

Problem-Solving

Student Name:		Date:	
Teacher:	DOB:	Grade:	Retention(s) - Specify Grade Level(s):
Attendance for last five years Present/Enrolled	Grade Level ___	Grade Level ___	Grade Level ___
Area(s) of Concern (attach PEP or Instructional Consultation Student Documentation Form, if available)			
Language Arts <input type="checkbox"/> Phonic Awareness <input type="checkbox"/> Word Identification <input type="checkbox"/> Sight Word Vocabulary <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Written Expression <input type="checkbox"/> Writing Mechanics <input type="checkbox"/> Writing Conventions <input type="checkbox"/> Other _____	Mathematics <input type="checkbox"/> Basic Math Facts <input type="checkbox"/> Computation <input type="checkbox"/> Problem-Solving <input type="checkbox"/> Word Problems <input type="checkbox"/> Geometry <input type="checkbox"/> Measurement <input type="checkbox"/> Probability/Data <input type="checkbox"/> Analysis <input type="checkbox"/> Other _____	Behavior <input type="checkbox"/> Noncompliance <input type="checkbox"/> Motivation <input type="checkbox"/> Attention span <input type="checkbox"/> Peer relationships <input type="checkbox"/> Withdrawn/moody <input type="checkbox"/> Overactive <input type="checkbox"/> Verbally aggressive <input type="checkbox"/> Physically aggressive <input type="checkbox"/> Other _____	Other <input type="checkbox"/> Medical (area: _____) <input type="checkbox"/> Motor Skills <input type="checkbox"/> Speech/Language <input type="checkbox"/> Social Skills <input type="checkbox"/> Withdrawn/Moody <input type="checkbox"/> Anxiety <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Other _____
Current Levels	Reading:	Math:	Writing:
EOG Scores	Grade ___	Grade ___	Grade ___
Name and Address of Parent/Guardian			
Services Received:			
<input type="checkbox"/> Small Group Instruction <input type="checkbox"/> 504 Accommodations <input type="checkbox"/> Speech/Language Therapy <input type="checkbox"/> Tutoring		<input type="checkbox"/> Individual Instruction <input type="checkbox"/> Community Services <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Other (please specify: _____)	
<input type="checkbox"/> Counseling <input type="checkbox"/> ESL/LEP/ELL <input type="checkbox"/> Reading Lab		<input type="checkbox"/> Title I <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Math Lab	
Additional Comments/Information/Teacher Observations			

Rowan-Salisbury School System

Student Name:	Date of Birth:	Date:
Describe parental concerns: (Include documentation of contacts with parents)		
Define the problem: (What's the problem?)		
Problem Analysis: (Why is the problem occurring? – What is your hypothesis?)		
How is the student performing in comparison to his peers? Baseline (current level of performance)		
Benchmark (desired level of performance)		
Plan Development and Implementation (Specify instructional strategy, including a measurable goal statement. Give implementation specifics: Who? When? Where?)		
Beginning Implementation Date:		
Attendees:		

Rowan-Salisbury School System

Student Name _____

Date _____

Instructional Plan Results: (Did it work?) Attach progress monitoring data.

Decision: _____ Continue Instructional Plan _____ Modify Plan _____ Discontinue Plan _____ Refer to IEP team

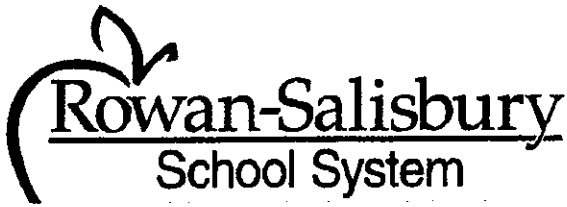
Rationale for Decision: (Include meeting notes.)

If a new plan or modified plan is needed:

Specify new instructional strategy (or how the previous strategy will be modified), including a measurable goal statement: (Give implementation specifics: Who? When? Where?)

Beginning implementation date:

Attendees:



PARENTAL NOTIFICATION OF SCREENING PROCEDURES

Date: ____/____/____

Dear _____:

Your child, _____, is having difficulty in these areas of the school program:

We plan to begin a screening process for your child so that we may be able to offer suggestions about ways he/she can best be served in our school program.

The screening process may include these steps:

1. Use of various classroom interventions
2. Vision, hearing and health screening
3. Classroom observation
4. Review of school records
5. Speech/Language Screening
6. Curriculum-Based Measures (CBM)
7. Informal reading, math and/or written language interventions

If you have any questions, please contact _____ at _____.

Sincerely,

NC Department of Public Instruction Problem-Solving Model Classroom Observation

Student Name:	Grade:	Date:
Teacher:	School:	
Observer:	Observer's Title:	
Number of Teacher's Present:	Number of Students:	Time of Day:

Subject Observed (please check one subject)			
<input type="checkbox"/> Art	<input type="checkbox"/> Language Arts/Writing	<input type="checkbox"/> Music	<input type="checkbox"/> Reading
<input type="checkbox"/> Computers	<input type="checkbox"/> Library	<input type="checkbox"/> Physical Education	<input type="checkbox"/> Science
<input type="checkbox"/> Free Time	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Recess	<input type="checkbox"/> Social Studies
Learning Situation (please check all that apply)			
<input type="checkbox"/> Regular classroom	<input type="checkbox"/> Single teacher	<input type="checkbox"/> Self-contained classroom	<input type="checkbox"/> Multiple teachers in room
<input type="checkbox"/> Homeroom grouping	<input type="checkbox"/> Direct instruction (<i>lecture</i>)	<input type="checkbox"/> Ability grouping	<input type="checkbox"/> Cooperative learning (<i>group</i>)
<input type="checkbox"/> Whole class	<input type="checkbox"/> Independent work	<input type="checkbox"/> Small group	<input type="checkbox"/> One-on-one tutor/assistance
Student Behaviors Observed (please check all that apply)			
<input type="checkbox"/> Aggressive toward children	<input type="checkbox"/> Controls discussions	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Sits quietly
<input type="checkbox"/> Asks for help	<input type="checkbox"/> Daydreams	<input type="checkbox"/> Easily frustrated	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Attentive	<input type="checkbox"/> Demands excessive attention	<input type="checkbox"/> Friendly	<input type="checkbox"/> Talks excessively
<input type="checkbox"/> Avoids eye contact	<input type="checkbox"/> Difficulty copying from board	<input type="checkbox"/> Immature behavior	<input type="checkbox"/> Talks out of turn
<input type="checkbox"/> Avoids groups	<input type="checkbox"/> Disorganized work habits	<input type="checkbox"/> Neat appearance	<input type="checkbox"/> Trouble finding place
<input type="checkbox"/> Careless mistakes	<input type="checkbox"/> Displays leadership ability	<input type="checkbox"/> Obscene/inappropriate speech	<input type="checkbox"/> Unusual language
<input type="checkbox"/> Completes work on time	<input type="checkbox"/> Disruptive	<input type="checkbox"/> Overactive, restless	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Constantly out of seat	<input type="checkbox"/> Does not complete tasks	<input type="checkbox"/> Perseverates/repeats behavior	<input type="checkbox"/> Works well by self
<input type="checkbox"/> Contributes to class discussion	<input type="checkbox"/> Does not follow directions	<input type="checkbox"/> Short attention span	<input type="checkbox"/> Works well with others
Learning Environment (please check only one description for each environmental factor)			
<i>Classroom design:</i>	<input type="checkbox"/> Traditional four-wall & door	<input type="checkbox"/> Open/pod design	<input type="checkbox"/> Other
<i>Classroom lighting:</i>	<input type="checkbox"/> Bright	<input type="checkbox"/> Moderate	<input type="checkbox"/> Inadequate
<i>Seating arrangement:</i>	<input type="checkbox"/> Rows facing front	<input type="checkbox"/> Desk groupings	<input type="checkbox"/> U-shaped facing front
<i>Student placement:</i>	<input type="checkbox"/> Back / middle of room	<input type="checkbox"/> Front of room	<input type="checkbox"/> Near teacher's desk
<i>Temperature:</i>	<input type="checkbox"/> Hot / stuffy	<input type="checkbox"/> Comfortable	<input type="checkbox"/> Chilly
<i>Noise levels:</i>	<input type="checkbox"/> Quiet	<input type="checkbox"/> Moderate	<input type="checkbox"/> Noisy
Were there hallway noises or other distractions? <input type="checkbox"/> yes <input type="checkbox"/> no	Did visitors interrupt the lesson? <input type="checkbox"/> yes <input type="checkbox"/> no		
Student Responses to Teacher and Peers (all that apply)		Student Communication with Teacher (all that apply)	
<input type="checkbox"/> Fast	<input type="checkbox"/> Well organized	<input type="checkbox"/> Frequently	<input type="checkbox"/> Infrequently
<input type="checkbox"/> Moderate	<input type="checkbox"/> Clear and understandable	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Teacher-initiated
<input type="checkbox"/> Slow	<input type="checkbox"/> Difficulty expressing self	<input type="checkbox"/> Interrupts teacher	<input type="checkbox"/> Interrupts peers
<input type="checkbox"/> With prompting	<input type="checkbox"/> Spoke softly	<input type="checkbox"/> Ignores teacher	<input type="checkbox"/> Ignores peers
<input type="checkbox"/> Blurted out-of-turn	<input type="checkbox"/> Off the subject of discussion	<input type="checkbox"/> Attention-seeking	<input type="checkbox"/> Enjoys argument/goading
Other Significant Student Behaviors or Student / Teacher Interactions (use back of this form if necessary)			

NC Department of Public Instruction

School / Home Progress Towards Success

Completed by teacher and/or parents while working on a Level I intervention

Student:	Grade:	Date:
Teacher:	School:	

To show students how they are making progress, teachers and/or parents can chart improvements over a three-week period. Select one skill or behavior that the student needs to improve, then keep track of their progress. For example, if homework is continually missing, use the chart below to monitor and encourage the student to turn in homework each day. If a student is still learning their letters, keep track of the number of letters they can identify. You can use any system that measures student progress for a three-week period – simply attach a calendar, behavior charts, sticker charts, or other teacher-made system.

Three-Week Progress Monitoring

30																
29																
28																
27																
26																
25																
24																
23																
22																
21																
20																
19																
18																
17																
16																
15																
14																
13																
12																
11																
10																
9																
8																
7																
6																
5																
4																
3																
2																
1																
	M	Tu	W	Th	F	M	Tu	W	TH	F	M	Tu	W	Th	F	

Three-Week Progress Monitoring

Target Skill or Behavior:	Start Date:	End Date:
Notes:		

Student: _____

Classroom/Grade: _____

Goal: _____

40	BASELINE	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	WEEK 11	WEEK 12
35													
30													
25													
20													
15													
10													
05													
0													
	BASELINE	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF	MTWTF

Behavior/Skill to Measure: _____

Instructional Days

Blank 40-12 ©2003 Jim Wright www.interventioncentral.org

Forms Directions

Page 1

Complete student information using a record review.

- Use first, middle and last name of student
- Current date
- Complete teacher's name, student's date of birth and grade
- Specify grades retained if applicable. If student has never been retained, put n/a

Academic/Behavioral information

- Check areas of concern
- Complete current levels in reading, writing and math (Use DRA, STAR, Accelerated Reading and Math, etc.)
- EOG Scores – Put grade level and R for reading, and M for math and put level score (i.e. Grade 3 R-2, M-1 for reading level 2 and math level 1)
- Put in date and results of vision (right and left, near and far) and hearing

Complete name and address of parents or guardians

Check services currently receiving

Complete additional comments/Information/Teacher Observations

Page 2

Complete Student Name, Date of Birth and Date

Describe parental concerns

- Include in this section dates and summaries of contacts with parents

Problem Analysis

- Complete this section answering questions
- Baseline should include three data points (example: if math calculation is the area of concern, give the student one minute to complete as many problems as possible on a page of math facts, on three different dates. The baseline would be the number correct on each of the three short assessments.)
- Plan Development: What instructional strategy will be attempted to remediate the skill deficit? What is your goal? Who will be the interventionist? When and where will the intervention be taking place?
- Put date the intervention will begin at the bottom of the page and have attendees sign.

- Send home Parental Notification of Screening.
- Arrange for observation to be completed. Use the NCDPI Problem Solving Model Classroom Observation Form. Observation must be across settings. For example, if reading is the focus of concern, you might observe the child in reading and social studies, or in whole class reading and in small group reading. If behavior is the concern, you might observe the child in a structured setting as well as a non-structured setting.

REMEMBER: All interventions should be instructional in nature and progress monitoring should take place at least twice each week.

Page 3

Put in student's name and current date at the top of the page.

Complete results of instructional plan and attach progress monitoring data. (Graph it!)

Indicate team's decision regarding the plan and rationale.

If a new plan or modification is needed, specify changes or new plan and indicate beginning implementation date.

Have attendees at meeting sign.

Repeat page three as many times as necessary. If the student is to be referred to the IEP team, indicate this and provide rationale. Before referral to IEP team, at least three interventions in each area of concern must be attempted. If progress is being made, a referral to IEP team is not appropriate.

Use the back of the pages as necessary.

Attach supporting documentation such as graphs and observation by stapling.

Gathering Baseline Data

What is Baseline Data?

- Baseline Data is an assessment of how the child is functioning at this point in the school year.
- It is NOT merely a collection of work samples or tests gathered throughout the year, although limited work samples may be helpful as additional information.
- The Baseline assessment should take place within a week or two weeks prior to bringing the referral to assistance team. These assessments should be brief and specific to the area of referral.
- There should be a repetition of different, but similar assessments for each specific area. For example, if the concern is that a first grader still does not know all the letters, do a series of three brief tests to assess which letters they know and record the results. If the concern is that a third grader does not know basic math skills, assess using a page of mixed math facts and count the number of digits correct in one minute. Repeat a similar assessment two more times.

Why gather Baseline Data?

- To be eligible for the Exceptional Children's Program, the IEP team must prove that the child's skills did not improve as a "response to intervention".
- In order to prove this lack of response, we need to show baseline data and then repeat assessments over time during intervention. This is how we document a response or lack of response to intervention.

What can be used as data?

- Reading – Word count of words read correctly given a specific list; words read correctly per minute given a grade level or below grade level reading selection; letters known; letter sounds known
- Math – Number of basic facts the child can do within a minute; number of digits correct within a minute
- Behavior – time on task in class within a time period; number of behavior incidents within an hour; number of times child gets out of seat within a set time period
- Writing – Number of words spelled correctly; number of sentences in a written passage; number of correct words in a sentence; number of grammatical errors