difficulties/disorders
--	--	---

Explain: _____

Is your child currently being treated for a medical condition? Yes No (skip to next question)

Does your child have a regular healthcare provider/medical home? Yes No

When was your child's last visit to a healthcare provider? Indicate one: <6 months 6-12 months >1 year

May we access your child's medical records? Yes (please complete a release form) No

Is your child currently taking any medications? Yes No

Explain: _____

Has your child ever received speech, physical, or occupational therapy? Yes No (skip to next question)

Explain: _____

Hearing and Vision

Has your child ever had his/her hearing and/or vision tested? Yes No (skip to next question)

<input type="checkbox"/> Hearing only	<input type="checkbox"/> Vision only	<input type="checkbox"/> Hearing <u>and</u> vision
---------------------------------------	--------------------------------------	--

Hearing results: _____

Vision results: _____

Does your child require devices to assist with hearing or vision? Yes No (skip to next question)

<input type="checkbox"/> Hearing aids (when acquired: _____)	<input type="checkbox"/> Glasses (when acquired: _____)
--	---

Motor Development

Describe any concerns you have about your child's gross motor skills (e.g., walking, hopping, jumping, running, climbing stairs, kicking balls, etc.).

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Describe any concerns you have about your child's fine motor skills (e.g., writing or coloring, working buttons/zippers, tying shoes, cutting, etc.).

Describe any additional concerns you have about your child's physical development.

EDUCATIONAL BACKGROUND

Has your child ever attended a preschool program or childcare center? Yes No (skip to next question)
 Name: _____ Phone: _____
 Address: _____ Teacher: _____

Describe any difficulties your child has had with learning activities.

Has your child ever been evaluated/assessed/tested for learning difficulties? Yes No (skip to next section)
 By whom: _____ When: _____
 Results: _____

COGNITIVE / ADAPTIVE DEVELOPMENT

Can your child follow directions? Yes No (skip to next question)
 One-step directions only Two-step directions Multi-step directions

Does your child know any of the following information about him/herself?
 Name Age Gender
 Parent(s) name(s) Address Home phone number

Does your child:
 Identify parts of the body Identify colors Count (highest number: _____)
 Identify letters of the alphabet Play with building toys/puzzles Identify size (e.g., big, little, tall, short, etc.)
 Looks at books independently Enjoy being read to Identify shapes (e.g., circle, square, etc.)
 Recognize written words Read books independently Identify money (e.g., dime, quarter, dollar)

Does your child independently:
 Drink from a cup without spilling Dress self completely Use toilet without accidents during day
 Eat with a spoon and fork Put shoes on correct feet Use toilet without accidents during night
 Brush hair and teeth Put on a coat/jacket Clean table/space after eating/activity
 Bathe self Make up bed Cross the street safely

Describe any additional concerns you have about your child's thinking or daily living skills.

COMMUNICATION DEVELOPMENT

Does your child seem to understand what is said to her/him? Yes (skip to next question) No
 Explain: _____

How does your child communicate?
 Gestures only Gestures and some speech Primarily speech with some gestures

Does your child...
 Make up stories/songs Talk about daily activities Use "me," "you," plurals, and past tense

Who can understand what your child says? (check all that apply)
 Family/caregivers Other children Unfamiliar adults

Describe any additional concerns you have about your child's language or speech skills.

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SOCIAL / EMOTIONAL DEVELOPMENT

In the first three years, was/did your child:

- | | | |
|--|---|---|
| <input type="checkbox"/> Difficult to calm/comfort | <input type="checkbox"/> Resist being cuddled | <input type="checkbox"/> Show fascination with specific objects |
| <input type="checkbox"/> Excessively irritable | <input type="checkbox"/> Fail to make eye contact | <input type="checkbox"/> Engage in frequent head banging |
| <input type="checkbox"/> Have poor sleep routines | <input type="checkbox"/> Fail to look at caregivers | <input type="checkbox"/> Difficult to feed/nurse |

If any of these behaviors have continued beyond age 3, give an example:

Describe your child's behavior (compared to other children his/her age):

- | | | | |
|--|--|---|---|
| How active is your child? | <input type="checkbox"/> less active than others | <input type="checkbox"/> about the same | <input type="checkbox"/> more active |
| How well does your child pay attention? | <input type="checkbox"/> less distracted than others | <input type="checkbox"/> about the same | <input type="checkbox"/> easily distracted |
| How does your child handle change? | <input type="checkbox"/> handles change easily | <input type="checkbox"/> about the same | <input type="checkbox"/> resists change |
| How does your child respond to new things? | <input type="checkbox"/> readily accepts new things | <input type="checkbox"/> about the same | <input type="checkbox"/> resists new things |
| How strong are your child's emotions? | <input type="checkbox"/> passive/indifferent | <input type="checkbox"/> about the same | <input type="checkbox"/> very intense |
| How moody is your child? | <input type="checkbox"/> very easygoing | <input type="checkbox"/> about the same | <input type="checkbox"/> very changeable |
| How predictable is your child? | <input type="checkbox"/> unpredictable | <input type="checkbox"/> about the same | <input type="checkbox"/> rigid routines |

Indicate if your child has had any of the following difficulties:

- | | | |
|--|---|--|
| <input type="checkbox"/> Refuses to follow directions | <input type="checkbox"/> Withdrawn or keeps to self | <input type="checkbox"/> Cries easily or whines frequently |
| <input type="checkbox"/> Aggression/fighting | <input type="checkbox"/> Extremely fearful or nervous | <input type="checkbox"/> Explosive outbursts or impulsive |
| <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Depressed or very unhappy | <input type="checkbox"/> Stealing or lying |
| <input type="checkbox"/> Destructive behavior/starts fires | <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Frequently complains of aches/pains |

For any difficulties identified, give an example:

Does your child play with siblings or other children? Yes No (skip to next question)

Describe how your child plays with siblings or other children?

- | | |
|--|---|
| <input type="checkbox"/> plays near—not with—others (e.g., dolls, cars) | <input type="checkbox"/> plays together with others (e.g., chase/tag games) |
| <input type="checkbox"/> plays turn-taking games (e.g., hide-and-seek, hopscotch) | <input type="checkbox"/> plays games with rules (e.g., board games, sports) |
| <input type="checkbox"/> plays make-believe or role-playing games (e.g., playing house, cops and robbers, recreating scenes from movies) | |

Describe any additional concerns you have about your child's social-emotional development or behavior.

ADDITIONAL INFORMATION

Please provide any additional information that would help us understand your child better.

What is the best day and time to contact you?

What is the best day and time to arrange a meeting with you?

Form completed by _____

Date completed _____

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DEVELOPMENTAL HISTORY (Ages 10 – 21)**

NOTE: The information collected on this form will be used by your child's school to help them determine your child's educational needs. It is not required for you to complete this form. If there are any questions you do not wish to answer or you feel uncomfortable answering, feel free to leave them blank. Please include any information you think will help us in understanding your child.

Informant:	Relationship to the Child:
-------------------	-----------------------------------

PERSONAL DATA			
Child's Name:	Race/Ethnicity:	Gender:	DOB:
District/School:	MSIS #:	Grade:	Age:

HOME AND FAMILY INFORMATION	
Parent(s)/Guardian(s):	Age:
Home Address:	Home Phone:
Employer/Occupation:	Work Phone:
Child lives with:	<input type="checkbox"/> Birth Parent(s) <input type="checkbox"/> Adoptive Parent(s) <input type="checkbox"/> Parent and Step-Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other: _____

Persons Living in the Home				
Name	Age	Gender	Relationship	Special Needs
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Language(s) Spoken in the Home				
Is any language other than English spoken in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section)				
Language(s)	Child		Parent(s)/Guardian(s)	
	Understands	Speaks	Understands	Speaks
English				

Your Child's Strengths
<i>Describe your child's strengths.</i>

Concerns for Your Child
<i>Describe any concerns that you have or any recent changes in your child's behavior, learning, or functioning (e.g., inattention, angry outbursts, withdrawn, difficulties with school work, difficulties with adults or peers, etc.).</i>

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Life Events or Family Transitions

Describe any major life events or changes in the family situation that may have affected your child (e.g., abuse, accidents, change in guardianship, death of a family member, divorce, economic hardship, family move, natural disasters, remarriage, separations, etc.).

Describe any involvement your child has had with State/local agencies (e.g., mental health, human services, juvenile justice, etc.).

MEDICAL / PHYSICAL

Developmental

Describe any problems in birth or early childhood that may have impacted your child's development.

General Health

Has your child been hospitalized or had any significant operations? Yes No (skip to next question)

Explain: _____

Has your child had any significant medical conditions or illnesses? Yes No (skip to next question)

- | | | |
|---|---|---|
| <input type="checkbox"/> Eye or vision problems | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Hydrocephalus, hemorrhages, and/or shunt |
| <input type="checkbox"/> Ear infections and/or ear tubes | <input type="checkbox"/> Seizures/neurological issues | <input type="checkbox"/> Allergies (specify: _____) |
| <input type="checkbox"/> Asthma or breathing difficulties | <input type="checkbox"/> Significant infections (e.g., meningitis, encephalitis, etc.) or high fevers | |
| <input type="checkbox"/> Other: _____ | | |

Has your child had any significant accidents/injuries (e.g., head injuries)? Yes No (skip to next question)

- | | | |
|--|---|--|
| <input type="checkbox"/> Motor vehicle accident(s) | <input type="checkbox"/> Fall-related injury(ies) | <input type="checkbox"/> Significant blow(s) to the head |
| <input type="checkbox"/> Other: _____ | | |

Explain: _____

Has your child had any difficulties or disorders with the following? Yes No (skip to next question)

- | | |
|--|--|
| <input type="checkbox"/> Eating difficulties/disorders | <input type="checkbox"/> Sleeping difficulties/disorders |
|--|--|

Explain: _____

Is your child currently being treated for a medical condition? Yes No (skip to next question)

Does your child have a regular healthcare provider/medical home? Yes No

When was your child's last visit to a healthcare provider? Indicate one: <6 months 6-12 months >1 year

May we access your child's medical records? Yes (please complete a release form) No

Is your child currently taking any medications? Yes No

Explain: _____

Has your child ever received physical or occupational therapy? Yes No (skip to next question)

Explain: _____

Hearing and Vision

Does your child have normal hearing and vision? Yes (skip to next question) No

- | | | |
|---|--|--|
| <input type="checkbox"/> Problems with hearing only | <input type="checkbox"/> Problems with vision only | <input type="checkbox"/> Problems with hearing <u>and</u> vision |
|---|--|--|

Hearing difficulties: _____

Vision difficulties: _____

Does your child require devices to assist with hearing or vision? Yes No (skip to next question)

- | | |
|--|---|
| <input type="checkbox"/> Hearing aids (when acquired: _____) | <input type="checkbox"/> Glasses (when acquired: _____) |
|--|---|

Physical Functioning

Describe any concerns you have about your child's physical functioning.

EDUCATIONAL / COGNITIVE

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Can your child follow multi-step directions? Yes No (skip to next question)

Does your child regularly need:
 significant help with homework afterschool tutoring significant help organizing their school work
 follow-up to ensure s/he completes homework instructions or directions to be repeated or explained

Indicate any areas that your child has difficulties with:
 Getting along with teachers Basic math calculations Reading aloud, pronouncing words
 Planning ahead/solving problems Figuring money, time, etc. Understanding what s/he reads
 Other: _____
 Other: _____

Describe any difficulties your child has with thinking or learning activities.

Has your child ever been evaluated/assessed/tested for learning difficulties? Yes No (skip to next section)
 By whom: _____ When: _____
 Results: _____

ADAPTIVE

Does your child independently:
 Groom his/herself appropriately Run errands for the family Take care of his/her possessions
 Complete chores at home Handle money/make change Take care of younger siblings or relatives

Describe any concerns you have about your child's daily living skills.

COMMUNICATION

Indicate any areas that your child has difficulties with:
 Articulation (e.g., pronouncing sounds and words) Receptive language (e.g., understanding what others say)
 Expressive language (e.g., express thoughts and feelings)

Describe any concerns you have about your child's language or speech skills.

Has your child ever received language/speech therapy? Yes No (skip to next question)
 Explain: _____

SOCIAL / EMOTIONAL / BEHAVIORAL

Indicate if your child has had any of the following difficulties:
 Difficulty making friends Being a victim of teasing/bullying Engaging in teasing/bullying behavior
 Aggression/fighting Anxious in groups of people Fearful of speaking in social settings
 Withdrawn or keeps to self Inflexible/difficulty compromising Insensitive to others' emotions/needs

Describe any concerns you have about your child's ability to get along with peers.

Indicate if your child has had any of the following difficulties:
 Extremely fearful or nervous Cries easily or whines frequently Frequently complains of aches/pains
 Depressed or very unhappy Easily frustrated Explosive/angry outbursts
 Self-injurious (e.g., cutting) Suicidal thoughts Obsessive/compulsive behaviors

Describe any concerns you have about your child's emotional functioning.

Has your child ever received counseling services? Yes No (skip to next question)
 Explain: _____

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Describe your child's behavior (compared to other children his/her age):

- | | | | |
|--|--|---|---|
| How active is your child? | <input type="checkbox"/> less active than others | <input type="checkbox"/> about the same | <input type="checkbox"/> more active |
| How well does your child pay attention? | <input type="checkbox"/> less distracted than others | <input type="checkbox"/> about the same | <input type="checkbox"/> easily distracted |
| How does your child handle change? | <input type="checkbox"/> handles change easily | <input type="checkbox"/> about the same | <input type="checkbox"/> resists change |
| How does your child respond to new things? | <input type="checkbox"/> readily accepts new things | <input type="checkbox"/> about the same | <input type="checkbox"/> resists new things |
| How strong are your child's emotions? | <input type="checkbox"/> passive/indifferent | <input type="checkbox"/> about the same | <input type="checkbox"/> very intense |
| How moody is your child? | <input type="checkbox"/> very easygoing | <input type="checkbox"/> about the same | <input type="checkbox"/> very changeable |
| How predictable is your child? | <input type="checkbox"/> unpredictable | <input type="checkbox"/> about the same | <input type="checkbox"/> rigid routines |

Indicate if your child has had any of the following difficulties:

- | | | |
|---|---|--|
| <input type="checkbox"/> Stealing or lying | <input type="checkbox"/> Gang involvement | <input type="checkbox"/> Defiance/oppositional behavior |
| <input type="checkbox"/> Drug/alcohol abuse | <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Destructive behavior/starts fires |

Has your child:

- skipped school repeatedly or had a truancy officer contacted to address lack of school attendance
- been suspended from school *[indicate the reason for each suspension and the total days of each suspension]*

- reason: _____	days: _____
- reason: _____	days: _____
- reason: _____	days: _____
- reason: _____	days: _____
- been expelled from school *[indicate the reason for expulsion and the amount days of expulsion]*

- reason: _____	days: _____
- reason: _____	days: _____
- reason: _____	days: _____

Describe any concerns you have about your child's behavior.

ADDITIONAL INFORMATION

Please provide any additional information that would help us understand your child better.

What is the best day and time to contact you?

What is the best day and time to arrange a meeting with you?

Form completed by _____

Date completed _____



Appendices

Appendix A: Social/Emotional Checklist

Appendix B: Language Service Plan (For Students with Limited Language Proficiency)

Appendix C: Dyslexia Checklist

Appendix F: Good Cause Exemption

Appendix G: Mississippi Learning Standards Checklist for 4-Year Old Children

Instructions: Classroom teachers or counselors should complete this checklist to aid in the collection of information to determine if student is in need of Tier II or Tier III behavioral interventions.

NOTE: This worksheet is not a behavioral screener. For behavioral screening resources, visit www.mde.k12.ms.us/intervention.

STUDENT NAME

STUDENT HAS

- been on runaway status
- been caught stealing at school
- left class without permission
- cursed school personnel
- threatened to harm school personnel or wished school personnel harm
- been suspended for fighting
- attempted suicide
- received tobacco violations at school
- received drug/alcohol violations at school

CLASSROOM INTEREST

- High
- Average
- Low
- Other, please specify:

CLASSROOM PARTICIPATION

- almost always
- frequently
- occasionally
- seldom

CLASSROOM PREPAREDNESS

- always brings necessary supplies
- usually brings supplies
- seldom comes to class with supplies
- never comes to class with supplies

MOTIVATION

- completes homework
- completes about half of the assignment
- tends to give up easily
- has difficulty getting started on assignments

TO THE BEST OF YOUR KNOWLEDGE

- This student is involved with the court system.
- This student is in counseling.
- This student is on medication.

STUDENT IS DISRUPTIVE IN CLASS

- fidgets
- is overly active
- does not remain in seat
- talks out of turn
- disturbs others when they are working
- constantly seeks attention
- overly aggressive with others (i.e., physical fights)
- belligerent towards teachers and others in authority
- defiant or stubborn
- impulsive
- can't wait his/her turn
- acts without thinking of the consequences

STUDENT IS WITHDRAWN

- shy, timid
- has difficulty making friends sits alone in cafeteria
- does not join in classroom group activities
- overly conforms to rules
- appears to daydream or be out of touch with the class
- has difficulty expressing feelings

STUDENT IS ANXIOUS

- appears depressed
- rarely smiles
- appears to be tense
- appears frightened or worried
- cries easily
- does not trust others

OTHER SOCIAL/EMOTIONAL BEHAVIORS

- lacks self-confidence
- says "can't do" even before attempting
- reacts poorly to disappointment
- is overly sensitive to disappointment
- depends on others
- clings to adults
- pretends to be ill
- has poor grooming or personal hygiene

APPENDIX B Language Service Plan (for Students with Limited English Proficiency)

This form should be completed by the individual responsible for providing the instructional program for the EL students and the classroom teacher. This form should be updated annually. **Person completing this form**

STUDENT NAME					
PRIMARY LANGUAGE SPOKEN				LANGUAGE(S) SPOKEN IN HOME	
ADDITIONAL LANGUAGE(S)				DATE FIRST ENROLLED IN A U.S. SCHOOL	IMMIGRANT STATUS (< 3 yrs)
PARENT/GUARDIAN NAME					
PHONE	(home)	(work)		(cell)	
HOME/SCHOOL COMMUNICATION to parent/guardian is requested in:			<input type="checkbox"/> English OR <input type="checkbox"/> Native Language: _____ <input type="checkbox"/> Oral OR <input type="checkbox"/> Written		

ACADEMIC HISTORY PRIOR TO ENTERING CURRENT DISTRICT					
Age Started School		Years in Preschool/K	Years in grades 1-5		Years in grades 6-12
Last grade completed		<input type="checkbox"/> Interrupted Formal Education <input type="checkbox"/> Limited Schooling <input type="checkbox"/> No Formal schooling			
Has the student been referred for Special Education?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child have an IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No
			Does the child have an 504 Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No

ACADEMIC ACHIEVEMENT LEVEL HISTORY				
SUBJECT	BELOW GRADE LEVEL	ON OR ABOVE GRADE LEVEL	METHOD USED TO DETERMINE LEVEL	INFORMATION NOT AVAILABLE
<i>Example: Math</i>	<i>X</i>		<i>Course grade from previous year (D)</i>	
Math				
Reading				
Writing				
Social Studies				
Science				

ENGLISH LANGUAGE PROFICIENCY TEST INFORMATION															
TEST	Date	Score	Level	Date	Score	Level	Date	Score	Level	Date	Score	Level	Date	Score	Level
ELPT Speaking															
ELPT Listening															
ELPT Reading															
ELPT Writing															
Composite SCORE															

EL SERVICE			
Date Identified EL Program:		Date Entered EL Program:	
<input type="checkbox"/> Student will receive Direct EL Services for _____ Minutes _____ Days a week			
<input type="checkbox"/> Student will be placed in an EL Class for one Credit (Grades 7-12 only) Year: _____ Semester: _____			
<input type="checkbox"/> Parents Declined Services (school is still obligated to serve)		Comments:	
Number of years until the student is identified as a Long Term English Learner (LTEL):			
List specific measurable goals for each domain (Listening, Speaking, Reading, and Writing):			
LISTENING	SPEAKING	READING	WRITING

STANDARDIZED TESTING ACCOMMODATIONS

Refer to the current edition of the **Mississippi Test Accommodations Manual** for the allowable accommodations for each assessment. Specify each testing accommodation, the code for the accommodation, and each standardized test to which the accommodation applies. **NOTE:** The accommodations listed below must be used during regular classroom assessments and on district wide assessments prior to being used on state wide assessments.

ACCOMMODATION(S)	CODE #	TEST(S)

Exit/Monitor Status Documentation
(for Students meeting qualifications to exit EL Services)

This form should be completed by the individual responsible for exiting and monitoring the individual student.

STUDENT NAME		DATE OF BIRTH	
PARENT/GUARDIAN NAME			
PHONE	(home)	(work)	(cell)
HOME/SCHOOL COMMUNICATION to parent/guardian requested in:		<input type="checkbox"/> English OR <input type="checkbox"/> Native Language: _____ <input type="checkbox"/> Oral OR <input type="checkbox"/> Written	
PERSON RESPONSIBLE FOR COMPLETING THIS FORM			
YEAR 1	YEAR 2	YEAR 3	YEAR 4

EL EXIT INFORMATION				
EXIT Eligibility Date				
To be eligible for exit from EL status, students must earn a 4 or 5 on the Reading, Writing, and Overall on the LAS Links assessment. Criteria determining exit from EL status (scores from the ELPT):				
				Date of test:
LISTENING	SPEAKING	READING*	WRITING*	OVERALL*

MONITORING				
Start Date		Date of Parent Notification		Expected date for CONCLUSION OF MONITOR STATUS <i>(Minimum of 4 years)</i>

REPORT CARD AND STATE ASSESSMENT RESULTS											
YEAR 1					YEAR 2						
Grade level:		School Name:			Grade level:		School Name:				
		Q1	Q2	Q3	Q4			Q1	Q2	Q3	Q4
ELA						ELA					
Math						Math					
Science						Science					
Social Studies						Social Studies					
Other						Other					
Other						Other					
State Assessment Results:					State Assessment Results:						
Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No					Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Exit/Monitor Status Documentation
(for Students meeting qualifications to exit EL Services)

MONITORING, continued										
Start Date		Date of Parent Notification		Expected date for CONCLUSION OF MONITOR STATUS <i>(Minimum of 4 years)</i>						
REPORT CARD AND STATE ASSESSMENT RESULTS										
YEAR 3					YEAR 4					
Grade level:		School Name:			Grade level:		School Name:			
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
ELA					ELA					
Math					Math					
Science					Science					
Social Studies					Social Studies					
Other					Other					
Other					Other					
State Assessment Results:					State Assessment Results:					
Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No					Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No					

If the information on this form indicates that the former EL student is struggling, indicate steps that will be taken to support the student and the results:

- Student was referred for intervention services (appropriate documentation must be completed)
- Student was referred for Counseling
- Student was referred for rescreening for EL services. In order for students to be re-entered in the EL program, they must retake the LAS Links placement test and meet qualifications. **(This should only be done if language is considered the primary cause for academic struggles.)**

COMMENT(S)(Indicate steps taken to support the student):

Instructions: Teachers complete this form to assist with the decision making process of intervention selection and implementation.

STUDENT		TEACHER	DATE
ACADEMIC POTENTIAL			
YES	NO		
		1. Does the student seem to have the academic ability to develop reading, writing, and spelling skills?	
		2. Are the student's reading, spelling, or writing skills below what you would expect based on his/her academic potential?	
		3. Does the student have a history of inconsistent success when completing assessments and/or assignments related to reading, writing, or spelling?	
READING			
YES	NO		
		4. Does the student have difficulty acquiring phonological processing skills such as blending, segmenting, rhyming, and manipulating sounds?	
		5. Does the student have difficulty remembering a sequence of unfamiliar sounds?	
		6. Does the student have difficulty effectively recalling basic sight words?	
		7. Does the student have difficulty sounding out words?	
		8. Does the student comprehend text when read aloud by others?	
		9. Does the student lack fluency when reading aloud?	
ALPHABET AND SPELLING			
YES	NO		
		10. Does the student have difficulty writing the letters of the alphabet in sequence without a model?	
		11. Does the student have difficulty naming the vowels?	
		12. Does the student have difficulty using the correct short vowels in spelling words?	
		13. Does the student have difficulty with spelling?	
		14. Does the student make frequent spelling errors that involve changing the order of the letters within the word?	
HANDWRITING SKILLS			
YES	NO		
		15. Is the student's handwriting often illegible or messy?	
		16. Does the student have problems with spatial orientation (e.g., before/after, left/right, top/bottom)?	
OTHER			
YES	NO		
		17. Does the student have problems with organization or memory?	
		18. Does the student have problems with spatial orientation (e.g., before/after)?	
		19. Does the student have difficulty "finding the right word" or seem to hesitate when trying to answer direct questions?	

Instructions: Teachers complete this form to assist with the decision making process of intervention selection and implementation.

STUDENT		TEACHER	DATE
ACADEMIC POTENTIAL			
YES	NO		
		1. Does the student seem to have the academic ability to develop reading, writing, and spelling skills?	
		2. Are the student's reading, spelling, or writing skills below what you would expect based on his/her academic potential?	
		3. Does the student have a history of inconsistent success when completing assessments and/or assignments related to reading, writing, or spelling?	
READING			
YES	NO		
		4. Does the student have difficulty decoding words with multiple prefixes and suffixes?	
		5. Does the student have difficulty remembering a sequence of unfamiliar sounds?	
		6. Does the student have difficulty effectively recalling basic sight words?	
		7. Does the student have difficulty sounding out words?	
		8. Does the student comprehend text when read aloud by others?	
		9. Does the student lack fluency when reading aloud?	
ALPHABET AND SPELLING			
YES	NO		
		10. Does the student have difficulty spelling?	
		11. Does the student often spell the same word differently in an assignment?	
		12. Does the student have difficulty using the correct short vowels in spelling words?	
		13. Does the student make frequent spelling errors that involve changing the order of the letters within the word?	
HANDWRITING SKILLS			
YES	NO		
		14. Does the student avoid writing?	
		15. Is the student's handwriting often illegible? (letter formation, spacing)	
		16. Does the student have problems summarizing and outlining? (process, organization)	
OTHER			
YES	NO		
		17. Does the student have problems with organization or memory?	
		18. Does the student have problems with spatial orientation (e.g., before/after)?	
		19. Does the student have difficulty "finding the right word" or seem to hesitate when trying to answer direct questions?	

APPENDIX C**Dyslexia Parent Information Questionnaire**

Instructions: Parents complete this form to assist the teacher in determining classroom supports and instruction, intervention selection, implementation, and resources needed to ensure successful outcomes for your child.

STUDENT	TEACHER	DATE
----------------	----------------	-------------

YES	NO	
		1. Has anyone in your family experienced learning problems? If yes, explain.
		2. Are you concerned about your child's schoolwork? If yes, explain.
		3. Does your child receive any special instruction at school? If yes, explain.
		4. Does your child have difficulty following directions? If yes, explain.
		5. Has your child ever repeated a grade? If yes, what grade?
		6. Has your child had a speech or language problem? If yes, explain.
		7. Does your child need excessive amounts of assistance with homework?
		8. Does your child spend an extraordinary amount of time completing homework?
		9. Does your child seem to struggle in reading, writing, and spelling more than other subjects?
		10. Does your child like to be read to but does not want to read to you?
		11. Does your child have difficulty with writing, copying, and with spelling?
		12. Has your child ever been critically or chronically ill? If yes, explain.
		13. Does your child have any physical problems that may interfere with learning? If yes, explain.
		14. Is your child currently taking any medication? If yes, explain.

APPENDIX F | Good Cause Exemption Documentation (LBPA)

Notification sent to parents/guardians stating the student was identified with a reading deficiency and with each quarterly progress report.			
DATE:	DATE:	DATE:	DATE:

Read at Home Plan sent to parents/guardians.
DATE:

GOOD CAUSE EXEMPTIONS DETERMINATION AND DOCUMENTATION

The student qualifies for promotion based on the following Good Cause Exemptions (check the appropriate exemption):

- A. Limited English proficient student who has less than 2 years of instruction in an English Learner program
- B. Student with a disability whose individual education plan (IEP) indicates that participation in the statewide accountability assessment program is not appropriate, as authorized under state law
- C. Student with a disability who participates in the state annual accountability assessment and who has an IEP or a section 504 plan that: (a) reflects that the individual student has received intensive remediation for 2 years but still demonstrates a deficiency in reading, or (b) was previously retained in Kindergarten or First, Second, or Third Grade
- D. Student who demonstrates an acceptable level of reading proficiency on an alternative standardized assessment approved by the State Board of Education
- E. Student who received intensive intervention in reading for two or more years but still demonstrates a deficiency in reading and who previously was retained in kindergarten or first, second, or third grade for a total of two years and has not met exceptional education criteria

Teacher requested and submitted Good Cause Exemption documentation to the principal. DATE:	Principal reviewed and discussed recommendations with the teacher and parent. DATE:	Principal submitted documentation to superintendent. DATE:	Decision of Superintendent: <input type="checkbox"/> ACCEPT <input type="checkbox"/> REJECT DATE:
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DECISION Retain Promote Based on Good Cause Exemption

COMMENTS:

Completed By:	Position:	Date:
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Parent/Guardian (Print)	Signature	Date
Teacher (Print)	Signature	Date
Principal (Print)	Signature	Date
Superintendent (Print)	Signature	Date

Child Name _____ Teacher Name _____
 School Name _____ School Year _____

College and Career Readiness Standards

APPROACHES TO LEARNING

Code 1=Needs Development

Code 2=Developing as Expected

Code 3=Advanced Development

PLAY		OBSERVATIONS		
		Fall	Winter	Spring
AL.P.1	Cooperate with peers during play by taking turns, sharing materials, and inviting others to play.			
AL.P.2	Initiate and make decisions regarding play and learning activities (e.g., choose learning centers and materials).			
AL.P.3	Exhibit creativity and imagination in a variety of forms (e.g., roles, props, and language).			
AL.P.4	Demonstrate active engagement in play.			
CURIOSITY & INITIATIVE		OBSERVATIONS		
		Fall	Winter	Spring
AL.CI.1	Demonstrate interest in new experiences by interacting with peers, using familiar materials in creative ways, and investigating new environments.			
AL.CI.2	Ask questions to seek new information.			
AL.CI.3	Make independent choices.			
AL.CI.4	Approach tasks and activities with flexibility, imagination, and inventiveness.			
PERSISTENCE & ATTENTIVENESS		OBSERVATIONS		
		Fall	Winter	Spring
AL.PA.1	Follow through to complete a task or activity.			
AL.PA.2	Demonstrate the ability to remain engaged in an activity or experience.			
AL.PA.3	Seek out and accept help or information from adults and peers when needed to accomplish a task or an activity (e.g., using a step stool to reach the sink).			
PROBLEM SOLVING SKILLS		OBSERVATIONS		
		Fall	Winter	Spring
AL.PS.1	Identify a problem or ask a question.			
AL.PS.2	Use a variety of strategies to solve a problem, reach a goal, or answer a question (e.g., work with others, use a variety of materials, use trial and error).			
AL.PS.3	Apply prior learning and experiences to build new knowledge.			

Code 1=Needs Development

Code 2=Developing as Expected

Code 3=Advanced Development

SOCIAL DEVELOPMENT		OBSERVATIONS		
		Fall	Winter	Spring
SE.SD.1	Interact appropriately with familiar adults.			
SE.SD.1a	Communicate to seek out help with difficult task, to find comfort, and to obtain security.			
SE.SD.1b	Engage with a variety of familiar adults for a specific purpose.			
SE.SD.2	Interact appropriately with other children.			
SE.SD.2a	Engage in positive interactions and communications with classmates (e.g., greet peers, use names of classmates, share materials).			
SE.SD.2b	Develop relationships and share a friendship with one or two peers (e.g., offer assistance and materials to others).			
SE.SD.2c	Ask permission to use items or materials of others.			
SE.SD.2d	Acknowledge needs and rights of others (e.g., say, "It's your turn on the swing.>").			
SE.SD.3	Express empathy and care for others.			
SE.SD.3a	Show affection and concern in appropriate ways (e.g., pat a child on the arm; give a soft hug to an upset peer).			
SE.SD.3b	Offer and accept encouraging and courteous words to demonstrate kindness.			
SE.SD.3c	With prompting and support, identify emotional cues of others and react in a positive manner (e.g., say, "You seem sad.>").			
SE.SD.4	Participate successfully as a member of a group.			
SE.SD.4a	With prompting and support, share experiences and ideas with others (e.g., engage in conversation to express ideas).			
SE.SD.4b	Sustain interactions with peers, allow others to join play activities, and play cooperatively with others in small and large groups (e.g., engage in cooperative play or conversations over time).			
SE.SD.4c	Accept assigned duties during play or classroom management routines (e.g., clean-up responsibilities).			
SE.SD.5	Join ongoing activities in acceptable ways.			
SE.SD.5a	Express to others a desire to play (e.g., say, "I want to play.>").			
SE.SD.5b	Lead and follow.			
SE.SD.5c	Move into group with ease.			
SE.SD.6	Resolve conflict with others.			
SE.SD.6a	With prompting and support, use discussions and negotiations to reach a compromise (e.g., say, "I had the drum first or you can have it when this song is over.>").			
EMOTIONAL DEVELOPMENT		OBSERVATIONS		
		Fall	Winter	Spring
SE.E.1	Demonstrate trust in self.			
SE.E.1a	Make positive statements about self, use assertive voice to express self, and accept responsibility for own actions (e.g., say, "I can...", "I will...", "I did...").			
SE.E.1b	Identify own emotions (e.g., say, "I feel...") and express pride in accomplishments (e.g., "I did it!").			
SE.E.2	Develop personal preferences.			

SE.E.2a	Express independence, interest, and curiosity (e.g., say, "I can...", "I choose..." I want...").			
SE.E.2b	Select and complete tasks (e.g., finish a puzzle or drawing).			
SE.E.3	Show flexibility, inventiveness, and interest in solving problems.			
SE.E.3a	Make alternative choices (e.g., move to another area when a center is full).			
SE.E.3b	Persist and problem solve when working on a task (e.g., work on a puzzle; rebuild a tower of blocks that has fallen).			
SE.E.4	Know personal information.			
SE.E.4a	Describe self using several basic characteristics (e.g., gender, age, hair color, eye color).			
SE.E.4b	Refer to self by first and last name.			
SE.E.4c	Know parents'/guardians' names.			
SE.E.5	Show impulse control with body and actions.			
SE.E.5a	Control own body in space (e.g., move safely through room without harm to self or others).			
SE.E.5b	Follow procedures or routines (e.g., come to circle time when the teacher begins to sing).			
SE.E.5c	Transition appropriately within environments with ease (e.g., come indoors to wash hands for lunch or to listen to a story).			
SE.E.6	Manage emotions.			
SE.E.6a	With prompting and support, progress from being upset to being calm (e.g., breathe deeply to regain self-control).			
SE.E.6b	With prompting and support, recognize emotions (e.g., "I am really mad.").			
SE.E.6c	With prompting and support, express feelings through appropriate gestures, actions, and language (e.g., smile and say, "This story makes me happy.").			
SE.E.6d	With prompting and support, express frustration and anger without harming self, others, or property (e.g., "I don't like it when you take my truck.").			
SE.E.7	Follow procedures and routines with teacher support.			
SE.E.7a	Follow one-step and/or two-step directions (e.g., move appropriately when transitions are announced).			
SE.E.7b	Use materials with care and safety (e.g., use scissors to cut paper).			
SE.E.7c	Take turns sharing information with others (e.g., interact during group time).			
SE.E.8	Demonstrate flexibility in adapting to different environments.			
SE.E.8a	Adjust behavior in different settings (e.g., at the library, playground, lunchroom).			
SE.E.8b	Follow rules (e.g., use outside voice, use inside voice) in different settings.			

College and Career Readiness Standards

ENGLISH LANGUAGE ARTS

Code 1=Needs Development

Code 2=Developing as Expected

Code 3=Advanced Development

READING STANDARDS FOR LITERATURE		OBSERVATIONS		
		Fall	Winter	Spring
ELA.RL.1	With prompting and support, ask and/or answer questions with details related to a variety of print materials.			
ELA.RL.2	With prompting and support, retell familiar stories (from books, oral presentations, songs, plays) using diverse media).			

ELA.RL.3	With prompting and support, identify some characters, settings, and/or major events in a story.			
ELA.RL.4	Exhibit curiosity and interest in learning words in print.			
ELA.RL.4a	Develop new vocabulary from stories.			
ELA.RL.4b	Identify environmental print.			
ELA.RL.5	With prompting and support, interact with common types of texts.			
ELA.RL.6	With prompting and support, identify the role of the author and illustrator.			
ELA.RL.7	With prompting and support, make connections among self, illustrations, and the story.			
ELA.RL.8	No developmentally appropriate standard.			
ELA.RL.9	With prompting and support, compare and contrast adventures and experiences of characters in familiar stories.			

READING STANDARDS FOR INFORMATIONAL TEXT		OBSERVATIONS		
		Fall	Winter	Spring
ELA.RI.1	With prompting and support, ask and/or answer questions with details related to a variety of informational print materials.			
ELA.RI.2	With prompting and support, identify the main topic/idea and retell some details using diverse media.			
ELA.RI.3	With prompting and support, demonstrate the connections among individuals, events, ideas, or pieces of information in a text (e.g. art, dramatic play, creative writing, and conversation).			
ELA.RI.4	With prompting and support, ask and/or answer questions with details related to a variety of informational print materials.			
ELA.RI.5	With prompting and support, identify the main topic/idea and retell some details using diverse media.			
ELA.RI.6	With prompting and support, demonstrate the connections among individuals, events, ideas, or pieces of information in a text (e.g. art, dramatic play, creative writing, and conversation).			
ELA.RI.7	With prompting and support, make connections between self and text and/or information and text.			
ELA.RI.8	With prompting and support, explore the purpose of the informational text as it relates to self.			
ELA.RI.9	With prompting and support, identify similarities and differences in illustrations between two texts on the same topic.			
ELA.RI.10	With prompting and support, actively engage in a variety of shared reading experiences (e.g., small group, whole group, with a peer or teacher) with purpose and understanding through extension activities (e.g. experiments, observations, topic studies, conversations, illustrated journals).			

READING STANDARDS FOR FOUNDATIONAL SKILLS		OBSERVATIONS		
		Fall	Winter	Spring
ELA.RF.1	With prompting and support, demonstrate understanding of conventions of print.			
ELA.RF.1a	Recognize an association between spoken and written words.			
ELA.RF.1b	Recognize that the letters of the alphabet are a special category of visual graphics that can be individually named.			
ELA.RF.1c	Recognize and name some upper- and lower-case letters of the alphabet, especially those in own name.			
ELA.RF.1d	Differentiate letters from numbers.			
ELA.RF.1e	Recognize words as a unit of print and understand that letters are grouped to form words.			

ELA.RF.1f	Understand that print moves from left to right, top to bottom, and page by page.			
ELA.RF.1g	Understand that words are separated by spaces in print.			
ELA.RF.2	With prompting and support, demonstrate an emerging (developing) understanding of spoken words, syllables, and sounds.			
ELA.RF.2a	Engage in language play.			
ELA.RF.2b	Explore and recognize rhyming words.			
ELA.RF.2c	Demonstrate awareness of the relationship between sounds and letters.			
ELA.RF.2d	Demonstrate an understanding of syllables in words (units of sounds) by clapping, stomping, and finger tapping.			
ELA.RF.2e	With prompting and support, isolate and pronounce initial sounds in words.			
ELA.RF.2f	Demonstrate an awareness of ending sounds in words.			
ELA.RF.3	With prompting and support, demonstrate emergent phonics and word analysis skills.			
ELA.RF.3a	Demonstrate one-to-one letter-sound correspondence by producing the primary sound of some consonants.			
ELA.RF.3b	Recognize own name, environmental print, and some common high-frequency sight words.			
ELA.RF.4	Display emergent reading behavior with purpose and understanding (e.g., pretend reading, picture reading).			
WRITING STANDARDS		OBSERVATIONS		
		Fall	Winter	Spring
ELA.W.1	With prompting and support, recognize that writing is a way of communicating for a variety of purposes.			
ELA.W.1a	Explore and experiment with a combination of written representations (e.g. scribbles, drawings, letters, and dictation) to express an opinion.			
ELA.W.1b	Explore and experiment with a combination of written representations (e.g. scribbles, drawings, letters, and dictation) and describe own writing.			
ELA.W.1c	Explore and experiment with a combination of written representations (e.g. scribbles, drawings, letters, and dictation) to tell about events or stories.			
ELA.W.2	No developmentally appropriate standard.			
ELA.W.3	No developmentally appropriate standard.			
ELA.W.4	No developmentally appropriate standard.			
ELA.W.5	With prompting and support, focus on a topic and draw pictures or add details to an illustration that will clarify responses to questions or suggestions from adults and peers.			
ELA.W.6	With prompting and support, use a variety of tools (e.g. digital media, art materials) to share in the creation and publication of creative writing.			
ELA.W.7	With prompting and support, participate in and demonstrate understanding of written representation in collaborative research (e.g. explore a number of books by a favorite author on the same topic) and express opinions about them.			
ELA.W.8	With prompting and support, recall information from experiences to answer questions.			
ELA.W.9	No developmentally appropriate standard.			
ELA.W.10	No developmentally appropriate standard.			
SPEAKING & LISTENING STANDARDS		OBSERVATIONS		
		Fall	Winter	Spring
ELA.SL.1	With guidance and support, participate in small-group as well as large group shared conversations about pre-kindergarten topics and texts with peers and adults.			

ELA.SL.1a	Engage in voluntary conversations (e.g. turn-taking, listening attentively, being aware of others' feelings).			
ELA.SL.1b	Engage in extended conversations.			
ELA.SL.2	With prompting and support, confirm understanding of information presented orally, from read-alouds, or through other media by asking and answering questions about details.			
ELA.SL.3	With prompting and support, ask and answer questions in order to seek help, obtain information, or clarify something that is not understood.			
ELA.SL.4	With prompting and support, describe familiar people, places, things, and events.			
ELA.SL.5	With prompting and support, add drawings or other visual displays to descriptions.			
ELA.SL.6	With prompting and support, demonstrate an emergent (developing) ability to express thoughts, feelings, and ideas clearly.			
LANGUAGE STANDARDS		OBSERVATIONS		
		Fall	Winter	Spring
ELA.L.1	With prompting and support, demonstrate awareness of the conventions of standard English grammar and usage when speaking.			
ELA.L.1a	Use frequently occurring nouns and verbs.			
ELA.L.1b	Form regular plural nouns by adding /s/ or /es/ (e.g., dog, dogs; dish, dishes).			
ELA.L.1c	Understand and use question words (interrogatives) (e.g., who, what, where, when, why, how).			
ELA.L.1d	Use the most frequently occurring prepositions (e.g., to, from, in, out, on, off, of, by, with).			
ELA.L.1e	Produce and expand complete sentences in shared language activities.			
ELA.L.2	With prompting and support, demonstrate awareness of the conventions of standard English.			
ELA.L.2a	Write first name, capitalizing the first letter.			
ELA.L.2b	Attempt to write a letter or letters to represent a word.			
ELA.L.2c	Experiment with written representations of words, using emergent (developing) knowledge of sound-letter relationships.			
ELA.L.3	No developmentally appropriate standard.			
ELA.L.4	With prompting and support, explore unknown and multiple-meaning words based on pre-kindergarten reading and content.			
ELA.L.4a	Apply new meaning for familiar words accurately (e.g., recognizing that a car is also a vehicle).			
ELA.L.5	With guidance and support, explore word relationships and word meanings.			
ELA.L.5a	Sort common objects into categories (e.g., shapes, foods) to gain a sense of the concepts the categories represent.			
ELA.L.5b	Experiment with frequently occurring verbs and adjectives by relating them to their opposites (antonyms) (e.g., run, walk; fast, slow; soft, hard).			
ELA.L.5c	Identify real-life connections between words and their use (e.g., find examples of things that are smooth, rough).			
ELA.L.5d	Recognize and demonstrate knowledge of verbs (e.g., acting out sweeping, describing how to brush teeth)			
ELA.L.6	With prompting and support, use words and phrases that have been acquired through responses to text or stories, experiences, conversations, and/or from hearing a story.			

Code 1=Needs Development

Code 2=Developing as Expected

Code 3=Advanced Development

COUNTING & CARDINALITY		OBSERVATIONS		
		Fall	Winter	Spring
M.CC.1	With prompting and support, recite numbers 1 to 30 in the correct order.			
M.CC.2	With prompting and support, recognize, name, and attempt writing numerals 0-10.			
M.CC.3	With guidance and support, understand the relationship between numerals and quantities.			
M.CC.3a	Recognize that a numeral is a symbol that represents a number of objects, using developmentally appropriate pre-kindergarten materials.			
M.CC.3b	Match quantities and numerals 0-5.			
M.CC.4	Count many kinds of concrete objects and actions up to 10, using one to one correspondence; and, with guidance and support, count up to 7 things in a scattered design.			
M.CC.4a	Use the number name to represent the number of objects in a set, using developmentally appropriate pre-kindergarten materials.			
M.CC.5	Use comparative language (e.g., <i>more than</i> , <i>less than</i> , <i>equal to</i> , <i>same</i> , and <i>different</i>) to compare objects, using developmentally appropriate pre-kindergarten materials.			
OPERATIONS & ALGEBRAIC THINKING		OBSERVATIONS		
		Fall	Winter	Spring
M.OA.1	With guidance and support, experiment with adding and subtracting by using developmentally appropriate pre-kindergarten materials.			
M.OA.2	With guidance and support, model real-world addition and subtraction problems up to 5 using developmentally appropriate pre-kindergarten materials.			
M.OA.3	With guidance and support, demonstrate an understanding of patterns using developmentally appropriate pre-kindergarten materials.			
M.OA.3a	Duplicate and extend simple patterns using concrete objects.			
MEASUREMENT & DATA		OBSERVATIONS		
		Fall	Winter	Spring
M.MD.1	With guidance and support, recognize measurable attributes of everyday objects such as length, weight, and size, using appropriate vocabulary (e.g., <i>small</i> , <i>big</i> , <i>short</i> , <i>tall</i> , <i>empty</i> , <i>full</i> , <i>heavy</i> , <i>light</i>).			
M.MD.2	With guidance and support, compare two objects using attributes of length, weight, and size (e.g., <i>bigger</i> , <i>longer</i> , <i>taller</i> , <i>heavier</i> , <i>same weight</i> , <i>same amount</i>).			
M.MD.2a	Use nonstandard units of measurement.			
M.MD.2b	Explore standard tools of measurement.			
M.MD.3	With guidance and support, sort, categorize, or classify objects (e.g., color, size, length, height, weight, area, temperature).			
GEOMETRY		OBSERVATIONS		
		Fall	Winter	Spring
M.G.1	With guidance and support, correctly name shapes.			
M.G.2	With guidance and support, recognize and correctly name shapes in the environment, regardless of their orientation or overall size.			
M.G.3	With guidance and support, explore the differences between two-dimensional and three-dimensional shapes.			

M.G.4	With guidance and support, create and represent shapes using developmentally appropriate pre- kindergarten materials (e.g., popsicle sticks, play dough, blocks, pipe cleaners, pattern blocks).			
M.G.5	With guidance and support, explore using shapes to create representation of common objects (e.g., use a square and a triangle to make a house).			

College and Career Readiness Standards

SCIENCE

Code 1=Needs Development

Code 2=Developing as Expected

Code 3=Advanced Development

SCIENTIFIC METHOD AND INQUIRY		OBSERVATIONS		
		Fall	Winter	Spring
S.SMI.1	Make observations, make predictions, and ask questions about natural occurrences or events.			
S.SMI.2	Describe, compare, sort and classify, and order objects.			
S.SMI.3	Use a variety of simple tools to make investigations (e.g., use a magnifying glass to look at a bug).			
S.SMI.4	Explore materials, objects, and events and notice cause and effect.			
S.SMI.5	Describe and communicate observations, results, and ideas.			
S.SMI.6	Work collaboratively with others.			
S.SMI.7	Name and identify the body parts associated with the use of each of the five senses.			
S.SMI.8	Describe similarities and differences in the environment using the five senses			
PHYSICAL SCIENCE		OBSERVATIONS		
		Fall	Winter	Spring
S.PS.1	Manipulate and explore a wide variety of objects and materials.			
S.PS.2	Describe and compare objects and materials by observable properties (e.g., color, size, shape, weight, texture, temperature).			
S.PS.3	Identify position and movement of people and objects (e.g., over, under, in, out, sink, float).			
S.PS.4	Explore what happens to objects in relation to other forces (e.g., throwing rocks, bouncing ball).			
LIFE SCIENCE		OBSERVATIONS		
		Fall	Winter	Spring
S.LS.1	Name, describe, and distinguish plants, animals, and people by observable characteristics.			
S.LS.2	Describe plant, animal, and human life cycles.			
S.LS.3	Describe the needs of living things.			
S.LS.4	Compare and contrast characteristics of living and nonliving things.			
EARTH SCIENCE		OBSERVATIONS		
		Fall	Winter	Spring
S.ES.1	Describe daily weather changes and seasonal patterns using weather vocabulary (e.g., hot, cold, warm, sunny, cloudy).			
S.ES.2	Identify characteristics of the clouds, sun, moon, and stars.			
S.ES.3	Collect, sort, identify, and describe natural objects in the natural world (e.g., rocks, soil, leaves).			

TECHNOLOGY	OBSERVATIONS		
	Fall	Winter	Spring
S.T.1 Use appropriate technology tools (e.g., magnifying glass, telescope, microscope, computer, simple machines) to explore objects and/or to discover new information.			
S.T.2 Use technology tools to gather and/or communicate information.			
S.T.3 With prompting and support, invent and construct simple objects or structures using technology tools.			

College and Career Readiness Standards

SOCIAL STUDIES

Code 1=Needs Development

Code 2=Developing as Expected

Code 3=Advanced Development

FAMILY & COMMUNITY	OBSERVATIONS		
	Fall	Winter	Spring
SS.FC.1 Identify self as a member of a family, the learning community, and local community.			
SS.FC.2 With prompting and support, identify similarities and differences in people.			
SS.FC.3 With prompting and support, describe some family traditions.			
SS.FC.4 Identify some similarities and differences in family structure, culture, ability, language, age and gender.			
SS.FC.5 With prompting and support, demonstrate responsible behavior related to daily routines.			
SS.FC.6 With prompting and support, explain some rules in the home and in the classroom.			
SS.FC.6a Identify some rules for different settings.			
SS.FC.6b Identify appropriate choices to promote positive interactions.			
SS.FC.7 With prompting and support, identify some community members (e.g., parents, teachers, principals/directors, community helpers).			
SS.FC.8 With prompting and support, identify some positive character traits of self and others (e.g., fair, friendly, respectful, responsible).			
SS.FC.9 With prompting and support, describe a simple sequence of familiar events.			

OUR WORLD	OBSERVATIONS		
	Fall	Winter	Spring
SS.OW.1 Treat classroom materials and the belongings of others with care.			
SS.OW.2 With prompting and support, identify location and some physical features of familiar places in the environment.			
SS.OW.3 With prompting and support, use money in pretend play to demonstrate understanding of the role money plays in the environment (e.g., play store or restaurant).			
SS.OW.4 Use a variety of technology tools (e.g., telephone, cash register, computer), either real or pretend, that affect daily life interactions and activities.			
SS.OW.5 Demonstrate an understanding of the role that people play in caring for the environment (e.g., recycling, keeping the environment clean, conserving water).			

HISTORY & EVENTS	OBSERVATIONS		
	Fall	Winter	Spring
SS.HE.1 With prompting and support, describe a simple series of familiar events.			
SS.HE.2 Recognize events that happened in the past.			

Code 1=Needs Development

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Code 3=Advanced Development

GROSS MOTOR SKILLS	OBSERVATIONS		
	Fall	Winter	Spring
PD.GM.1 With prompting and support, recite numbers 1 to 30 in the correct order.			
PD.GM.2 With prompting and support, recognize, name, and attempt writing numerals 0-10.			
PD.GM.3 With guidance and support, understand the relationship between numerals and quantities.			
PD.GM.4 Recognize that a numeral is a symbol that represents a number of objects, using developmentally appropriate pre-kindergarten materials.			
PD.GM.5 Match quantities and numerals 0-5.			
OPERATIONS & ALGEBRAIC THINKING	OBSERVATIONS		
	Fall	Winter	Spring
PD.FM.1 With prompting and support, use fine muscle and eye-hand coordination for such purposes as using utensils, self-care, building, and exploring (e.g., place small objects in bottle).			
PD.FM.2 Demonstrate fine muscle coordination using manipulative materials that vary in size, shape, and skill requirement (e.g., press individual computer keys on a keyboard, use clay to form shapes or objects).			
PD.FM.3 Demonstrate emerging (developing) coordination of fine muscles to perform simple motor tasks (e.g., tear, cut, fold and crease paper).			
PD.FM.4 With prompting and support, use fine motor skills for self-expression (e.g., coloring, painting, building, dressing-up in dramatic play).			
PD.FM.5 With prompting and support, participate in group activities involving fine motor experiences (e.g., playing together with blocks, finger plays, and dramatic play).			
PD.FM.6 With prompting and support, participate in self-care (e.g., dressing, brushing teeth, washing hands, feeding self).			
SELF-CARE, HEALTH, AND SAFETY SKILLS	OBSERVATIONS		
	Fall	Winter	Spring
PD.SHS.1 With prompting and support, identify safety rules (e.g., classroom, home, community).			
PD.SHS.2 With prompting and support, practice safety procedures by responding appropriately to harmful or unsafe situations.			
PD.SHS.3 With prompting and support, demonstrate appropriate behavior to respect self and others in physical activity by following simple directions and safety procedures.			
PD.SHS.4 With prompting and support, practice common health routines (e.g., resting, eating healthy meals, exercising, and using appropriate personal hygiene).			
PD.SHS.5 With prompting and support, participate in a variety of physical activities.			
PD.SHS.6 With prompting and support, identify nutritious foods.			

Code 1=Needs Development

Code 2=Developing as Expected

Code 3=Advanced Development

DANCE	OBSERVATIONS		
	Fall	Winter	Spring
DA.CR1.1.PK Generate and conceptualize artistic ideas and work.			

DA.CR1a.1.PK	Respond in movement to a variety of sensory stimuli (for example, music/sound, visual, tactile).			
DA.CR1b.1.PK	Find a different way to do several basic locomotor and non-locomotor movements.			
DA.CR2.1.PK	Organize and develop artistic ideas and work			
DA.CR2a.1.PK	Improvise dance that starts and stops on cue.			
DA.CR2b.1.PK	Engage in dance experiences moving alone or with a partner.			
DA.CR3.1.PK	Refine and complete artistic work.			
DA.CR3a.1.PK	Respond to suggestions for changing movement through guided improvisational experiences.			
DA.CR3b.1.PK	Identify parts of the body and document a body shape or position by drawing a picture.			
DA.CR4.1.PK	Select, analyze, and interpret artistic work for presentation.			
DA.CR4a.1.PK	Identify and demonstrate directions for moving the body in general space (for example, forward, backwards, sideways, up, down, and turning) and finding and returning to a place in space.			
DA.CR4b.1.PK	Identify speed of dance as fast or slow. Move to varied rhythmic sounds at different tempi.			
DA.CR4c.1.PK	Move with opposing characteristics (for example, loose/tight, light/heavy, jerky/smooth).			
DA.PR5.1.PK	Develop and refine artistic technique and work for presentation.			
DA.PR5a.1.PK	Demonstrate basic full body locomotor, non-locomotor movement, and body patterning with spatial relationships.			
DA.PR5b.1.PK	Move in general space and start and stop on cue while maintaining personal space.			
DA.PR5c.1.PK	Identify and move body parts and repeat movements upon request.			
DA.PR6.1.PK	Convey meaning through the presentation of artistic work.			
DA.PR6a.1.PK	Dance for others in a designated area or space.			
DA.PR6b.1.PK	Use a simple prop as part of a dance.			
DA.RE1.1.PK	Perceive and analyze artistic work.			
DA.RE7a.1.PK	Identify a movement in a dance by repeating it.			
DA.RE7b.1.PK	Demonstrate an observed or performed dance movement.			
DA.RE8.1.PK	Interpret intent and meaning in artistic work.			
DA.RE8a.1.PK	Observe a movement and share impressions.			
MEDIA ARTS		OBSERVATIONS		
		Fall	Winter	Spring
MA.CR1.1.PK	Generate and conceptualize artistic ideas and work.			
MA.CR1a.1.PK	Share ideas for media artworks through guided exploration of tools, methods, and imagining.			
MA.CR2.1.PK	Organize and develop artistic ideas and work.			
MA.CR2a.1.PK	With guidance, form ideas into plans or models for media arts productions.			
MA.CR3.1.PK	Refine and complete artistic work.			
MA.CR3a.1.PK	Make and capture media arts content, freely and in guided practice, in media arts productions.			
MA.CR3b.1.PK	Attempt and share expressive effects, freely and in guided practice, in creating media artworks.			

MA.PR4.1.PK	Select, analyze, and interpret artistic work for presentation.			
MA.PR4a.1.PK	With guidance, combine different forms and content, such as image and sound, to form media artworks.			
MA.PR5.1.PK	Develop and refine artistic techniques and work for presentation.			
MA.PR5a.1.PK	Use identified skills, such as manipulating tools, making choices, and sharing in creating media artworks.			
MA.PR5b.1.PK	Use identified creative skills, such as imagining freely and in guided practice, within media arts productions.			
MA.PR5c.1.PK	Use media arts creation tools freely and in guided practice.			
MA.PR6.1.PK	Convey meaning through the presentation of artistic work.			
MA.PR6a.1.PK	With guidance, share roles and discuss the situation for presenting media artworks.			
MA.PR6b.1.PK	With guidance, share reactions to the presentation of media artworks.			
MA.RE7.1.PK	Perceive and analyze artistic work.			
MA.RE7a.1.PK	With guidance, explore and discuss components and messages in a variety of media artworks.			
MA.RE7b.1.PK	With guidance, explore media artworks and discuss experiences.			
MA.RE8.1.PK	Interpret intent and meaning in artistic work			
MA.RE8a.1.PK	With guidance, share reactions to media artworks.			
MA.RE9.1.PK	Apply criteria to evaluate artistic work.			
MA.RE9a.1.PK	With guidance, examine and share appealing qualities in media artworks.			
MA.CN10.1.PK	Synthesize and relate knowledge and personal experiences to make art.			
MA.CN10a.1.PK	Use personal experiences in making media artworks.			
MA.CN10b.1.PK	With guidance, share experiences of media artworks.			
MA.CN.11.1.PK	Relate artistic ideas and works with societal, cultural, and historical context to deepen understanding.			
MA.CN11a.1.PK	With guidance, relate media artworks and everyday life.			
MA.CN11b.1.PK	With guidance, interact safely and appropriately with media arts tools and environments.			
MUSIC		OBSERVATIONS		
		Fall	Winter	Spring
MU.CR1.1.PK	Generate and conceptualize artistic ideas and work.			
MU.CR1A.1.PK	With substantial guidance, explore and experience a variety of music.			
MU.CR2.1.PK	Organize and develop artistic ideas and work.			
MU.CR2a.1.PK	With substantial guidance, explore favorite musical ideas (such as movements, vocalizations, or instrumental accompaniments).			
MU.CR2b.1.PK	With substantial guidance, select and keep track of the order for performing original musical ideas, using iconic notation and/or recording technology.			
MU.CR1.1.PK	Refine and complete artistic work.			
MU.CR3a.1.PK	With substantial guidance, consider personal, peer, and teacher feedback when demonstrating and refining personal musical ideas.			
MU.CR3.2.PK	Refine and complete artistic work.			
MU.CR3a.2.PK	With substantial guidance, share revised personal musical ideas with peers.			
MU.PR4.1.PK	Select, analyze, and interpret artistic work for presentation.			

MU.PR4a.1.PK	With substantial guidance, demonstrate and state preference for varied musical selections.			
MU.PR4.2.PK	Select, analyze, and interpret artistic work for presentation.			
MU.PR4a.2.PK	With substantial guidance, explore and demonstrate awareness of musical contrasts.			
MU.PR4.3.PK	Select, analyze, and interpret artistic work for presentation.			
MU.PR4a.3.PK	With substantial guidance, explore music's expressive qualities (such as voice quality, dynamics, and tempo).			
MU.PR5.1.PK	Develop and refine artistic techniques and work for presentation.			
MU.PR5a.1.PK	With substantial guidance, practice and demonstrate what they like about their own performances.			
MU.PR5b.1.PK	With substantial guidance, apply personal, peer, and teacher feedback to refine performances.			
MU.PR6.1.PK	Convey meaning through the presentation of artistic work.			
MU.PR6a.1.PK	With substantial guidance, perform music with expression.			
MU.RE7.1.PK	Perceive and analyze artistic work.			
MU.RE7a.1.PK	With substantial guidance, state personal interests and demonstrate why they prefer some music selections over others.			
MU.RE7.2.PK	Perceive and analyze artistic work.			
MU.RE7a.2.PK	With substantial guidance, explore musical contrasts in music.			
MU.RE8.1.PK	Interpret intent and meaning in artistic work.			
MU.RE8a.1.PK	With substantial guidance, explore music's expressive qualities (such as dynamics and tempo).			
MU.RE9.1.PK	Apply criteria to evaluate artistic work.			
MU.RE9a.1.PK	With substantial guidance, talk about personal and expressive preferences in music.			
MU.CN10.0.PK	Synthesize and relate knowledge and personal experiences to make art.			
MU.CN10a.0.PK	Demonstrate how interests, knowledge, and skills relate to personal choices and intent when creating, performing, and responding to music.			
MU.CN11.0.PK	Relate artistic ideas and works with societal, cultural and historical context to deepen understanding.			
MU.CN11a.0.PK	Demonstrate understanding of relationships between music and the other arts, other disciplines, varied contexts, and daily life.			
THEATER		OBSERVATIONS		
		Fall	Winter	Spring
TH.CR1.1.PK	Generate and conceptualize artistic ideas and work.			
TH.CR1a.1.PK	With prompting and support, transition between imagination and reality in dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			
TH.CR1b.1.PK	With prompting and support, use non-representational materials to create props, puppets, and costume pieces for dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			
TH.CR2.1.PK	Organize and develop artistic ideas and work.			
TH.CR2a.1.PK	With prompting and support, contribute through gestures and words to dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			
TH.CR2b.1.PK	With prompting and support, express original ideas in dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			

TH.CR3.1.PK	Refine and complete artistic work.			
TH.CR3a.1.PK	With prompting and support, answer questions in dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			
TH.PR4.1.PK	Select, analyze, and interpret artistic work for presentation.			
TH.PR4a.1.PK	With prompting and support, identify characters in dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			
TH.PR5.1.PK	Develop and refine artistic techniques and work for presentation.			
TH.PR5a.1.PK	With prompting and support, understand that imagination is fundamental to dramatic play and guided drama experience (e.g., process drama, story drama, creative drama).			
TH.PR5b.1.PK	With prompting and support, explore and experiment with various technical elements in dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			
TH.PR6.1.PK	Convey meaning through the presentation of artistic work.			
TH.PR6a.1.PK	With prompting and support, engage in dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			
TH.RE7.1.PK	Perceive and analyze artistic work.			
TH.RE7a.1.PK	With prompting and support, recall an emotional response in dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			
TH.RE8.1.PK	Interpret intent and meaning in artistic work.			
TH.RE8a.1.PK	With prompting and support, explore preferences in dramatic play, guided drama experience (e.g., process drama, story drama, creative drama), or age-appropriate theatre performance.			
TH.RE8b.1.PK	With prompting and support, name and describe characters in dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			
TH.RE9.1.PK	Apply criteria to evaluate artistic work.			
TH.RE9a.1.PK	With prompting and support, actively engage in dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			
TH.CN10.1.PK	Synthesize and relate knowledge and personal experiences to make art.			
TH.CN10a.1.PK	With prompting and support, identify similarities between a story and personal experience in dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			
TH.CN11.1.PK	Relate artistic ideas and works with societal, cultural, and historical context to deepen understanding.			
TH.CN11a.1.PK	With prompting and support, use skills and knowledge from other areas in dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			
TH.CN11.2.PK	Relate artistic ideas and works with societal, cultural, and historical context to deepen understanding.			
TH.CN11a.2.PK	With prompting and support, identify stories that are similar to one another in dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			
TH.CN11b.2.PK	With prompting and support, tell a short story in dramatic play or a guided drama experience (e.g., process drama, story drama, creative drama).			
VISUAL ARTS		OBSERVATIONS		
		Fall	Winter	Spring
VA.CR1.1.PK	Generate and conceptualize artistic ideas and work.			
VA.CR1a.1.PK	Engage in self-directed play with materials.			

VA.CR1.2.PK	Generate and conceptualize artistic ideas and work.			
VA.CR1a.2.PK	Engage in self-directed, creative making.			
VA.CR2.1.PK	Organize and develop artistic ideas and work.			
VA.CR2a.1.PK	Use a variety of art-making tools.			
VA.CR2.2.PK	Organize and develop artistic ideas and work.			
VA.CR2a.2.PK	Share materials with others.			
VA.CR2.3.PK	Organize and develop artistic ideas and work.			
VA.CR2a.3.PK	Create and tell about art that communicates a story about a familiar place or object.			
VA.CR3.1.PK	Refine and complete artistic work.			
VA.CR3a.1.PK	Share and talk about personal artwork.			
VA.PR4.1.PK	Select, analyze and interpret artistic work for presentation.			
VA.PR4a.1.PK	Identify reasons for saving and displaying objects, artifacts, and artwork.			
VA.PR5.1.PK	Develop and refine artistic techniques and work for presentation.			
VA.PR5a.1.PK	Identify places where art may be displayed or saved.			
VA.PR6.1.PK	Convey meaning through the presentation of artistic work.			
VA.PR6a.1.PK	Identify where art is displayed both inside and outside of school.			
VA.RE7.1.PK	Perceive and analyze artistic work.			
VA.RE7a.1.PK	Recognize art in one's environment.			
VA.RE7.2.PK	Perceive and analyze artistic work.			
VA.RE7a.2.PK	Distinguish between images and real objects.			
VA.RE8.1.PK	Interpret intent and meaning in artistic work.			
VA.RE8a.1.PK	Interpret art by identifying and describing subject matter.			
VA.RE9.1.PK	Apply criteria to evaluate artistic work.			
VA.RE9a.1.PK	Select a preferred artwork.			
VA.CN10.1.PK	Synthesize and relate knowledge and personal experiences to make art.			
VA.CN10a.1.PK	Explore the world using descriptive and expressive words and art-making.			
VA.CN11.1.PK	Relate artistic ideas and works with societal, cultural, and historical context to deepen understanding.			
VA.CN11a.1.PK	Recognize that people make art.			

MTSS FLOWCHART FOR PRE-K - 12

