

ESTABLISHING CONSISTENCY IN THE STUDENT STUDY TEAM REFERRAL SYSTEM  
OF OCEAN VIEW SCHOOL DISTRICT

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## TABLE OF CONTENTS

Chapter I: Introduction	1
Chapter II: Literature Review	10
Chapter III: Methodology	25
Chapter IV: Results	32
Chapter V: Outcomes	42
References	47
Appendices	54

## List of Tables

Table 1.1: OSVD's Student Demographics and Standings by School Sites	28
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## List of Figures

Figure 4.1: Responses to Question 3	34
Figure 4.2: Responses to Question 4	35
Figure 4.3: Responses to Question 8	39

## **CHAPTER 1**

### **Introduction**

“In 2014, the United States will take the bold step toward improving the learning of all students: 46 states and the District of Columbia will begin to implement the Common Core State Standards, the rigorous new benchmarks aimed at raising achievement in English language arts and mathematics” (Clark & Cookson, 2012). While the adoption of the Common Core State Standards breeds new hope for our educational system, it is hard to ignore that before this bold move by our nation the educational system was in crisis. In 2013, the California Department of Education estimated that over fourteen percent of California’s high school students would drop out before achieving their high school diplomas (California Department of Education, 2013).

With a recognizable need to help at-risk students, state officials, county offices, school districts and schools spend a great amount of time and fiscal resources to meet the needs of these struggling students. However, “With the great diversity of schools within our educational system comes diversity and inconsistency in how compensatory strategies are implemented” (Long, 2013). Our schools are filled with students that come from an array of diverse backgrounds, socio-economic status and many different levels of academic knowledge. A student who is acquiring English as a second language will need many more compensatory measures built into his or her educational experiences than a native English speaker. Given this and many other examples of the diverse needs of the population of children in our school system, education professionals do their best to develop and facilitate lessons, strategies and as many resources as possible to meet the needs of their particular group of learners with whatever resources they have available. Nonetheless, disparities exist in teacher education, compensatory strategies implemented and resources available to students making equitable solutions difficult to be met.

Yet, glimpses of hope that public schools' coordination of intervention strategies may be showing more equitable traits among minority groups were present in the newest data released by the 2013 Census Bureau. This data showed a steady decline in the nation's dropout rate since 2000, especially in the educational attainment among Hispanic youth. The decline in the size of the Hispanic dropout population has been particularly noteworthy because it happened at the same time as the number of Hispanic youth showed growth (Fry & Taylor, 2013). However, there is still much work to be done in our public education system. Despite the narrowing of these long-standing achievement gaps, viable interventions that ensure that all struggling students attain success in school need to be disseminated throughout the regular education system, in order to ensure that special education referrals are not used routinely to address poorly defined social, academic, language and/or behavioral issues in the classroom (Long, 2013).

### **Background of the Problem**

Federal and state laws require public schools to identify students who are struggling in the general education system and attempt to implement interventions in the classroom before referring them to more intensive programs (Ventura County SELPA, 2004). Teachers are the first to recognize the needs of struggling students in their classroom by assessing their performance against that of other students in the grade level and some pre-established benchmarks or set of state standards. Teachers are required to record their observations of the learning deficiencies and the needs of their struggling students. They are also required to document their attempts and the strategies used to help these students overcome their learning deficiencies. Through differentiation, accommodations, modifications and different tiers of intervention in their instructional strategies, teachers in the general education classroom do their best on a daily basis to improve the academic outcomes of their students.



However, despite these efforts some students still don't demonstrate sufficient academic growth or the capacity to attain and retain knowledge when compared to the standards or their peers. This is when teachers turn to seek the expertise of Student Study Teams (SSTs) for assistance. SSTs are a function of the general education system that attempt to deliver the most appropriate interventions and services that support the academic achievement of struggling students. As explained by Ruby (2005), "SSTs represent a team approach in providing consultation to teachers of students with academic or behavioral problems" (p. 4). The study goes on to explain that SSTs are a collaborative team spirit approach that enlist the support and the expertise of teachers, staff, district psychologists, counselors and administrators to help design a more focused set of strategies that meet the specific learning needs of at-risk students. The SST approach to problem solving within a school or a district is a recommended "best practice" along the Response To Instruction and Intervention (RTI<sup>2</sup>) framework which is designed to help teachers match the level of intervention to the severity of the problem the student is experiencing.

### **Statement of the Problem**

School principals and their staff make their best attempts to oversee, monitor and record their efforts to remediate the needs of struggling students. However, sometimes these efforts are compromised by the lack of training of new personnel, the level of knowledge of practitioners to access and record classrooms interventions correctly and their ability to maintain consistency in the interventions that each at-risk student requires. Aware of these downfalls in education, the Federal Government first introduced and endorsed the use of RTI<sup>2</sup> frameworks and practices. At first, RTI<sup>2</sup> was a way to develop a problem solving system that replaced the traditional dichotomous approach, where students often "slipped through the cracks" because they were at

the ultimate mercy of their teacher's recommendations for more strategic intervention. However, RTI<sup>2</sup> approaches are now being recognized as good examples of problem solving systems to a struggling student's intervention approach (Ruby, 2005).

The problem with the implementation of RTI<sup>2</sup> models is that they are driven by state and/or local initiatives. With so many governmental entities involved, successful and effective implementation of these models become extremely hard to reconcile and support. In order for intervention models to be successful, a large amount of commitment, human resources, professional development, budget allocation, maintenance, progress monitoring and fidelity to the parameters of a program are required. However, due to the different resource levels available at each school site and within each school district, commitment to these principals is hard to attain and actual practices differ greatly from the prescribed protocols. Even simple day to day tasks that are key to the continued success of RTI<sup>2</sup> models, such as continued student assessment, strategy monitoring and strategic team focus on the intensity and selection of the strategies being used become a mountainous tasks, when the commitment level is low and there is a lack of resources available to provide services to the wide range of needs of struggling students (Eichhorn, 2009).

The effective implementation and delivery of a successful RTI<sup>2</sup> model has been an ongoing struggle of the Ocean View School District (OVSD) and their elementary school sites for quite some time. Despite the best efforts of their highly qualified and committed educational professionals, OVSD continues to show low Adequate Yearly Progress (AYP) scores in helping their at-risk students. Due to budget shortfalls and various other circumstances, the OVSD has been unable to significantly help the needs of their struggling students and consistently underperforms under the statewide accountability system. According to Duffy & Reigeluth

(2008), “Change leaders need a change vehicle (a specially designed methodology and set of tools for creating and sustaining transformational change); a map and compass (knowledge of systems theory, systems dynamics, complexity and chaos theory, and knowledge of what needs to be changed); and, superior change navigation skills” (p. 45) These skills that are spoken about include awareness, intention and methodology. All of these component parts and skills are necessary in order to create and sustain transformational change that effectively restructures a school system in need of repair. The underlying principles in this quote seem to adequately apply to the needs of OSVD at this time.

### **Purpose of the Study**

The goal of an SST referral process is to provide a more formal setting in which teachers and other education professionals work collaborately to identify the sources of a student’s learning difficulties and come up with strategies to either remediate them through the different tiers of intervention prescribed by the RTI<sup>2</sup> model adopted by the school, or determine if a full learning disability assessment is needed. Other reasons for referral also include avoiding duplicity and establishing consistency in the monitoring of alternative instructional and behavioral strategies offered to a student in the regular education classroom, as soon as they are identified as struggling by their classroom teacher. According to Chow (2002), “it is important that the teacher provide accurate, bias-free information about the child’s abilities and limitations to the rest of the team. Accurate information is critical to obtaining appropriate interventions and placements for students who need them” (p. 2). This project aims to provide an effective set of SST referral guidelines and establish consistency to OVSD’s SST process.

During a personal communication with Suzanne Lange, Assistant Superintendent of Human Resources for OVSD, she indicated that our educational system looks at teachers as the

front line operators to keep and maintain detailed records that demonstrate and provide evidence of the intervention efforts utilized in the school in an effort to boost the academic growth of our struggling students. Identifying the best practices and procedures for teachers to follow in preparation to referring struggling students to the SST is yet another purpose for conducting this study. Since the SST referral process officially triggers a more formal set of concerns regarding a student's ability to obtain an appropriate education in the general education classroom, record keeping of the intervention strategies and assessment documentation become critical components in the early identification of at-risk students and the evidence needed to justify the SST meeting.

Finally, the goal of this study is to identify the key elements in a consistent set of guidelines and highlight the parameters by which OVSD's personnel can appropriately and consistently document the interventions that meet the needs of struggling students. By identifying the elements necessary to help struggling students and creating a standardized set of guidelines for district personnel to follow, the hope is to develop a resource for the proper documentation of interventions that will facilitate the teacher's ability to identify and remediate the needs of these students, avoid retentions and unnecessary referrals to the special education system, and/or eliminate the possibility of these students dropping out of the educational system in the future.

### **Significance**

Over the past few years, a repeated presence of the same students has been noticed in the SST referral lists at OVSD. Some of the students being referred repeatedly to the SST are fifth graders, who have been identified as lagging in academic achievement since Kindergarten. Modified intervention plans were provided for these students, but little or no formal documentation of the strategies utilized in the classroom follows these students year after year.

Therefore, even though Tier 1 and 2 interventions have been provided for these students according to OVSD's RTI<sup>2</sup> model, they continue to perform at far below basic levels, a term used by the California Standardized Testing and Reporting (STAR) system, as no one can identify the best and most effective remediation practices for some of these students. As an upper elementary teacher, by the time some students reach my classroom their reading and learning achievement levels are so far below grade level standards that it makes differentiation in the classroom a very big challenge.

The disparity levels between a child reading at 5<sup>th</sup> grade level and one at Kindergarten level are a sore reminder of the dropout statistics that make headline news every day. This dilemma has been studied and analyzed countless times. Research that tracks the progress of at-risk students, suggests that dropping out of school is a gradual process that takes many years (Hendrick, California Educational Research Cooperative, & And, 1989). To a teacher who is committed and determined to make a difference in their student's lives, exploring and identifying the reason(s) by which we continue to perpetuate a process that may not be the most efficient at helping our students is not only a career goal, but driver for change.

The goal of this study is to heighten the awareness level of the current effectiveness of the documentation process that leads up to the referral of students to the SST by our faculty, staff and administration. The results will add to the current body of evidence proof that the level and degree of knowledge and efficacy of the methods and procedures followed by our classroom teachers are of paramount importance when it comes to serving the needs of our at-risk students. As Hoover & Love (2011) suggest, effective "buy-in" from teachers is formed when lead efforts to analyze, discuss and make changes to current RTI models are put in place to work closely with the school's leadership team in order to create and maintain a sense of ownership in the program.

The collaborate consultation and unsolicited expertise of the staff is truly an invaluable piece that must not be missed. Much like the model above suggested this study will call upon OVSD's team spirit and knowledge to significantly alter the current set of guidelines and procedures that are followed in order to improve the educational achievement of our at-risk students. Thus, the significance and importance of this study.

### **Definition of Terms**

- **Academic Issues:** Refers to student's difficulties in the achievement of basic decoding and reading comprehension skills, mathematics computation and reasoning, and written and oral expression skills appropriate for a student's grade level.
- **Acceptable Evidence of Student Learning:** Documented evidence that shows a student's attempt(s) to acquire knowledge of a particular concept or skill and the measure by which the student reached the attainment of these tasks. Acceptable evidence examples include, but are not limited to: student work samples, personal learning records, teacher's anecdotal notes, running records and assessments.
- **Health Issues:** Refers to a student's difficulties in the achievement of academic tasks due to excessive vision, hearing and/or chronic physical health related conditions.
- **Social/Emotional/Behavioral Issues:** Refers to issues related to low self-esteem, difficulties with peer relationships, family and authority figures. These issues may manifest themselves in classroom behaviors such as withdrawal, aggression, disruptiveness, anxiety, overly active, impulsiveness, restlessness, tics, and biting. Additionally, students may exhibit limited motivation towards classroom learning tasks, inability to start or complete assignments, short attention span, become easily distracted and or show inconsistent academic behavior (i.e.; good day, bad days, etc.).

- Student Study Team (SST): A term used by the Ocean View School District (and many districts in the area) to identify a forum of teachers, specialists and administrators that make intervention decisions according to the RTI<sup>2</sup> model, regarding the possible causes of a child's academic, health, socio-emotional, and behavioral issues. The team develops and monitors intervention plans and when appropriate, refers student for special education evaluation.

### **Research Questions**

This study is guided by the following questions:

1. What constitutes an effective Student Study Team process?
2. What effective practices enable the Student Study Team to properly identify students' needs and provide the educational supports necessary for their academic success?
3. How can the Student Study Team process maintain a focus on high quality of instruction and intervention integrity?

## **CHAPTER 2**

### **Literature Review**

The purpose of this literature review is to examine the research that has been conducted on the identification practices of at-risk factors in elementary school students, the structures that are put in place to help them and the recording procedures that follow in order to develop a comprehensive conceptual framework for this research study. The review will begin with a careful examination at possible early risk factors that predispose students to be placed in at-risk categories early in their educational continuum. This review will also look at the structures and plans that are put in place to remedy the needs of at-risk conditions and the various measures of effectiveness in the different Response To Instruction and Intervention (RTI<sup>2</sup>) models employed. In addition, research will be reviewed that will examine the reporting procedures, dissemination of information and the progress monitoring for at-risk students. Finally, longitudinal studies will be reviewed in order to provide the leaders of the Ocean View District a vision of the processes that can potentially be implemented, actualized, or modified in the most efficient manner and which can help minimize the resources that impact the training and effort at their school sites.

### **Review Procedure**

A preliminary literature search was conducted through the Educational Resources Information Center (ERIC) database using the John Spoor Broome internet library connection at California State University Channel Islands. The original keywords used were: “at-risk”, “elementary school”, and “early identification”. The readings that resulted from this search lead to further searches of the database using the terms: “at-risk programs,” “RTI models,” “evaluation,” “design,” and “configuration” in combination with some of the prior terms used



from the preliminary search. Later searches combined the keywords “modifications,” “effectiveness,” “analysis” and “longitudinal studies” with the previously used terms.

### **Early Risk Factors**

Most of the research that has been done to date suggests that dropping out of school is a gradual process that starts in early childhood (Hendrick, California Educational Research Cooperative & And, 1989). This dilemma has opened the door to countless studies that follow the identification processes of at-risk students since they are first recognized as academically lagging. These studies are conducted in order to collect information on the reasons, causes, and strong correlations that characterize these possible future school dropouts. While many studies conclude that early reading performance is the most common key indicator that places students in “at-risk” categories across the nation, other early predictors such as background characteristics (social and demographic), family-context factors (family stressors, parents’ attitudes and values, and parent’s socialization practices), students’ personal resources (attitudes towards self and others, and engagement behaviors, absences, lateness, and TV time) and school experiences (educational levels, achievement patterns and placements) have also been identified (Alexander, Entwisle & Horsey, 1997). The goal of the majority of these studies has been to identify the key components that keep struggling students from drifting away from the educational system.

Despite knowing and recognizing the great majority of the reasons that place students at risk of dropping out of our educational system, there are only a few ways in which schools can help them overcome these conditions. Academically speaking, researchers Sloat, Beswick, & Williams (2007), sustain that “Some children, especially those from impoverished backgrounds, typically require more direct and concentrated skill-based instruction because they do not start school equipped with the phonological awareness, language knowledge, and literacy experience

they need to learn to read early and well” (p. 543). While every stakeholder involved in the education of children would agree with this statement, targeting their instruction and monitoring students’ responses to early literacy intervention has sometimes proven not to be enough to overcome these adverse conditions.

Below, Skinner, Fearington and Sorrell (2010), conducted a study investigating physiological-maturational theories that may be preventing at-risk children from processing information in sequence and keeping them from integrating that information in a holistic manner. They found that sequential processing fetal testosterone delayed the development of the left-brain hemisphere in male babies. They suggest that this developmental condition is the cause of lags in simultaneous visual processing and the ability to integrate parts of information in a more holistic way. Both of these skills are crucial to the development of phonetic decoding abilities and the early literacy skills of a developing child. This study advocates the importance of educators to recognize the research that confirms the notion that male students enter the school setting already with a disadvantage. In addition, this study also looked at Differential Response hypothesis of teacher’s behaviors favoring female students during the early stages of literacy. While it was observed that teachers made more academic contacts with female students during reading instruction, the study did not find significant differences in reading achievement, so it could not sustain the theory that teachers favoring girls during the early stages of their reading skill development made a difference in their reading achievement levels.

Decker, Roberts, and Englund (2013), examined multiple cognitive processes associated with lexical access. They looked at cognitive correlates of Rapid Automatized Naming (RAN) as key predictors of reading performance across the developmental stages of students age 5 through 12. These key predictor included tasks assessing: neuro-cognitive abilities (e.g., visual/perceptual

analysis, lexica retrieval, semantic naming, and constructing a verbal response), language (e.g., verbal comprehension), visual/perceptual reasoning (e.g., concept formations), attention (e.g., auditory attention) and mental retrieval (e.g., retrieval fluency). They found that three significant predictors were language, visual/perceptual reasoning, and memory retrieval (the only cognitive process) were the only significant key predictors that could explain a difference amongst cognitive lags in reading. However, these findings are important to note as these skills were directly related to the developmental path that children follow and are used as practical determinants in identifying students with learning disabilities or cognitive deficits.

Researchers have also studied the way schools can support the early identification process and intervention of at-risk students. They have recognized health related conditions as one of the main drivers that produce high truancy rates and automatically place a student at academic risk. While it is true that these conditions affect the academic performance of students, they can be easily recognized and counteracted upon by schools with proactive supports. According to Gottfield (2009), it is possible to identify high school dropouts by their absence rate in first grade. His research concluded that students who drop out of high school were twice as absent in fifth grade and 3 times as absent in ninth grade. Knowing that chronic absences from the educational setting can automatically place a student at academic risk, schools could proactively put interventions in place to help students with health related conditions “catch-up” with their learning and prevent academic lags in their achievement levels.

In a different realm of studies, Goldberg, McLaughlin, Grossi, Tytun and Blum (1992), concluded that medical conditions in economically disadvantaged children places them in increased jeopardy for cognitive difficulties. They also determined that premature birth rate and weight in children of economically disadvantage mothers who were identified as being at risk for

special education did eventually require it. Both of these factors can help determine early intervention candidates and the types of interventions necessary that provides equitable solutions to their unique set of circumstances. These children will need built-in compensatory methods in their learning experiences as they arrive at the educational setting with recognizable circumstances that will cause challenges in their educational continuum. If schools are proactive at recognizing and addressing the factors that affect these students learning achievement from the beginning of their educational careers, they will be better able to help students overcome learning difficulties in more efficient ways.

According to Rouse, Fantuzzo and LeBoeuf (2011), some of the most predominant health conditions that can place a student at risk are low birth rate or preterm birth, inadequate prenatal care, teen mother, high lead exposure, low maternal education, asthma, mental illness, obesity, child maltreatment and homelessness. The Keeping Children and Families Safe Act (2003), mandates that every state protects young children from multiple risk factors that may threaten their development. It also authorizes public service entities to promote the physical, mental and educational well-being of vulnerable populations of children. Recent national evaluations, however, indicate that less than 2% of states demonstrated adequate services for promoting the physical and mental health of children and less than 30% met the minimum standards for advancing of educational well-being for children in their systems (US Department of Health and Human Services (2004).

On the surface, many health conditions can sometimes be difficult to identify as major concerns to the education of a student. However, nationwide statistics speak to the significant amount of school-age children that suffer from adverse health conditions in silence. Fiese, Everhart and Wildenger (2009), studied conditions such as asthma and obesity in an effort to

raise awareness that these and many other physical conditions are serious cause of concerns in a child's preparedness to learn, cope and develop, as well as the potential for increased risk for mental health illness when they are affected by adverse health factors. In their study they concluded that older elementary school children tend to internalize symptoms and the consequences of such symptoms, leaving parents and educators with the great burden of paying considerable attention to chronic health conditions that may be hidden away from view and can be a detrimental to a student's success in school.

Finally, potential identifiers of at-risk students also exist in their social, emotional and behavioral characteristics. In an article titled *Tragedy's Aftermath*, the American Psychological Association researchers established a link between the experience of trauma, school misbehavior and academic failure. Children cope with the emotional consequences of exposure to violence and other traumatic events by becoming angry, irritable and aggressive, as a coping mechanism to stress and in order to manage it. "Traumatized children often lose the ability to concentrate, become withdrawn, or act out. When children are exposed to a lot of trauma, they are highly sensitive or numb. The trauma debilitates you" (Karp, 2012, p. 49). Unfortunately, when schools are located in low socio-economic areas or tough communities these characteristics in students become severely more intense and acute.

In *Teaching with Poverty in Mind* (2009), Eric Jensen's research has found that our brains develop operating systems for every aspect of human survival (i.e., socialization, love, work, etc.). In order to be successful in school, students need to have an academic operating system in place, as the abilities to focus, capture, process evaluate, prioritize, manipulate or manage information in meaningful ways are not just simple study skills that one is equipped with. He also points out that most low socio-economic students' brains have adapted to survive

their circumstances, not to succeed in school. He calls out for teachers to understand that children who live in poverty display more “acting out” behaviors, impatience and impulsivity, gaps in politeness and social graces, a limited range of behavioral responses, inappropriate emotional responses and show less empathy for others’ misfortunes. These behaviors are likely to puzzle, frustrate, or irritate teachers, but it is important that they avoid labeling, demeaning, or blaming students, something that is unfortunately done all too often in many classrooms.

Socially speaking, another aspect to be kept in mind in the early identification process of at-risk students is the societal shift from single working parent families to dual working parent families. Nowadays, with both parents working, teachers can no longer assume that students are receiving the same social skills instruction that they used to in their homes. “These changes in society are far reaching and go well beyond the scope of the classroom. Knowledge of appropriate social skills allows one to work successfully in a group” (Brodski & Hembrough, 2007, p. 8). This new generation of “latch-key” children as these researchers call them, are found constrained in their homes with hardly any time to be spent with other children. The time that used to be “after school play time” is now spent in seclusion, which prohibits students from learning appropriate social behaviors through experimentation. Thus, they use the classroom as their only arena for this type of social interaction (Brodski & Hembrough, 2007).

### **Historical Aspects of the SST**

Many years before the Individuals with Disabilities Education Act of 2004 (IDEA 2004), a “discrepancy model” of identifying and servicing children with learning problems existed. Under the old system, regular education was for “typical” students only. Students who did not conform to these stereotypical casts, especially when it came to health, academics, social, emotional and behavioral standards were an issue. One of the ways in which the older system

dealt with these issues was to find a place for them in special education. In addition, under the old system, many children who needed help were not served soon enough and many of the ones who were identified were minorities. These injustices caused a great deal of concern to the communities that house them. However, many years of these “discrepancies” had to occur, before the disproportionate amount of minority, ethnic and poor children were dealt with more equitable treatments (Alabado, 2010).

Student Study Teams emerged out of a mandate in the Education for All Handicapped Children Act of 1995. Although educational law does not actually mandate the existence of SSTs, education experts, consultants and existing laws create the need for such system, as a way of protecting districts from special education law suits. SSTs can be thought of as collaboration meetings that are held for the early identification of at-risk factors that affect a student’s learning and the brainstorming of intervention strategies to help them. They are essential components of the California Public School System: “Working as a team, the student, parent, teachers and school administrator identify the student's strengths and assets upon which an improvement plan can be designed” (California Department of Education, 2014). Together, SSTs and 504 implementation referrals are excellent ways to enact accommodations for struggling and special education students into action, for these students are protected under the Individuals with Disabilities Education Act, a law that was passed in 2004 and protects all school-age children (Long, 2013).

One of the ways in which the Individuals with Disabilities Education Act of 2004 guaranteed more equitable treatment to all students, especially those in minority groups and with learning disabilities, was through the creation of platforms that guaranteed a system of checks and balances. One of these platforms was RTI<sup>2</sup> models, which rely heavily on the collaboration

aspect of SSTs. SSTs were created to serve two main purposes for the education of students nationwide. The first one is to gather a team of education professionals to collaborate in making recommendations and instructional decisions in an effort to help struggling students overcome their learning issues. The second function is to ensure the documentation of interventions and provide access to appropriate educational services for at-risk students under the RTI<sup>2</sup> models (Long, 2013). However, it is important to highlight that most RTI<sup>2</sup> models enacted across the country, and which SSTs are a part of, seem to be inefficient at remediating the needs of at-risk students. This fact is backed by statistical data extracted from the actual performance of students across the nation. In 2011, two thirds of fourth graders across America were reading at below proficient levels of performance (National Center for Education Statistics, 2010).

One of the chief causes of the poor performance of these models seems to lay in traditional assessment practices that focus on paper-and-pencil testing, materials and rehearsals which are presented in a manner that emphasizes the linguistic and mathematical/logistical intelligences and promote rote-memory learning, low motivation, and poor performance (Diaz-Lefebvre, 2006). The tools and materials used by these models may be adding to the factors against at-risk children and may be hindering the interventions practices that hope to help the needs of these students. Recent research on RTI<sup>2</sup> models indicate that the overuse of universal screening tools by these frameworks over identify children as being at-risk and qualifies them for early interventions that may actually hinder their social and cognitive development. The enactment of these costly intervention practices that aim to remediate the needs of at-risk students has been deemed as a costly error in our educational system (Fuchs, et al., 2012).

Research suggests that “successful intervention programs require long-term, sustained resources. Short-term attempts are not effective. At-risk prevention programs must become a part



of the school's vision and the district must be committed to maintaining the programs" (Phlegar, Rose, and Rhode Island State Dept. of Education, 1988, p. 6). In general, many studies conclude that the most effective RTI<sup>2</sup> models in assisting at-risk children are built on three basic approaches: academic, organizational and advocacy. The study conducted by Phlegar, Rose, and the Rhode Island State Dept. of Education (1988), also recommends that specific strategies be based on the following areas of focus from the start of the elementary school:

1. The attainment of academic achievement of basic skills
2. A focus on regular attendance
3. Involving parents in the program whenever possible
4. Providing opportunities for students to connect and develop relationships with faculty and community services.

These areas of focus are important to keep in mind when instituting a successful RTI model.

According to an article published by the Council for Teaching Exceptional Children, "most RTI<sup>2</sup> models are comprised of three tiers of instruction: tier 1 (implementation of differentiated instruction in the general education classroom), tier 2 (supplemental instruction to support the learner needs), and tier 3 (highly specialized instructions that are more intensive to meet significant needs of students, including those with special needs)" (Hoover & Love, 2011, p. 40). One key aspect that is often missed during the implementation of the RTI<sup>2</sup> platform is that "tier 2 instruction must supplement, not replace tier 1 instruction" (Hoover, 2010, p. 83). While some researchers believe that this replacement of strategies is the main cause of the problem, others hold that it is the way in which the models group students that is the problem. Most RTI<sup>2</sup> models remove the students from tier 1 core instruction to provide tier 2 instruction, which they deem as an RTI<sup>2</sup> model's failure. They advocate for push-in instructional supports in small

groups (e.g., four to six students) inside the regular classroom as the most successful intervention practices for at-risk students (Hoover & Love).

In a report that summarizes the research studies done by numerous researchers in the field of at-risk students, it is believed that the opposite theory to that of Hoover and Love (2011) holds truth. That it is through intensive pull out programs and direct reading instruction that RTI models show to be most successful across the nation (National Center on RTI and RMC Research, 2011). However, whether the RTI model calls for push-in or pull-out intervention methods, it is ultimately the consistency, follow thorough and the quality of the differentiated intervention strategies that will deem a program's success.

### **Changing Systems**

A key concept that most researchers agree upon is the central issue of a establishing an effective core model that identifies and monitors the development of at-risk students. In order for this model to be deemed effective, teacher "buy-in" and support in the screening, monitoring and dissemination of information is crucial to the implementation and sustainability of an effective RTI<sup>2</sup> model. Hoover (2011), suggests that a in order to obtain "buy-in" from teachers, school-teams should be formed that lead the efforts to analyze, discuss, and make changes to RTI models in place and are willing to work closely with the school's leadership team in order to create and maintain a sense of ownership in the program. When a team is given terminal objectives that correlate with the effective institution and implementation of an RTI<sup>2</sup> model at any school, they generate a tremendous positive effect in the environment and in the targeting of the needs of at-risk learners.

Yungmann (1993), examined the intervention practices of elementary schools in Florida that serviced a large population of at-risk students. In her study this researcher points out that

many schools settings do not allow teachers adequate access to student records and information that are vital to the development of an effective instructional plan. Informed decisions made with regards to intervention plans that correlate with academic instruction are fundamental to the implementation of an effective RTI<sup>2</sup> model and to the needs of at-risk students. Yungmann suggests that key professionals in at risk prevention teams work directly with parents at formulating and articulating clear goals for their children. The goal to be attained would be that of implementing and designing education plans that can be clearly communicated to parents with clear guidelines and expectations for all the stakeholders involved in the teaching of the at-risk children.

A high quality identification and intervention program can make a remarkable difference in the future of an at-risk child. Facilitating teacher “buy-in” and the provisions necessary for screening, monitoring and the spreading of information within the school is crucial to the implementation and sustainability of an effective RTP<sup>2</sup> model (Hoover, 2011). By reducing dropout rates we are not only helping at-risk students, but we are also helping to shape the demographic make-up of American society. Numerous studies reveal that if we don’t take decisive actions towards helping at-risk students overcome their learning difficulties they may become non-productive citizens, prolonging the presence of low socioeconomic status, parent dropout, dysfunctional family dynamics, poor language and home-school interactions (Hosn, 1999).

### **Structures for Access**

It is clear that effective intervention programs play a tremendous role in the academic lives of at-risk students. Action plans in the form of handbooks, guides, procedures, etc., allow for teachers to have a clear vision of the path they are to follow when helping at-risk students.

Ideally, teachers can count on the support of the entire school district to step forward and coordinate efforts that serve its population of at-risk students. However, in the absence of a districtwide approach, Phlegar and Rose (1988), recommend teachers and/or individual schools undertake the following steps in order to allow access to a comprehensive intervention system that meets the needs of at-risk students:

1. Collect data of your District's situation.
2. Assess the district's policies, practices and programs.
3. Identify and assess potential resources and options.
4. Construct a comprehensive plan of action.
5. Seek public support for the plan.
6. Implement the plan.
7. Evaluate results.
8. Review progress on an ongoing basis and continue revisions as necessary.

In addition to these steps, researchers of practical intensive interventions for at-risk students have identified five key practices that most successful RTI<sup>2</sup> models have in common. In their research they found that both teachers and paraprofessionals involved in intervention practices had been given a wide range of extensive training in this field of practice. In addition, no single intervention program stood out as substantially yielding more effects than others. Therefore, they concluded that there is no “one right way” to provide early extensive intervention to at-risk students. In addition, they found that in order for the gains from extensive early interventions to be maintained, interventions had to be sustained over time. Daily or near daily intervention sessions and the early identification of students in need of intervention is essential to the success of any program. Finally, group size (one-on-one, small group) played a

detrimental role in the administration of intensive interventions for at-risk students (Scammacca, Vaughn, Roberts, Wanzek, & Torgesen, 2007).

Teachers sometimes feel powerless and frustrated with the countless structural layers and organizational directives that control our educational system. Fragmentation of programs and inconsistency of services result when various professionals serve students with lack of collaboration and coordination. Students sense this frustration and react in different ways to the pressures in the environment that surrounds their learning. The goal of RTI<sup>2</sup> models is to modify the strategies in the classroom to better meet the education needs of at-risk students. However, in their frustration with the system many teachers resort to labeling students instead of providing remedial services to improve their learning of their students. Assigning labels to students has consistently shown to be more often harmful than helpful (McIntosh, Raymond & Corbitt, 1990). Districts, schools, administration and staff must attempt to work together at crucial times, especially when it comes to making decisions that will affect the lives and the learning of students who need them most.

Finally, longitudinal studies highlight the need for the research and analysis of more recent data sets and the extension of the findings into practices in ways that are useful to teachers. These studies aim to heighten the awareness of the patterns that help us gain perspectives on at-risk students in the form of survival analysis, life tables and discrete accounts of student graduation or dropout. These tools can not only help us identify at-risk students, but they can also help us identify the grade levels interventions that are most effective in helping students overcome the risk of dropping out of school. Currently, one trend that sticks out the most markedly is that of the highest risk of dropout begins in 7<sup>th</sup> grade, with the most hazardous being at 8<sup>th</sup> and 11<sup>th</sup> grades (Bowers, 2010). Creating and implementing models and intervention

strategies at the elementary school level that effectively support the academic progress of our students, specially through the hazardous grades, should become the next short term goal of our educational system.

### **Conclusion**

The research conducted in this literature review points out early identification practices and highlights the functions and efficacies of monitoring platforms like the Student Study Team under RTI<sup>2</sup> models which are tools required to help reduce the achievement gaps of at-risk students. The consistent perception that a direct relationship exists between early identification and the self-fulfilling prophecy that these students are presumed to fail is highly questionable (Keogh & Smith, 1969). When early identification programs are paired with effective RTI<sup>2</sup> models where the major stakeholders (leadership, intervention staff, teachers, parents, students and the community) have a clear vision of the process, have the tools necessary to carry out the processes of monitoring, reporting and disseminating of information that is essential for a professional community to work efficiently and communicate effectively about the progress of the at-risk students, the likelihood of success of these programs is highly achievable.

## **CHAPTER 3**

### **Methodology**

The information necessary for the achievement of this project was gathered through a quantitative survey administered to teachers, administrators, counselors and resource personnel that currently work at the three elementary school sites of the OVSD. In order to achieve this task, the collaboration and support of the Assistant Superintendent of Human Resources, Suzanne Lange, at the District level was required in order to gain access to every school site during staff meetings in order for the surveys to be administered.

### **Setting of the Study**

#### *Participants and Location*

The surveys were administered to all three schools in the Ocean View School District. Approximately seventy-five participants were asked to complete the survey, and only seventy-two opted to participate. The participants consisted of the school principals, educators currently teaching at the K through 5<sup>th</sup> grade level of elementary school, specialized academic instructors, intervention specialists, resource teachers and any other intervention and support staff.

#### *Nature of the Schools*

This Ocean View School District (OVSD) is located in Oxnard, California. They have three elementary school sites that offer K-5 elementary education. The OVSD was established in 1,870 making it one of the oldest in Ventura County. It began as a one-room schoolhouse and today it houses 2,550 students in kindergarten through eighth grade, in three elementary schools, one junior high school and two early education schools. The OVSD serves an area covering 80 square miles that includes the Southeastern portion of Oxnard, to the Point Mugu Naval Air station line to Port Hueneme. OVSD is a well-respected District within the Oxnard community.

It currently houses 1,243 (48.7%) female students and 1,307 (51.3%) male students. Of the 2,550 students in the District, 2,217 (86.9%) are Hispanic, 165 (6.5%) are white (not Hispanic), 70 (2.7%) Filipino and 39 (1.5%) African American. The remaining 2.4% of students are a combination of American Indian or Alaskan, Asian, Pacific Islander and two or more races. (Verdugo, 2014).

Tierra Vista School (TVS) is the largest elementary school in the District. It was built in 1965, with new additions built in 1999. The school is situated on 10 acres and it currently houses about 750 students in grades kindergarten through five, who proudly call themselves Tigers. TVS earned an Academic Performance Index (API) statewide ranking of 1 for 2012-2013 school year (1 being lowest, 10 being highest in the state). The current administrators and staff at TVS don't believe that the API scores accurately reflect the high quality education available at the school. Most teachers at TVS are bilingual and fully credentialed and they are very proud to offer three academic paths for their students. They offer the regular mainstream curriculum, bilingual education and dual immersion program as options for their students. However, the large achievement gaps are the most troublesome issue for TVS. For example, SED and ELs (their largest subgroups), failed to meet Adequate Yearly Progress (AYP) requirements in English-Language Arts and Mathematics last year. Since the AYP growth requirement rises each year, TVS could be in jeopardy of not meeting federal growth requirements and lose this funding.

Mar Vista School (MVS) is the second largest and the oldest elementary school in the District. Built in 1951, MVS currently serves 591 students in grades kindergarten through fifth grade and they proudly call themselves Mustangs. The MVS program strives to meet the demands of the rigorous curriculum designed for the 21<sup>st</sup> century. In order to do so, their focus is curriculum mapping, curriculum alignment and a variety of strategies that target instruction as



their main goal. For 2012-2013 school year, MVS earned an API statewide ranking of 2. Here again, administrators and staff at MVS don't believe that the Academic Performance Index (API) scores accurately reflect the high quality education available at the school. They guide their students through specific rules and expectations that help them promote making good decisions, solving problems and showing respect. Their goal is to teach their students accountability through positive discipline.

Laguna Vista School (LVS) is the smallest elementary school in the District. It was built in 1962, to accommodate the growing post World War II population and a housing expansion at Point Mugu Navy Base. The school is situated on the outskirts of the District, closest to the Point Mugu Navy Base than any other school in the District. LVS currently houses about 450 students in grades kindergarten through five, who proudly call themselves Sea Lions. LVS earned an Academic Performance Index (API) statewide ranking of 4 for 2012-2013 school year. The current administrators and staff at LVS place their emphasis in having a well-balanced and rigorous core curriculum at all grade levels. Parental involvement plays a very important role in the school. They believe that parents committed and involved in the education programs of the school provide the best educational opportunities to their students. LVS strives in providing a welcoming and stimulating environment where students are actively involved in meeting academic standard and developing positive citizenship values.

Table 1.1 below offers a more detailed analysis of each of the school's standings and student demographics that will be part of this study. Data in this table was extracted from the latest School Accountability Report Card (SARC) which includes the results published for the 2013-14 school year for each school site.

Table 1.1 – OVSD’s Student Demographics and Standings by School Sites

<u>School Site</u>	<u>NPI Ranking 2012-2013</u>	<u>Family SES</u>	<u>Largest Subgroup:</u> Hispanic Latino	<u>% ELs</u>	<u>% IEP/SPED</u>
Tierra Vista	1	100%	90.2%	56.7%	4.3%
Mar Vista	2	100%	97.6%	82.4%	6.8%
Laguna Vista	4	100%	68%	53.9%	11.5%

Source: School Accountability Report Card (SARC, 2013)

### **Data Collection**

One of the first steps in this research study was to contact the Assistant Superintendent of Human Resources, Suzanne Lange, at the Ocean View School District and obtain a copy of the written policies and gain an insight on the procedures that were recommended or mandated by the District in order to bring a child up to the SST. Mrs. Lange indicated the OVSD did have a set of recommended policies and procedures that school sites are required to follow and enact. However, these policies and procedures were outdated and differed greatly from the actual practices that were performed by the schools at the District. She recommended a meeting with the District’s psychologists be scheduled to explore the actual practices followed by the elementary school teachers at the District when identifying and referring students to the SST.

A meeting was scheduled with Cindy Volkun, the psychologists for both Tierra Vista and Mar Vista Schools. During our meeting, she indicated that teachers recommend struggling students for various academic, social/emotional/ behavioral or health issues. She pointed out that approximately less than 1% of the students who were brought up or referred to the SSTs in the District, were found to have significant learning disabilities which impeded their ability to learn in the general education classroom and qualified for Tier III interventions. Tier III interventions

in a RTI<sup>2</sup> model are a more intensive set of highly systematic and explicit small group supports that are imparted to students who are not making adequate progress and may be at risk of developing more severe problems in the future. Significant points of similarities and differences between the other schools in the District were noted. The fact that actual practices at each school site differed greatly from the recommended procedures described in the OVSD's SST handbook also highlighted during the conversation.

Using the theoretical background obtained during the review of literature and the input obtained from these conversations, the ten question survey (Appendix A) was created to reach out to the three school's administration and staff to gain their input on the effectiveness of the SST referral process and their suggestions for improvement and the actualization of the SST handbook and the overall practices that lead up to and sustain an effective District-wide program.

#### *Authorization and Approval Letter from Cooperating Institution*

A letter of authorization and approval from the Superintendent of Human Resources, Mrs. Suzanne Lange, was obtained to confirm permission, support and endorsement from the District to conduct the survey at each school site (Appendix B).

#### *Procedures for Human Subject Protection*

Before the administration of the survey, authorization from the Institutional Review Board (IRB) at California State University Channel Islands was obtained, in order to guarantee that the appropriate board's protocol was followed to conduct this study. IRB procedures and protocols were strictly followed in order to ensure the protection of all survey participants.

All adults that opted to participate in the survey were asked to sign an Informed Consent Letter (Appendix C). Participants were explained orally and in writing, the purpose and procedures of the study. During the oral presentations (Appendix D) at the different school site's

staff meetings, an emphasis was made on the fact that participation in the study was strictly voluntary, anonymous and confidential. Participants were assured that the data they would provide would in no way be used by administrators to evaluate their performance or have any impact on students' grades. All adult participants that elected to take part in the study then signed letters of consent acknowledging their awareness of the purpose of this study, their willingness to participate, and their acceptance to the collection and reporting of the results based on the data provided. All participants were also notified of their option to opt-out of the study, as well as the measures that would be taken to protect their confidentiality and that of the extracted from the surveys.

### *Quantitative Data*

A ten question survey was used to assess the staff's access and perceived effectiveness of the existing OVSD SST handbook. Additionally, questions regarding the organization's procedural efficiency in a) identifying student's needs, b) identifying at-risk students and c) the tools used to promote overall growth of scholastic achievement were asked of participants. The data was gathered, examined and analyzed to provide the overall perceived effectiveness of SST's referral program which is guided by the RTI<sup>2</sup> model.

### **Analysis**

Once the data was collected and assembled, it was coded and examined for commonalities and discrepancies between the responses. All data was entered into Excel spreadsheets, categorized and coded for statistical analysis. A peer group consisting of the psychologist of both, Tierra Vista School and Mar Vista School, the psychologist at Laguna Vista School and the researcher were asked to review and evaluate the survey results and the OVSD's staff perceptions on the effectiveness of the current SST process under the RTI<sup>2</sup> model

being followed by educators at all sites. The peer group analyzed the staff's responses and gave input regarding the effectiveness of the program and their perception of the effective practices that were included in the proposed revision of the SST handbook. Perceived efficacy results helped determine the restructure of the revised SST handbook and any program revisions that were made in the process. The proposed revised version of the SST handbook (Appendix E) is intended to act as a catalyst for outlining positive changes in the program by looking at the staff's practices and perceptions of the program as they are currently taking place and to determine the key elements that need to be addressed regarding the needs of our at-risk students.

## CHAPTER 4

### Results

The questions asked in order to identify the teacher's perceptions of SST referral process were divided into two categories. The first category of questions asked was meant to obtain the teachers' perception of the current standing of the process. The researcher thought it would be wise to collect current perceptions of the process and utilize them as baseline measures in need of improvement. The second category of questions asked was meant to obtain the teacher's perception of the future standing of the process and open the doors for ways in which educators and staff perceived improvement could be attained. Based on the research conducted, this was a way to obtain "buy-in" on the process as an atmosphere of ownership in the actualization of the SST handbook was being generated.

Question 1 asked teachers if they had ever referred a student to the SST. Of the 72 individuals that participated in the survey, 85% indicated that they had used the system as a means to refer students for assistance with intervention practices. A surprising 15% of the respondents indicated that they had not used the process for referral. This high percentage of professionals, who have not utilized the SST process to seek collaboration with their teaching strategies, is perhaps a reflection of the more recently hired teaching professionals who have not yet been advised of or trained on the SST process by the District. Another assumption that could explain the high percentage of professionals, who have not utilized the SST process, could be explained by the lack of knowledge that administrators can also bring students up for review utilizing these channels. Either way, this percentage indicates that there might be as much as a 15% margin of error in some of the upcoming current standing answers, as these respondents may have been inexperienced in, or unaware of the process.

Question 2 asked only those who had referred a student to the SST, how they learned about the process. Over half of the responses (56%) indicated that the learning about the process was coming from other colleagues. This was followed by 16% of the responses indicating that the learning was coming from superiors. It is noteworthy here to highlight that going up the chain of command from staff we only have a principal and perhaps his or her back-up, the teacher-in-charge or a resource teacher. All three principals at the OVSD sites are relatively new to their positions. Therefore, they themselves may still be in the process of learning about their assigned positions, as well as the SST process. A total of 15% of the responses indicated that their learning was happening through formal means such as staff meetings (9%) and training (6%). These factors make it highly unlikely for respondents to have obtained in depth knowledge of the process from their principals.

What respondents were likely referring to when they stated “superiors” in their responses noted above, may have been colleagues who have volunteered to become grade level leaders. Therefore, the perception of having superiors may be incorrect, as these grade level leaders have obtained their positions through a commitment of time and not necessarily through rank or their expertise in the SST process. Given these facts, a more accurate picture of the way staff is coming to knowledge of the process would be given by the combination of the 56% of responses that indicated learning was happening through colleagues with the 16% of responses indicated that learning was happening through superiors. The combination for these responses yields a total of 72% of the responses indicating the learning about the OVSD’s SST process is coming through informal means of staff development.

These responses may be a representation of the limited amount of formal training that is available under the current circumstances. These may also be a reflection of the need to ensure that knowledge is properly passed on to the staff in an efficient and accurate manner. Based on the responses, it can be concluded that training in this area is not occurring in sufficient quantities or the level of detail required so that it reaches the front line operators that are involved in the process. Other means of learning about the process, according to the responses, were trial and error (7%), pre-service (3%) and outside sources (4%).

Question 3, another question in the current standing category, asked participants to rate the level of ease that they have encountered while navigating through the process. Of the respondents that had referred students to the process, 3% found the process easy, 10% moderately easy, 47% medium, 32% moderately difficult and 8% difficult. Ruling out the medium responses (47%), of the remainder of responses there were approximate 40% moderately difficult (32%) to difficult (8%), while only 13% found it moderately easy (10%) to easy (3%). These responses obtained from Question 3 are depicted in figure 4.1 in a normal bell curve format to facilitate the analysis of the data.

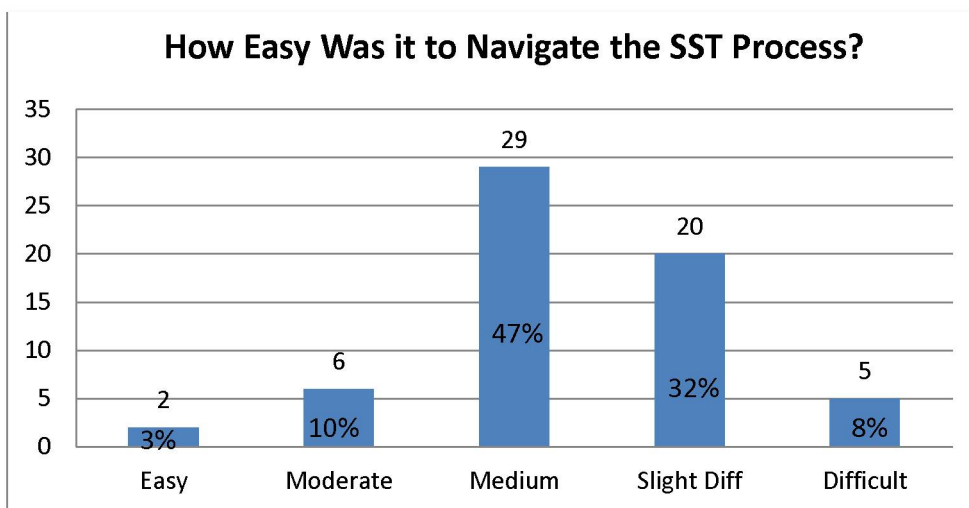


Figure 4.1 Responses to Question 3



The responses in figure 4.1 above indicate that more respondents found it moderately difficult to difficult than moderately easy to easy by a 3 to 1 ratio. The accumulation of these responses on the moderately difficult to difficult side, indicate that the process could be made much more user friendly and easier for users to navigate. A more user friendly process would have made it more likely for respondents to have used the process more effectively and potentially more frequently. These results yield a high probability that some respondents may not be using the SST process as frequently as they could or should due to the perceived difficulty level.

Question 4 is in the future standing category. It asked respondents their opinion on what supports would have made, or would make the SST process easier for them to navigate. Out of the 104 responses that were given, the leading answers called for “more efficiency” in the process (31%), “more training” (20%), and “more consistency” (19%). These three top ranking categories (efficiency, training and consistency) add up to 70% of responses. Figure 4.2 illustrates a summary of the supports desired by the staff of the OVSD

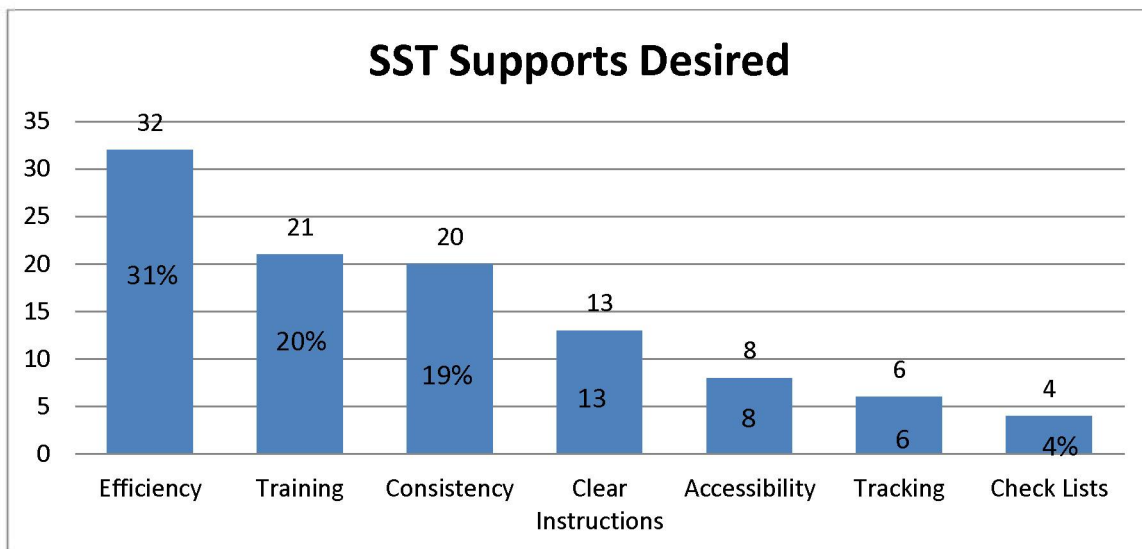


Figure 4.2 Responses to Question 4

It is apparent by the results in figure 4.2 that the respondents do not find the process very efficient and/or consistent, but this may be due to their lack of knowledge that comes from training on how to navigate the process. In addition, respondents also identified “clear instructions” (13%), “accessibility” (8%), “tracking” (6%), and “checklists” (4%) as possible program improvement options to the program. If we add three of the four categories (clear instructions, accessibility, and tracking) that correlate to the 70% of responses listed as top ranking, the data points to the fact that 93% of the answers could be addressed through proper training.

Going back to the current standing category, Question 5 asked respondents to reveal if they had ever used the OVSD SST handbook in their past experiences with the process. Only 7% of the respondents (five individuals) indicated that they had used the handbook to help them through the process in the past, while 89% of them (67 individuals) indicated that they had never used it. The remaining 4% of the respondents (3 individuals) left this item blank. The large proportion of respondents that have not used the SST handbook could perhaps be explained by the fact that the handbook is 17 years old and a great majority of the staff is relatively new. However, these answers also reveal that the majority of the respondents have been navigating the process without a set of guidelines and/or reference materials and aids provided by the District to help direct them through it.

The data reveal that in the absence of clear procedures or guidelines mandated by the District, coupled with the lack of training, the staff has been forced to come up with coping mechanisms to assist them through the process. As revealed in Question 2, the majority of staff is resorting to ask other colleagues for information about how to navigate the process. The colleague’s understanding of the process may, or may not be accurate. The only way in which

the OVSD can remediate the transfer of misleading information that strays from their guidelines is through direct training that informs personnel what is expected of them and how to go about it.

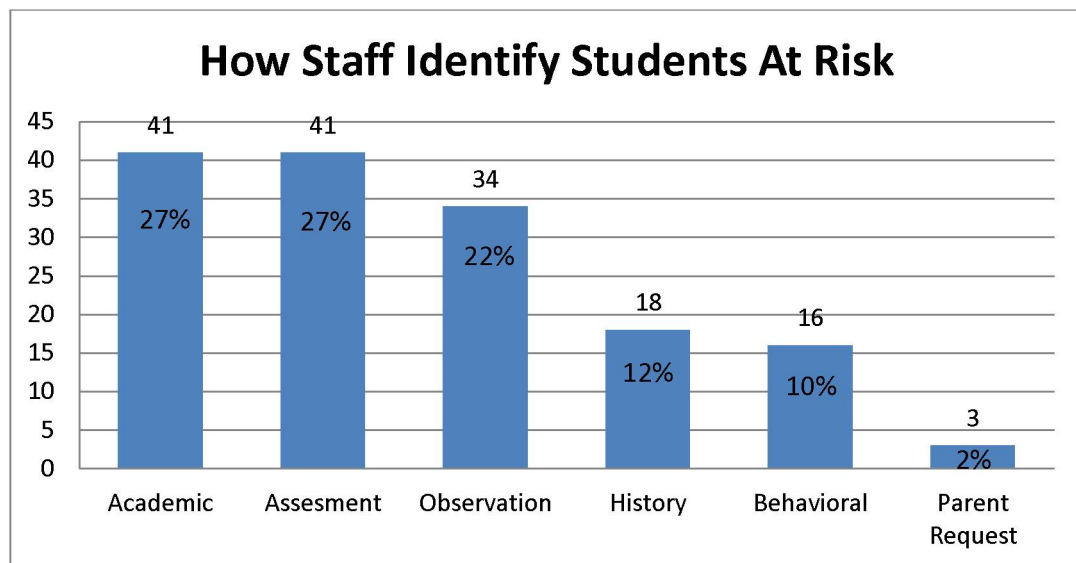
Two follow-up current standing questions trailed Question 5. Question 5a, asked respondents who had used the handbook, their feedback on how useful they had found it. This question was asked to help reveal the usefulness of the SST handbook. Although the data set, 7% of the respondents (five individuals) was too small to analyze any real correlation, it is interesting to note that only one out of five staff members found the handbook useful. Two of the respondents that had used the handbook (40%), indicated that it used because it was the only thing they had to use. The rest of the respondents of this question either did not find it helpful (20%), or could not comment on its usefulness (20%). While this answer did not yield much information on the actual usefulness of the SST handbook throughout the process, it did reveal the large amount of individuals who had never used it in the past, or had access to it at all.

The second follow-up question, asked the remaining 67 respondents (89% of total) who had not used the SST handbook in the past to list the main reasons for the lack of use. 92% of them indicated that they were not aware the handbook existed, 6% indicated that they did not have one in their possession and 2% did not know where to obtain one. The large proportion of respondents that claimed not to know that a handbook even existed may be due to the fact that the majority of staff is relatively new to the District. However, these answers also reveal the need for the OVSD to be more proactive in making the tools available to new staff that can help them navigate them through such an important process. Perhaps if these individual had been offered access to the SST handbook, or a guiding tool of some sort, they would have felt more supported in their mission to help struggling students and would have reach out to access more intervention strategies had they felt guided through the process.

Question 6, a current standing question, reached out to respondents to ask them about actual possession of the SST handbook. The purpose for this question was to find out if the staff actually had SST handbooks in their possession, and for some reason were opting not to use them. 6% indicated that they did have one in their possession, 88% said they did not, 4% couldn't remember whether they did or not, and 3% left this question unanswered. The 6% of respondents that indicated they did have a SST handbook in their possession seem to correspond with the 7% of respondents who had actually used it. Comparing these two sets of responses helps clarify the handbook's usefulness compared actual possession of the handbook. Potentially, at least 90% of those who actually had the handbook in their possession actually had used it, making the handbook an important tool to help the staff navigate through the process and worth revisiting and actualizing. Expectations of the staff to do a job, for which they have no training or the tools to complete successfully, would seem to be unlikely and unrealistic.

Question 7, a current standing question, asked respondents to about knowledge of how to gain access to the SST handbook. The question asked the staff, if they knew where they could find one. Of the 72 participants, 91% of them did not know where they could get access to one and 9% indicated that they did have knowledge of where to get one. The large amount of respondents, who have no knowledge of where to find one, would seem to indicate a possible breakdown in communication channels and the means by how information is disseminated from the District level to the schools and consequently to the staff. These answers would seem to indicate that respondents have no idea if the SST handbook could be found at a state, district, or school level and/or the possibility that the staff does not know who to turn to (the District's assigned personnel), that could and should be accessed should they need a tool to help them navigate through such an important process.

Question 8, a current standing question, asked the staff to identify the means by which they identify at-risk students. A total of 153 different responses were collected. Of those responses, two of them produced exactly the same percentage of answers. The responses indicated that 27% of staff identify at-risk students through different “assessments” and 27% of them through “academic performance”. The remaining responses identified 22% of staff identifying struggling students through “observation”, 12% identified a “student’s history of academic performance”, 10% identified “behavior” and 2% identified “parent requests” as identifiers used in the recognition of at-risk students. Figure 4.3 has been included to demonstrate the results in number form for each identifier and in percentage of total answers received from the staff.



*Figure 4.3 Responses to Question 8*

When 27% of identifiers labeled as “academic performance” are combined with the 27% of the ones labeled “assessments” and the 12% labeled “historic academic performance” to identify at-risk students, we find that a great majority (66%) of identifiers have to do with academic achievement alone. Furthermore, if the references to “observations” (12%) and

“behaviors” (10%) are based on teacher’s evaluations of a student’s actions during performance tasks in the classroom, this would indicate that as many as 88% of the identifiers are using some sort of hard rule for the identification and referral to the SST process.

Perhaps this data reveals an overreliance on academic performance, benchmarks and grades by staff members that could be causing an undeserving amount of students being identified as at-risk within the OVSD. This data could also signify that the staff is using these hard rules as identifiers, as they are untrained to identify other factors, such as health and social/emotional/behavioral issues and/or have the knowledge of how to intervene when these manifest themselves in the classroom. These identifiers help trained staff look at the softer side of students to determine if they may have the potential of dropping out of the educational system and require a completely different set of interventions in the classroom to help struggling students.

Question 9, a future standing question, asked participants to make recommendations for the content of an actualized version of the SST handbook. A total of 67 recommendations were collected. Listed from high to low, 40% of the recommendations requesting that a new, more user friendly process be implemented, 12% of the recommendations pointed to checklists of identifiers and items that could be included as proof of the interventions given to the students be included and 10% of recommendations asked for a list of remediation strategies and interventions be included. Another 10% of recommendations asked for a map or flowchart of the process to be provided, 8% of recommendations asking for student samples to be included and 6% of recommendations asking that a specific timelines to be offered in the handbook. Another 6% of the recommendations suggested follow-up procedures and responsibilities be clearly outlined, 4% of the recommendations requested a full explanation of the process be included and

2% of the recommendations pointed to the desire to have electronic copies of the booklet available to the staff. The final 2% of the recommendations requested developmental benchmarks to be included in the handbook.

It is important to highlight that of the 72 respondents that took the survey, 29 of them out did not include any recommendations at all for question 9 regarding the actualization of the handbook. This yields a 40% non-response rate for this question. The 67 recommendations received came from only 60% of the respondents. In addition, 40% of recommendations that called for a more user friendly process speak for the actual mainstreaming of the procedures, rather than items that could be included or could help shape the actual document. This is perhaps once more, a reflection of the lack of knowledge and training that the OVSD personnel has with regard to the SST process and what it entails. The non-response rate may also relate to the respondent's ability to verbalize their wants or needs. In either case, the 60% of individuals who did voice their recommendations in the actual shaping of the actualized version of the handbook will hopefully gain some sense of ownership in the final product.

Finally, question 10 asked respondents if a one page reference sheet, a suggestion that came from the OVSD office, would be found helpful in addition to the actualized version of the SST handbook. The majority of respondents (99%) expressed their desire for the additional tool that was suggested to help guide them through the SST process. Only 1% of respondents indicated that they would not find such a tool helpful. This majority of requests for the desire of this tool reflect the staff's appeal for further tools to be provided by the OVSD in order to make the navigation of this process a little easier. It is also important to highlight that there was a 100% response rate to this question.

## **CHAPTER 5**

### **Outcomes**

Based on the research conducted, it has been determined that an effective Student Study Team consists of a group of educational professionals, child development experts and parents that know the at-risk child's strengths and weaknesses and gather in a collaborative effort to make informed decisions regarding the interventions the child needs in order to succeed in the general education system. However, there is great diversity of schools, administration, personnel, and resources available within our educational system. Every day, education professionals make their best attempts to provide an equitable learning environment for their students in classrooms across. Nonetheless, a practitioner's efforts are highly impacted by the level of knowledge and support each individual has, as it affects their ability to recognize, apply and sustain strategic interventions that meet their students' needs.

With great pressure from the state, county, district and school levels to meet benchmarks grade level and state standards, SSTs are recognized as essential elements that form part of RTI<sup>2</sup> framework that support educators confront the overwhelming task of knowing every different strategy that satisfies their students' needs. However, the process can prove to be frustrating and time consuming and with increasing numbers in the classroom, teachers sometimes resort to repeatedly referring struggling students to SSTs for special education assessments instead of solving social, academic, language and/or behavioral issues in the classroom. This is a coping mechanism that administrators try to monitor and overrule through a system of checks and balances imbedded in the program, but in the process they sometimes neglect to look at fixing the root of the problem which is to provide the knowledge and support practitioners truly need.



The SST process is only a single aspect of RTI<sup>2</sup> programs, but it serves as the first line of defense to a balanced system that protects an at-risk child's right to an equitable education that provides for strategic, researched-based interventions at the intensity levels that coincide with the level of their needs. The data gathered at the three elementary school sites of the OVSD shows that few practitioners are actually following the set of procedures and guidelines established by the District. Those who are following the process, are likely not to be following it correctly, as few supports exist to impart the knowledge needed on how to use it properly. An effective RTI<sup>2</sup> model calls for practices and strategies that are organized within a system of Tiers (Tier 1 – Benchmark, Tier 2 – Strategic and Tier 3 – Intensive), that are well documented and supported by the district or school site and that have been planned around communication, professional development, allocation of key resources and the development of a collaborative culture and structure.

At the OVSD, there seems to be a breakdown of communication between the transfers of information from the District level to the schools and their staff. Training and upkeep of the program is administered sparingly and room for improvement is evident in key areas of the intervention platform, such as commitment to professional development in this range of expertise, budget allocation, human resources, maintenance, collaboration, progress monitoring and fidelity to the parameters of a program. This is evidenced by the teacher's pleas for knowledge in the survey results (i.e., "please provide training") and tools to help them do a better job (i.e., "please provide clear guidelines"). Communication is one of the pillars by which the RTI<sup>2</sup> program and the SST process are built. Without communication, the implementation, support and sustainability of any system implemented by the OVSD, will be very unlikely to

succeed. The establishment of periodic checkpoints and training provide for integrity of the program and for improvements in the system and tools available to staff.

It is also clear that the OVSD administration, although doing their best efforts to back and support the needs of every teacher in the classroom, is struggling to find ways to improve the current state of the RTI<sup>2</sup> platform at every school in the District. No one seems to know how to confront such a great endeavor, as even when staff is approached to find ways to improve the system, little or no feedback is given due to the lack of knowledge on the subject. Until a robust RTI<sup>2</sup> program is put in place and training of current and future employees becomes a priority, old practices will slowly continue to creep back to the forefront, dismantling the integrity of any newly established protocol. In addition to the enactment of a robust program with well-defined guidelines and procedures, it is also important to highlight the strategic allocation of human and capital resources to sustain the program's integrity and strength. It is not until these resources are matched with clearly defined roles with the support of a concise road map that can be easily accessed by anyone navigating the process that teachers and students will attain the tools they need to succeed.

This project and the resulting proposal for the actualized copy of the SST handbook were meant to be catalysts for change. They were both engineered to heighten awareness and provide feedback to the OVSD's administration of the teachers' perspectives of the effectiveness of the overall SST referral program and help everyone involved get a head start on the road to change. During the data gathering process, the fact that it is the regular education teacher's responsibility to recognize the source of students' struggles and apply tiered interventions to help them overcome their issues became evident. Nonetheless, until teachers become properly trained on how to effectively recognize social, academic, language and/or behavioral issues in the

classroom and know the strategies to be implemented to help struggling students overcome them, children will not get the education they deserve.

In order for the OVSD's RTI program and the Student Study Team process to maintain a focus on high quality of instruction and intervention integrity, the District must require of their teachers and staff to have a high commitment level to the implementation and fidelity of the newly established program. This can be achieved by setting high expectations for them that safeguard high-quality classroom instruction, assessments and data collection across the District. A District wide assessment system that includes screening, diagnostic and process monitoring of all students and that informs instruction at every Tier of service is crucial. From this point, collaborative teams, such as the SST, can effectively identify problems, develop interventions and make informed instructional decisions for the students. Staff development and collaboration help this function through research-based instructional strategies that analyze student work and work together to make appropriate decisions regarding the interventions and appropriate intensity levels that meet students' needs.

Education is a collaborative process and no one single person educates a child on their own in the public education system. However, although public education is a shared responsibility, it is ultimately the professional general education teacher's responsibility to seek out the tools they need to satisfy the needs of their students. Having this great responsibility on their shoulders, teachers must proactively pursue knowledge and be provided with it – as they cannot seek what they don't know – in order to become acquainted with what the process entails, what the District guidelines are and how to operate through them successfully. They must also be respectful of District's guidelines and participate in ongoing collaboration processes that allow for synergy and collaboration to be built horizontally (across grade levels) and laterally (within

the mandated structural framework). However, sometimes overwhelmed by the classroom responsibilities, educators choose to stay in their own silos and don't reach out to seek the level of communication, tools and professional development they deserve and need.

It has been my hope, through this study and project to open the doors for discussion and further collaboration between all of the stakeholders in this process. Until everyone realizes that these are children's lives we are affecting, not commodities that are replaced year after year, the program will continue to play out as it has for the last 17 years (since the last actualization of the program). The hope is for all stakeholders in the OVSD to have become aware of the need for change and continue to be supportive and proactive to meet the needs of their staff and the children they serve. It is my hope that the momentum generated through the research, data gathering and the resulting actualization of the SST handbook continues and guarantees the students at OVSD the focused, high quality educational and intervention program that they deserve and need.

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## **APPENDICES**

- A. OVSD'S Staff Survey
- B. Cooperating Institution Support Letter
- C. Informed Consent Form
- D. Oral Presentation Speech
- E. Handbook

APPENDIX A

Identifying Best Practices in the OVSD's  
Student Study Team (SST) Referral Process

1. Have you ever referred a student to the Student Study Team (SST)?

Yes

No

If you have, how did you learn about the process?

3. On a scale of 1 to 5 (1 being easy and 5 being hardest), how easy was it to navigate the SST process?

1

2

3

4

5

4. What supports do you think would have made, or would make the SST process easier for you to navigate?

5. Have you ever used the Ocean View School District SST Handbook?

Yes

No

If yes, how helpful was it?

If not, why?

6. Do you have an SST handbook in your possession?

Yes

No

7. Do you know where to find one?

Yes

No

8. How do you identify at-risk students?

9. In preparation of an actualized copy of the SST handbook, what recommendations would you make for its content?

10. In addition to the handbook, would you find a one page reference sheet that lists the factors to consider when making referral decisions useful to have?

Yes

No

## APPENDIX B

### COOPERATING INSTITUTION'S LETTER OF CONSENT

#### ADMINISTRATION

CRAIG W. HELMSTEDTER, Ed.D.  
Superintendent

SUZANNE LANGE  
Assistant Superintendent –  
Administrative Services

MICHELE HELLEWELL  
Assistant Superintendent –  
Business Services

MARCIA TURNER  
Assistant Superintendent –  
Educational Services



#### GOVERNING BOARD

PAUL H. CHATMAN  
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JAMES A. MERRILL

October 14, 2014

#### **Establishing Best Practices in the SST Process of Ocean View School District**

Research and Sponsored Programs Office  
CSU Channel Islands  
One University Drive  
Camarillo, CA 93012-8599

Dear Members of the Committee:

On behalf of Ocean View District, I am writing to formally acknowledge our awareness of the research project proposed by Katy Greenwood, a student at CSU Channel Islands. We are aware that Katy Greenwood intends to conduct her research by administering a survey to teachers, administrators and staff who are employed by the District and that are associated with the Student Study Team (SST) referral process.

I am the Assistant Superintendent of Administrative Services for the Ocean View School District, and I am responsible for employee relations. I give Katy Greenwood permission to conduct her research in our District.

If you have any questions or concerns, please feel free to contact my office at (805) 488-4441.

Sincerely,

Suzanne Lange  
Assistant Superintendent – Administrative Services

#### *Mission Statement*

*Ocean View School District ensures opportunities for student learning and success by empowering families and staff to work together so that all students achieve their highest academic potential and are prepared to live and learn in a rapidly changing world.*

APPENDIX C

INFORMED CONSENT LETTER

Informed Consent for Teachers

**Identifying Best Practices in the SST Process for Ocean View School District**

---

You are invited to participate in a study focused on identifying best practices for the SST process in our district being conducted by Mrs. Katy Greenwood. I hope to learn about how the process can be improved and streamlined. You were selected as a possible participant in this study because of your affiliation with the district.

If you decide to participate, I will be requesting that you fill out a written survey that will take approximately 10 minutes of your time. I do not expect that you will encounter any inconveniences above and beyond the amount of time it takes to complete the survey.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. If you give me your permission by signing this document, I plan to disclose only the overall analysis of the outcomes. Your responses will remain confidential; no names will be used in a project. No identifying information such as your name will be used if any results are disseminated in publications or at professional conferences. In these circumstances, each participant will be assigned a numerical code or pseudonym and be referred to only by their code or pseudonym. All data will be kept in a locked filing cabinet.

Your decision whether or not to participate will not prejudice your future relations with me or the Ocean View School District. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

If you have any questions, please ask me. I can be reached at 805-469-7401 or [Katygwood@verizon.net](mailto:Katygwood@verizon.net).

I will be given a copy of this form to keep upon request. I AM MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. MY SIGNATURE INDICATES THAT I HAVE DECIDED TO PARTICIPATE HAVING READ THE INFORMATION PROVIDED ABOVE.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

Questions or problems about your rights in this research project can be directed to Institutional Review Board at [irb@csuci.edu](mailto:irb@csuci.edu) or you may call 805-437-8495.



## APPENDIX D

### ORAL PRESENTATION TO THE OVSD'S STAFF

Good afternoon everyone, my name is Katy Greenwood and I am a 3<sup>rd</sup> grade, dual-immersion teacher at Tierra Vista Elementary School. First, I would like to thank you all for taking time from your busy schedules to be here today and I would also like to thank Principal \_\_\_\_\_ for setting the time aside from her staff meeting for me to carry out the project that I'm about to present to you.

I am here today on behalf of our District working to assist them by conducting a survey that will help us generate and develop an updated version of our Student Study Team (SST) handbook that ALL teachers in the district can use. Our current SST manual was last updated in the 1980s. As you can see, this manual is updated very infrequently; therefore, your input, feedback and candor are essential to the success of the revision of this manual. If we fail to do this well, it may be another 17 years before it is revised again. This is why I am here today asking for 30 minutes of your time and your undivided attention to help me with this process by filling a survey that will be critical to the success of this project.

The first form that is being handed out is a **consent form** that is required to conduct the survey and guarantee confidentiality. You have my personal promise that I will honor that confidentiality. At no time, will anyone (including myself) know the identity of the respondents. The consent form is purposely separated from the actual survey to guarantee your anonymity. As you are well aware, one of our primary duties as educators is to look after our at-risk students. I will tell you that this survey is optional, but implore you to please participate in this process as the opportunity to be catalysts for change doesn't come very frequently for us as educators and we need to work together to assure that we provide the best response to our students that need us most. Despite the curriculum, the actual work comes from us, so we must work together to make a difference. No bureaucracy is going to affect the kind of changes that we convey.

The second page is the actual survey. The questions are simple and for many of them I just ask that you simply circle a response. This was done purposely in consideration of your time. Only a few of them are open responses. Please take your time to provide thoughtful responses to these questions and elaborate as much as possible on them. Your honesty in candor with regards to our **current process** and **how you see ways to improve** the **practices** that are **currently in use** may very well be the basis for the success or failure of our at-risk Students.

Although the questions are pretty straight forward, at any time, please feel free to raise your hand if you do need any clarification. When you are done, please return the consent forms to this bin and the surveys in this other. Please do not put your name on the surveys. You will now have 30 minutes to complete the survey if you choose to do so.

Thank you very much in advance for your cooperation.



# *Student Study Team Handbook*



Suzanne Lange - Assistant Superintendent Administrative Services

January 2015

## TABLE OF CONTENTS

Introduction	
Section 1: Defining the Student Study Team	
1.1 SST Intervention Principles	3
1.2 The Role of the SST in the Education of Students	4
1.3 SST Membership	5
Section 2: Procedures and Guidelines for the Student Study Team	
2.1 What are interventions?	11
2.2 TIER I Interventions	12
2.3 TIER II Interventions	12
2.4 TIER III Interventions	13
2.5 Accommodations vs. Modifications	13
2.6 Interventions for At-Risk Students due to Social/Emotional and Behavioral Concerns	15
SST Referral Forms – Area of Concern: Social/Emotional and Behavioral Concerns	18-20
2.7 Interventions for At-Risk Students due to Academic Concerns	21
SST Referral Forms – Area of Concern: Academic Concerns	24-26
2.8 Interventions for At-Risk Students due to Health Concerns	27
SST Referral Forms – Area of Concern: Social/Emotional and Behavioral Concerns	30-32

# Ocean View School District

## The Student Study Team

### Introduction

The Student Study Team (SST) is a collaborative, school-based, problem solving team that is organized to address academic, medical, behavioral/emotional and/or other problems which might be interfering with a student's ability to obtain an appropriate education. If a student is struggling in the general education program, state and federal law require that the school implements and documents interventions in the general education classroom. In some instances, students experience little or no progress as a result of focused, immediate, and effective intervention in the classroom. The Student Study Team (SST) meets to investigate and assess the possible causes of a student's academic, medical, behavioral/emotional and/or other problems, and develops and monitors a more intensive intervention plan.

### Section 1 – Defining the Student Study Team (SST)

#### 1.1 SST Intervention Principles:

The Ocean View School District is committed to the highest standards of professional ethics and continuing quality improvement. Therefore, the Student Study Team's processes and procedures are designed to ensure the proper use of valid data as a basis for recommending changes in the school environment and delivery of academic services to our student population.

The principles that guide the SST actions include:

- Learning is a unique experience for each child. Subsequently, delivery of instruction must be personalized and student-centered.
- Time is of essence when it comes to teaching, learning, and behavioral issues. In order to avoid escalation or exacerbation of difficulties and struggles, focused, immediate, and effective interventions must be enacted promptly.
- Parents, guardians, caregivers and teachers are crucial partners in assuring student's success. Continuous active support and assistance is provided to parents and teachers.
- Parents and students will be provided with appropriate procedural safety and privacy.
- The referral of a student to the SST is for the purpose of making a determined effort to meet each student's individual and varied needs in the least restricted environment.
- All possible alternative explanations for a student's difficulties are explored before looking for a problem within the student as an explanation.

- Recommendations of any kind are based upon the analyses of professionals dedicated to the education of the child and are free of personal, cultural, racial, gender, socioeconomic, and professional bias.
- The SST will act as a facilitator for change, but the changes come from the real work in the classroom, home, and community.
- There are no “one size fits all” intervention strategies. The strategies used are based on the unique situation of each student, classroom, home and community.
- Intervention is student outcome-based, not placement based.
- The SST will develop and safeguard rules of discussions that make equitable participation possible where each person’s knowledge, skills and experience are respected and valued.
- Accurate documentation is essential to providing meaningful and responsible intervention.

## **1.2 The Role of the SST in the Education of Students:**

- The SST is a function of the general education system.
- The SST uses a systematic problem-solving approach that aids in the development of student-centered intervention and/or school-based intervention programs.
- The SST recommends transition services for students returning to school after extended or traumatic absences, e.g. Hospitalization, alternative school placement, etc.
- The SST empowers parents, teachers and administrators with the ability to address academic, behavioral (social/emotional), medical and/or other problems and concerns that may be interfering with a student’s ability to obtain an appropriate education.
- The SST manages the referral process for special education assessment
- The SST develops strategies and organizes resources for homebound educational services.
- The SST recommends the assignment of students to alternative learning programs or schools as outlined by county policies.
- The SST provides parents with a links to local community resources and/or outside services and alternative resources.
- The SST provides a system for accountability that monitors the educational needs of at-risk, home-bound, neglected, and/or health impacted students who perform either academically or behaviorally below expectations in compliance with state policies.
- The SST monitors active referral cases of transitory students and ensures that schools obtain the necessary documentation to continue school-based intervention programs.
- The SST acts as a liaison with military agencies in the transitional support of military dependent children.
- The SST works with other groups, teams and committees within the school in the design and implementation of student-centered academic or behavior intervention programs.

- The SST provides school administrators and staff with annual feedback on the efficiency, effectiveness and needs impacting SST support and student learning.

### **1.3 SST Membership:**

The SST membership may vary somewhat depending on the presenting needs of the students, parents or teachers. Core membership of the SST may be predetermined by each school site; however, each school should have at least one designated SST chairperson (or designee). In addition core or consistent membership should include the SST coordinator, the regular education classroom teacher, a designated recorder, the individual initiating the referral (if different than the classroom teacher or parent), and the parent or guardian. The parent or guardian should be invited to all SST meetings. However, their attendance is not mandatory in order for a meeting to take place. It is recommended that additional or other support staff generally be utilized only as necessary or essential depending on the needs of each student. Additional members can include, but are not limited to:

- School administrators
- Social workers
- School counselor
- School nurse
- School psychologist
- Speech/language specialist
- Resource specialist
- Special day class (SDC) teacher
- OT/PT specialist
- ESL staff
- Outside service providers
- Involved community agencies representatives (e.g. case manager)
- Others as needed (e.g. court appointed guardians, special needs nurse, etc.)
- Parents

#### **SST Chairperson:**

The primary function of the SST chairperson(s) is to oversee the comprehensive functions and activities of the SST while acting in a leadership, management and oversight role. In addition, the SST chairperson(s) ensures that the intervention and referral procedures outlined in this and related documents are fully met. The individual selected to be the SST chairperson should be assigned to the school on a full-time basis and be delegated (unless already held) the authority that is reasonably appropriate to carry out these duties. The Ocean View School District will select the SST chairperson(s) for each school site within the first 10 days of the beginning of each school year.

Within each context, an SST chairperson(s):

- Provides essential leadership, focus and oversight management

- Is familiar with individual responsibilities and procedures outlined in this manual
- Ensures that SST referrals are not routinely used to address poorly defined academic or behavioral issues, e.g., those that should be addressed first through Tier 1 and/or Tier II intervention.
- Oversees the development of meeting agendas and necessary timelines
- Is present and remains for the duration of all SST meetings
- Calls meetings to order and presents agendas
- Encourages and promotes the participation and commitment of school staff and parents
- Monitors and promotes individual team member's participation and effectiveness
- Leads and focuses the discussion within each meeting
- Protects the integrity of the meeting and its purpose
- Develops team processes to ensure procedural safeguards are maintained
- Approves SST referrals
- Oversees the establishment and maintenance of individual student case files
- Oversees the maintenance of case logs necessary to respond to any administrative task
- Oversees the development of team processes such as team notification of meetings
- Encourages participation of members not routinely in attendance
- Ensures equitable delegation of tasks among SST members
- Guides the problem-solving and decision-making processes during the meetings
- Confirms that the SST documentation follows the students in case of school transfers
- Reviews and ensures that all SST information is valid, reliable, accurate and complete
- Confirms that all SST documents and other critical paperwork are updated
- Surveys staff to the effectiveness of the SST actions
- Holds school-based SST Annual Reviews
- Identifies training needs for SST team members

### **SST Coordinator:**

The primary function of the SST Coordinator is to carry-out the comprehensive functions and activities of the SST. The SST Coordinator manages the day-to-day operations of the SST and works with general education teachers, parents or referring parties to ensure that the intervention and referral procedures outlined in this and related documents are fully met. Principals will select the SST Coordinator within the first 10 days of the beginning of each school year.

Within each context of individual interventions, an SST Coordinator:

- Is familiar with individual responsibilities and procedures outlined in this manual
- In collaboration with the chairperson(s) ensures that SST referrals are not routinely used to address poorly defined academic or behavioral issues, e.g., those that should be addressed first through Tier 1 and/or Tier II intervention.
- Develops meeting agendas and ensures necessary timelines are met
- Is present and remains for the duration of all SST meetings
- Elicits and supports the participation and commitment of school staff and parents

- Supports individual team member’s participation and effectiveness
- Helps focus the discussion within each meeting
- Helps protect the integrity of the meeting and its purpose
- Maintains procedural safeguards
- Receives initial SST referral forms and checks them for completeness
- Reviews and accepts initial SST referral
- Maintains individual student case and/or SST files on each referred student
- Completes case logs necessary to respond to any administrative task
- Assists teachers and parents understand and participate in the intervention process
- Develops team processes such as team notification of meetings
- Ensures participation of members not routinely in attendance as needed
- Gathers intervention data and ensures that data is available for analysis during meetings
- Helps problem-solving and decision-making processes during the meetings
- Monitors and promotes the effectiveness of the SST actions
- Ensures that recorded SST information is valid, reliable, accurate and complete
- Ensures that the SST documentation follows the students in case of school transfers
- Maintains and updates all SST documents and other critical paperwork
- Schedules follow-up SST meetings as needed
- Maintains a “Watch List” and facilitates monitoring activities
- Participates in school-based SST Annual Reviews

**Regular Education Classroom Teacher:**

In the context of individual student-centered intervention, teachers are expected to:

- Be familiar with intervention resources and programs available within the school district
- Identify and intervene with at-risk student on the “Watch List”
- Identify students having difficulties and/or performing below grade level
- Differentiate classroom instruction to facilitate the academic growth of at-risk students
- Initiate and conduct Tier I interventions within the classroom’s learning environment
- Participate and support in Tier I, II and III interventions as needed
- Encourage early parent participation, commitment and support needed in interventions
- Complete necessary documents and actions as instructed by the SST chairperson and/or coordinator, e.g. IEPs, observations, etc.
- Develop, maintain and update Tier III interventions records

**Recorder:**

The primary role of the recorder is to ensure that the work of the SST is documented in writing for future reference, whether for planning, reviewing or evaluating interventions of students.

The SST member who serves as a recorder:

- Works with the SST Coordinator in developing and preparing the agenda for each meeting
- Develops and disseminates the agenda before meetings



- Takes notes and records all discussion that takes place during the meeting
- Formats notes and documentation in a manner that is useful to SST members and staff
- Distributes intervention plans to all appropriate members
- Ensures necessary forms are readily accessible before, during and outside SST meetings
- Maintains records of documentation as prescribed by the SST members
- Records functions and duties deemed appropriate by SST Chairperson and Coordinator

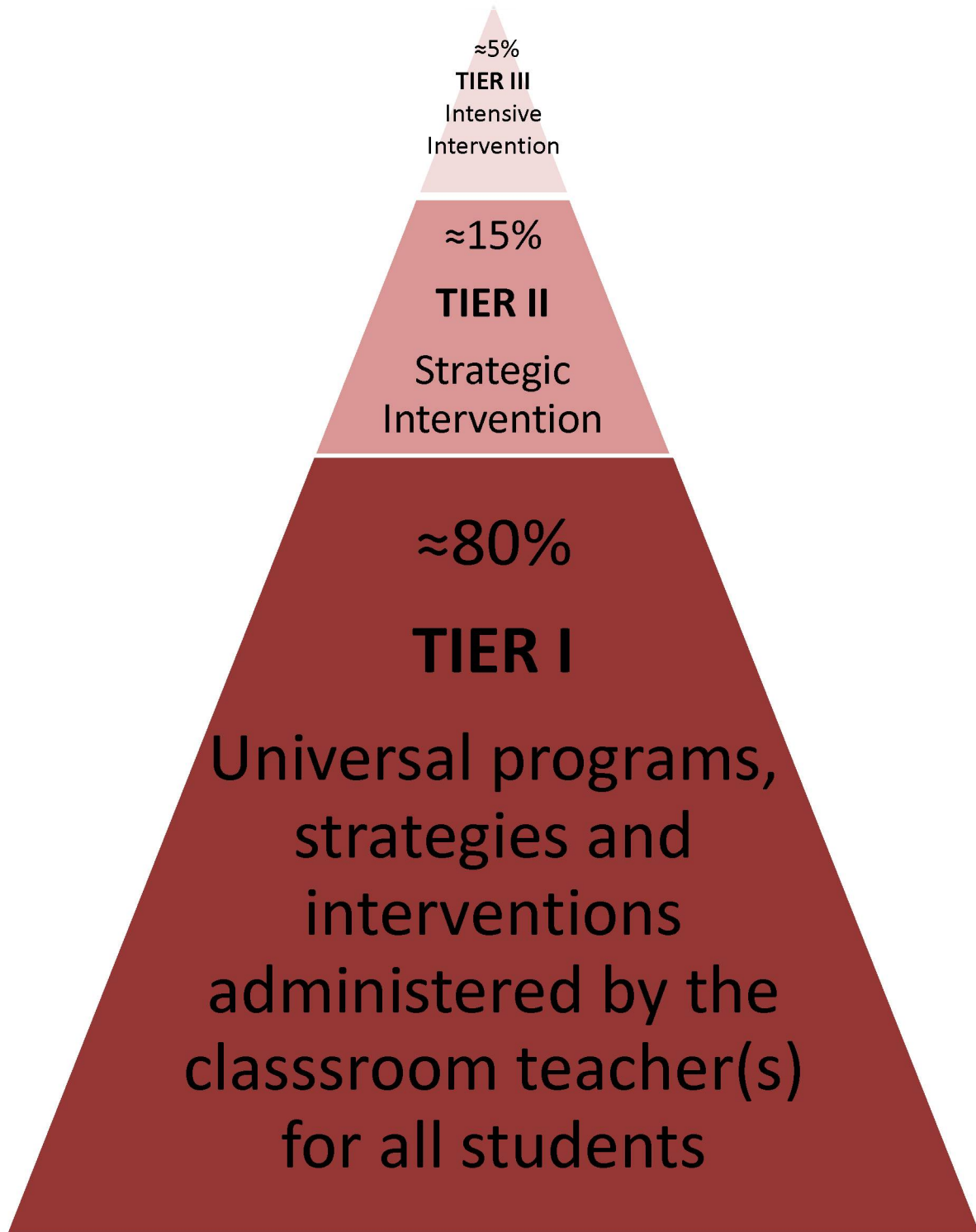
**Other Team Members:**

The role of other team members can vary significantly depending upon their specific areas of expertise, experience, availability for attendance, focus of referral concerns, etc. However, each team member must be able to:

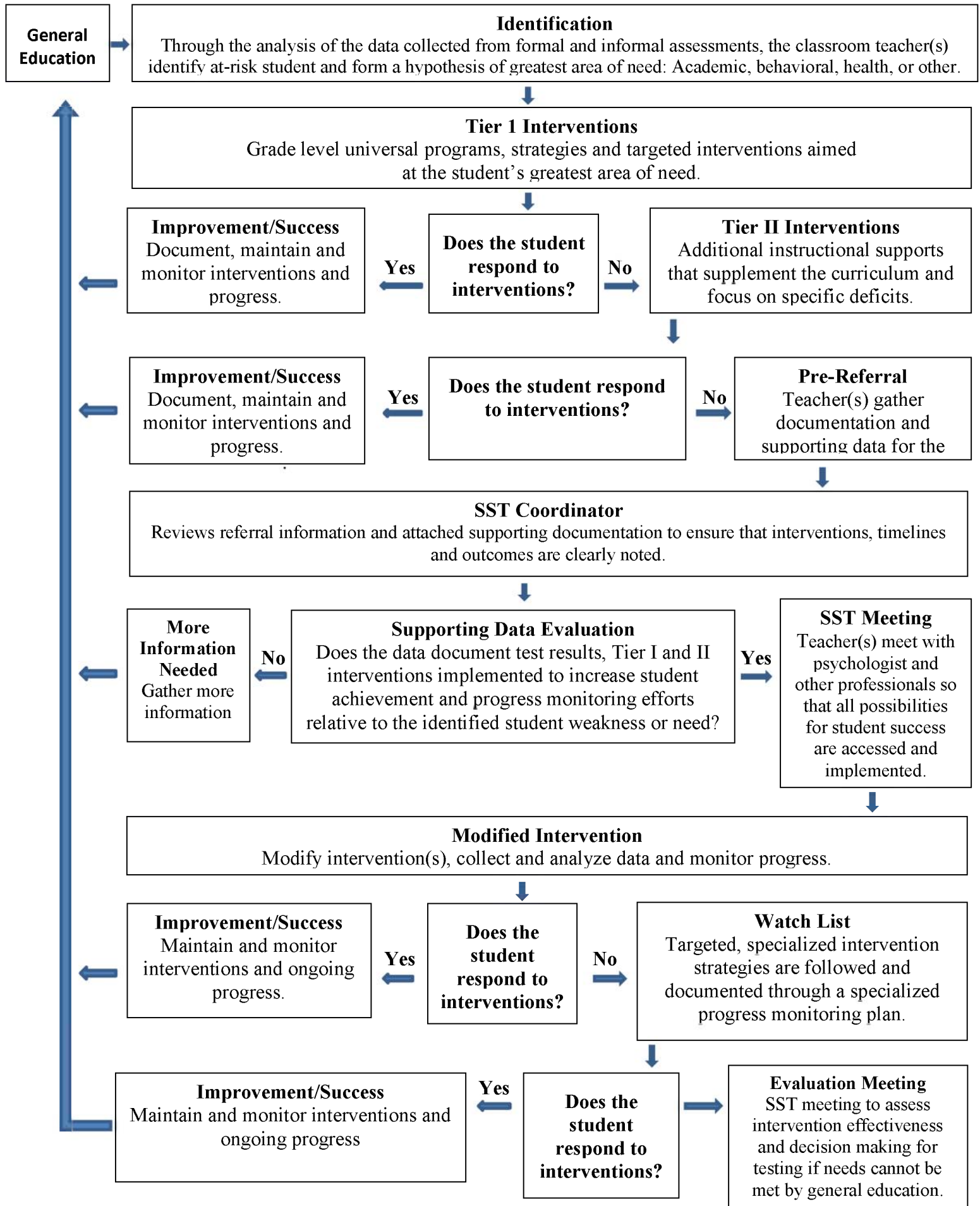
- Utilize own area of expertise in the development of student-centered interventions
- Perform or participate in any needed pre-referral or intervention actions or screenings that are within the member's area of expertise (e.g., work with teachers on Level II interventions, observations, social and health histories, etc.) and provide the results of such data gathering actions as appropriate
- Remain open to alternative methods of intervention and not base decisions on broad generalities
- Adhere to expectations set forth by the team regarding effective team behaviors
- Assist the team in making intervention plans that not only targets the changes needed for effective student achievement but also enhances the student's strengths
- Assist in helping teachers, parents, students, and others feel welcome and an integral part of the intervention process
- Assist the SST Chair in identifying team issues, concerns, and strategies to enhance team effectiveness and cohesion
- Be familiar with and committed to problem-solving processes and related procedures such as curricular-based measures
- Ask critical questions that help the team gather pertinent information about the whole child and his or her unique situation

## SECTION 2

### Procedures and Guidelines for the Student Study Team



## OVSD Student Study Team Procedural Flow Chart



## The Intervention Process

### **2.1 What Are Interventions?**

Interventions are added services and/or actions provided by a variety of personnel, including general education teachers, special educators, and specialists where student progress is closely monitored to assess both the learning rate and level of performance. They are characterized by:

- Targeted assistance based on progress monitoring
- Administered by the classroom teacher, specialized teacher, or external interventionist
- Provides additional instruction
- Individual or small group
- May be technology assisted
- Match curricular materials and instructional level
- Cue work habits/organizational skills
- Modify direct instruction time and group size
- Modify guided and independent practice
- Ensure optimal pacing
- Partner read
- Opportunities to self-correct mistakes
- Increase task structure (e.g., directions, rationale, checks for understanding, feedback)
- Increase task relevant feedback
- Increase opportunities to engage in active academic responding (e.g., writing, reading aloud, answering questions in class, etc.)
- Mini-lesson on skill deficits
- Increase the amount and type of cues and prompts
- Teach additional learning strategies
- Organizational/Metacognitive/Work habits
- Intensive one to one or small group instruction
- Change of scope and sequence of tasks
- Increase guided and independent practice
- Change types and method of corrective feedback

#### **Interventions are NOT:**

- Doing more of the same/general classroom assignments
- Preferential seating
- Parent contacts
- Classroom observations
- Suspension
- Retention
- Peer-tutoring
- Shortened assignments

## **2.2 TIER I Interventions:** High-Quality Class Instruction, Screening and Group Interventions

Tier I interventions are grade level, universal curriculum and instructional programs that are explicitly and systematically taught to all students using the most up to date and effective teaching practices. These are based on the following principles:

- The curriculum is based on the California Common Core Standards: (<http://www.cde.ca.gov/be/st/ss/documents/finaelaccsstandards.pdf>)
- The timing for interventions will vary according to each school's bell schedule, but it is assumed to occur within the 90-120 minutes a day for literacy instruction and 60-90 minutes a day for math with application of skills throughout the day and across content areas.
- The instructional environment/setting should be multiple, differentiated and flexible grouping formats that meet the students' needs within the regular education classroom.
- Student's progress is continuously monitored and formative assessments are used to provide evidence of each and every student's academic growth.
- Data is collected through formal and informal authentic and formative assessments that provide teachers with an academic prescription which ensures knowledge acquisition.
- Assessments are ongoing, formative, benchmark and summative, and are used to keep parents and staff informed of students' progress through the curriculum on a regular basis.

## **2.3 TIER II Interventions:** Targeted Interventions

Students, who through daily classroom performance and/or assessment data, demonstrate significantly lower levels of performance than their peers are noted as being "at-risk". Careful analysis of data by classroom teachers should indicate specific objectives and skills where deficits have been noted during assessment and daily performance. These interventions are characterized by:

- Communication between the general education teachers, special educators, specialists and the parents becoming more formal and documented.
- Classroom teachers immediately begin to provide additional instructional support that supplements the curriculum so that supplanting does not occur.
- Classroom teachers discuss student's deficits with other teachers and professionals so that all possibilities for student success may be accessed and implemented.
- Interventions are provided by the classroom teacher and/or another specialized teacher.
- Specialized/targeted intervention strategies should be implemented for a minimum of 30-60 minutes per day for a minimum of 2-4 times per week. These interventions should be explicit and focused on the greatest area of need for the student.
- Interventions should last for at least six to eight weeks to allow adequate time for the intervention to be carefully monitored for success.
- Progress monitoring should occur at a minimum of every 2 weeks.
- The instructional environment/setting should be homogeneous small group (maximum of 6 students) of differentiated and alternative strategies that aim at providing instructional support to supplement the curriculum and focus on the specific needs of the students.
- Formative, benchmark and summative assessments, along with progress monitoring twice a month on target skills to ensure adequate progress and student learning.

## **2.4 TIER III Interventions: Intensive Interventions and Comprehensive Evaluation**

This is the most intensive phase of the intervention process and should only be required for a few students. Supplemental, intensive interventions with increased intensity and frequency are needed, when a student's deficits become so severe and acute despite the concerted efforts of Tier I and Tier II systematic practices. Interventions for these students are customized, focused and sustained to specifically to align and support their needs as noted in their Individualized Educational Plans (IEPs) and follow customized assessments and progress monitoring procedures in accordance with the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004) guidelines (<http://idea.ed.gov/>).

- Sustained, intensive, research-based programs, strategies, and interventions designed to supplement the universal instruction provided in Tier I and Tier II programs.
- Explicit, intense, differentiated instruction in the regular education classroom or appropriate setting designated by the school.
- Individualized or small, homogeneous group instruction.
- Student's specific learning difficulties are discussed with parents and a formal team of professionals that has been trained to professionally discuss student deficits and provide additional targeted research-based interventions.
- Formative, benchmark and summative assessments along with progress monitoring weekly on targeted skills to ensure adequate progress and student learning.
- Data collection should continue to be a focus in order to document student progress and keep cum folder and IEP records current and revised accordingly.

## **2.5 Accommodations vs. Modifications**

It is important for all education professionals to understand the differences between Interventions, accommodations and modifications. In addition to classroom interventions, teachers can help children with learning and attention issues succeed in school by utilizing some common accommodations and modifications.

**Presentation accommodations** allow a student to:

- Listen to audio recordings instead of reading text
- Learn content from audiobooks, movies, videos and digital media instead of reading print versions
- Work with fewer items per page or line and/or materials in a larger print size
- Have a designated reader
- Hear instructions orally
- Record a lesson, instead of taking notes
- Have another student share class notes with him
- Be given an outline of a lesson
- Use visual presentations of verbal material, such as word webs and visual organizers
- Be given a written list of instructions

**Response accommodations** allow a student to:

- Give responses in a form (oral or written) that's easier for him
- Dictate answers to a scribe

- Capture responses on an audio recorder
- Use a spelling dictionary or electronic spell-checker
- Use a word processor to type notes or give responses in class
- Use a calculator or table of “math facts”

**Setting accommodations** allow a student to:

- Work or take a test in a different setting, such as a quiet room with few distractions
- Sit where he learns best (for example, near the teacher)
- Use special lighting or acoustics
- Take a test in small group setting
- Use sensory tools such as an exercise band that can be looped around a chair’s legs (so fidgety kids can kick it and quietly get their energy out)

**Timing accommodations** allow a student to:

- Take more time to complete a task or a test
- Have extra time to process oral information and directions
- Take frequent breaks, such as after completing a task

**Scheduling accommodations** allow a student to:

- Take more time to complete a project
- Take a test in several timed sessions or over several days
- Take sections of a test in a different order
- Take a test at a specific time of day

**Organization skills accommodations** allow a student to:

- Use an alarm to help with time management
- Mark texts with a highlighter
- Have help coordinating assignments in a book or planner
- Receive study skills instruction

**Assignment modifications** allow a student to:

- Complete fewer or different homework problems than peers
- Write shorter papers
- Answer fewer or different test questions
- Create alternate projects or assignments

**Curriculum modifications** allow a student to:

- Learn different material (such as continuing to work on multiplication while classmates move on to fractions)
- Get graded or assessed using a different standard than the one for classmates
- Be excused from particular projects

Accommodations	Modifications
<ul style="list-style-type: none"> <li>• Teach same standards – different path</li> <li>• Level the “Playing Field”</li> <li>• Expand testing procedures (i.e., read aloud, extended time, testing in a separate room, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Usually associated with IDEA</li> <li>• Change rigor but not standards</li> <li>• Change core of programs</li> <li>• Create the “Playing Field”</li> </ul>

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Aid classroom procedures (i.e., seating, note taking, outline/study guides, etc.)</li></ul> |  |
|---|--|

## 2.6 Interventions for Students due to Social/Emotional and Behavioral Concerns

### Introduction:

The purpose of the following information is to provide some ideas on interventions and strategies that can be used as part of a positive social/behavioral intervention plan. These strategies are not meant to be comprehensive or exclusive of other strategies/interventions. They simply represent a set of ideas that could be elaborated and modified for each individual student. Remember, the interventions chosen should correspond with the function of behavior and/or socio/emotional need (e.g., if student's behavior is attention seeking, choose interventions that deliver attention only for appropriate behavior).

### Prevention Strategies:

#### 1. Curriculum Adjustments

- Appropriate and motivating curriculum
- Adjust the amount of assignment given to the student at once
- Adjust the difficulty of the assignment
- Intersperse difficult assignments with easier assignments
- Break assignments into manageable sections
- Modify task length
- Assign tasks that require active participation
- Assistive technology devices or services
- Allow for —do-overs
- Personal interests used for motivation
- Provide extra time to complete assignments
- Make instructional adjustments / Shorten the instructional lesson
- Instructional Pacing
- Change voice intonation
- Allow for Peer assisted instruction
- Direct instruction
- Increased academic learning time
- Student follow-up
- Student maintains a planner for assignments
- Specific, or modified, instructions
- Limited number of instructions provided at once
- Multiple modes of instruction (visual, auditory, hands-on)
- Increase reinforcement quality of classroom
- Increase frequency of task related recognition

#### 2. Promote Self-Regulation

- Allow the student to take frequent breaks during difficult work activities
- Provide time alone or time to regroup after a negative event



- Self-monitoring

### **3. Environmental Engineering**

- Post classroom rules and daily schedules in prominent locations
- Careful seating arrangement
- Needed materials are easily accessible
- Rearrange the room or furniture
- Create separate or designated work areas
- Create quiet areas
- Change the lighting
- Adjust sounds (e.g., volume of music, voice volume)
- Minimize or eliminate distracting materials
- Play music

### **4. Provide Structure**

- Set clear expectations and rules
- Review rules and behavioral expectations weekly
- Provide a structured daily schedule, preview it and post it
- Be flexible to schedule adjustments
- Include preferred activities scheduled in daily routines
- Intertwine non-preferred activities scheduled among preferred activities
- Student involved in planning
- Planned activities for transition times
- Routines or signals to prepare for transitions
- Minimize down times
- Predictability
- Structuring non-instructional periods, including recess

### **5. Provide Strategies that Increase Compliance**

- Offer choices
- Allow for 5-10 second compliance time window
- Use effective commands
- Prompting
- Precision requests
- Proximity control
- Quiet start requests
- Allow flexible seating positions (e.g., stand, sit on knees)
- Systematic prompting (if age-appropriate)
- Behavioral momentum

## **6. Design Social Groups:**

- Positive peer role models
- High rates of positive responses
- Peer mentor/tutor opportunity
- Peer involvement and influence
- Progress reports
- Parent-Teacher communication system
- Monitoring
- Create a personal connection with student
- Participation in extracurricular activities
- Positive peer reporting
- Transition supports
- Meaningful work projects

## **7. Avoid Certain Triggers**

- Avoid large or noisy crowds
- Avoid long delays
- Avoid repetitive tasks (e.g., writing out spelling tasks)
- Avoid power struggles\*
- Avoid long periods of desk work
- Avoid seating arrangements next to instigating peers
- Avoid negative language, such as —no or —stop
- Avoid reprimands
- Avoid talking about the student's problem behavior in their presence

## **8. Other Teaching Strategies include:**

- Modeling
- Practice opportunities
- Role-play
- Verbal rehearsal
- Monitoring checklist
- Chaining
- Prompting
- Errorless learning
- Functional communication training
- Social stories/Comic book conversations
- Use of manipulatives
- Technology device instruction
- Teaching interaction
- Incidental Teaching
- Natural opportunities
- Verbal and Non-verbal reminders
- Visual strategies
- Task analysis
- Shaping
- Stimulus cueing
- Fading
- Social skills training
- Behavioral learning games
- Scripts
- Curricular integration
- Behavioral self-control training

- Momentum training with relaxation strategies
- Integrate curriculum into music
- Teaching self-management
- Provide organizational aids

**Ocean View School District**  
 Student Study Team Referral Form  
 Area of Concern: **Social/Emotional/Behavioral Skills**

School:	Teacher:	Date:
Student Name:	DOB:	Age:
Parent/Guardian:	Address:	Phone(s):
Home Language:	Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father      Other: _____	Communication with Parents/other: <input type="checkbox"/> Easy <input type="checkbox"/> Neutral <input type="checkbox"/> Difficult

**I. Records Review**

<b>Attendance:</b>		
Current Days Absent:	Current Days Tardy:	Previous attendance problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of school changes:	Retention? <input type="checkbox"/> Yes <input type="checkbox"/> No	If retained, grade: _____

<b>Vision / Hearing:</b>		
Passed Vision Screening (far)? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Passed Vision Screening (near)? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Wears Prescription Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Passed Hearing Screening? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Uses Hearing Amplification? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Are Prescription Glasses worn Regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Language:</b>		
Primary Language:	Dual Language Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bilingual Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Overall CELDT Proficiency Level: <input type="checkbox"/> Beg <input type="checkbox"/> Early Intermediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Early Advanced <input type="checkbox"/> Advanced      Date: _____	ADEPT Level: Receptive: _____ Expressive: _____ Date: _____	Was student previously in a dual or bilingual program? <input type="checkbox"/> Yes <input type="checkbox"/> No   Grade(s): _____

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<b>Special Services:</b>		
IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	SAI/RSP services: <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech/Language: <input type="checkbox"/> Yes <input type="checkbox"/> No
Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Counseling Grades: ____	Therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**II. School-wide, District or Benchmark Assessments:**

Reading Comprehension:	Last Administered (date):	Results:
Reading Fluency:	Last Administered (date):	Results:
Writing:	Last Administered (date):	Results:
Math Reasoning:	Last Administered (date):	Results:
Math Computation:	Last Administered (date):	Results:

**III. Summary of Behavioral Concerns (Describe):**

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**Where do Behavior(s) occur? (Check all that apply)**

<input type="checkbox"/> Classroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> School grounds
<input type="checkbox"/> Playground	<input type="checkbox"/> Bus	<input type="checkbox"/> Home
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> During Intervention	<input type="checkbox"/> Other

**Social/Emotional/Behavioral Skills: (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Withdrawn   | <input type="checkbox"/> Appears to have poor self-image               |
| <input type="checkbox"/> Destructive   | <input type="checkbox"/> Difficulty with peer relationships            |
| <input type="checkbox"/> Non Compliance/Defiance   | <input type="checkbox"/> Difficulty with adult relationships           |
| <input type="checkbox"/> Easily Distracted   | <input type="checkbox"/> Exhibits nervous behaviors (i.e. bites nails) |
| <input type="checkbox"/> Short Attention Span  | <input type="checkbox"/> Inconsistent behavior (good days, bad days)   |
| <input type="checkbox"/> Verbal/ Physical Aggression   | <input type="checkbox"/> Inappropriate Interactions with peers/adults  |
| <input type="checkbox"/> Frequently Off Task   | <input type="checkbox"/> Talking out/back or inappropriate comments    |
| <input type="checkbox"/> Difficulty Organizing/Caring for materials                            | <input type="checkbox"/> Inattentive/Daydreaming/Zoning Out            |
| <input type="checkbox"/> Doesn't work independently unless constantly supervised               | <input type="checkbox"/> Difficulty working collaboratively            |
| <input type="checkbox"/> Seldom completes class-work even though it is within range of ability |  |
| <input type="checkbox"/> Other(s): _____   |  |

**Strengths: (Check all that apply)**

- Demonstrates positive conflict resolution skills
- Accepts and takes personal responsibility
- Demonstrates a good sense of humor
- Knows how to plan ahead and make choices
- Involved in extracurricular activities; e.g.,
- Enjoys music, arts, sports friendship skills
- Places a high value on helping others
- Acts on pro-social convictions
- Actively engage their skills her/his beliefs
- Other(s): \_\_\_\_\_

- Tells the truth even when it is not easy
- Forms positive relationships with adults
- Reports having high self-esteem
- Cares about her/his school
- Demonstrates empathy and sensitivity
- Places a high value on social justice
- Reports that their lives have purpose
- Stands up for his/her beliefs

## Tier I and II: Intervention Strategies Data Collection Form

(Include Core plus Differentiation – If applicable: Attach samples of work generated during interventions)

Student: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

<b>Challenge:</b>	<b>Challenge:</b>	<b>Challenge:</b>
<b>Goal:</b>	<b>Goal:</b>	<b>Goal:</b>
<b>Intervention Tried:</b>	<b>Intervention Tried:</b>	<b>Intervention Tried:</b>
<b>Dates &amp; Duration:</b>	<b>Dates &amp; Duration:</b>	<b>Dates &amp; Duration:</b>
<b>Results:</b>	<b>Results:</b>	<b>Results:</b>



## **2.7 Interventions for At-Risk Students Due to Academic Concerns**

### **Introduction:**

The purpose of the following information is to provide some ideas on universal interventions and strategies that can be used as part of Tier I and Tier II intervention plans in Language Arts and/or mathematics blocks of time. These strategies are not meant to be comprehensive or exclusive of other strategies/interventions. They simply represent a set of ideas that could be elaborated and modified for each individual student. Remember, the interventions chosen should correspond with the function of the academic need (e.g., if student's academic need is inattention during whole group instruction, choose interventions that deliver the best instructional practices to remedy this need).

### **Tier I Literacy Strategies and Interventions:**

- Literacy Centers (K-2)
- Readers and Writers Workshop
- Guided Reading Groups
- Reading A-Z
- Summer Reading Program
- Question Stems
- Reading Response Journals
- The Directed Reading-Thinking Activity
- Question-Answer Relationship (QAR )
- Comparison Matrix
- Anticipation Guides
- Classification Chart
- Think-Alouds / Metacognitive Process
- Graphic Thinking Organizers
- Concept of Definition Map
- Possible Sentences
- Vocabulary by Analogy with Word Walls
- Connected/Consistent Instruction Between
- Repeated Readings
- Spelling Self-Correction
- Walk this Way - Talk this Way - Look this Way
- Direct Instruction on Context Clues for Determining Word Meanings
- Guided Writing and Reading
- Target Lessons on Reading Endurance
- Skilled Based Reading Groups
- Just Right Books
- Strategies for EOG Reading
- Study Island (2-5)
- Vocabulary Development
- Thinking Maps
- KWL Chart
- Response Notebooks
- Chapter Tour
- Visualizing
- Semantic Map
- Obstacle Course
- List-Group-Label
- Semantic Feature Analysis
- Word Sorts
- Home and School
- Readers Theater
- Clues to Spelling from Word Relationships

### **Tier II Literacy Strategies and Interventions:**

- Leveled Literacy Instruction (K-5)
- Guided Reading 5 Days Per Week
- PEP Developed with Parent
- Targeted Homework
- Whole to Part Intervention (3-5)
- Small Group Tutoring in the ELA Block
- Student Assistance Team Referral
- Flexible Grouping Across Grade Levels



## **Tier 1 Math Strategies and Interventions:**

*Overall Skills are lower than grade level:*

- assess for level of instruction
- provide small group instruction on needed skills

*Difficulty remembering math facts:*

- separate facts into sets of fact families
- provide extra opportunities
- provide references to assist in fact calculation
- use manipulative objects
- practice flashcards with peer/volunteer
- use folding in technique for flashcard practice
- student self-check/correct practice sheets

*Difficulty attending to important details:*

- highlight operational signs/key words
- use vertical lines/graph paper for organization
- reduce the number of problems per page
- use a window overlay to isolate problems
- have student repeat directions to teacher

*Inability to read text for word problems:*

- align material with students reading level
- highlight key words in math problem

*Slow rate of completion:*

- reduce number of items to complete
- provide manipulatives

*Problems sequencing steps for computation:*

- consistent review of steps
- reference sheet kept at student desk
- use acronyms to remember steps
- color coding of steps
- use of manipulative objects
- use of calculator

*Failure to visualize concepts:*

- use simple, consistent language
- provide visual examples
- assess and explicitly teach concept terminology

*Difficulty solving word problems:*

- use concrete examples
- highlight key operational words
- have students restate problem
- use of calculator/manipulatives

*Other:* small group instruction, individual assistance from teacher/volunteer, math journaling, re-teaching of concepts, and technology based student products.

## **Tier II Math Strategies and Interventions:**

Targeted small group instruction on needed math skills following the following guidelines:

- Most review topics usually require 2-3 days.
- Mastery of the topic is assessed each day.
- If every student in group achieves mastery prior to the last day of the topic, group moves to the next topic.
- For mastery assessment, students complete worksheets independently, with percentage of correct answers determining mastery (for most topics, 90% accuracy).
- At the end of the reteach term, small group progresses to the next topic regardless of mastery status.
- On the first day of each topic, students complete a cumulative review worksheet covering previous topics.

## **Universal Academic Strategies:**

- Teacher Collaboration
- Make Attendance a Priority
- Parent and Community Partnerships
- Counseling Program Terrific Kid Program
- Data Based Decision Making
- Inquiry Based Science
- Lunch Buddies (teacher driven)
- Engaging Instruction
- Differentiated instruction
- Character education development
- School wide Procedures and Rules
- Homework Haven
- Classroom Management Systems
- Differentiation
- Reflections
- Cooperative Assignments
- Technology Based Student Products
- Knowledge Rating Scale
- Quarterly Benchmarks (K-5)
- Research Based Instruction delivered in Whole Class, Small Group, and Individualized
- Integrated Literacy, Math, Science and Social Studies Activities;
- Grade Level Planning (PLC's) inclusive of grade level resource staff
- Analyze student data, discuss and plan effective instructional strategies
- Use Common Assessments essential mastery activities, and enrichment activities
- Weekly staff development (i.e. Whole 2 Part, Discipline Without Stress, Cultural Competency, TEAMS, and ESL strategies)
- Parent Communication
- Parent, Teacher, Student Conferences
- Progress Reports
- Positive Behavior Support
- Use of Best Instructional Practices
- Interim Reports
- ESL Family Outreach
- Flexible grouping
- Cooperative learning
- Tiered Assignments
- Technology Integration
- Systematic Reinforcement
- Culturally Responsive Practices
- Frequent Reviewing/Reteaching
- Enrichment Activities
- Journaling
- Common Grade Level Assessments
- Pre-Post Tests
- Star Assessments (3-5)

**Ocean View School District**  
 Student Study Team Referral Form  
 Area of Concern: **Academic Skills**

School:	Teacher:	Date:
Student Name:	DOB:	Age:
Parent/Guardian:	Address:	Phone(s):
Home Language:	Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father      Other: _____	Communication with Parents/other: <input type="checkbox"/> Easy <input type="checkbox"/> Neutral <input type="checkbox"/> Difficult

**I. Records Review**

<b>Attendance:</b>		
Current Days Absent:	Current Days Tardy:	Previous attendance problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of school changes:	Retention? <input type="checkbox"/> Yes <input type="checkbox"/> No	If retained, grade:

<b>Vision / Hearing:</b>		
Passed Vision Screening (far)?  <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Passed Vision Screening (near)?  <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Wears Prescription Glasses?  <input type="checkbox"/> Yes <input type="checkbox"/> No
Passed Hearing Screening?  <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Uses Hearing Amplification?  <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Are Prescription Glasses worn Regularly?  <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Language:</b>		
Primary Language:	Dual Language Program?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Bilingual Program?  <input type="checkbox"/> Yes <input type="checkbox"/> No
Overall CELDT Proficiency Level:  <input type="checkbox"/> Beg <input type="checkbox"/> Early Intermediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Early Advanced <input type="checkbox"/> Advanced      Date: _____	ADEPT Level:  Receptive: _____ Expressive: _____ Date: _____	Was student previously in a dual or bilingual program?  <input type="checkbox"/> Yes <input type="checkbox"/> No   Grade(s): _____

<b>Special Services:</b>		
IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	SAI/RSP services: <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech/Language: <input type="checkbox"/> Yes <input type="checkbox"/> No

Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Counseling Grades: ____	Therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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**II. School-wide, District or Benchmark Assessments:**

Reading Comprehension:	Last Administered (date):	Results:
Reading Fluency:	Last Administered (date):	Results:
Writing:	Last Administered (date):	Results:
Math Reasoning:	Last Administered (date):	Results:
Math Computation:	Last Administered (date):	Results:

**III. Summary of Academic Concerns (Describe):**

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**Academic Concerns:** (Check all that apply)

**Oral Language**

- Difficulty expressing self orally both individually and in a group
- Oral grammar expression is weak
- Experiences difficulty distinguishing between similar sounds
- Vocabulary below grade level

**Reading**

- Confuses similar words and letters
- Often loses place when reading, requires finger tracking
- Reading is slow and deliberate
- Lots of word substitutions, omissions and invented words
- Cannot skim or scan for pertinent information
- Cannot re-tell parts of the story
- Cannot sequence events in a story
- Cannot state main idea of a story
- Difficulty making predictions
- Difficulty discriminating characters in a story
- Difficulty when silent reading, needs to mouth words/whisper when reading

**Mathematics**

- Difficulty sequencing numbers, equations and formulas
- Frequently chooses the wrong operation
- Has Difficulty understanding mathematical concepts
- Difficulty with mathematical word problems
- Other(s): \_\_\_\_\_

**Motor Skills**

- Large motor coordination
- Weak fine motor skills
- Inappropriate grasp of writing/cutting tools
- Does not form letters legibly

**Comprehension**

- Experiences difficulty following directions
- Seldom participates in class discussions
- Rarely raises his/her hand to respond
- Unable to follow oral discussion
- Unable to take notes about learned material

**Written Expression**

- Does not write sentence comparable to peers
- Does not write sentence comparable to peers
- Does not understand grammar rules
- Does not utilize grammar conventions

- Computations are frequently inaccurate
- Unable to memorize basic math facts
- Makes many careless errors
- Unable to perform 'mental math'

**IV. List at least 5 academic strengths:**

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## Tier I and II: Intervention Strategies Data Collection Form

(Include Core plus Differentiation – If applicable: Attach samples of work generated during interventions)

Student: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

<b>Challenge:</b>
<b>Goal:</b>
<b>Intervention Tried:</b>
<b>Dates &amp; Duration:</b>
<b>Results:</b>

<b>Challenge:</b>
<b>Goal:</b>
<b>Intervention Tried:</b>
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<b>Challenge:</b>
<b>Goal:</b>
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<b>Dates &amp; Duration:</b>
<b>Results:</b>



## **2.8 Interventions for Students At-Risk Due to Health Concerns**

### **Introduction:**

It is estimated 10-20% of school-age children experience mental and health concerns, but many are not identified and do not receive the necessary interventions to succeed in education (Mash & Dozois, 2002). Nationwide, teachers report that students with mental and health concerns are among the least desirable to have in class, as they feel they are not prepared to address their needs and/or they feel powerless to help them (Lewis & Sugai, 1999; Soodak, Podell & Lehman, 1998; Cheney & Barringer, 1995). These students experience fewer positive outcomes, more frequent removal from class, less academic instruction than any other group of students and years of academic failure and peer rejection before evaluations and/or diagnoses begin. In a concerted effort to help teachers recognize this disparity in our education system, the OVSD has put together the following information to provide some ideas on universal interventions and strategies that can be used as part of Tier I and Tier II intervention plans for students with health concerns. These strategies are not meant to be comprehensive or exclusive of other strategies/interventions. These simply represent a set of ideas that could be elaborated and modified for each individual student. Remember, the interventions chosen should correspond with the function of the health area of need.

### **Tier I Health Interventions:**

#### **Attendance Strategies**

- Alarm clock for parent/caregiver/student
- Earlier bedtime
- Give parent/caregiver information re simpler bus route
- Help parent/caregiver to find better transportation to school
- Parent/caregiver agrees to bring child to school daily
- Parent/caregiver will make sure child gets on bus in morning
- Parent/caregiver will wake up earlier to get child to school on-time
- Student will wake up earlier
- Wake -up call for parent/caregiver and/or student

#### **Instructional Strategies and Modifications**

- Academic contract
- Allow previewing of content, concepts and vocabulary
- Allow student to have sample or practice tests
- Ask parent/caregiver to structure study time (give them information about long-term assignments)
- Collect homework daily instead of weekly
- Communicate with after-school program staff (e.g., re: homework help)
- Communicate with last year's teacher
- Complete documentation for a 504 plan
- Connect student with drop-in tutoring at CBO
- Consider ELL/bilingual placement
- Consider retention
- Cue/maintain eye contact with student when giving directions
- Individual and/or small group instruction
- Family will go to library



- Give student immediate feedback (make sure assignments are started correctly)
- Give student options for presentation (written/oral or illustration/model)
- Help parents/caregivers to learn reading strategies
- Homework checklist or folder
- Invite parent/caregiver to literacy night at school
- Make sure student stays for after school program
- Manipulative and Visual Prompts
- Give preferential seating
- Parent/caregiver will ask another family member to give child homework help
- Principal will check-in with student daily regarding class work
- Provide printed copy of board work/notes
- Provide study guides/questions
- Read aloud to parent/caregiver at home
- Send home extra work
- Send home unfinished class work
- Student will teach/tutor/read to a peer or younger child (e.g., "Big Buddies/Little Buddies")
- Study Carrel
- Supply student with samples of work expected

### **Nutrition Strategies and Modifications**

- Provide a place in the classroom for healthy food and beverages can be accessed.
- Provide storage for healthy food and beverages.
- Embed instructional lessons on nutritional information (i.e., sodium, calories, trans fats, or saturated fats counts for food and beverages) as part of curriculum.
- Help students identify healthier food and beverage choices.
- Provide information on where fresh fruits and vegetables can be accessed
- Provide access to brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the benefits of healthy eating.
- Give direct instruction on nutrition facts.

### **Physical Activity:**

- Make sure exercise is part of daily instructional activities
- Respect the time set aside for daily physical activities
- Provide environmental supports for recreation or physical activity.
- Encourage students to be enthusiastic about fitness and physical activity
- Encourage students to set goals regarding physical activity.
- Recognize students who achieve goals regarding physical activity.

### **Stress Management:**

- Teach simple and classroom appropriate relaxation techniques.
- Provide dedicated space where students can engage in relaxation activities.
- Organize all-inclusive social events throughout the year.
- Provide stress management instruction.
- Conduct healthy work-life balance or life-skills suggestions.
- Help identifying and reducing stress-related issues in the classroom.

- Provide opportunities for student participation in decisions making issues that affect their learning.

#### **Depression:**

- Become versed of the signs of depression in young children
- Provide student referral to counseling if appropriate.
- Provide access to brochures, videos, posters, pamphlets, newsletters, or other written or online information that address depression.
- Imbed instructional lessons on preventing and avoiding depression as part of curriculum.

#### **Tier II Health Strategies**

- Asthma class/group
- Collaborate With Primary Medical Provider
- Follow-up with parents on dental/health screening outcomes
- Fact Sheets on Communicable Diseases and School Age Illnesses
- Hearing screening/exam
- Conference with parents regarding improved hygiene
- Conference with parents regarding making sure child wears glasses
- Conference with parents regarding medication administration
- Obtain assistance regarding glasses for student
- Refer to School Health Center
- Refer to School Nurse
- Refer student for vision screening/exam
- Enlist the assistance of outside resources:
  - CDE California
  - CAL-SCHLS
  - WestEd LEA CHKS
  - California Healthy Kids Resource Center

**Ocean View School District**  
 Student Study Team Referral Form  
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Parent/Guardian:	Address:	Phone(s):
Home Language:	Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father      Other: _____	Communication with Parents/other: <input type="checkbox"/> Easy <input type="checkbox"/> Neutral <input type="checkbox"/> Difficult

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Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Counseling Grades: ____	Therapy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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**II. School-wide, District or Benchmark Assessments:**

Reading Comprehension:	Last Administered (date):	Results:
Reading Fluency:	Last Administered (date):	Results:
Writing:	Last Administered (date):	Results:
Math Reasoning:	Last Administered (date):	Results:
Math Computation:	Last Administered (date):	Results:

**III. Summary of Health Concerns (Describe):**

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**Health Concerns:** (Check all that apply)

<input type="checkbox"/> Poor hygiene	<input type="checkbox"/> Appears sickly	<input type="checkbox"/> Burn marks
<input type="checkbox"/> Sleeps in class/lethargic	<input type="checkbox"/> Nausea/vomiting	<input type="checkbox"/> Evidence of self-mutilation
<input type="checkbox"/> Trouble breathing/asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Restlessness
<input type="checkbox"/> Uncoordinated	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Obese
<input type="checkbox"/> Underweight	<input type="checkbox"/> Difficulty moving	<input type="checkbox"/> Achy
<input type="checkbox"/> Agitated/nervous	<input type="checkbox"/> Bloodshot eyes	<input type="checkbox"/> Bruises

Other(s): \_\_\_\_\_

**Student Data and Evidence:**

Documentation must be provided for student health concerns. The following are examples of the types of evidence that may be used. Check off each type of documentation that you are submitting and attach to this referral form.

- Observations
- Frequency Counts
- Student Interview notes

- Parent Interview notes
- Copy of Health Folder pages
- Student work samples
- Class notes, quizzes and tests

## Tier I and II: Intervention Strategies Data Collection Form

(Include Core plus Differentiation – If applicable: Attach samples of work generated during interventions)

Student: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

<b>Challenge:</b>	<b>Challenge:</b>	<b>Challenge:</b>
<b>Goal:</b>	<b>Goal:</b>	<b>Goal:</b>
<b>Intervention Tried:</b>	<b>Intervention Tried:</b>	<b>Intervention Tried:</b>
<b>Dates &amp; Duration:</b>	<b>Dates &amp; Duration:</b>	<b>Dates &amp; Duration:</b>
<b>Results:</b>	<b>Results:</b>	<b>Results:</b>

