

## 2015 Alaska RTI Conference

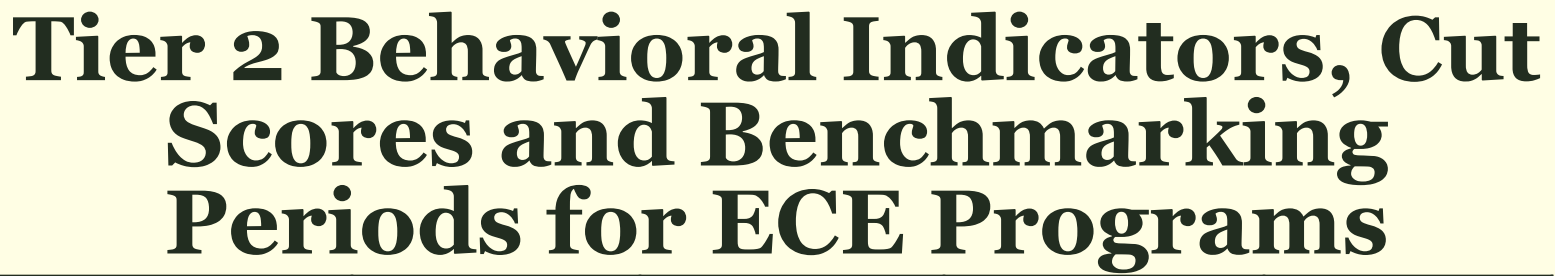
### Developing a Screening Process for Determining Young Children in Need of Targeted Supports

Howard S. Muscott, Ed.D, Director

New Hampshire Center for Effective Behavioral Interventions and Supports

#### Activity Worksheet

Activity 1: Identify your current process for getting help with a student for whom you have behavioral concerns (5 minutes)	
Think:	Share:
Activity 2: Review the example nomination form. Make suggested edits that might improve the form for use in your early childhood program. (10 minutes)	
Think:	Share:
Activity 3: 1. Determine a practical time period that aligns with your school calendar. 2. Identify/name 2-3 potential Tier II indicators on the chart. 3. For one indicator, determine the cut score for the initial time period. (10 minutes)	
Think: Time period   2-3 Indicators   Cut Score for Indicator	Share: Time period   2-3 Indicators   Cut Score for Indicator
Activity 4: Discuss feasibility of using a systematic screening process with colleagues next to you.	
Share:	

[illegible]

# REQUEST FOR TARGET TEAM ASSISTANCE

## WE CAN DO IT AT TLC



### GENERAL INFORMATION

Student Name:	Grade:	Referral Date:
Classroom Teacher:	Birth date:	
Last Year's Teacher:	Grade repeated _____ <input type="checkbox"/> Wears Glasses	

### TYPE OF REFERRAL

<input type="checkbox"/> Academic	<input type="checkbox"/> Social/Behavioral
<input type="checkbox"/> Medical	<input type="checkbox"/> Other

Specific Concerns prompting this referral:	Have you consulted with: <input type="checkbox"/> Special Ed Teacher <input type="checkbox"/> School Literacy Specialist <input type="checkbox"/> OT <input type="checkbox"/> Speech <input type="checkbox"/> Guidance <input type="checkbox"/> ESL <input type="checkbox"/> Other _____
In what setting/situation does the problem occur most often?	
In what setting/situations does the problem occur least often?	

### ACADEMIC/BEHAVIORAL CONCERNS:

	Below Grade Level	On Grade Level	Above Grade Level
<b>Reading Ability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Writing Ability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Math Ability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### DATA

**\*\* Note: Please include dates when appropriate**

DATE AND RESULTS OF <b>LAST VISION/HEARING SCREENING:</b>	<b>CURRENT VISION/HEARING:</b>
---	--------------------------------

### STRATEGIES YOU HAVE USED CONSISTENTLY TO RESPOND TO THE PROBLEM:

Check all strategies that you have tried and circle whether they have worked (W), not worked (N), or if you are unsure (U).

<input type="checkbox"/> Reteach, redirect, remind	<b>W N U</b>	<input type="checkbox"/> Informal behavior plan	<b>W N U</b>
<input type="checkbox"/> Loss of privileges	<b>W N U</b>	<input type="checkbox"/> Modified assignments	<b>W N U</b>
<input type="checkbox"/> Praise/Reward	<b>W N U</b>	<input type="checkbox"/> Changed seating	<b>W N U</b>
<input type="checkbox"/> Special privileges earned	<b>W N U</b>	<input type="checkbox"/> Guidance Support	<b>W N U</b>
<input type="checkbox"/> Provided breaks	<b>W N U</b>	<input type="checkbox"/> Time Out (in or out of class)	<b>W N U</b>
<input type="checkbox"/> Office Referrals	<b>W N U</b>	<input type="checkbox"/> Provide adult attention	<b>W N U</b>
<input type="checkbox"/> Ignore behaviors	<b>W N U</b>	<input type="checkbox"/> Meeting with Parents	<b>W N U</b>
<input type="checkbox"/> Teacher/Parent notebook	<b>W N U</b>	<input type="checkbox"/> Other _____	<b>W N U</b>

# REQUEST FOR TARGET TEAM ASSISTANCE WE CAN DO IT AT TLC



## CHECK ALL THAT APPLY:

### THE STUDENT...

<input type="checkbox"/> IS UNABLE TO FOLLOW MULTI-STEP DIRECTIONS	<input type="checkbox"/> FATIGUES EASILY DURING WRITTEN TASKS
<input type="checkbox"/> HAS DIFFICULTY COMMUNICATING WITH OTHERS	<input type="checkbox"/> IS UNABLE TO MAINTAIN AN UPRIGHT SITTING POSITION AT THE TABLE
<input type="checkbox"/> NEEDS FREQUENT REMINDERS TO COMPLETE WORK TASKS	<input type="checkbox"/> RUBS HIS/HER EYES FREQUENTLY
<input type="checkbox"/> IS UNABLE TO CONSISTENTLY PASS IN HOMEWORK	<input type="checkbox"/> VISITS NURSE TOO OFTEN

## PLEASE PROVIDE THE FOLLOWING MATERIALS (AS APPLICABLE) TO YOUR DESIGNATED TARGET CONTACT

<input type="checkbox"/> STUDENT PROFILE FOLDER	<input type="checkbox"/> PROGRESS REPORTS
<input type="checkbox"/> WORK SAMPLES	<input type="checkbox"/> MOST RECENT REPORT CARD
<input type="checkbox"/> DISCIPLINE SLIPS (OFFICE OR CLASSROOM)	<input type="checkbox"/> WRITTEN COMMUNICATION WITH PARENTS
<input type="checkbox"/> BEHAVIOR PLANS	<input type="checkbox"/> HEALTH OFFICE VISIT SUMMARY (See Nurse)
<input type="checkbox"/> COMMENTS FROM ADDITIONAL PERSONNEL WHO CAN PROVIDE DATA/INFORMATION REGARDING THE STUDENT	
<input type="checkbox"/> OTHER	

TEACHER SIGNATURE: \_\_\_\_\_ DATE FORM COMPLETED: \_\_\_\_\_

## Information to be completed by the Target Team:

Classroom Observation:	
Other:	