AVONDALE SCHOOLS
the road to the future

S³

Strategies for Student Success

Rev. 11/7/2017

S³ Team Acknowledgement

We wish to thank the following people who helped develop the Strategies for Student Success Team Process for the Avondale School District during the 2016-2017 school year:

Martin Alwardt, Assistant Superintendent of Student Services

Arryn Schneider, Woodland Principal

Kimberly Hempton, Auburn Principal

Kathryn Stock, Graham & Auburn Title I Interventionist

Marcia Hudson, Elementary Literacy Consultant

Elissa Redman, School Social Worker

Anne Ossewaarde, School Social Worker

Raelynn Buczkowski, School Social Worker

Kristen Genslak, Speech and Language Pathologist

Amy Oliver, Woodland Teacher

Mary Cowan, Deerfield Teacher

Molly Vesper, Graham Teacher

Kristen Little, Auburn Teacher

Kat Naish, Teacher Consultant

Amanda Barber, Teacher Consultant

The S³ process was presented to Ad Team on June 8, 2017

The S³ process was presented to cabinet on June 6, 2017

The S³ process was shared with the Avondale Board of Education on June 19, 2017

S^3 Process

When a student is experiencing difficulty in school, it is necessary to identify the cause and provide appropriate intervention strategies as early as possible. In order to accurately assess the problem it is important to gather as much data as possible and seek input from individuals with knowledge about the student before making a determination to implement a particular program or strategy. Each school will utilize a S^3 Team (Strategies for Student Success) to review all available data and make recommendations. Program decisions will be made after allowing adequate time to evaluate the effectiveness of intervention strategies. The building principal will oversee the final decision process.

All data gathered and deliberations by the S^3 are confidential. They may be shared with appropriate committees to whom a recommendation is made to aid in determination of services.

Rationale for new process

The S^3 (Strategies for Student Success) process, formerly known as Teacher Assistants Teams (TAT), has been designed to ensure consistent implementation of a Multi-Tiered System of Support (MTSS) district-wide. This will guarantee that all students who are struggling (academically, behaviorally, socially, and emotionally at or above grade level) receive the necessary interventions in order to be successful.

Team members:

There are no rules for membership on a pre-referral team. Each school selects team members based on the area of concern for each student. The S^3 Team may include but is not limited to the following:

- General Education Teacher
- Interventionist
- Teacher Consultant
- Counselor
- School Social Worker
- Physical Therapist
- Occupational Therapist
- Special Education Teacher
- Speech and Language Pathologist
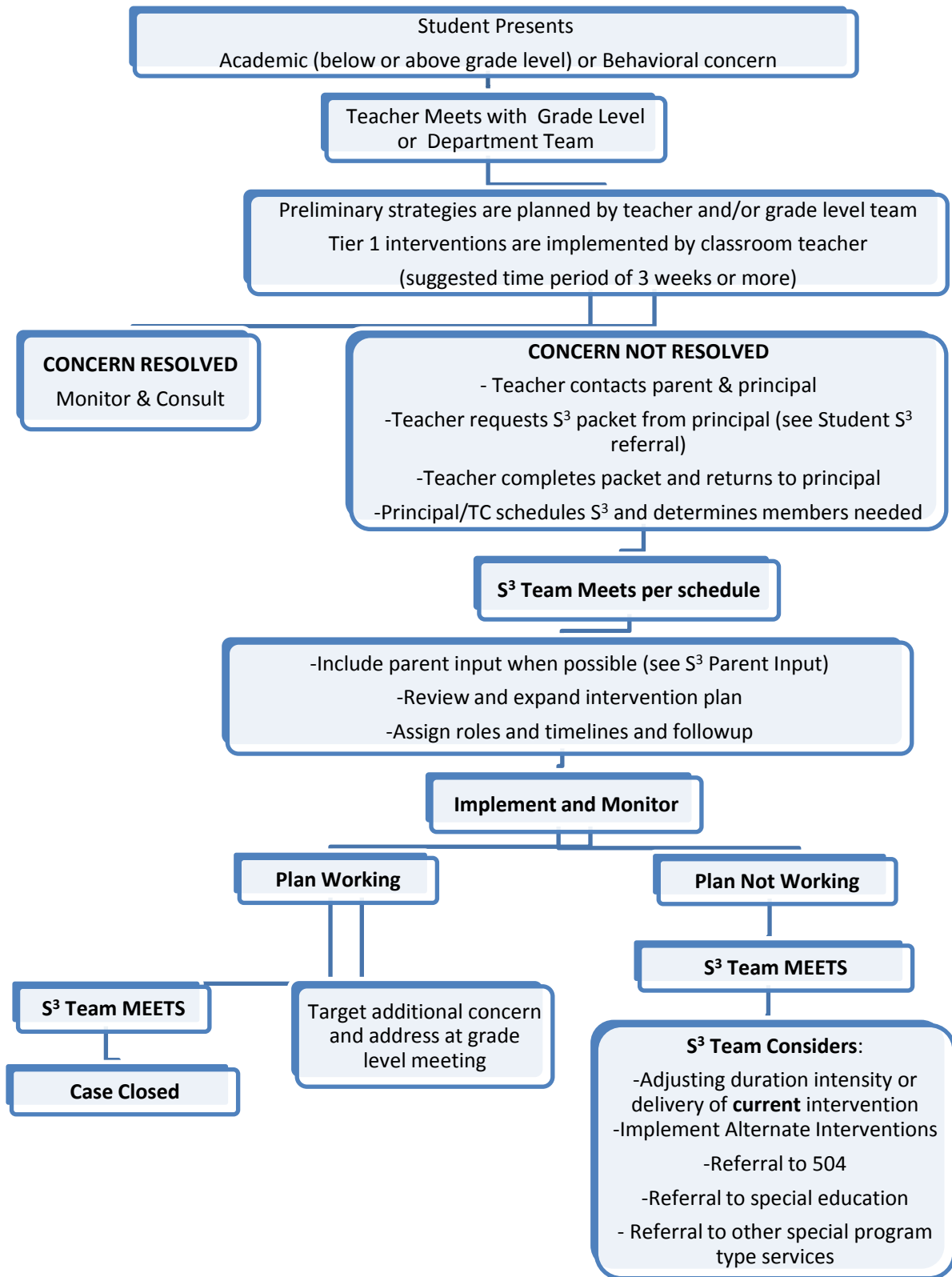- School Psychologist
- Administrator

The S^3 Team meeting follows these steps:

- *Review S^3 referral packet. This includes: student's strengths, interests and talents, reason for referral, overall performance level and behavior in the classroom and the provided list of interventions previously tried and their rate of success as a result of grade level team meeting.*

- o *School interventions may include accommodations, modifications and behavior plans.*
- o *Home interventions may include follow up with health concerns, behavior plans and help with homework.*
- *Brainstorm interventions that address concerns.*
- *Select interventions to implement.*
- *Develop a plan for implementation of interventions and data collection timeline.*
- *Schedule a post intervention meeting to review progress.*
- *Implement the intervention and collect data (progress monitor) over time. The timeline can vary greatly—from a minimum of three weeks to a school quarter or trimester, depending on the intervention.*
- *Hold post intervention meeting to review progress. (As a result of the intervention, did the student's performance improve, remain the same or decrease?)*
- If the interventions are not effective, the team may decide to:
  - o Implement another intervention or alter the current one, starting the process again **OR**
  - o Refer the student for special education evaluation to determine if he/she is eligible for special education services as a student with a disability.

S³ Team Flow Chart

MTSS

Student Presents

Academic (below or above grade level) or Behavioral concern

Teacher Meets with Grade Level or Department Team

Preliminary strategies are planned by teacher and/or grade level team

Tier 1 interventions are implemented by classroom teacher

(suggested time period of 3 weeks or more)

CONCERN RESOLVED

Monitor & Consult

CONCERN NOT RESOLVED

- Teacher contacts parent & principal

- Teacher requests S³ packet from principal (see Student S³ referral)

- Teacher completes packet and returns to principal

- Principal/TC schedules S³ and determines members needed

S³ Team Meets per schedule

- Include parent input when possible (see S³ Parent Input)
- Review and expand intervention plan
- Assign roles and timelines and followup

Implement and Monitor

Plan Working

Plan Not Working

S³ Team MEETS

Target additional concern and address at grade level meeting

S³ Team MEETS

Case Closed

S³ Team Considers:

- Adjusting duration intensity or delivery of **current** intervention
- Implement Alternate Interventions
- Referral to 504
- Referral to special education
- Referral to other special program type services

MTSS

WHAT IS IT REALLY?

Definition: MTSS is a systematic, data-based method for identifying, defining and resolving students' academic and/or behavior difficulties.

It's all about two things:

1. Designing general education to benefit <u>all</u> students- high achievers, grade level achievers, low achievers, special education students and students with behavioral challenges
2. Effectively identifying students for Special Education in a timely fashion

WHERE DID THE RESPONSE TO INTERVENTION INITIATIVE ORIGINATE?

The idea of improving access to educational opportunities for all students came out of the adoption of *No Child Left Behind (NCLB 2001)* and *Individuals with Disabilities Education Improvement Act revision (IDEA 2004)*

WHAT DOES IT MEAN FOR CLASSROOM TEACHERS?

- General education instruction will be structured in a 3-tier format
- Documentation of student progress will be used to direct instruction-not planning for next year
- Common assessments will be developed and implemented to unify the reporting out of student progress
- S3 will be used in each elementary building to support both teachers and students
- To move away from the IQ discrepancy model for certifying students for students with disabilities.

GOAL FOR 3 TIER FORMAT FOR INSTRUCTION
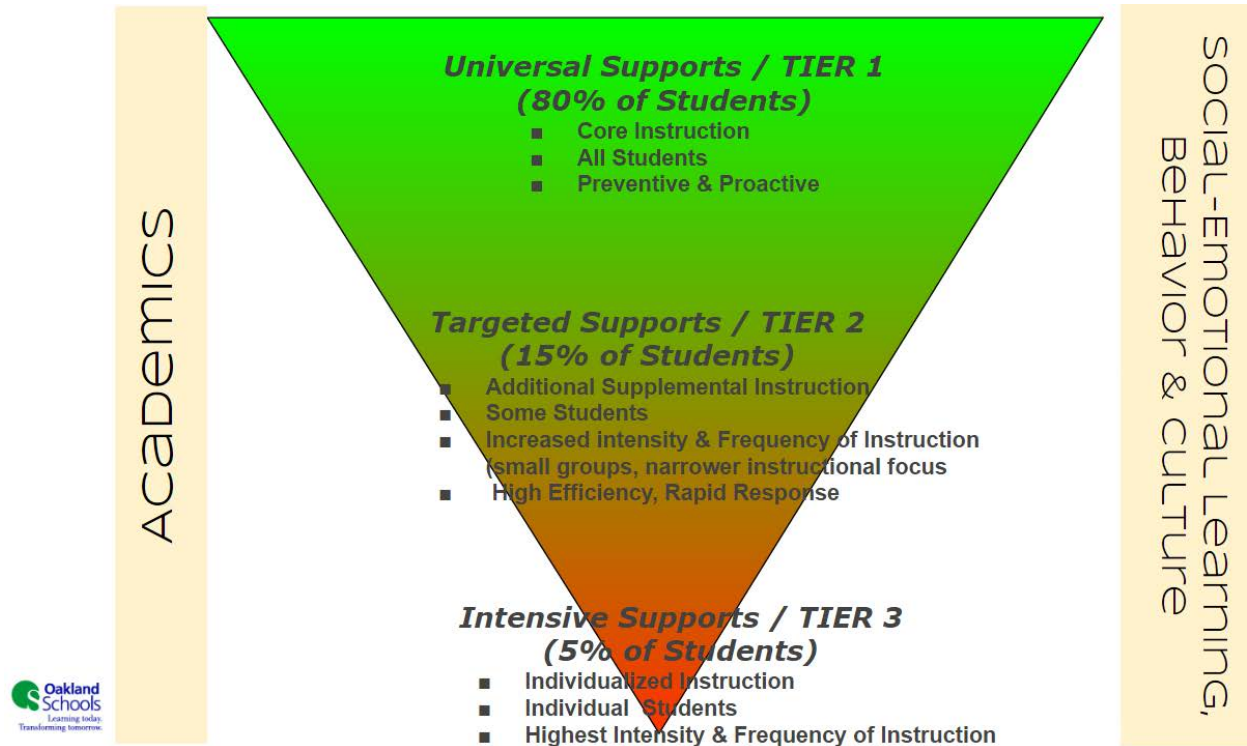
Elementary Schedule

Week	Time	Monday
1	9:00-11:30	Woodland
	1:00-3:30	Graham
2	9:00-11:30	Auburn
	1:00-3:30	Deerfield
3	9:00-11:30	Graham
	1:00-3:30	Woodland
4	9:00-11:30	Deerfield
	1:00-3:30	Auburn
5	Catch up, Data Collection, 3rd Grade Reading	

* Sub every Monday following above schedule

Student S[3] Referral

Date: _____

Student Name _____ Date of Birth _____

Address _____ Student Age: _____ Grade: _____

Parent/Guardian name: _____ Phone: _____

Referred by: _____ Building/School: _____

Student's Primary Language: _____ CA60 Reviewed ? ☐ Yes ☐ No

Days Absent: (see CA60)	Current year _____	Last year _____
Days Suspended (see administration)	Current year _____	Last year _____

Hearing concern?   ☐ Yes   ☐ No   Vision concern?   ☐ Yes   ☐ No

Grade Level Team Meeting Date: _____ Notification method _____

Parent/guardian notified of the S[3] Team concerns:

Date: _____ Notification method: _____

List strategies attempted: _____

List results: _____

REASON FOR REFERRAL (Primary concern)

☐ Academic   ☐ Behavioral   ☐ Emotional   ☐ Medical

1. Describe the primary concern prompting this referral.

    _____

    _____

    _____

2. How does this student's academic skills compare to others in your classroom?
    include the latest F/P and I-Ready Scores compared to others in your classroom. (Bottom 30)

    _____

3. In what settings and/or situation does the problem occur most often?

    _____

    _____

4. In what settings and/or situation does the problem occur least often?

    _____

    _____

5. What are the student's strengths, talents and/or interests?
    1. _____
    2. _____
    3. _____

S³ Parent Input
To be completed by parent or guardian

Your child has been referred to the Strategies for Student Success Team (S3 Team). This team works collaboratively together to help your child be successful in school. Your input is a valuable piece in this partnership. Please complete this form as thoroughly as possible. Once completed please return to the building administrator as soon as possible.

Student name: _____   Student Primary Language _____

Parent/guardian name _____   Parent Primary Language _____

Best form of contact: ☐ Phone _____
                         ☐ Email _____

Educational History

1. What are your child's strengths? _____

2. Has your child ever been referred for educational services?   ☐ Yes   ☐ No

   ☐ Title I   ☐ Reading Support   ☐ Speech/ Lang   ☐ Math Support
   ☐ Tutoring   ☐ Social Work   ☐ ESL   ☐ Other _____
   If Yes please explain: _____

3. Has your child received any outside services?   ☐ Yes   ☐ No

   ☐ Tutoring   ☐ Youth Assistance   ☐ Therapy/Counseling
   ☐ Other: _____

   If Yes, please explain: _____

4. Has your child ever been retained/repeated a grade?   ☐ Yes   ☐ No   Grade _____

5. Does your child struggle academically?   ☐ Yes   ☐ No

   If Yes, please explain: _____

6. Does your child struggle behaviorally?   ☐ Yes   ☐ No

   If Yes, please explain: _____

Parent Input(continued)

Student name: _____

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7. Does your child have attendance issues?　☐ Yes　　☐ No

    If Yes, please explain: _____

    _____

8. Does your child like coming to school?　☐ Yes　　☐ No

    If Yes, please explain _____

9. Has your child:　☐ Been Homeschooled　　☐ Attended private school
              Grade(s) Attended _____　　Grade(s) Attended _____

              ☐ Online/Virtual School　　☐ Non-English speaking school
              Grade(s) Attended _____　　Grade(s) Attended _____

10. Did your child attend preschool?　☐ Yes　　☐ No

     Location : _____　　When/Duration _____

Medical/Development History:

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1. Has your child ever been diagnosed with any medical conditions?　☐ Yes　　☐ No

    If Yes please explain: _____

    _____

    _____

2. Has your child had any developmental delays? (walking, talking, etc.)　☐ Yes　　☐ No

    If Yes, please explain: _____

    _____

3. Has your child ever received services for any medical condition in a school setting?
    (vision, hearing, diabetes)　☐ Yes　　☐ No

    If Yes, please explain: _____

    _____

    _____