



Multi - Tiered System of Supports



"A layered approach to strengthen systems to raise student achievement and support the needs of the whole child."

Appendix A: Brief History of Response to Intervention

What is MTSS



MTSS (Multi Tiered System of Supports) represents an important educational strategy to close achievement gaps for all students. This includes students at risk, students with disabilities and English language learners, by preventing smaller learning problems from becoming insurmountable gaps. Each day, educators make important data-driven decisions about students' educational programs, including decisions as to whether a student who is struggling to meet the standards set for all children might need changes in the nature of early intervention and instruction. MTSS is an effective and instructionally relevant process to make informed decisions as to whether a student has a learning disability. This must be based on extensive and accurate information that leads to the determination that the student's learning difficulties are not the result of the instructional program or approach.

MTSS begins with high quality evidence-based instruction in the general education setting provided by the general education teacher (Tier 1). Evidence-based interventions are programs/interventions that have been proven effective for the targeted group of students through outcome evaluations or studies. Instruction is matched to a student's need through provision of differentiated instruction in the core curriculum and supplemental intervention delivered in a multi-tier format with increasing levels of intensity and targeted focus of instruction. As a result of school-wide academic, social-emotional and behavior screenings of all students and progress monitoring, students who have not mastered critical skills or who have not made adequate progress can be identified for supplemental intervention (Tier 2). If the student continues to make less than adequate progress after receiving intensive intervention (Tier 3), it *may* be determined that a referral for a comprehensive evaluation is needed. The MTSS framework is intended to support each and every students' needs. In this framework, educators work to ensure that the majority of students respond to core (Tier 1) instruction.

Appropriate instruction begins with a core program that provides:

- High quality research-based instruction to all students in the general education class provided by qualified teachers;
- Differentiated instruction to meet the wide range of student needs;
- Curriculum that is aligned to the state learning standards and grade level performance indicators for all general education subjects; and
- Instructional strategies that utilize a formative assessment process.

[8 NYCRR, § 100.2 (ii)(1)]

Core Principles:

- Effectively Teach all children
- Intervene early
- Use a multi-level model of service delivery
- Use a problem-solving methodology
- Use research-based, scientifically validated interventions/instruction
- Monitor student progress to inform instruction
- Use data to make decisions
- Use assessments for three different purposes: (1) screening; (2) diagnostics; and (3) progress monitoring

Appendix A: Universal Screening, Benchmarks and Progress Monitoring

Assessments

- Screening assessments are administered to students two-four times a year. Universal screening is used to pinpoint early academic, social-emotional and behavior difficulties.
- Building Level Assessment Schedules outlining screening and benchmark assessments are developed annually for Elementary School and Middle School levels.
 - [Elementary School Assessment Schedule](#)
 - [Middle School Assessment Schedule](#)
- Progress monitoring tools vary and are specified in student action plans. Curriculum based measures are often implemented in order to measure growth on targeted skills and concepts.
- Social Emotional Wellness is monitored through the implementation of Sown to Grow in Grades K-8. A tool for measuring SEL is pending for grades 9-12.

**Warsaw Central School utilizes our Driving Student Success (DSS) Dashboard to document screening, benchmark, and progress monitoring assessments for all students.*

Appendix B: Guidelines for the delivery of Tiered Interventions (Core Instruction = Academic, Social-Emotional and/or Behavioral)

Tier I: Universal for All Students

Student Focus: All

Interventionist: General Education Teacher

Setting: General education classroom

Grouping: Whole classroom and in-class small group instruction

Curriculum: District/Building approved programs for Core Instruction for all students designed to meet New York State Learning Standards. Differentiated instruction provided by classroom teachers.

Progress Monitoring: At least three times per year (Benchmark Assessments)

Duration: As required based on building schedule

Length of Intervention: 6-8 weeks of Tier 1 instruction

Students Served: Approximately 80% of student population

Tier II: Supplemental Instruction provided in addition to Core Instruction

Student Focus: Identified students that are not making progress with Tier 1 supports

Interventionist: trained, skilled and knowledgeable school personnel

Setting: variable, can occur in general education classroom

Grouping: small, homogeneous grouping recommended

Curriculum: scientifically research-based instruction designed to remediate skill deficits of targeted students

Progress Monitoring: Minimally bi-weekly

Duration: varies – based on rate of progress and performance of students; 6-8 weeks minimum

Length of Intervention Sessions: 15 – 30 minutes, a minimum of 2 to 4 times in a six day cycle in addition to core instruction

Students Served: Approximately 15% of student population

Tier III: Intensive Targeted Intervention provided in addition to Core Instruction (Tier 1 supports)

Student Focus: Identified students who have not responded to Tier 1 and Tier 2 interventions

Interventionist: highly trained, skilled and knowledgeable school personnel

Setting: most often takes place outside of the general education classroom

Grouping: small, homogeneous grouping (1:1 – 1:3)

Curriculum: customized, intensive, systematic and research-based instruction that targets academic areas of greatest need

Progress Monitoring: Weekly

Duration: varies- a minimum of 6-8 weeks

Length of Intervention Sessions: minimum 30 minutes daily

Students Served: Approximately 1-5% of student population

Appendix C: Common Questions About Analyzing Student Needs

Do all students who are struggling get immediately referred to MTSS?

Referral should be made for:

- Students not making adequate progress in Tier 1 interventions following on-going Data/Grade Level Meetings. (ES, MS, HS)
- Students who may have behavioral or social-emotional issues interfering with academic progress.

What if I have a significant amount of students in my class who are struggling?

Approximately, 80% of the student population should respond to Tier 1 instruction. Tier 2 interventions are intended for those students who do not respond to regular classroom instruction with differentiation alone. If more than 20% of a classroom or grade level is not responding to regular classroom instruction, Tier 1 instruction or classroom management should first be analyzed and changes made before planning Tier 2 interventions. About 5% of the student population should require Tier 3 interventions. If these numbers are in excess of 5%, Tier 2 interventions should be analyzed and changes made.

How do I determine if an intervention is benefiting a student?

Minimally, six to eight weeks of progress monitoring data is required to determine a reliable trend line or determine a student's response to intervention. We all know that there are no "quick fixes." Students who are behind instructionally or struggle behaviorally generally have deficits that have developed over time and for a myriad of complex reasons. The assumption that they have such deficits because they have an underlying disability should not be the first hypothesis considered. The only way we currently have of separating out those students who have a disability from those who have deficits for other reasons is to patiently and consistently follow the MTSS process.

What is adequate progress?

If after 6-8 weeks of Tier 2 intervention a student has made limited progress toward benchmarks or has made progress but is not on a trajectory to meet end of year benchmarks an intervention team shall meet to review the child's program and progress to ensure the child is receiving differentiated needs based instruction. In addition, the

team review based on the outlying norms, the review shall include fidelity of program implementation, pacing and appropriateness of instructional groupings. Based on this review the MTSS Committee shall determine if additional assessments are required, additional changes or instructional methods to behavior are required, or the child requires Tier 3 intervention.

If, after an additional 6-8 weeks of Tier 2 intervention, or up to a total of 12 school weeks of intervention, a child has made no progress toward benchmark or has made progress, but is not on trajectory to meet end of year benchmarks the child shall begin receiving Tier 3 intervention, as outlined by the MTSS Committee.

Note: Determination of progress will be based on the rate of improvement from the progress monitoring tool(s) as defined on the child's individualized MTSS Plan.

How long is a student in MTSS before being referred to special education?

There are many students who are able to make adequate growth toward grade-level goals when receiving Tier 2 interventions. There are many factors that contribute to deciding when to move forward with referring to special education. This rate of progress can be acceptable and expected within a group of students. There will always be a small group of students that learn more slowly and that hover at or near the bottom of the average range. These students will likely need extra daily practice and repetition of instruction, which can be provided via tiered interventions. This does not constitute a disability. As a team we need to determine ways to ensure that students who need this level of supplemental instruction continue to receive it. There is no time limit on MTSS Tier 2 interventions.

What do I do after I have 6-8 weeks of progress monitoring data?

Progress monitoring is always a great practice when monitoring students' responses to an intervention. Progress monitoring alone is not an intervention. If you have collected data without providing an intervention, this is considered baseline data from Tier 1 instruction. If the student is NOT making progress, the team will discuss data at Grade Level Data Team Meetings. If the student is making progress, you should continue your high quality instruction and continue to progress monitor as needed.

Why is the MTSS process a requirement prior to CSE referral?

Eligibility guidelines for all disability categories require students to (1) receive multiple interventions; (2) show a pattern of inadequate growth despite those interventions; and, (3) have multiple sources of evaluation data indicating that they are performing significantly and consistently below their grade level standards. We generally have a significant amount of data indicating why and how students are not performing to our expectations. We want to provide students with targeted interventions in the least restrictive environment possible.

Special education serves a specific purpose. In an educational system we will have a population of students who need specially designed instruction and a population of students who are lower performing, but are not students with disabilities. Special education eligibility should be considered the last resort to address student needs after all other reasonable and appropriate possibilities have been exhausted.

If a student is receiving speech, OT, or PT as an improvement service and academic concerns arise, what should I do?

If a student is receiving improvement services (i.e. OT, PT, speech), discuss the student and their data at Grade Level Data Team Meetings. Additional interventions and/or strategies will be discussed and if needed a recommendation may be made to complete an MTSS referral.

Appendix D: Additional information about differentiation, accommodations, and modifications

What is differentiation?

Differentiation includes changes to instruction designed to meet the needs of students at different levels within the classroom by the regular education teacher and should be a natural part of good core instruction at Tier 1. Differentiation may involve a variety of instructional strategies implemented to help students meet the same grade level standards. It may also include additional small group instruction and/or purposeful design of instructional centers within the classroom.

Examples of differentiation:

- Offering students a choice to demonstrate understanding of the material (paper, poster, project, digitally)
- Providing targeted lessons to address a specific need of a small group of students a few times within a given week or instructional unit (rather than consistently over a much longer period of time, as would be the case with intervention)
- Allowing choice of text by interest

Resource:

<https://www.prodigygame.com/blog/differentiated-instruction-strategies-examples-download/>

What is an intervention?

An intervention is a specific academic/behavioral strategy or program that differs from activities occurring in the student's classroom as part of the general curriculum. An intervention is instruction designed to build/improve an at-risk student's skills in areas that are necessary to allow him/her to achieve grade-level expectations.

An intervention must:

- Involve research based instruction targeting specific area of weakness
- Be provided in a small group or individually
- Be provided consistently a minimum of three times a week over a period of at least 8 weeks

- Be focused on remediating a skill deficit. Cannot be more of the same thing, presented in the same way.
- Have a logical structure/progression of skills or be targeted to a specific identified weakness.

An intervention is what a classroom teacher, or other designated staff member, **does** with a student. An intervention is the specific **instruction** provided to meet the student's academic needs.

Resource:

<https://www.understood.org/en/learning-attention-issues/treatments-approaches/educational-strategies/instructional-intervention-what-you-need-to-know>

What are accommodations?

Accommodations are changes to the way a child is expected to learn or how he/she is tested. Accommodations eliminate obstacles that would interfere with a student's ability to perform or produce the same standard of performance as all general education students.

- Accommodations are changes in instructional practice that enable children to demonstrate their abilities in the classroom or assessment/testing setting.
- Accommodations are intended to reduce or even eliminate the effect of a student's academic or behavioral deficits.
- Accommodations maintain the same grade level learning expectations
- Accommodations can be provided for:
 - Instructional materials
 - Assignments and assessments
 - Learning environment
 - Time demands and scheduling
 - Special communication systems
- Examples of Accommodations:
 - Allowing extra time to take the same test or same assignment
 - Signing an agenda
 - Breaking down work into smaller segments, while still expecting all elements to be completed
 - Staying after school to complete assignments
 - Preferential seating

- Providing an extra set of books at home
- Home-school communication journal
- Graphic organizers
- Repeating/rephrasing directions
- Reduction of the amount of problems at the same level of academic challenge.
- Pairing auditory information with visual support

Resource:

<https://www.understood.org/en/learning-attention-issues/treatments-approaches/educational-strategies/the-difference-between-accommodations-and-modifications>

What are Modifications?

Modifications are changes to what a child is expected to learn. Modifications are changes that lower the standards of performance.

- Modifications are substantial changes in what the student is expected to demonstrate.
- Modifications may be changes in instructional level, content, and performance criteria, and may include changes in test form, format or alternative assignments
- Modifications can increase the gap between the achievement of students with academic/behavioral deficits and expectations for proficiency at a particular grade level.
- Examples of Modifications:
 - Reading a test that is measuring reading skills to a student
 - Reading a test and or rewording/re explaining questions on the test
 - Reduction of multiple-choice answers
 - Providing a word bank
 - Shortening a spelling test or other assignment, that reduces the content expectations
 - Using a different grading scale/procedure for a student (i.e. pass/fail, curving for particular students, etc.)
 - Changing content the student is expected to complete

Resource:

<https://www.understood.org/en/learning-attention-issues/treatments-approaches/educational-strategies/the-difference-between-accommodations-and-modifications>

Appendix E: MTSS Referral Form: *(Electronic copy: This [link](#) will force a copy)*



Warsaw Central School
Confidential Referral to MTSS

Student Name: School Year:

Student's Grade: Referring Person:

Date of Referral: Birth Date:

Student Strengths:

Section #2 Overarching Reason for Referral:

- Emotional/Behavioral (If yes, see Section #3) Academics (If yes, see Section #4)

Section #3 Overview of Emotional/Behavioral Concerns:

- Change in Behavior Bullying Family Concern
 Peer Relationship Social Skills Attendance
 Person Hygiene Other:

Section #4 Overview of Academic Concerns:

- Math Reading Fluency Reading Comprehension
 Phonics Other:

Section #5 Overview of Current Services:

- Occupational Therapy Physical Therapy Speech
 Counseling AIS Vision
 Assistive Technology ENL

Explanation:

ACTIONS taken by the person referring this student, if applicable: (Please attach copies of any interventions attempted)

Date that you contacted parent/guardian about your concern:

Explain below the outcome of parent/guardian contact:

Is the student receiving any outside of school services (Counseling, Youth Court, PINS, etc.)?

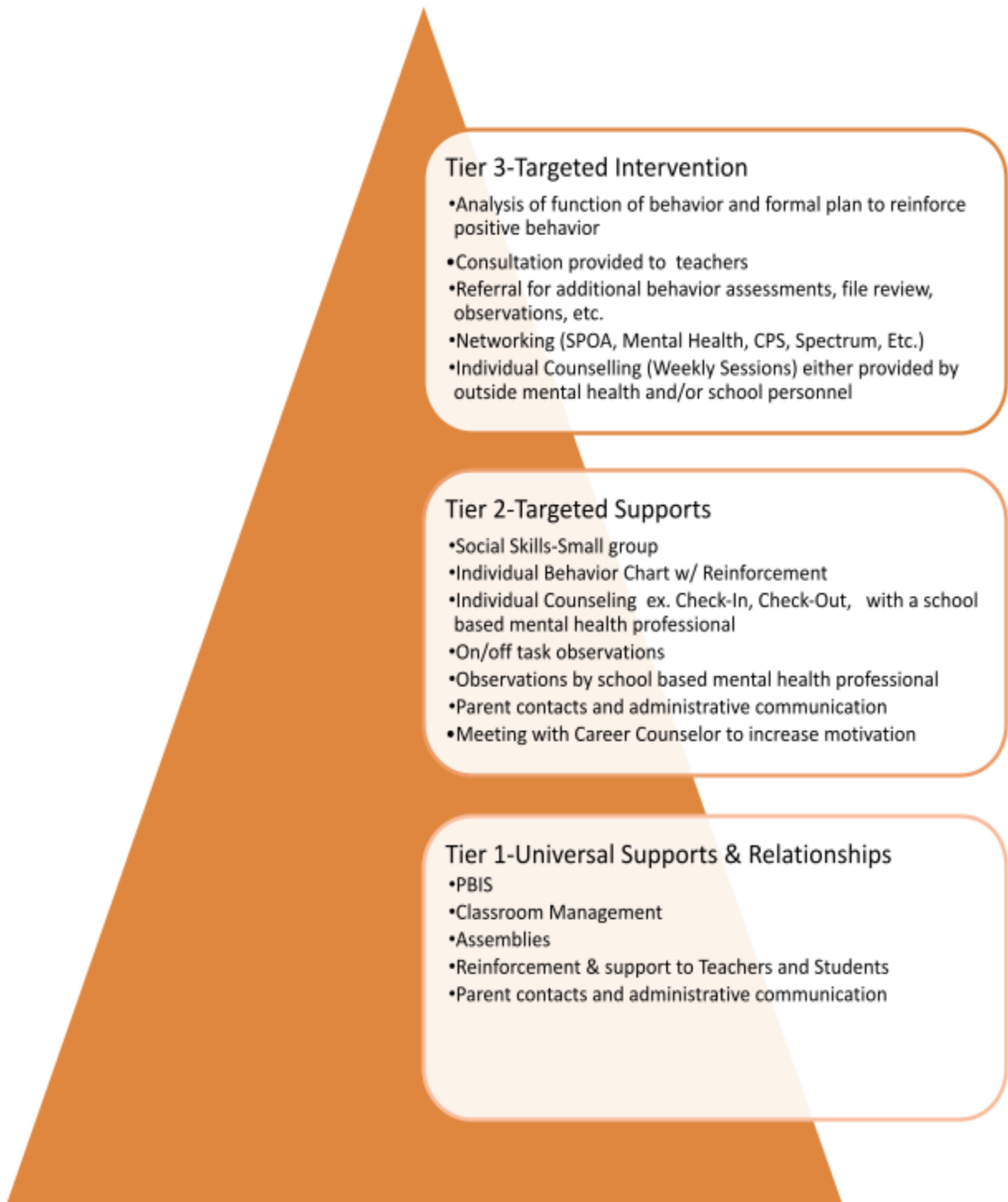
NOTE: Please come to the MTSS meeting with Data (**test scores, grades, students work, communication phone log, medical history, notable medical changes, etc.**).

Signature of Person Making Referral

Date of Referral

- ❖ **Middle/High School:** Please email the completed form to the MTSS team.
- ❖ **Elementary School:** Please email the completed form to the SST.

Appendix F: Social Emotional/Behavior Flowchart



Appendix G: Related Services (Speech Therapy, Occupational Therapy, Physical Therapy)

Flowchart for Related Services Referral

1. Teacher notices an area of concern for a particular student in the area of speech, fine motor, gross motor. Classroom teacher communicates with the parent(s) about the area of concern.
2. Classroom teacher makes a written referral using the Speech, OT, PT Referral.
3. Related service provider conducts an initial screening and provides recommendations to the classroom teacher. The related service provider determines if a formal evaluation is needed.
4. Classroom teacher communicates the results of the screening with the student's parent(s).
5. If a further evaluation is required then the screening referral will be submitted to the CSE office in order to have a formal permission slip sent home for a further evaluation.
6. If no further evaluation is needed the screening referral will be submitted to the CSE office to be filed in the student's permanent file.
7. If the formal evaluation determines further services are needed, notify RTI Facilitator to determine if referral to RtI team is warranted.

Warsaw Central School
Speech Improvement Referral

Student: _____

Teacher: _____

Age: _____

Articulation Concerns:

- Demonstrates sound errors or phonological processes that are not typical for age
- Produced single word clearly, but is difficult to understand in conversation
- Easier to understand when the topic is known
- Deletes sounds in words
- Can produce sounds in error provided a model
- Uses inadequate rate and rhythm

_____ % Percent intelligible in the school setting

Example of errors (if possible):

Receptive Language Concerns:

The student has difficulty:

- Following familiar classroom routines
- Following single-step directions
- Following multi-step directions
- Repeating a sentence
- Interpreting body language or facial expressions
- Understanding question words
- Answering questions
- Answering questions about a story
- Following a classroom discussion

Expressive Language Concerns:

- Uses immature grammar sentences
- Produces shorter utterances than peers
- Has difficulty expressing wants and needs event
- Has difficulty explaining a situation correctly
- Has weak expressive vocabulary
- Uses incorrect word order
- Uses gestures more than words
- Difficulty recalling the name of known items
- Has difficulty describing using attributes/functions
- Doesn't include important details when retelling
- Uses grammatically simple
- Difficulty forming a question
- Difficulty retelling a story or
- Doesn't sequence events
- Difficulty taking turns verbally
- Difficulty staying on topic
- Difficulty initiating conversation
- Doesn't seek or maintain eye contact

Fluency Concerns:

- Stutters on sounds, syllables, or whole words
- Stutters in most sentences
- Stutters in most settings
- Uses uncommon behaviors when talking (excessive eye blinking, tapping fingers)

Voice Concerns:

- Voice volume is too loud or soft
- Voice resonance has too much or too little nasality
- Uses abnormal pitch
- Voice sounds abnormal (raspy, hoarse, harsh, breathy)

Additional Concerns:

Warsaw Central School
Occupational Therapy Screening

Student Name: _____ DOB: _____

Referring Teacher: _____ Date: _____

Presenting Problems/Concerns:

Do you know of any factors that may impact/interfere with educational performance for the student? (medications, diagnoses, sensory deficits, seizures, emotional concerns):

Please describe or expand:

Please check any of the following that are applicable to this student:

Gross motor

- Awkward, clumsy, frequently falls
- Falls out of chair, bumps into things
- Tires easily, seems weaker than peers, low endurance
- Poor sitting posture at desk, head down frequently
- Unusual walking or running pattern
- Difficulty ascending or descending the stairs
- Reluctant or unable to use playground equipment, participate in games, sports or gym

Please describe or expand on areas checked:

Fine Motor

- Lack of well-established hand dominance (after age 6)
- Difficulty drawing, copying, coloring
- Poor pencil grasp, too tight, too loose, awkward
- Difficulty controlling pencil pressure- too light/dark- breaks point often
- Doesn't utilize non- dominant hand for assistance in tasks
- Difficulty cutting and manipulating scissors
- Difficulty manipulating objects- blocks, puzzles, pegs

Please describe or expand on areas checked:

Self-Help Skills

- Lacks age- appropriate skills for dressing, eating, toileting

Please describe or expand on areas checked:

Sensory/Behavior

- Overreacts to physical contact, may withdraw, become aggressive or crave touch
- Fearful of movement activities (swing, slide, spinning, jumping)
- Excessive craving for swinging, bouncing, spinning, rocking
- Avoids crowded areas (gym, lunch, always at end of line)

- Frequently touching everything in sight
- Avoids certain textures- dislikes playdoh, dislikes when hands are dirty
- Struggles to keep hands to self- pushes, pokes touches others
- Poor balance, avoids balance activities
- Overly sensitive to sounds- crowds, gym, bathrooms
- Likes to make loud noises
- Talks excessively
- Repeats directions to self
- Speech is difficult to understand
- Struggles to understand directions
- Difficulty with visual perception (copy shapes, letters, numbers, discriminating between)
- Struggles to visually attend to tasks
- Poor understanding of directional concepts (up, down, under, over, left, right, center)
- Letter reversals after 1st grade
- Difficulty tracking visually (following objects/teacher with eyes, poor copying from board)
- Struggles with change in routine
- Easily Frustrated
- Frequently presenting with behaviors of “acting out”
- Impulsive or accident prone
- Obvious mood variations, outbursts, tantrums
- Hyperactive
- Distractible
- Difficulty organizing work and managing time
- Difficulty with memory
- Short attention span
- Difficulty completing work

Please describe or expand on areas checked:

How do these checked areas impact classroom performance?

What methods have been trialed to remediate the concerns described? What has been successful or unsuccessful?

WARSAW CENTRAL SCHOOL
PHYSICAL THERAPY REFERRAL

Student: _____

DOB: _____

Referring Teacher: _____

Date: _____

Presenting Problems: _____

Do you know any factors, which might interfere with the developmental and educational performance of the student (medications, allergies, seizures, emotional problems, etc.)?

Observation Checklist: Please check any of the following statements applicable to this student

Gross Motor Skills:

- _____ Difficulty with running, jumping, hopping
- _____ Difficulty with ball skills: catching, kicking
- _____ Poor sitting balance in chair, on floor
- _____ Poor performance in physical education class or on playground
- _____ Fatigues easily/becomes short of breath
- _____ Stiff/inflexible
- _____ Weak/poor posture
- _____ Complaints of pain

Please describe or expand on the areas checked:

Gait:

- _____ Difficulty walking: awkward gait, walks on toes, falls frequently
- _____ Difficulty with stairs on bus, curbs

Please describe or expand on the areas checked:

Referring Teacher's Signature

Appendix H: Additional Resources

- NYS RTI Network: www.nysrti.org
 - Recorded Webinars Data Based Decision Making & Instruction/Intervention Implementation
<https://nysrti.org/professional-development/past-webinars/event:str20/>
 - NYS Rtl Network Problem Solving Strategies
https://nysrti.org/files/webinars/strand_20/4_step_problem_solving_fact_sheet.pdf
- Evidence for ESSA: <https://www.evidenceforessa.org/>
- Center on Multi-Tiered System of Support: <https://rti4success.org>
- [MTSS Playlist](#): A variety of resources to satisfy your learning needs