**Pulaski County Preschool Intervention System**

**Summary of Data & Intervention Form**

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| Student Name:  | SSID:  | Age:       | DOB:       |
| School:  | Gender:  | Race/Ethnicity:  |
| Student represented by: [ ]  Parent [ ]  Guardian [ ]  Self [ ]  Surrogate  |
| Does student live with parents? [ ]  Yes [ ]  No |
| If **No,** with whom does the student live?(name)       | Relationship:       |
| Mother’s Name:  | Father’s Name:  |
| Home Address:  | Home Address:  |
| Home Address:  | Home Address:  |
| Home Phone:       Work :       Cell:       | Home Phone:       Work :       Cell:       |
| Primary mode of communication? Used by Student: Used in the Home:  |
| Is Student Currently Enrolled? [ ]  Yes [ ]  No  |
| Current Teacher(s):  | Grade:  |
| Referred By:  |

**Major Areas(s) of Concern:** *Ensure that major areas of concern are addressed by relevant, research-based instruction and intervention services with data-based documentation of repeated assessments of achievement or measures of behavior. Data must be collected and evaluated at reasonable intervals, delivered in the regular education setting, and delivered by qualified personnel.* Check all that apply:

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| [ ]  **Communication**[ ]  Cognitive-communication (difficulty with thinking skills including perception, memory, awareness, reasoning, judgment, intellect and imagination) [ ]  Expressive Language[ ]  Articulation [ ]  Voice Quality[ ]  Knowledge of Sound/Letter Association [ ]  Receptive Language[ ]  Other - Specify:       [ ]  Non-verbal[ ]  Communicates through gestures [ ]  Pragmatic Communication Comments:       |

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| [ ]  **Pre-Academic Performance** [ ]  Attending to adult direction [ ]  Follows simple directions[ ]  Responds to reading materials [ ]  Shows interest & understanding of print[ ]  Knowledge of the alphabet [ ]  Emergent phonemic/phonological awareness[ ]  Draws meaning from pictures [ ]  Tells a story[ ]  Understanding of numbers & counting [ ]  Recognize shapes[ ]  Understand writing is for communication [ ]  Produces marks or pictures and symbols[ ]  Understanding of units of measure [ ]  Recognize colors**[ ]** Rote count [ ]  Other- Specify:      Comments:       |

**Summary of Data & Intervention Form**

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| Student’s Full Name:                 |

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| [ ]  **General Intelligence**[ ]  Understanding New Concepts [ ]  Predicting Events/Results[ ]  Complete Simple Puzzles [ ]  Problem Solving[ ]  Uses Attributes to Describe Objects [ ]  Applying Knowledge[ ]  Perceptual Discrimination [ ]  Memory (recall from previous experiences)[ ]  Knows Personal Information [ ]  Identifying Colors[ ]  Identifying Pictures [ ]  Identifying Body Parts [ ]  Other-Specify:      **Check all assessments/screeners below that apply to the student. MUST attach scores.**  [ ]  Kindergarten Screener [ ]  Classroom Assessment [ ]  Developmental Screener [ ]  Communication ScreenerComments:        |

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| **Health, Vision, Hearing and Motor Abilities**[ ]  Gross Motor Skills [ ]  Fine Motor Skills[ ]  Body Control [ ]  Perceptual Motor[ ]  Locomotion [ ]  Sensory[ ]  Vision [ ]  Hearing[ ]  Developmental History [ ]  Other-Specify      Student has a current Health, Vison, Hearing or Motor condition? [ ]  Yes [ ]  No If yes, specify:      Is student currently on medication? [ ]  Yes [ ]  No Specify type and dosage:       Comments:  |
|  **Physical Functioning:**Attach documentation for results of each screening. A NEW screening MUST be completed if current ones are more than a year old.

| VISION  | HEARING  | MOTOR[ ]  Currently Not Applicable  | COMMUNICATION[ ]  Currently Not Applicable |
| --- | --- | --- | --- |
| ***Required for all students referred for special education*** | *Required when* ***Specific Learning Disability*** *suspected* ***as determined by the ARC*** | *Required* ***as determined by the ARC*** |
| Screening Date:       [ ]  Passed [ ]  Failed  | Screening Date:       [ ]  Passed [ ]  Failed | Screening Date:       [ ]  Passed [ ]  Failed | Screening Date:       [ ]  Passed [ ]  Failed |

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**Summary of Data & Intervention Form**

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| Student’s Full Name:            |

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| Social and Emotional Status[ ]  Interaction with Peers [ ]  Mood Swings[ ]  Interaction with Adults [ ]  Repetitive Behaviors[ ]  Acceptance of Rules [ ]  Self-Concept[ ]  Acceptance of Correction [ ]  Inactivity or Withdrawal[ ]  Acceptance of Redirection [ ]  Cooperation[ ]  Self-Help Skills/Play Skills [ ]  Self-Control[ ]  Team or Membership [ ]  Expression of Feelings/Affect[ ]  Other Specify:       [ ]  Student is currently monitored in PBIS (behavior RTI). **MUST** attach documentation. [ ]  Attach Discipline Reports and any behavioral screening data if this is an area of concern.Comments:       |

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| [ ]  Work Skills/Technical/Vocational Functioning[ ]  Attending to Task [ ]  Sustains working on activities[ ]  Following Directions [ ]  Completing Work[ ]  Independent Work Habits [ ]  Organizing Materials/Belongings[ ]  Seeking Assistance When Needed [ ]  Recognizing Personal Limitations[ ]  Identifying Preferences/Interests [ ]  Other-Specify [ ]  Maintaining Physical Stamina Comments:       |

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| **Specialized equipment used by student**: [ ]  Yes [ ]  No Explain:       |

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| **School Information**:Student Attendance: Please complete and check all that apply. **MUST** attach copy of attendance/enrollment report.  [ ]  Attended RTI sessions[ ]  Participated in First Steps therapy sessions[ ]  Student has attended multiple schools/daycares[ ]  Student has preschool curriculum dataComments:       |

**Summary of Data & Intervention Form**

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| Student’s Full Name:            |

**Summary of Past and Present Support:**

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| Has this student been evaluated for special education previously? [ ]  Yes [ ]  NoIf yes,* when was the student evaluated?
* what was the suspected area of disability?
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| Does student currently or has he/she had an IFSP? [ ]  Current [ ]  Past If yes,* when was the student evaluated?
* what was the suspected area of delay?
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| Involvement with outside agency(ies): [ ]  Yes [ ]  No Agency:      Describe services that are being provided to this student by agency(ies) listed above:       |
| Describe the parental involvement in the RTI process, including any training received:       |
| Has this student attended any previous daycares or preschool settings? [ ]  Yes [ ]  NoList:       |

**INTERVENTION STRATEGIES AND DOCUMENTATION OF STUDENT PROGRESS:**

**DOCUMENT ATTEMPTS TO MEET STUDENT NEEDS WITHIN UNIVERSAL/CORE INSTRUCTION (TIER I)**

**Indicate strategies/accommodations/modifications used to in response to this student’s need(s).**

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| [ ]  Alternative reading materials [ ]  Provide study sheet for review and drill [ ]  Flexible small groups (teacher directed) [ ]  Cooperative learning groups [ ]  Individualized reading instruction [ ]  One-on-one with teacher [ ]  Increase use of manipulatives [ ]  Help from parent/volunteer tutor/paraeducator [ ]  Alternative math materials [ ]  Increase repetition and drill [ ]  Skill-based learning groups | [ ]  Additional use of graphic organizers[ ]  Instruction using similarities[ ]  Increase positive reinforcement[ ]  Break assignments into small steps[ ]  Frequent feedback by teacher [ ]  Provide rewards for task completion[ ]  Enlist parent support to review skills at home[ ]  Other      [ ]  Other      [ ]  Other      [ ]  Other       |

**Summary of Data & Intervention Form**

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| Student’s Full Name:            |

**INTERVENTIONS IMPLEMENTED:** (Documentation of progress data **MUST** be attached for **EACH** intervention listed.)

**DOCUMENT RESEARCH BASED INTERVENTIONS PROVIDED TO MEET STUDENT NEEDS**

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| **TIER 2 Cognitive Interventions** (first attempt to intervene beyond attempts in core instruction) |
| Title of Intervention(s) | FrequencyofService | AmountofTime | Dates | Impact on Targeted Area(progress data must show impact) |
| From | To |
| [ ]  Modeling[ ]  Direct Instruction[ ]  Delayed Response[ ]  Most-to-Least Prompts[ ]  Least-to-Most Prompts[ ]  Time Delay [ ]  Social Stories[ ]  Prompting/Cueing [ ]  Other:       [ ]  Other:       [ ]  Other       |       |       |       |       |       |
| Notes:       |

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| **TIER 3 Cognitive Interventions** (second attempt to intervene beyond attempts in core instruction) |
| Title of Intervention(s) | FrequencyofService | AmountofTime | Dates | Impact on Targeted Area(progress data must show impact) |
| From | To |
| [ ]  Modeling[ ]  Direct Instruction[ ]  Delayed Response[ ]  Most-to-Least Prompts[ ]  Least-to-Most Prompts[ ]  Time Delay [ ]  Social Stories[ ]  Prompting/Cueing [ ]  Other:       [ ]  Other:       [ ]  Other       |       |       |       |       |       |
| Notes:       |

**Summary of Data & Intervention Form**

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| Student’s Full Name:            |

**INTERVENTIONS IMPLEMENTED:** (Documentation of progress data **MUST** be attached for **EACH** intervention listed.)

**DOCUMENT RESEARCH BASED INTERVENTIONS PROVIDED TO MEET STUDENT NEEDS**

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| **TIER 2 Self-Help/Adaptive Interventions** (first attempt to intervene beyond attempts in core instruction) |
| Title of Intervention(s) | FrequencyofService | AmountofTime | Dates | Impact on Targeted Area(progress data must show impact) |
| From | To |
| [ ]  Modeling[ ]  Direct Instruction[ ]  Delayed Response[ ]  Most-to-Least Prompts[ ]  Least-to-Most Prompts[ ]  Time Delay [ ]  Social Stories[ ]  Prompting/Cueing [ ]  Other:       [ ]  Other:       [ ]  Other       |       |       |       |       |       |
| Notes:       |

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| **TIER 3 Self-Help/Adaptive Interventions** (second attempt to intervene beyond attempts in core instruction) |
| Title of Intervention(s) | FrequencyofService | AmountofTime | Dates | Impact on Targeted Area(progress data must show impact) |
| From | To |
| [ ]  Modeling[ ]  Direct Instruction[ ]  Delayed Response[ ]  Most-to-Least Prompts[ ]  Least-to-Most Prompts[ ]  Time Delay [ ]  Social Stories[ ]  Prompting/Cueing [ ]  Other:       [ ]  Other:       [ ]  Other       |       |       |       |       |       |
| Notes:       |

**Summary of Data & Intervention Form**

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| Student’s Full Name:            |

**INTERVENTIONS IMPLEMENTED:** (Documentation of progress data **MUST** be attached for **EACH** intervention listed.)

**DOCUMENT RESEARCH BASED INTERVENTIONS PROVIDED TO MEET STUDENT NEEDS**

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| **TIER 2 Social/Emotional Interventions** (first attempt to intervene beyond attempts in core instruction) |
| Title of Intervention(s) | FrequencyofService | AmountofTime | Dates | Impact on Targeted Area(progress data must show impact) |
| From | To |
| [ ]  Modeling[ ]  Direct Instruction[ ]  Delayed Response[ ]  Most-to-Least Prompts[ ]  Least-to-Most Prompts[ ]  Time Delay [ ]  Social Stories[ ]  Prompting/Cueing [ ]  Other:       [ ]  Other:       [ ]  Other       |       |       |       |       |       |
| Notes:       |

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| **TIER 3 Social/Emotional Interventions** (second attempt to intervene beyond attempts in core instruction) |
| Title of Intervention(s) | FrequencyofService | AmountofTime | Dates | Impact on Targeted Area(progress data must show impact) |
| From | To |
| [ ]  Modeling[ ]  Direct Instruction[ ]  Delayed Response[ ]  Most-to-Least Prompts[ ]  Least-to-Most Prompts[ ]  Time Delay [ ]  Social Stories[ ]  Prompting/Cueing [ ]  Other:       [ ]  Other:       [ ]  Other       |       |       |       |       |       |
| Notes:       |

**Summary of Data & Intervention Form**

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| Student’s Full Name:            |

**INTERVENTIONS IMPLEMENTED:** (Documentation of progress data **MUST** be attached for **EACH** intervention listed.)

**DOCUMENT RESEARCH BASED INTERVENTIONS PROVIDED TO MEET STUDENT NEEDS**

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| **TIER 2 Motor Interventions** (first attempt to intervene beyond attempts in core instruction) |
| Title of Intervention(s) | FrequencyofService | AmountofTime | Dates | Impact on Targeted Area(progress data must show impact) |
| From | To |
| [ ]  Modeling[ ]  Direct Instruction[ ]  Delayed Response[ ]  Most-to-Least Prompts[ ]  Least-to-Most Prompts[ ]  Time Delay [ ]  Social Stories[ ]  Prompting/Cueing [ ]  Other:       [ ]  Other:       [ ]  Other       |       |       |       |       |       |
| Notes:       |

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| **TIER 3 Motor Interventions** (second attempt to intervene beyond attempts in core instruction) |
| Title of Intervention(s) | FrequencyofService | AmountofTime | Dates | Impact on Targeted Area(progress data must show impact) |
| From | To |
| [ ]  Modeling[ ]  Direct Instruction[ ]  Delayed Response[ ]  Most-to-Least Prompts[ ]  Least-to-Most Prompts[ ]  Time Delay [ ]  Social Stories[ ]  Prompting/Cueing [ ]  Other:       [ ]  Other:       [ ]  Other       |       |       |       |       |       |
| Notes:       |

**Summary of Data & Intervention Form**

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| Student’s Full Name:            |

**INTERVENTIONS IMPLEMENTED:** (Documentation of progress data **MUST** be attached for **EACH** intervention listed.)

**DOCUMENT RESEARCH BASED INTERVENTIONS PROVIDED TO MEET STUDENT NEEDS**

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| **TIER 2 Communication Interventions** (first attempt to intervene beyond attempts in core instruction) |
| Title of Intervention(s) | FrequencyofService | AmountofTime | Dates | Impact on Targeted Area(progress data must show impact) |
| From | To |
| [ ]  Modeling[ ]  Direct Instruction[ ]  Delayed Response[ ]  Most-to-Least Prompts[ ]  Least-to-Most Prompts[ ]  Time Delay [ ]  Social Stories[ ]  Prompting/Cueing [ ]  Other:       [ ]  Other:       [ ]  Other       |       |       |       |       |       |
| Notes:       |

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| **TIER 3 Communication Interventions** (second attempt to intervene beyond attempts in core instruction) |
| Title of Intervention(s) | FrequencyofService | AmountofTime | Dates | Impact on Targeted Area(progress data must show impact) |
| From | To |
| [ ]  Modeling[ ]  Direct Instruction[ ]  Delayed Response[ ]  Most-to-Least Prompts[ ]  Least-to-Most Prompts[ ]  Time Delay [ ]  Social Stories[ ]  Prompting/Cueing [ ]  Other:       [ ]  Other:       [ ]  Other       |       |       |       |       |       |
| Notes:       |

**Summary of Data & Intervention Form**

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| Student’s Full Name:            |

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| **TIER 2 Other Interventions** (first attempt to intervene beyond attempts in core instruction)**List Area Targeted**:       |
| Title of Intervention(s) | FrequencyofService | AmountofTime | Dates | Impact on Targeted Area(progress data must show impact) |
| From | To |
|      ‘‘ |       |       |       |       |       |
|       |       |       |       |       |
| Notes:       |
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| **TIER 3 Other Interventions** (must reflect a change in type or intensity of Tier 2 intervention)**List Area Targeted**:       |
| Title of Intervention(s) | FrequencyofService | AmountofTime | Dates | Impact on Targeted Area(progress data must show impact) |
| From | To |
|       |       |       |       |       |       |
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| Notes:       |

**Summary of Data & Intervention Form**

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| Student’s Full Name:                 |

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| **Date of RTI Team Meeting:** |       |

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| **Names of Those in Attendance:**       |

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| **Committee Decisions:**[ ]  Move from Tier 2 to Tier 3 Intervention Level[ ]  Continue Tier 3 Interventions with modifications/adaptations (continue tracking data and updates) Next RTI team meeting scheduled for: (date)      \_\_\_\_\_\_\_\_[ ]  Refer to 504 committee [ ]  Refer for multi-disciplinary evaluation (all information goes to special education liaison)[ ]  Other services needed:      \_\_\_(Inform appropriate staff members)      \_\_\_      \_\_\_ |

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| **Meeting Notes:**       |

**Summary of Data & Intervention Form**

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| Student’s Full Name:                 |

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| **Date of RTI Team Meeting:** |       |

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| **Names of Those in Attendance:**       |

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| **Committee Decisions:**[ ]  Move from Tier 2 to Tier 3 Intervention Level[ ]  Continue Tier 3 Interventions with modifications/adaptations (continue tracking data and updates) Next RTI team meeting scheduled for: (date)      \_\_\_\_\_\_\_\_[ ]  Refer to 504 committee [ ]  Refer for multi-disciplinary evaluation (all information goes to special education liaison)[ ]  Other services needed:      \_\_\_(Inform appropriate staff members)      \_\_\_      \_\_\_ |

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| **Meeting Notes:**       |