

Madison County Schools
2020 MTSS Strategic Intervention Form

Student Name:		Student #:		Ethnicity:		Gender:		Transfer with IEP: Y N		Date:				
Name, Phone Number, Email, and Address of Parent/Guardian:														
Teacher:				DOB:		Grade:		Retention(s) - Specify Grade Level(s):						
Attendance: Present/Enrolled		Grade Level ____		Grade Level ____		Grade Level ____		Grade Level ____		Grade Level ____				
Assessment Results (Current Level and Expected Level)						EOG Scores:								
Reading:		Math:		Writing:		Grade:		ELA:		Math:				
Grade:		Grade:		Grade:		Grade:		Grade:		Grade:				
Grade:		Grade:		Grade:		Grade:		Grade:		Grade:				
Student's Strengths (check all that apply)														
Academic:			Behavioral/Social Skills:			Functional Skills:			Communication:			Motor Skills:		
<ul style="list-style-type: none"> <input type="checkbox"/> Good visual tracking <input type="checkbox"/> Can retell <input type="checkbox"/> Sounds out unknown words <input type="checkbox"/> Has one to one correspondence <input type="checkbox"/> Subitizes <input type="checkbox"/> Performs mental math 			<ul style="list-style-type: none"> <input type="checkbox"/> Adheres to rules <input type="checkbox"/> Accepts correction <input type="checkbox"/> Thinks before acting <input type="checkbox"/> Independent worker <input type="checkbox"/> Attentive in class <input type="checkbox"/> Works cooperatively <input type="checkbox"/> Likes to help <input type="checkbox"/> Motivated 			<ul style="list-style-type: none"> <input type="checkbox"/> Dresses self <input type="checkbox"/> Demonstrates wants and needs <input type="checkbox"/> Responds to situations appropriately 			<ul style="list-style-type: none"> <input type="checkbox"/> Communicates wants and needs <input type="checkbox"/> Solves conflicts with words <input type="checkbox"/> Explains in a logical sequence <input type="checkbox"/> Has a rich vocabulary 			<ul style="list-style-type: none"> <input type="checkbox"/> Colors within lines <input type="checkbox"/> Manipulates small items <input type="checkbox"/> Cuts a straight line <input type="checkbox"/> Holds pencil appropriately 		
Date of Vision Screening:						Date of Hearing Screening:								
Results:		Far:		Near:		Results:								
Services Received:														
_____ Small Group Instruction		_____ Individual Instruction		_____ Counseling		_____ Title I								
_____ 504 Accommodations		_____ Community Services		_____ ESL/LEP/ELL		_____ Occupational Therapy								
_____ Speech/Language Therapy		_____ Physical Therapy		_____ Reading Lab		_____ Math Lab								
_____ Tutoring		_____ Other (please specify: _____)												

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_____ percent of students in _____ on grade level in Reading or Math.

<u>Language Arts</u>	<u>Mathematics</u>	<u>Behavior</u>	<u>Other</u>
___ Phonological Awareness	___ Basic Math Facts	___ Noncompliance	___ Medical (area: _____)
___ Decoding/Phonemic Awareness	___ Computation	___ Motivation	___ Fine Motor Skills
___ Word Identification	___ Problem-Solving	___ Attention span	___ Gross Motor Skills
___ Sight Word Vocabulary	___ Word Problems	___ Peer relationships	___ Speech (Articulation)
___ Reading Comprehension	___ Geometry	___ Withdrawn/moody	___ Language
___ Reading Fluency	___ Measurement	___ Overactive	___ Social Skills
___ Written Expression	___ Probability/Data	___ Verbally aggressive	___ Withdrawn/Moody
___ Writing Mechanics	___ Analysis	___ Physically aggressive	___ Anxiety
___ Writing Conventions	___ Other:	___ Other:	___ Attendance
			___ Tardies/Early Dismissals
			___ Other:

Define the identified problem:

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Strategic Intervention Plan:

Targeted Area	Research or Evidence-Based Intervention(s)	Logistics (time, frequency, materials)	Person(s) Responsible	Goal/Expected Growth and Measure

Parent Comments:

Tentative Date & Time for Review Meeting (after 20-22 instructional days): _____

Parent Signature: _____ Date: _____

Signature: _____ Position: _____ Date: _____

Signature: _____ Position: _____ Date: _____

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Date & Time of Review Meeting: _____

Results of Strategic Intervention(s):

- Student Data related to intervention (attach progress monitoring data)
- Student intervention attendance data (attach attendance record)
- Percentage of students receiving same intervention making progress _____
- Narrative:

Committee Recommendations:

- _____ Area targeted for instruction/intervention is no longer an area of concern
- _____ Continue instruction/intervention plan
- _____ Redesign or modify instructional/intervention plan (Attach new Intervention Form outlining new plan)
- _____ Move to Intensive Intervention

Parent Signature: _____ Date: _____

Signature: _____ Position: _____ Date: _____

Signature: _____ Position: _____ Date: _____

Date & Time of Second Review Meeting: _____

Results of Strategic Intervention(s):

- Student Data related to intervention (attach progress monitoring data)
- Student intervention attendance data (attach attendance record)
- Percentage of students receiving same intervention making progress _____
- Narrative:

Committee Recommendations:

- _____ Area targeted for instruction/intervention is no longer an area of concern
- _____ Continue instruction/intervention plan
- _____ Redesign or modify instructional/intervention plan (Attach new Intervention Form outlining new plan)
- _____ Move to Intensive Intervention

Parent Signature: _____ Date: _____

Signature: _____ Position: _____ Date: _____

Signature: _____ Position: _____ Date: _____

*Attach additional review meeting pages as needed.

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Notice to Parents and Team Members:

At Each level of intervention (tier):

The problem-solving team must consider whether the student's lack of progress is the result of a suspected disability. If a disability is suspected, the student must be referred to the IEP Team and interventions must continue concurrently while the issue of a suspected disability is resolved.

A parent has the right to request, in writing, an evaluation for special education at any time. If the parent makes this request, the student must be referred to the IEP Team while interventions continue.

Parents must be notified, in writing, regarding the student's response to intervention at each level (tier). The "Parent Notification of Intervention" must be used, and a copy retained in the student's cumulative file.

For more information on Parent engagement go to the MTSS Livebinder at <https://www.livebinders.com/play/play?id=2052295#anchor> or the NCDPI EC Division website at <https://ec.ncpublicschools.gov/>

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[Date]

Dear Parent/Guardian: [name]

A multi-tiered system of support (MTSS) is a framework which promotes school improvement through engaging, research-based academic and behavioral practices. All students are part of an MTSS and receive Core (Tier I) instructional supports.

As part of an MTSS and upon review of progress monitoring data, problem-solving teams identify groups of students that need additional support(s) with grade level standards in reading, math, behavior or social emotional learning. These supports are sometimes organized by tiers and are described as interventions.

This letter provides written notification of: (1) the amount and nature of student performance data that will be collected and general education services that will be provided; (2) strategies for increasing the student's rate of learning; (3) and your right to request an evaluation if you suspect your student's difficulties are because of a disability.¹

Currently, [Student] will be receiving supports through:

Supplemental Interventions (Tier II)	Intensive Interventions (Tier III)
<input type="checkbox"/> Reading	<input type="checkbox"/> Reading
<input type="checkbox"/> Math	<input type="checkbox"/> Math
<input type="checkbox"/> Behavior	<input type="checkbox"/> Behavior
<input type="checkbox"/> Social and Emotional Learning	<input type="checkbox"/> Social and Emotional Learning

Student Performance Data to be Collected:

[insert details regarding grade level standards and progress monitoring data tools with expected benchmarks, this could be information from ECATS: MTSS Module]

General Education Services (Intervention Support) being Provided:

[insert details regarding methodology – small group, tutoring, etc. and the frequency in which services will be provided]

Strategies for Increasing the Rate of Learning:

¹ For more information regarding Child Find or services for students suspected of a disability, please review the district's website at: <https://www.madisonk12.net/Domain/21>

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[insert details regarding adjustments (interventions) to instruction, curriculum, and/or environment, this could also include information from ECATS: MTSS Module – Intervention Plan]

We are available to meet with you to discuss these interventions. If you have additional concerns, please let us know so that we can arrange for a parent/teacher conference.

Sincerely,

[Student's Teacher]

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[Date]

Estimado Padre y/o Tutor Legal: [name]

Un Sistema de apoyo de Varios Niveles (MTSS por sus siglas en inglés) es un marco de referencia que promueve la mejora en las escuelas, a través y enfocándose en prácticas basadas en la investigación académica y las practicas conductuales (de comportamiento). Todos los estudiantes son parte de un MTSS y reciben Apoyo Instruccional Básico (Nivel 1).

Como parte de un MTSS y ya transcurrida una revisión de la data del progreso monitoreado, entonces equipos de resolución de problemas identifican a grupos de estudiantes que necesiten apoyo adicional con los estándares de cada nivel de grado en las áreas de lectura, matemáticas, aprendizaje de comportamiento, y aprendizaje social y emocional. Este apoyo, en ocasiones está organizado por niveles y los mismos se describen como una intervención(es).

Este documento proporciona notificación por escrito de: (1) La cantidad y naturaleza de la información de rendimiento estudiantil que será recopilada y los servicios de educación general que se proporcionarán; (2) las estrategias para incrementar la tasa de aprendizaje del estudiante; (3) y su derecho a solicitar una evaluación si usted sospecha que las dificultades de su estudiante son debidas a una discapacidad.²

Actualmente, [Student] estará recibiendo apoyo a través de:

Intervenciones Suplementarias (Nivel II)	Intervenciones Intensivas (Nivel III)
<input type="checkbox"/> Lectura	<input type="checkbox"/> Lectura
<input type="checkbox"/> Matemáticas	<input type="checkbox"/> Matemáticas
<input type="checkbox"/> Comportamiento	<input type="checkbox"/> Comportamiento
<input type="checkbox"/> Aprendizaje Emocional y Social	<input type="checkbox"/> Aprendizaje Emocional y Social

² Para obtener más información sobre **Child Find** o servicios para estudiantes en los cuales se sospecha una discapacidad, consulte el sitio web del distrito en: [insert link to district website for exceptional children]

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Data de Rendimiento Estudiantil que será Recopilada:

[insert details regarding grade level standards and progress monitoring data tools with expected benchmarks, this could be information from ECATS: MTSS Module]

Servicios de Educación General (Apoyo en la Intervención) que se están proporcionando:

[insert details regarding methodology – small group, tutoring, etc. and the frequency in which services will be provided]

Estrategias para Incrementar la Tasa de Aprendizaje:

[insert details regarding adjustments (interventions) to instruction, curriculum, and/or environment, this could also include information from ECATS: MTSS Module – Intervention Plan]

Estamos disponibles para reunirnos con usted para discutir estas intervenciones. Si usted tiene inquietudes y/o preocupaciones adicionales, háganoslo saber, para que podamos organizar una conferencia entre padres y maestros.

Atentamente,

[Student's Teacher]