

TIER I		TIER II		TIER III	
General Education teacher observes that the student exhibits an on-going academic or behavior problem by analysis of student data (FAIR, Think Link, FCAT, etc.) and after adjustment of instructional technique and differentiated instruction		General Education teacher completes request Intervention Team Meeting Form (#3 A/B) and submits to guidance. For behavioral concerns, teacher brings Form 1 Peer observer completes Behavior observation Form (#3)			
General Education teacher gathers relevant data to establish baseline: - Tier I and Behavioral Checklist - Completes Record Review (#1) - Use existing databases from Dashboard, Pinnacle, PRMN or SAT 10 - Conducts curriculum-based assessment(s) (1A) and /or behavior (1b) assessment(s)		Parent invited to team meeting. (5A/B) - Intervention Plan Progress Report - Review Intervention Referral (#3 A/B) and observation (4B) - Team plans General Education Instruction or Behavioral Intervention - Obtain consent for screening as appropriate using Consent for Screening form (#7 A/B) (vision, hearing, speech, etc.) NOTE: Procedural Safeguards do not apply at Tier II Complete social history (#8 A/B)		Team conducts Meeting 3 (#6 A/B) and invites parent to meeting (#5 A/B) - Team reviews all documentation from Tier I and Tier II - Targeted intensive individual interventions are developed for academic concerns - Formal Functional Behavior Assessment and Positive Behavior Intervention Plan is developed for behavior concerns (#11 B) - Interventions are implemented for a minimum of 4-6 weeks Complete Form (#11 B)	
General Education teacher contacts parent regarding concern, baseline data and possible interventions (2A/B) - Discusses needs of student including vision, hearing, or medical concerns - Plans intervention strategies - NOTE: If speech articulation appears to be a problem, consult with the Speech Therapist at Tier I		Develop Instructional Intervention and/or Behavioral Intervention Plans (#9 A/B)		Team conducts Meeting 4 (#5 A/B) - Reviews Summary of Results and all previous documentation and makes a determination of one of three actions: 1. Continue and/or modify interventions at Tier III and continue to monitor progress and schedule meetings with team 2. request further documentation from Tier I, II and/or III before proceeding	
		Screenings are conducted as determined by Team and documented on form (#10 A/B) and Intervention Plans are completed		If evaluation is recommended: - Parent consent is obtained (**see note below) (ESE #9) - Parent is given Procedural Safeguards - Appropriate personnel conduct requested evaluations and submit reports to school and ESE office ALL INTERVENTIONS IN PLACE DURING THE REFERRAL PROCESS NEED TO BE CONTINUED THROUGHOUT THIS PROCESS OR REPLACED WITH ALTERNATE INTERVENTIONS	
		Designated personnel implement intervention(s). Intervention Plan should include at the minimum weekly progress monitoring for four to six weeks. Academic intervention should include core program plus supplemental interventions. (#1A) Attach documentation			
General Education teacher implements appropriate interventions (#1A or #1B) - For an appropriate length of time (min. 2-4 weeks) - Collects data at least weekly to ascertain effectiveness of the intervention - Meets with parents to discuss effectiveness of interventions and review data		Post-intervention Observation 2 is completed; must be tied to area of concern on referral. (#4 B)		Eligibility Determination Team conducts staffing (ESE #12) TEAM MUST INCLUDE ESE DISTRICT STAFF.	
Intervention Successful	Interventions Unsuccessful	Team conducts Meeting 2 (#5) and invites parents to meeting. - Discusses observations and results of interventions - Review rate of progress to determine if student is making adequate gains		No disability identified	Disability identified but specially designed curriculum not needed
Continue Tier I Intervention(s) and monitor progress	Proceed to Tier II or revise Tier I intervention(s)	Interventions Successful	Interventions Unsuccessful Revise Tier II Interventions	School personnel continue to develop and implement interventions with continued monitoring	Determine if 504 is needed OR
		Continue intervention and progress monitoring	Team may recommend moving to Tier III		Disability identified and specially designed curriculum is needed Team follows procedures for development of IEP
NOTE: Complete Intervention Plan Progress Report at end of Tier I – Form 6 A/B.		NOTE: Complete Intervention Plan Progress Report at end of Tier II – Form 6 A/B.		NOTE: Complete Intervention Plan Progress Report at end of Tier III – Form 6 A/B.	

TIER I

General Education teacher observes that the student exhibits an on-going academic or behavior problem by analysis of student data (FAIR, Think Link, FCAT, etc.) and after adjustment of instructional technique and differentiated instruction

General Education teacher gathers relevant data to establish baseline:

- Tier I and Behavioral Checklist
- Completes Record Review (#1)
- Use existing databases from Dashboard, Pinnacle, PRMN or SAT 10
- Conducts curriculum-based assessment(s) (1A) and /or behavior (1b) assessment(s)

General Education teacher contacts parent regarding concern, baseline data and possible interventions (2A/B)

- Discusses needs of student including vision, hearing, or medical concerns
- Plans intervention strategies
- NOTE: If speech articulation appears to be a problem, consult with the Speech Therapist at Tier I

General Education teacher implements appropriate interventions (#1A or #1B)

- For an appropriate length of time (min. 2-4 weeks)
- Collects data at least weekly to ascertain effectiveness of the intervention
- Meets with parents to discuss effectiveness of interventions and review data

Intervention
Successful

Interventions Unsuccessful

Continue Tier I Intervention(s) and monitor progress

Proceed to Tier II or revise Tier I intervention(s)

NOTE: Complete Intervention Plan Progress Report at end of Tier I – Form 6 A/B.

TIER II

General Education teacher completes request Intervention Team Meeting Form (#3 A/B) and submits to guidance.

For behavioral concerns, teacher brings Form 1

Peer observer completes Behavior observation Form (#3)

Parent invited to team meeting. (5A/B)

- Intervention Plan Progress Report
 - Review Intervention Referral (#3 A/B) and observation (4B)
 - Team plans General Education Instruction or Behavioral Intervention
 - Obtain consent for screening as appropriate using Consent for Screening form (#7 A/B) (vision, hearing, speech, etc.) NOTE: Procedural Safeguards do not apply at Tier II
- Complete social history (#8 A/B)

Develop Instructional Intervention and/or Behavioral Intervention Plans (#9 A/B)

Screenings are conducted as determined by Team and documented on form (#10 A/B) and Intervention Plans are completed

Designated personnel implement intervention(s). Intervention Plan should include at the minimum weekly progress monitoring for four to six weeks. Academic intervention should include core program plus supplemental interventions. (#1A) Attach documentation

Post-intervention Observation 2 is completed; must be tied to area of concern on referral. (#4 B)

Team conducts Meeting 2 (#5) and invites parents to meeting.

- Discusses observations and results of interventions
- Review rate of progress to determine if student is making adequate gains

Interventions Successful

Interventions Unsuccessful Revise Tier II Interventions

Continue intervention and progress monitoring

Team may recommend moving to Tier III

NOTE: Complete Intervention Plan Progress Report at end of Tier II – Form 6 A/B.

TIER III

Team conducts Meeting 3 (#6 A/B) and invites parent to meeting (#5 A/B)

- Team reviews all documentation from Tier I and Tier II
 - Targeted intensive individual interventions are developed for academic concerns
 - Formal Functional Behavior Assessment and Positive Behavior Intervention Plan is developed for behavior concerns (#11 B)
 - Interventions are implemented for a minimum of 4-6 weeks
- Complete Form (# 11 B)

Team conducts Meeting 4 (#5 A/B)

- Reviews Summary of Results and all previous documentation and makes a determination of one of three actions:
 1. Continue and/or modify interventions at Tier III and continue to monitor progress and schedule meetings with team
 2. request further documentation from Tier I, II and/or III before proceeding

If evaluation is recommended:

- Parent consent is obtained (**see note below) (ESE #9)
 - Parent is given Procedural Safeguards
 - Appropriate personnel conduct requested evaluations and submit reports to school and ESE office
- ALL INTERVENTIONS IN PLACE DURING THE REFERRAL PROCESS NEED TO BE CONTINUED THROUGHOUT THIS PROCESS OR REPLACED WITH ALTERNATE INTERVENTIONS**

Eligibility Determination Team conducts staffing (ESE #12)

TEAM MUST INCLUDE ESE DISTRICT STAFF.

No disability identified

Disability identified but specially designed curriculum not needed

School personnel continue to develop and implement interventions with continued monitoring

Determine if 504 is needed
OR

Disability identified and specially designed curriculum is needed

Team follows procedures for development of IEP

NOTE: Complete Intervention Plan Progress Report at end of Tier III – Form 6 A/B.

CIRCLE FOCUS OF INTERVENTION			Gulf County Schools MTSS			DATE:		
Reading Math Writing			Goal: Desired Performance Level - 3					
STUDENT:						ID#		
DOB:	Yr:	Mo:	Day:	Previously Retained:	No	Yes	Grade(s)	
Referred:	No:	Yes:	Date:	Special Programs:			Current Grade:	

FILL IN the performance diagnostic or observational data used to identify areas of academic need:

MEASURE	Date	Read	Math	Write	DIAGNOSTIC	Date	Read	Math	Write
REPORT CARD					INITIAL: FAIR Success Maker DA Baseline Reading Plus Stanford 10 Math				
Other:									
NRT Stanford 10		NP: Scale: Score:	NP: Scale: Score:		MID-TERM: FAIR DA				
FCAT					FINAL: FAIR Success Maker DA Baseline Reading Plus Stanford 10 Math				

AREA(S) OF NEED to be addressed by this PLAN:

READING	WRITING	MATH	MATH
Phonemic Awareness	Focus	Computation	Geometry
Vocabulary Strategies	Organization	Application	Data Analysis
Phonics	Support	Word Problems	Probability
Comprehension	Conventions	Measurement	Number Sense
Fluency	Other	Algebraic Thinking	Other

DATE IMPLEMENTATIONS for CLASSROOM INTERVENTION STRATEGIES: (4 Strategies for Tier 1 move to Tier 2)

4 New Strategies move to Tier 3.

R	W	M	INTERVENTION	R	W	M	INTERVENTION
			Skills Group				Computation Drills, Games
			Center Activities				Critical Thinking Skill Activities
			Cooperative Learning Strategies				Concrete-symbolic Activities
			Individual Assistance				Leap Track
			Directive Instruction / SRA				Resource Reading
			Tutorial Assistance				Released FCAT Test
			Suspension of Special Area				Training in Rubrics (students)
			Supplemental Content Resources				Fluency Builders/Vizagraph/Reading PLUS
			Computer Assisted Instruction				Modify Assignments
			Mini-Assessments				Additional Time
			Math or Reading specialist /Tier 2-30 min./ Tier 3 45 min.				Other:

CHECK SCHOOL WIDE INTERVENTION:

R	W	M	INTERVENTION	R	W	M	INTERVENTION
			Before/After School Tutorial				Parent Liaison
			Counseling				Summer Reading Camp
			Success Maker				Renaissance Learning
			Modified Curriculum (below grade level)				Parental Notifications
			Gulf Writes				Mini-Progress Reports
			Other:				Other:

INITIAL PLAN:

FOLLOW-UP

FINAL:

Referred for Tier 2/Tier 3:

Date:	Date:	Date:	Yes No Date:
Teacher:	Teacher:	Teacher:	
Parent:	Parent:	Parent:	
Principal:	Principal:	Principal:	

School: _____ Date of Birth: _____

Gulf County School Board Tier I Record Review and Behavior Checklist Attach Documentation

Student Name: _____

Academic – Attach current report card.

FCAT _____ SSS Math _____ SSS Reading _____ NRT Math _____ NRT Reading _____

Diagnostic test scores (e.g. DAR, GATES, ERDA) Test _____ Date: _____

Sub-scores: _____

Has student been retained? _____ If yes, what grade(s): _____

Any prior referrals for psycho-educational testing? Yes No If Yes, results: _____

Does the student work below grade level? _____ If Yes, in what subject(s): _____

Tier I Behavior Checklist

DATE _____ DATE _____
(Blue) (Red)

Time Behavior Occurs

	Hour	Minute(s)
___ M	___	___
___ T	___	___
___ W	___	___
___ Th	___	___
___ F	___	___

Where

___ Independent Reading
 ___ Circle
 ___ Small group
 ___ Break
 ___ Special Area
 ___ Lunch
 ___ Transition

Who Observes

___ Teacher
 ___ Peers
 ___ Administration
 ___ Other _____

Length of Time

___ 10 minutes
 ___ 20 minutes
 ___ Days

Interventions

___ Talk to student
 ___ Positive reinforcement
 ___ Note/conference-parent
 ___ Proximity control
 ___ Redirection
 ___ Peer/teacher partner time out
 ___ Extrinsic reward
 ___ Positive note
 ___ Positive phone call from student
 ___ Positive phone call from teacher
 ___ Home visits
 ___ Cooling off
 ___ Visit to treasure chest
 ___ Student of the week nomination
 ___ Other - specify _____

Consequences

___ Loss of break – write explanation
 behavior and plan of action
 ___ Loss of free time (in class)
 ___ Time out
 ___ Apology letter
 ___ Student write note/explanation to
 parent/parent must sign & return
 ___ Student phone call to parent
 ___ Teacher phone call to parent
 ___ Office

Behavior most likely occurs

___ Specific area (specify)
 ___ Classroom
 ___ Lunchroom
 ___ Recess
 ___ PE

Effects of the Behavior

___ Loss of instructional time
 ___ Lack of social integration with peers
 ___ Lack of organization
 ___ Increase in anxiety/frustration level
 ___ At risk for retention

Length of Behavior

___ day(s)
 ___ week(s)
 ___ month(s)

Comments (List possible triggers; gain or avoid?) _____

Parent Contact

Date	Event	Phone Number	Person/Results

Codes: Phone – 1 Email – 2 Community – 3

GCSB #2 A/B
2011

Teacher

Gulf County School Board
INTERVENTION REFERRAL AND
REQUEST FOR INTERVENTION TEAM MEETING

Student Name _____ Grade _____

Teacher _____ School _____

I request a meeting of the Intervention Team to assist in providing interventions for the above named student. I have made all Tier I documents available to the facilitator, and Form #1 for behavioral concerns.

I have observed problems that interfere with his/her educational progress in the following are(s): Check all that apply.

____ Academic performance, low or failing grades in:
____ Reading ____ Math ____ Language Arts ____ Other (specify) _____

____ Behavior and/or discipline:
____ Language ____ Medical

Parent conferences held:

Date _____ Outcome _____

Date _____ Outcome _____

Date _____ Outcome _____

RECEIVED BY INTERVENTION TEAM CHAIR ON: _____ (Date)

Intervention Team meeting has been scheduled for:
_____ (Date) at _____ (Time)

Signature of Intervention Team Chair

NOTE: Cumulative Record Summary must be submitted before setting meeting date.

**BEHAVIOR OBSERVATION TIER II
PEER OBSERVER (Teacher, Guidance, #1 & #2; Behavior Specialist #3 & #4)**

Student Name: _____

Observations must be of at least a 30-minute duration and completed in a professional manner. This observation must be an objective record of the observed behavior. Please sign below and date forms appropriately.

Date: _____ Place: _____ Length of Time: _____
 Date: _____ Place: _____ Length of Time: _____
 Date: _____ Place: _____ Length of Time: _____
 Date: _____ Place: _____ Length of Time: _____

OBSERVATIONS: Please check those items frequently observed.

			Date	Date
			<u>Beginning</u>	<u>Ending</u>
#1 Observer	_____	Position _____	Duration _____	_____
#2 Observer	_____	Position _____	Duration _____	_____
#3 Observer	_____	Position _____	Duration _____	_____
#4 Observer	_____	Position _____	Duration _____	_____

<u>Pre</u>				<u>Post</u>				
#1	#2	#3	#4	#1	#2	#3	#4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking out w/o permission
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Out of seat w/o permission
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slow to react to and follow directions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physically aggressive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bullying behavior
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Misinterprets verbal questions & directions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appears inattentive, easily distracted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor understanding of vocabulary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty following directions in sequence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Makes inappropriate responses to conversation and questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Performs inconsistently from day to day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Impulsive – talks out – difficulty waiting turn
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low frustration tolerance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty completing assignments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor judgment in social & interpersonal relations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Constantly seeks attention, especially from adults
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leads, or joins others, in inappropriate behavior
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short attention span, off-task
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engages in destructive and/or aggressive behavior
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty expressing ideas w/o becoming frustrated

Post Intervention Measure: _____

Outcome: _____

NARRATIVE OBSERVATION: Observer: _____ Date: _____

**Gulf County School Board
INDIVIDUAL INTERVENTION PLAN PROGRESS REPORT**

NOTE: THIS DOCUMENT MUST BE UPDATED AT EVERY TEAM MEETING

Student _____ Date of first formal Intervention meeting _____

Tier I – Copy of updated current Student Record Review Checklist in Intervention folder

Beginning Date of Tier I Intervention _____

Tier II Meeting 1 – Copy of Pre-Intervention Observation and Referral in Intervention folder

Date of Meeting 1 _____ Beginning Date for Tier II Meeting 1 _____

Identification of possible barriers to success: (if any identified, must be addressed in plan)

____ LEP ____ Attendance ____ Behavior ____ Limited academic engagement

Recommendation of Team _____

Signatures of team members present at meeting:

_____	_____
_____	_____
_____	_____

Tier II Meeting 2 – Copy of completed Intervention Plan and Post-Observation in Intervention folder

Date of Meeting 2 _____ Beginning Date for Tier II Meeting 2 _____

Recommendation of Team: ____ Problem resolved – exit Tier II ____ Modify Tier II interventions

____ Growth rate remains below peers; initiate Tier III interventions

Signatures of team members present at meeting:

_____	_____
_____	_____
_____	_____

Tier III Meeting 1 – Review all previous documentation and interventions

Date of Meeting 3 _____

Beginning Date for Tier III Meeting 3 _____

Recommendation of Team _____

Signatures of team members present at meeting:

Tier III Meeting 2 – Copy of Tier III Intervention Plan in Intervention folder; review all previous documentation and interventions

Date of Meeting 4 _____

Beginning Date for Tier III Meeting 4 _____

SUMMARY OF DISCUSSION (ALL PERTINENT DATA FROM PMP, TIER II AND TIER III MUST BE REVIEWED.)

RECOMMENDATIONS: _____

The Intervention Team has reviewed all pertinent data regarding the above student before making recommendations.

Signatures of team members present at meeting

Gulf County School Board
Tier II
PARENT NOTIFICATION OF CONSENT FOR INTERVENTION ACTIVITIES

Student Name _____

DOB _____

School _____

Teacher _____

Grade _____

Dear Parent or Guardian,

In an effort to maximize individual student success, our school has an intervention/Child Study team. The mission of the intervention/Child Study team is to:

- **Identify** the learning needs of students who are struggling with their academics and who may be at risk of school failure
- **Provide** students with academic, emotional, behavioral, and social support needed to succeed in school by implementing interventions within the classroom.

The team may be comprised of teachers, administrators, school level student support staff, and other district level staff such as the behavior specialist and school psychologist.

To assist your child in experiencing more school success, he/she has been referred to the school's Child Study team to address his/her school performance. The team would like to gather more information by administering an individual screening. The consent may include screening for vision, hearing, speech, language, behavior, cognitive or academic screening instruments. Based on results of screening, behavioral and academic interventions may be developed and implemented.

In order to conduct the necessary screenings and implement intervention activities, your consent must be obtained. All information gathered will assist in educational planning and will be shared with you at your request.

Please check the appropriate box below and sign and date your name.

If you have any questions please contact _____ at _____.

Please return the form to _____ at _____.

Thank you.

____ YES, I give consent for my child to have an individual screening.

____ No, _____

Parent Signature _____

Date _____

Gulf County School Board
SOCIAL/DEVELOPMENTAL HISTORY INTERVIEW

I. Identifying Information

Student's Name: _____ Student No: _____ Date of Birth: _____
Student's Race: _____ Sex Male Female Current Age: _____
Student's Home Address: _____
Home Telephone Number: _____ Emergency Phone Number: _____
Father's Name: _____ Father's Age: _____ Occupation: _____
Last Grade Completed in School: _____ Legal Guardian: Yes No
Mother's Name: _____ Mother's Age: _____ Occupation: _____
Last Grade Completed in School: _____ Legal Guardian: Yes No
With Whom does Student Live? _____
Other Family Members:

	Name	Age	Relationship

II. Medical Information

Name of physician: _____ Date of last examination: _____
Medications Student Takes: _____
Description of student's general health: _____

III. Pregnancy

Check one: Normal full term Premature Overdue
Describe any illnesses of mother during pregnancy: _____
Medications of the mother during pregnancy: _____ Prescribed Medications: _____
Smoking (How many packs): _____
Alcohol (How much per day): _____
Non-Prescribed Medications: _____
Place of birth: _____ Baby's Birth Weight: _____
Any complications or difficulties about the birth? _____
Did the baby have any illnesses immediately after birth? _____

IV. Developmental History

Age sat up: _____ Age walked: _____ First Word: _____
When did toilet training begin? _____ Age toilet trained: _____
Any problems with toilet training? _____
Any problems learning to walk, or talk? _____
Attended pre-kindergarten program? Yes No If Yes, Where? _____
Attended Kindergarten? Yes No If Yes, Where? _____
Attended other program? Yes No If Yes, Where? _____
Grades retained _____

**Gulf County School Board
Social/Developmental History Interview**

V. Behavioral Information

Does the child exhibit any problems in the following areas? If so, please describe:

- | | |
|---|--|
| <input type="checkbox"/> Sleeping: _____
<input type="checkbox"/> Hearing: _____
<input type="checkbox"/> Speech: _____
<input type="checkbox"/> Vision: _____
<input type="checkbox"/> Timidity: _____
<input type="checkbox"/> Bedwetting/Soiling: _____
<input type="checkbox"/> Cruelty: _____
<input type="checkbox"/> Temper Tantrums: _____
<input type="checkbox"/> High Activity Level: _____
<input type="checkbox"/> Prone to Accidents: _____
<input type="checkbox"/> Inability to have friends: _____ | <input type="checkbox"/> Asthma: _____
<input type="checkbox"/> Headaches: _____
<input type="checkbox"/> Nail Biting: _____
<input type="checkbox"/> Worries: _____
<input type="checkbox"/> Eating Concerns: _____
<input type="checkbox"/> Seizures: _____
<input type="checkbox"/> Nightmares: _____
<input type="checkbox"/> Silent Periods: _____
<input type="checkbox"/> Physical Aggression: _____
<input type="checkbox"/> Other: _____ |
|---|--|

How is the child's relationship to the parents? Excellent Good Fair Poor

What types of discipline are most effective with the child? _____

VI. Family and Relatives

Have any of the student's relatives had any of the characteristics below?

- | | |
|-----------------------------|--------------------|
| Emotional Problems _____ | Relationship _____ |
| Academic Difficulties _____ | Relationship _____ |
| Medical Problems _____ | Relationship _____ |
| Physical Disabilities _____ | Relationship _____ |

VII. Parent/Child Interaction

What circumstances commonly cause conflict between the parent and student? _____

How do the parents see the student's problem? _____

What is the parent's view of when and how the problem began? _____

VIII. The examiner ascertains if any of the following behaviors are evident and places a check in Yes or No boxes.

A. Social interaction as evidenced by the delay, difference, absence, or abnormality in the ability to relate to people and environment. These may include one or more of the following behavioral indicators:

- | | | |
|----------------------------|----------------------------|--|
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Limited joint attention and limited use of facial expressions directed toward others |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Does not show or bring things to others to indicate an interest in the activity |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Demonstrates difficulties in relating to people, objects, and events |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | A gross impairment in ability to make and keep friends |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Significant vulnerability and safety issues due to social naivete |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | May appear to prefer isolated or solitary activities |
| Y <input type="checkbox"/> | N <input type="checkbox"/> | Misinterprets others' behaviors and social cues |

B. Verbal and/or nonverbal language or social communication skills as evidenced by one or more behavioral indicators:

- Y N Showing a lack of spontaneous imitations or lack of varied imaginative play
- Y N Absence or delay of spoken language
- Y N Limited understanding and use of nonverbal communication skills such as gestures, facial Expressions, or voice tone
- Y N Odd production of speech including intonation, volume, rhythm, or rate
- Y N Repetitive or idiosyncratic language or inability to initiate or maintain a conversation when Speech is present
- Y N No using a finger to point or request

C. Repetitive and/or stereotyped patterns of behavior, interests, or activities as evidenced by one or more behavioral indicators:

- Y N Insistence on following rules or rituals
- Y N Demonstrating distress or resistance to changes in activity
- Y N Repetitive hand or body mannerisms
- Y N Lack of true imaginative play versus reenactment
- Y N Over-reaction or under-reaction to sensory stimuli
- Y N Rigid or rule-bound thinking
- Y N Encompassing preoccupation with one or more stereotyped or restricted patterns of interest that is abnormal either in intensity or focus

IX. Additional Comments

Respondent's Name _____ Date _____

Interviewer Name _____ Title _____ Date _____

**GULF COUNTY SCHOOLS
Tier 2 ACADEMIC/BEHAVIORAL INTERVENTION PLAN**

Grade Level

IAT

Date: _____

Student Name: _____

DOB: _____

Teacher: _____

School: _____

Grade: _____

# of students in group:	
Problem:	
Goal:	
Intervention:	
Planned Reinforcer:	
Start Date & End Date:	
Person(s) Monitoring:	
Monitoring Device/ Monitoring Frequency:	
Outcome:	

MONITORING DATA:

Date:								
Score or Frequency								

MEETING RECOMMENDATIONS:

Participants: _____

**Gulf County School Board
Screening Report**

Date: _____

Student: _____

DOB: _____

Student No: _____

School: _____

Grade: _____ Teacher: _____

Referred by: _____

Reason: _____

<p align="center">HEARING</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width:25%; text-align: center;">500 HZ</td> <td style="width:25%; text-align: center;">1000 HZ</td> <td style="width:25%; text-align: center;">2000 HZ</td> <td style="width:25%; text-align: center;">4000 HZ</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> <p align="center">Audiometric screening at 25db</p> <p>Passed: _____ Failed: _____</p> <p>COMMENTS: _____</p> <p>Signature of Person Responsible/Position _____</p> <p>Instrument Used: _____ Date: _____</p> <p>Further Evaluation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	500 HZ	1000 HZ	2000 HZ	4000 HZ									<p align="center">VISION</p> <p align="right">Glasses/Contact Lenses</p> <p>R _____ <input type="checkbox"/> Yes</p> <p>L _____ <input type="checkbox"/> No</p> <p>COMMENTS: _____</p> <p>Signature of Person Responsible/Position _____</p> <p>Instrument Used: _____ Date: _____</p> <p>Further Evaluation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
500 HZ	1000 HZ	2000 HZ	4000 HZ										
<p align="center">SPEECH (Optional based on team recommendation)</p> <p>Articulation:</p> <p>Fluency:</p> <p>Voice:</p> <p>COMMENTS: _____</p> <p>Signature of Person Responsible/Position _____</p> <p>Instrument Used: _____ Date: _____</p> <p>Further Evaluation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center">LANGUAGE (Optional based on team recommendation)</p> <p>Test Results:</p> <p>Conversational Speech:</p> <p>Expressive Language:</p> <p>Receptive Language:</p> <p>COMMENTS: _____</p> <p>Signature of Person Responsible/Position _____</p> <p>Instrument Used: _____ Date: _____</p> <p>Further Evaluation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												

Gulf County School Board
Tier 3 POSITIVE BEHAVIORAL INTERVENTION PLAN WITH BEHAVIOR SPECIALIST

DEMOGRAPHIC DATA

Student Name: _____

Student Number: _____

School: _____

Student's Reinforcers:

Target Behavior:

Antecedents To Behavior:

Specific Interventions to Change Behavior

- 1.
- 2.
- 3.
- 4.

Persons and Timelines for Interventions

1. Position Responsible _____ Begin Date _____
2. Position Responsible _____ Begin Date _____
3. Position Responsible _____ Begin Date _____
4. Position Responsible _____ Begin Date _____

REPLACEMENT BEHAVIOR

When and how student will be taught and practice replacement behavior:

Plan for reinforcing replacement behavior:

Describe the plan for dealing with the student at first sign of target behavior: