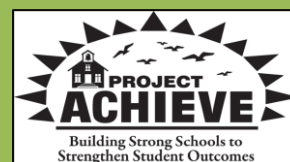
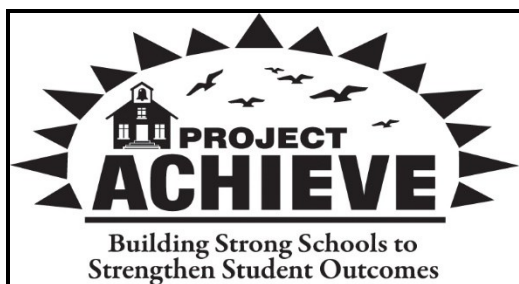


A Multi-Tiered Service and Support Implementation Guidebook for Schools: Closing the Achievement Gap

Howard M. Knoff, Ph.D.



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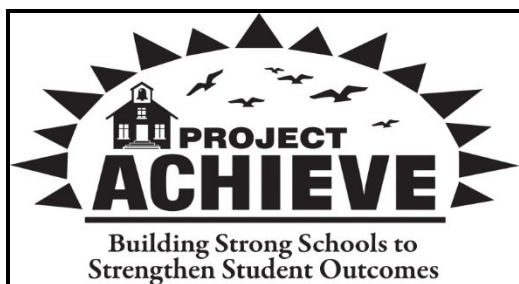
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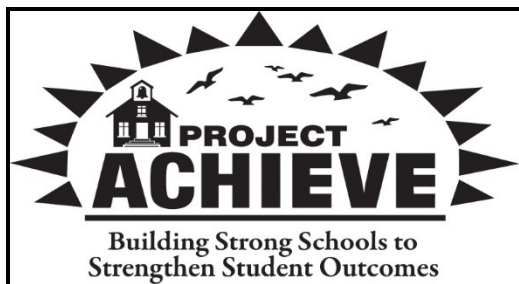
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A Multi-Tiered Service and Support Implementation Guidebook for Schools: Closing the Achievement Gap

Section I: Introduction and Overview

The goal of every school across the country is to maximize the academic and social, emotional, and behavioral progress and proficiency of every student. Ultimately, this translates into academic independence and social, emotional, and behavioral self-management, respectively (see Figures 1 and 2 below). All of this is accomplished through (a) effective and differentiated classroom instruction, complemented with (b) positive and successful classroom management, that (c) is delivered by highly qualified teachers who have (d) administrators, instructional support and related services staff, and other consultants available to support classrooms, grade-level or teaching units, and other school programs and processes. All of this is intended to result in students who demonstrate age-appropriate (or beyond) independent learning and behavioral self-management skills.

While an admirable goal, the reality is that not all students are successful even when in effective classrooms. Indeed, some students come to the school-house door at-risk for educational failure, while others are struggling learners who are disengaged, unmotivated, unresponsive, underperforming, or consistently unsuccessful. These struggles occur academically and/or as social, emotional, or behavioral challenges. For these students, districts and schools are required to have multi-tiered services, supports, strategies, programs, interventions, and systems to address their individual academic or behavioral needs.

The Elementary and Secondary Education/Every Student Succeeds Act and Multi-Tiered Services

The Elementary and Secondary Education/Every Student Succeeds Act (ESEA/ESSA) was signed into law by President Obama on December 10, 2015. Most notably, the Law transfers much of the responsibility for developing, implementing, and evaluating effective school and schooling processes to state departments of education and school districts across the country. It also includes a number of specific provisions to help to ensure success for all students and schools.

Relative to at-risk, disengaged, unmotivated, unresponsive, underperforming, or consistently unsuccessful students, ESEA/ESSA defines and requires districts and schools to establish a “multi-tiered system of supports” for specific groups of students.

A Definition of “Independent Learning”

A Successful Independent Learner:

- Is engaged, confident, motivated, and aware of when s/he understands and does not understand
- Knows how to create and sustain positive and productive learning environments
- Learns and masters—and has learned and mastered—specific facts, pieces of information, and skills; is able to organize, synthesize, and apply them to solve (real world) problems; and is able to communicate the information and/or solutions
- Is able to utilize resources to enhance learning or to close knowledge, skill, or application gaps

Figure 1.

A Definition of “Self-Competency” or “Self-Management”

Self-Competence/Management involves:

A child or adolescent’s ability to:

- Be socially, emotionally, and behaviorally aware of themselves and others
- Demonstrate successful interpersonal, social problem solving, conflict prevention and resolution, and social-emotional coping and behavioral skills
- Effectively control their own emotions and behavior

Figure 2.

ESEA/ESSA’s definition of a multi-tiered system of supports is as follows:

“a comprehensive continuum of evidence-based, systemic practices to support a rapid response to students’ needs, with regular observation to facilitate data-based instructional decision-making.”

In addition, while this definition states that a district or school’s multi-tiered system is designed and implemented for any student “in need,” ESEA/ESSA also specifically cites the use of multi-tiered systems of support with the following students or instructional areas: (a) students with disabilities, including children with significant cognitive disabilities; (b) English Language Learners; (c) children with developmental delays; and (d) in the provision of literacy services.

Significantly:

- The term “response-to-intervention” (i.e., RtI), or any of its derivatives, does not appear in ESEA/ESSA.
- Similarly, by way of history, the term “response-to-intervention” never appeared in the federal special education Individuals with Disabilities Education Act (IDEA), and it did not appear in the previous ESEA—No Child Left Behind Act.

Indeed, the closest that IDEA came to using the term “response-to-intervention” was in the section on learning disabilities where it stated,

“In determining whether a child has a specific learning disability, a local educational agency may use a process that determines if the child responds to scientific, research-based intervention as a part of the evaluation procedures described in paragraphs (2) and (3).”

- IDEA, which predates ESEA/ESSA by over a decade, does not include the term “multi-tiered system of supports” in any way.

- Finally, the term “multi-tiered system of supports” appears only five times in the ESEA/ESSA, it always appears in lower case letters, and it never appears as a capital-letter acronym: MTSS.

Thus, unless superseded by state law, ESEA/ESSA does not mandate the use of the (capital letter) MTSS framework advocated by the U.S. Department of Education, its Office of Special Education Programs (OSEP), or any of the national Technical Assistance Centers funded with federal money.

Instead, as noted above, ESEA/ESSA encourages districts and schools to create multi-tiered systems of supports that conform to the law but, more importantly, that respond to local conditions: to the students, staff, resources, school and schooling practices, and academic and social, emotional, and behavioral outcomes that are needed.

NOTE WELL. Parenthetically, even if state law or state department of education statute exceeded ESEA/ESSA and did require OSEP’s MTSS framework (or any other approach to multi-tiered services), districts can still request a waiver from these expectations by petitioning their state department with a sound research-to-practice and student-focused rationale.

How this Guidebook is Organized

The goal of this Guidebook is to help districts and schools create their own multi-tiered systems of supports that (a) comply with federal and state law; and, most importantly, that (b) are locally created to address the essential needs of their own students.

Significantly, many educators do not have the time to read important federal and state laws in their original texts (depending, instead, on others’ interpretations), and they often are over-influenced by federal and state “Guidance Documents” which they assume are legally binding. These guidance documents, critically, simply provide recommended procedures from, for example, the U.S. Department of Education or one’s state department of education. These recommendations, however, are not legally or statutorily required (unless so cited), and they often reflect the practice beliefs and procedural preferences of these agencies (which a district or school may disagree with, and/or which may not be supported by research or even common sense—see below).

To demonstrate these points, we have already (a) reviewed ESEA/ESSA’s very broad definition of a “multi-tiered system of supports;” (b) emphasized that the term appears only in lower-case words—and never as an upper-case term with the “MTSS” acronym; and (c) noted that the term “response-to-intervention” never appears in either ESEA/ESSA or IDEA.

We will supplement this by discussing seven RtI/MTSS approaches that have been advocated either by the U.S. Department of Education’s Office of Special Education Programs (either directly or through its federally-funded national Technical Assistance Centers), and/or by a number of national researchers. . . but that are flawed. This will be followed by ten “Effective Practices” that, if implemented, will help districts and schools to avoid (or correct) these flaws. Finally, we will discuss the research-to-practice components and the specific step-by-step procedures of an effective multi-tiered system of supports—which is embedded in a district or school’s effective school and schooling or continuous school improvement activities.

All of these effective school components and multi-tiered procedures and activities are grounded in an evidence- and research-based school improvement program that has been implemented in thousands of schools across the country over the past 30+ years. The multi-tiered processes especially have been extensively field-tested across numerous states—from preschool to high school.

Below is a broad outline of the contents of this book.

Section I: Introduction and Overview

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Section II: Learning from the Past to Improve the Future

National Studies that Question the Validity of the U.S. Department of Education’s Current Multi-Tiered Services Frameworks

In order to meet the expectations of ESEA/ESSA, state departments of education and school districts nationwide must recognize that a number of major research and evaluation reports—some commissioned or conducted by the federal government—have shown that the federal RtI and MTSS frameworks have not produced expected student outcomes (e.g., United States Government Accountability Office, 2018). Thus, as state departments of education and districts rethink their multi-tiered systems of supports, they need to recognize and correct the flaws that have undermined these earlier (and, sometimes, current) RtI and MTSS approaches.

In the area of academics, for example, Balu, Zhu, Doolittle, Schiller, Jenkins, and Gersten (2015) analyzed the literacy progress of approximately 24,000 first through third grade students in 13 states. Commissioned by the U.S. Department of Education’s Institute of Education Sciences and the largest federal investigation of its kind, the authors statistically compared 146 schools that had been implementing key elements from the U.S. Department of Education’s Response-to-Intervention (RtI) framework in literacy for at least three years with 100 randomly-selected comparison schools in the same 13 states, who were not implementing RtI.

Student outcomes were evaluated primarily using individually-administered norm-referenced tests, as well high-stakes state proficiency tests. The students’ lack of progress in literacy, in the 146 RtI schools, qualified them for Tier II RtI interventions. The students in the 100 Comparison schools barely made or just missed their schools’ cut-offs for Tier II intervention. Most of the schools were using either DIBELS or AIMSweb as their literacy screening instruments.

The reported results were as follows:

- The 1st graders receiving Tier II interventions performed 11 percent lower on the reading assessments than the comparison students who barely missed qualifying for the Tier II intervention approaches.
- The 2nd and 3rd graders receiving Tier II interventions experienced no significant reading benefits---although they did not lose ground.
- At Grade 1, only four of the 119 schools studied found data-based benefits for their Tier II students, while 15 schools had negative effects for their Tier II students.

[100 schools showed no benefits despite all of the staff and student time and resources expended.]

- At Grade 1, 86% of students who began in Tier I remained in Tier I; 50% of the students who began in Tier II remained there; and 65% of the students in Tier III remained.

Across the Grade 1 student sample, 13% of the students moved to a more intensive Tier, and 14% moved to a less intensive Tier. [The percentages of students moving were smaller in Grades 2 and 3.]

- Students already receiving special education services or who were “old for grade” (probably due to delayed entrances or retentions) had particularly poor results when they received Tier II interventions.
- For all students, the reading results did not significantly differ for students from different income levels, racial groups, or native languages.

In addition to the primary results above, a “close reading” of the evaluation report revealed some important additional findings for the RtI schools:

- 79% of the schools for the Grade 1 students, 75% of the schools for Grade 2, and 80% of the schools for Grade 3 used only ONE screening test when placing their students in Tier II interventions in the Fall.
- Between 31% (Grade 3) and 38% (Grade 1) of the students in the study were placed into Tier II or III interventions based only on the screening test.
- The “interventions” tracked simply involved small-group instruction or one-on-one tutoring.
- For the Below Grade Level students in the intervention groups, 37% of the Grade 1 students, 28% of the Grade 2 students, and 22% of the Grade 3 students received their interventions from paraprofessionals—not certified teachers or reading or other specialists.

While we will summarize the MTSS/RtI flaws embedded in the U.S. Department of Education’s Response-to-Intervention (RtI) literacy framework below, it is hard to dismiss the most important results from this study. These especially include (a) that the first grader students receiving Tier II RtI interventions ended up worse off than the Comparison students who stayed in their general education classrooms without supplemental intervention; and (b) that the second and third grader students receiving Tier II RtI interventions (which involved at least 120 additional minutes of interventions per week during each school year) were no better off than the Comparison students who stayed in their general education classrooms—despite these extensive supplemental intervention services.

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In the area of behavior, since the mid-1990s, there have been two dominant frameworks focusing—in whole or in part—on school discipline, classroom management, and student behavior: Positive Behavioral Interventions and Supports (PBIS), and Social-Emotional Learning (SEL). As frameworks (and not scaffolded implementation models), both present “menus” of activities for districts and schools, leaving the decision on exactly what, when, and how to implement different activities, once again, to individual districts and, sometimes, their schools.

PBIS: Overview. The U.S. Department of Education’s Office of Special Education Programs (OSEP) has singularly promoted its multi-tiered Positive Behavioral Interventions and Supports (PBIS) framework since establishing its federally-funded national Technical Assistance Center in 1997. And yet, many national evaluations—some commissioned by OSEP—have concluded that most PBIS schools (a) select different implementation activities from the framework—making comparative analyses of the effectiveness of the PBIS framework almost impossible; (b) implement activities more in the common areas of the school, than in the classrooms where students spend the vast majority of their time; (c) focus predominantly on Tier I/universal activities, rather than a full complement of Tier I, II, and III activities—thus failing to effectively address students with the most pressing social, emotional, and behavioral needs; and (d) rarely sustain whatever implementation activities they have chosen beyond three academic years.

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Relative to this latter point, the PBIS evaluation system used in many states awards “Gold, Silver, and Bronze” status to individual schools based predominantly on the completion of specific activities or the presence of specific things—like signs, committees, reward systems, and staff/students who can identify the school’s expectations and rules. Critically, beyond Office Discipline Referrals and suspensions or expulsions, these states (and many of the schools themselves) are not evaluating their PBIS activities based on critical, pragmatic outcomes—for example, (a) changes in school climate and school safety; (b) improvements in staff interactions and classroom management; or (c) increases in students’ interpersonal, social problem-solving, conflict prevention and resolution, and emotional control and coping skills and behaviors.

Relative to implementation, the National PBIS Technical Assistance Center continually cites the number of schools that are implementing PBIS across the country. But the number of schools “doing” PBIS does not validate their framework. Validation is based on social, emotional, and behavioral outcomes across student, staff, schools, and districts.

PBIS: School Discipline and Disproportionality. Perhaps no behavioral outcome is more connected to PBIS’s core outcomes than the disproportionate number of office discipline referrals, suspensions/expulsions, alternative school or program placements, and police, resource officer, or law enforcement interactions experienced by students of color and students with disabilities. Critically, very little progress has been made nationally in this area, an area that must especially address situations where students of color and with disabilities are more frequently disciplined when compared to White students when they all demonstrate the same mild to moderate inappropriate behavior.

Significantly, while the number of discipline-related student infractions decreased in the years leading up to the pandemic (March, 2020), the disproportionate discipline for the students of color and with disabilities and the White students did not decrease in the vast majority of places.

Since the pandemic—which negatively and disproportionately impacted students of color and with disabilities in a host of areas (physical health, access to medical services, food insecurity, loss of family members, access to the internet for virtual schooling, and the return to on-site

schooling)—discipline problems and office referral rates across all students have increased, but the disproportionate referral numbers have persisted.

As but one large-scale example of this troubling problem, on April 4, 2018, the U.S. Government Accountability Office (GAO) published a study, K-12 Education: Discipline Disparities for Black Students, Boys, and Students with Disabilities, that analyzed the discipline data for the 2013-2014 school year from nearly every public school in the country.

The Report's Executive Study identified the rationale for the study as follows:

GAO was asked to review the use of discipline in schools. To provide insight into these issues, this report examines (1) patterns in disciplinary actions among public schools, (2) challenges selected school districts reported with student behavior and how they are approaching school discipline, and (3) actions Education and Justice have taken to identify and address disparities or discrimination in school discipline.

GAO analyzed discipline data from nearly all public schools for school year 2013-14 from Education's Civil Rights Data Collection; interviewed federal and state officials, as well as officials from a total of 5 districts and 19 schools in California, Georgia, Massachusetts, North

Dakota, and Texas. We selected these districts based on disparities in suspensions for Black students, boys, or students with disabilities, and diversity in size and location.

The Executive Study then summarized the results:

Black students, boys, and students with disabilities were disproportionately disciplined (e.g., suspensions and expulsions) in K-12 public schools, according to GAO's analysis of Department of Education national civil rights data for school year 2013-14, the most recent available. These disparities were widespread and persisted regardless of the type of disciplinary action, level of school poverty, or type of public school attended. For example, Black students accounted for 15.5% of all public school students, but represented about 39% of students suspended from school—an overrepresentation of about 23 percentage points.

Officials GAO interviewed in all five school districts in the five states GAO visited reported various challenges with addressing student behavior, and said they were considering new approaches to school discipline. They described a range of issues, some complex—such as the effects of poverty and mental health issues. For example, officials in four school districts described a growing trend of behavioral challenges related to mental health and trauma. While there is no one-size-fits-all solution for the issues that influence student behavior, officials from all five school districts GAO visited were implementing alternatives to disciplinary actions that remove children from the classroom, such as initiatives that promote positive behavioral expectations for students.

As noted above, little has changed since this 2018 study. What has changed

Policy hasn't changed practices

New research studies

While the number of discipline referrals to the office decreased across the country in the years leading up to the pandemic, students of color and with disabilities were still disproportionately referred to the office and for school suspensions, and school resource officers interacted with them more often than White students. As students have returned to school from different pandemic quarantines, classroom discipline problems have significantly increased across all students, office discipline referrals and suspensions have similarly increased, and yet, the disproportionality has increased proportionately.

Critically, in the decades-long battle to decrease disproportionate discipline referrals and actions in schools, most states and districts have tried policy and program “fixes,” rather than practice fixes. That is, many have either simply mandated that “students from preschool through Grade 3 cannot be suspended,” or they have used global, unproven programs (e.g., PBIS, Restorative Programs) that—as noted above—are inconsistently implemented through frameworks and do not use effective multi-tiered services, supports, and interventions.

What has largely been missing are evidence-based practices where—at the Tier I level—districts and schools consistently, comprehensively, and objectively identify the root causes of the students’ challenging behaviors, linking the root cause results to strategically-applied multi-tiered science-to-practice strategies and interventions. Indeed, the PBIS National Technical Assistance Center has long recommended that the in-depth data-based problem-solving process—that includes root cause and functional analyses—not occur until Tier III. Because of this, many students’ challenging behaviors have persisted for lengthy periods of time because schools are randomly (in the absence of the root cause analysis) implementing “interventions” that have no hope of success. These interventions not only do not work, but they make the students’ problems worse and more resistant to change.

Districts and schools also have not comprehensively and objectively identified and addressed the root causes of staff members’ interactions and reactions with students of color, boys, and students with disabilities. . . reactions that, due to implicit and explicit bias, are—at times—the reasons for some disproportionate office discipline referrals.

And finally, districts and schools have not comprehensively and objectively identified and addressed the root causes of administrators’ disproportionate disciplinary decisions with office-referred students as they relate to suspensions, expulsions, law enforcement involvement, and referrals to alternative school programs.

All told, for the millions of federal tax dollars spent to maintain the U.S. Department of Education’s National PBIS Technical Assistance Center over the past decades, the results and return-on-investment are not impressive, its work has not been effectively sustained, and it appears that the framework (and the Center) needs to be retired. In general, the PBIS framework has not significantly improved school safety and climate, classroom discipline and teacher management, or students’ strategic or intensive social, emotional, or behavioral challenges. Similarly, it has not addressed the disproportionality gaps for students of color and with disabilities and, in some cases, they have made the systemic problems worse.

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PBIS: Research-to-Practice. Relative to PBIS, there are no three-tiered efficacy studies—focusing on school, staff, and student outcomes—that are routinely cited, for example, on the U.S. Office of Special Education’s (OSEP) National PBIS Center website’s (www.pbis.org) Research Brief’s (Horner, Sugai, & Lewis, 2022), Is School-Wide Positive Behavioral Interventions and Supports (PBIS) An Evidence-Based Practice? While there are a few citations of separate efficacy studies for Tier 1 and Tier 2, respectively, on the website, there are no experimental or quasi-experimental studies (as defined in this Grant Program) that consistently and longitudinally implemented a scaffolded, multi-tier PBIS initiative at one site with effectively-matched Comparison schools.

Moreover, many PBIS research studies have focused more on students’ deficit behaviors (e.g., reducing Office Discipline Referrals—ODRs and school suspensions) than on increasing and sustaining positive school and classroom climates, effective and developmentally-sensitive classroom management strategies, student engagement and on-task behavior, and prosocial student interactions and emotional self-management. Critically, complementary research in the area of disproportionate ODRs for students of color and with disabilities (e.g., Liu, Penner, & Gao, 2023; Owens, 2022) has consistently demonstrated that, by themselves and without external validation, ODRs are unreliable data—especially in the context of implicit bias, untrained new teachers, and inconsistent administrative oversight.

The current state of PBIS implementation, based on objective program evaluations—some funded by the U.S. Department of Education—shows a pattern that has existed since one of the first such evaluations approximately 10 years ago (Splett, et al., 2013, May).

The pattern includes—as partially addressed above—the fact that most PBIS schools:

- Implement only at the Tier I level—never getting to Tier II or Tier III levels where the most challenging students need to receive services;
- Rarely sustain their implementation for more than three years—at which time the schools either de-emphasize the initiative or disband it completely; and
- Eventually realize that more positive student outcomes could have occurred with fewer resources, less time, and without the need for the “required” PBIS rituals reflected in the annual PBIS program evaluation protocols.

SEL. Not long after PBIS began its OSEP-funded support in 1997, the Social-Emotional Learning (SEL) framework began through a group of psychologists who used Emotional Intelligence as its foundation. At this point, most everyone in education knows the term SEL—even though, according to Harvard University’s Ecological Approaches to Social Emotional Learning (EASEL) Laboratory and Education Week, no one really knows what SEL is. Indeed, Harvard’s EASEL Lab has identified more than 40 different SEL frameworks, concluding—a few years ago—that “SEL is in a state of confusion.”

This state of confusion was reinforced by Education Week (December 19, 2022; December 22, 2022) which found—after asking seven prominent SEL researchers and leaders “what SEL

is”—the answers to be confusing, sometimes contradictory, laden with jargon, classroom and teacher un-friendly, and widely diverse.

On a more functional level, while educators say they recognize the importance of developing students’ social and emotional skills, they still prioritize (and rightly so) academic instruction—making time for social-emotional learning lessons when they can. For example, periodic polls of teachers, principals, and district leaders across the country (e.g., by the Education Week Research Center) have found that the biggest SEL barriers are educators’ usual enemies: time is too short, students’ academic needs are too big, and there are not enough resources.

Another critical weakness is that SEL implementation really has not systematically embraced multi-tiered systems of services, supports, strategies, or interventions. Indeed, the predominant focus on Tier 1 is evident in both research and practice.

Nonetheless, hundreds of SEL research studies—albeit of different SEL practices, programs, procedures, and targets—have established some thematic social-emotional and academic student outcomes (CASEL website, <https://casel.org/fundamentals-of-sel/what-does-the-research-say/>, June 30, 2023). Two predominant themes are briefly outlined below.

SEL contributes to healthy well-being and safe schools (e.g., Cipriano et al., 2023; Clarke, et al., 2021; Durlak, et. al, 2011; Durlak, Mahoney, & Boyle, 2022; Greenberg, 2023). Indeed, while SEL does not replace the need for Tier 2 or Tier 3 mental health interventions for students in need, SEL can cultivate important Tier 1 protective factors—like caring relationships, safe and supportive environments, social and emotional skills—that buffer against mental health risks.

Among the composite outcomes here:

- Participation in SEL programs is linked to decreased emotional distress, more positive attitudes about self and others, and fewer externalizing behaviors or discipline problems.
- SEL enhances young people’s coping skills, resiliency, and emotion identification, which can help reduce symptoms of depression and anxiety in the short term.
- Students participating in SEL report an increased sense of safety and support, better relationships with teachers, and stronger feelings of belonging and inclusiveness in their schools.
- SEL contributes to reductions in bullying and aggression.

SEL leads to improved academic achievement (e.g., Cipriano et al., 2023; Clarke, et al., 2021; Durlak, Mahoney, & Boyle, 2022; Greenberg, 2023; Taylor et al., 2017). Indeed, when students have supportive relationships and opportunities to develop and practice social, emotional, and cognitive skills across many different contexts, academic learning accelerates.

Among the composite outcomes here:

- Hundreds of studies involving more than 1 million students worldwide across PreK-12 offer consistent evidence that SEL has a positive impact on students’ academic achievement.
- Students participating in SEL at school have higher levels of “school functioning,” as reflected by their grades, test scores, attendance, and homework completion.
- SEL builds social and emotional skills that increase student engagement and lead to improved academic performance.
- SEL interventions that addressed the five core competencies increased students’ academic performance by 11 percentile points, compared to students who did not participate.
- The positive impact on academics lasts long-term: Years after students participated in SEL, their academic performance was an average of 13 percentile points higher than students who didn’t participate.

Given the PBIS and SEL discussion above, there are three major implications.

- There are two dominant frameworks available to districts that could significantly impact school discipline, classroom management, and student behavior (i.e., PBIS and SEL, respectively), but they have not empirically determined which specific, scaffolded, multi-tier activities have the greatest effects on students along the prevention, strategic intervention, and intensive need or challenge continuum.
- The research—especially in the SEL area—provides correlational, rather than causal, results relative to students’ social-emotional as well as academic development and proficiency. Moreover, as above, these results have been established using studies with widely different approaches, evaluation tools, and specified outcomes.
- The reality is that schools cannot afford to waste time, effort, resources, and personnel on PBIS or SEL approaches that provide more hope than certainty. Moreover, schools need integrated approaches that result in observable outcomes: students’ learning, mastery, demonstration, and application of academic (literacy, math, written expression, and oral expression), and social, emotional, and behavioral skills.

Seven Flaws that Need Attention in a Multi-Tiered Services Redesign

Given the results of the major, national studies above—as well as other organizations’ analyses and publications, and other researchers’ studies and empirical articles, it appears that states, districts, and schools need to rethink their multi-tiered academic and behavioral systems of support. While this may take a “leap of faith” because the needed redesigns might overtly or covertly appear to challenge those advocated by one’s state department of education, these

redesigns are encouraged by ESEA/ESSA, and they are essential given the student outcomes documented above.

At the same time, however, it is important to know that some state departments of education have moved in more effective multi-tiered directions—on behalf of their students, staff, and schools. Indeed, many of the models, decision-making processes, and strategies described in this book were field-tested and implemented for approximately 13 years in the Arkansas Department of Education through a federal grant funded by the U.S. Department of Education’s Office of Special Education Programs (OSEP)—with documented success.

In order to begin the redesign process, it is important to identify the flaws in the current RtI, PBIS, and MTSS frameworks that may be at the foundation of some districts’ and schools’ work in this area. Below are seven flaws that need our immediate attention. Many of these flaws were present in the RtI and PBIS studies described in the section above, or they have been identified through an extensive review of currently-existing state department of education RtI or multi-tiered services systems, Guidance documents, and/or implementation guidebooks.

Flaw #1. Missing the Interdependency between Academics and Behavior

When teachers have academically or behaviorally struggling students, there are two initial critical questions:

- Do you have students who are behaviorally acting out because of academic frustration?
- Do you have students who are academically not learning (or not learning quickly enough) because they do not have certain behavioral skills (sitting in their seat, paying attention, working in interpersonally effective ways with others)?

When they answer "Yes" to both questions (which is the norm), they are demonstrating that academic instruction, learning, and mastery is interdependent with classroom discipline, behavior management, and student self-management.

Thus, it does not make sense for a state or district multi-tiered process to focus only on academic skills. . . to the exclusion of students' social, emotional, and behavioral skills.

We have seen this time and time again—as schools have separate problem-solving teams for academic and behavioral problem students, respectfully. When this happens, the “academic team” only assesses for “academic problems,” and the “behavioral team” only assesses for

“behavioral problems.” The flaw in this process occurs when a student, for example, is behaviorally acting up because of academic frustration. Here, the behavioral team typically misses the underlying academic conditions that are triggering the student’s behavioral response (because they don’t assess them), and then they try to treat the behavioral problem as a “discipline problem” rather than one that requires an academic intervention component.

Conversely, the academic team does not typically ask whether students' academic struggles are occurring because they do not (a) have the social skills to get along with others (e.g., in a cooperative learning group); (b) feel emotionally secure in class (e.g., due to teasing or school safety issues); or (c) have the behavioral skills to organize themselves (e.g., to work independently). When students have social, emotional, or behavioral skill deficits, even the best teachers, curricula, technology, and instruction may not result in the desired academic outcomes.

The "Bottom Line" is that schools should have the best academic and social, emotional, and behavioral assessment, instruction, and intervention experts in and available to the school on their school-level student assistance teams. When this occurs, questions regarding the interdependency between a student's academic and behavioral status and contributions to specific situations will most assuredly be asked.

Flaw #2. Missing the Continuum of Instruction

Many state RtI or multi-tiered services guidebooks and systems do not provide a research-based continuum of services and supports that helps to organize and differentiate the difference between "instruction" and "intervention." These guidebooks talk about the need for intervention, but rarely provide any specificity.

Over the past decade (or more), we have presented this continuum to states, districts, and schools across the country as the PASS (Positive Academic Supports and Services) model. As is evident in Figure 3 below, RtI or multi-tiered services start with an effective teacher providing sound, differentiated instruction, supported by good classroom management, and a progress monitoring process that tracks students' academic and behavioral learning and mastery.

When students are not learning (or learning quickly enough), an assessment process must be conducted to determine why the progress is missing (see Flaw #3 below). This assessment could be done (a) by the teacher, (b) with the support of the grade-level colleagues in a teacher's grade-level team, or (c) with the support of the multidisciplinary Building-level MTSS Team. How the teacher assesses the problem is determined largely by his/her skills, and the duration or intensity of the problem (see Flaw #7 below).

Once the underlying reasons for the problem have been validated, the teacher (once again—by him or herself, supported by grade-level colleagues, and/or with members of the Building-level MTSS Team) strategically decide how to solve the problem (see Flaw #4).

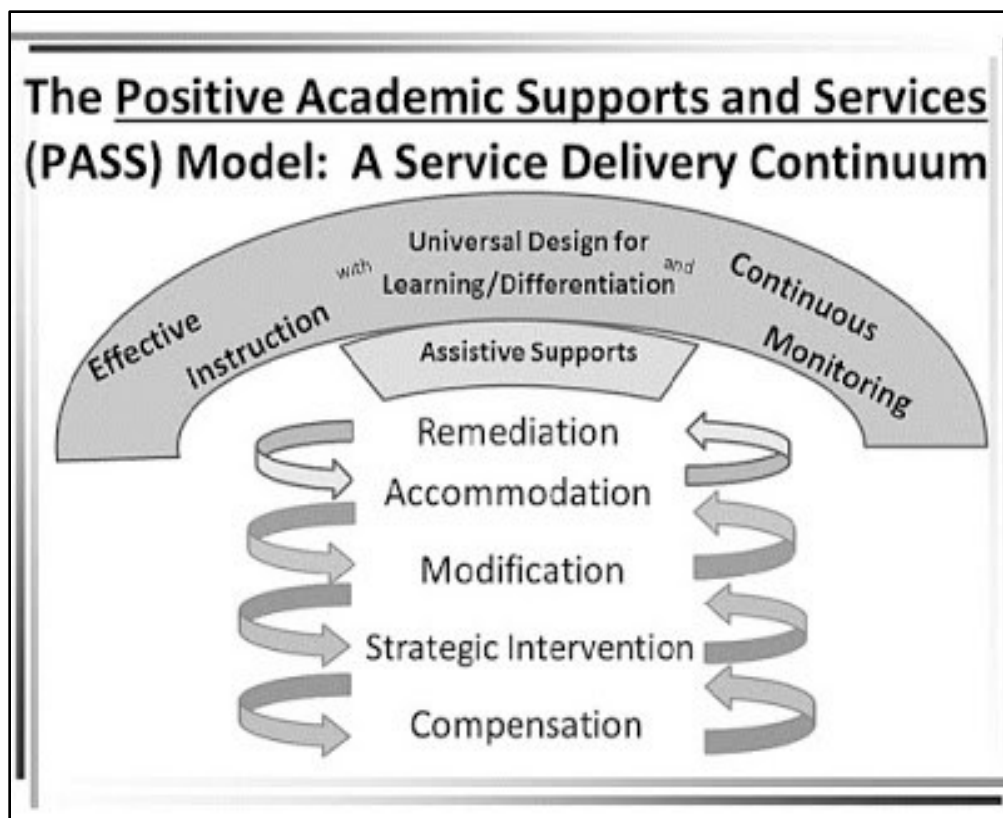


Figure 3.

If the student's struggles are academically-related (as opposed to behaviorally-related), as in the figure above, the problem may be solved through strategically-selected:

- Assistive support technologies
- Remedial approaches
- Accommodation approaches
- Curricular modification approaches
- Targeted Intervention
- Compensatory strategies

When students are demonstrating social, emotional, or behavioral problems, a comparable continuum is used (after completing the needed functional assessments) that consists of strategically-selected:

- Skill Instruction strategies
- Speed of Learning and Mastery Acquisition strategies
- Transfer of Training strategies
- Emotional Control and Coping strategies
- Motivational strategies
- History of Inconsistency strategies
- Special Situation strategies

The PASS model will be described in more detail in a later section of this book.

Flaw #3. Avoiding Diagnostic or Functional Assessment until it is Too Late

Many state RtI or multi-tiered services guidebooks, adopting the flawed approaches of the U.S. Department of Education's RtI Technical Assistance Center, advocate for a "wait to fail, then assess" strategy. That is, when students are not succeeding academically, for example at Tier I, they recommend 30 minutes of largely unspecified group interventions at Tier II. Then, if the same students are still having problems, they recommend a diagnostic (or, for behavior, functional) assessment as the entry point to Tier III.

Significantly, this is the opposite of the “early assessment, early intervention” approaches in most other professions. Indeed, when called to solve a problem, virtually every doctor, electrician, car mechanic, or other service-providing professional completes a diagnostic assessment at the beginning of the problem solving process. . . to ensure that their first intervention recommendations are their last ones (because the problem is solved).

And so. . . why would anyone, in good conscience, "allow" a student to struggle for six to ten or more weeks in a classroom, another six or more weeks in a Tier II intervention, to finally “qualify” for the diagnostic assessments that will finally determine what really is wrong?

And why would anyone do this knowing that, after these multiple and prolonged periods of “intervention” and failure, (a) the problem may be worse (or compounded); (b) the student might be more confused or frustrated or resistant to “another intervention”; and (c) a more intensive interventions might be needed because the problem was not identified and analyzed right from the beginning?

Flaw #4. Not Linking Assessment to Intervention

Many state RtI or multi-tiered services guidebooks and systems do not delineate the different types of assessment procedures that are typically used in the field (e.g., screening versus progress monitoring versus diagnostic versus implementation integrity versus high stakes/proficiency versus program evaluation assessments). This often occurs because state departments of education write their guidebooks to meet a statutory requirement . . . rather than to educate their practitioners.

Relative to the multi-tiered processes that effectively help students with academic or behavioral difficulties, many state guidebooks and systems typically do not emphasize the importance of linking diagnostic assessment results with the instructional or interventions approaches that have the highest probability of success.

Critically, when school practitioners do not strategically choose their student-focused instructional or intervention approaches based on reliable and valid diagnostic assessment results, they are playing a game of "intervention roulette." And, as in Vegas, the "house" usually wins. But, in the classroom, the loss is the student's loss.

Indeed, it is essential to understand that:

Every time we do an intervention that does not work, we potentially make the problem worse, and the student more resistant to the next intervention.

Said a different way: Intervention is not a benign act. . . it is a strategic act. We should not be satisfied, professionally, because we are implementing interventions. We should be satisfied only when we are implementing the right interventions based on the right (reliable and valid) assessments, that result in the highest probability of success for an accurately identified and analyzed problem.

Flaw #5. Focusing on Progress Monitoring rather than on Strategic Instruction or Intervention Approaches

Many state RtI or multi-tiered services guidebooks and systems overemphasize progress monitoring. . . and then, they compound this flaw by overemphasizing curriculum-based measurement (CBM) to the exclusion of other curriculum-based assessment (CBA) approaches.

Moreover, most of the progress monitoring examples—in the state guidebooks that we have extensively reviewed—are solely in the area of reading decoding and fluency (where the progress monitoring research has been most prevalent). Rarely do you see state guidebooks discuss progress monitoring for vocabulary and comprehension. . . not to mention emphasizing progress monitoring in the different areas of math, written expression, spelling, and oral expression. This is because progress monitoring using CBM approaches do not work well here.

Finally, most state guidebooks do not explain how to effectively create (or evaluate the acceptability of) a progress monitoring probe. That is, they do not emphasize that progress monitoring approaches must be strategically-selected for the assessment outcomes that they can actually deliver. The “Bottom Line” here is that progress monitoring approaches must be connected to specific instructional or intervention goals, outcomes, and implementation strategies.

As noted earlier, progress monitoring is an assessment/evaluation approach. Thus, for students with academic or behavioral problems, it occurs within the context of a data-based, functional assessment problem-solving process. Unfortunately, some educators still believe that progress monitoring is the intervention. Or, they believe that the intervention must fit the progress monitoring tool adopted by the district---rather than the tool being fit to the instructional or intervention outcomes desired.

Flaw #6. Establishing Rigid Rules on Student's Access to More Intensive Services

It is not problematic when a state RtI or multi-tiered services guidebook outlines a blueprint on the prototypical sequences and decision rules that teachers need to follow to "move" students from Tier I to Tier II to Tier III. However, there is a problem when the sequence must be followed in a rigid, fixed way.

Simplistically, there are two types of students with academic or behavioral problems: students with progressive, longstanding, or chronic problems; and students with significant, severe, or acute problems.

For the latter students especially, they often need immediate and intensive (Tier III, if you will) services, supports, strategies, and/or programs. They (and their teachers) should not have to go through a series of intervention layers (i.e., from Tier I to Tier II, in order to "qualify" for Tier III) so that they eventually receive the intensity level of the services that they need.

We all "get" that many administrators worry about an influx of inappropriate referrals to their Building-level MTSS Team. But, if you break your leg, you need to go to the emergency room. If you try to fix it yourself, or delay the intervention services needed, you may get an infection and lose the whole leg.

The "Bottom Line" is that students who are in the general education classroom and curriculum (i.e., Tier I), and who need immediate, intensive (Tier III) assessment and interventions should receive that level of services and supports **without** having to go sequentially from Tier I to Tier II to Tier III.

In order to accomplish this, districts and schools need to redesign their multi-tiered systems (if needed) so that there are multiple data-based decision-making pathways so that students who need the most intensive services and supports receive them as quickly as possible. While "checks and balances" can be built into these systems, districts and schools also need to provide training and consultation so that staff make effective and efficient service-delivery decisions using the available pathways. The root of the process should be a multi-tiered "culture" that supports early assessment and intervention through a "problem solving, consultation, and intervention" orientation that also minimizes arbitrary and capricious referrals to the Building-level MTSS Team.

In our 35+ years of school-based experience, this works. And the results are that (a) more students receive earlier and more successful instructional and intervention approaches; and (b) more general education teachers are leading the entire process. . . with greater enthusiasm, involvement, self-direction, and success.

Isn't this the true goal of a multi-tiered system of supports?

Flaw #7. Setting a "Price" on Access to Multidisciplinary Consultation

To expand on the “Bottom Line” in Flaw #6 above: If a student needs to be immediately considered by the multidisciplinary Building-level MTSS Team, then this should occur without the need for a certain number of interventions, implemented for a certain number of weeks, under a certain set of conditions.

Too many state RtI or multi-tiered services guidebooks and systems have created arbitrary decision rules that govern (or “set a price” for) how and when students can be discussed by the Building-level MTSS Team.

For example, a common one is:

Students cannot be discussed with the Building-level MTSS Team unless (for example) three interventions have been implemented by the general education teacher in his or her classroom, for a least three weeks each, and where the progress monitoring or outcome data have clearly demonstrated no student progress.

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First of all, there is no research anywhere that validates this decision rule.

Second, the instructional or intervention approaches needed by students should be based on curriculum-based and/or functional assessments. Moreover, the length of time needed to demonstrate each approach’s impact will vary by (a) the problem, (b) its history, (c) its status (chronic or acute), (d) the research associated with the approach, and (d) the intensity (e.g., how many times per week) of the approach’s implementation.

Third, this decision rule often results in general education teachers—who have done everything that they know to do—implementing approaches that they have found on the internet or that were recommended “by a colleague” that have no hope of success, and that (as discussed earlier) actually make the problem worse and the student more resistant to the next intervention.

On one hand, this decision rule is like posting an armed guard at the door of an emergency room who allows access only to those patients—who all need immediate emergency services—who have already tried three interventions for three weeks each.

On the other hand, this decision rule is more about controlling the process, than providing early, effective assessment and intervention services to students in need.

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But there is an additional issue within this flaw. If a teacher needs a consultation with a colleague in order to better understand and work with a student, there should be no restrictions on what colleagues are available.

To be more explicit: Some district RtI or multi-tiered services guidebooks and systems do not allow, for example, general education teachers to consult with special education personnel (teachers, OTs, PTs, speech pathologists, etc.) until a student needs "Tier III" attention.

Sometimes, the reasons for restricting this consult include:

- “The special education teacher (OT, PT, etc.) is paid through federal special education funds that don't allow the consultation to occur earlier.”
- “We don’t want to bias the special education professional now, when they might have to make a special education eligibility decision later.”
- “Our special education personnel just do not have the time to provide these consultations over and above their already-full caseloads.”

None of these reasons make sense—especially if a consultation early in the multi-tiered process results in "Tier I" success . . . thereby eliminating the need for more strategic Tier II, or more intensive Tier III, assessment and/or intervention attention.

Moreover, relative to the first reason above, this is simply not true.

Even with the most extreme interpretation, the federal special education law (IDEA) encourages early intervening services, and it allows districts to use up to 15% of their special education funding for services and supports that are not directed to students with a disability. Thus, if needed, a district could allocate up to 15% of the FTE of its IDEA-funded personnel for general education teacher consultation, assessment, and intervention.

Overcoming the Seven Flaws: Ten Effective Practices in a Sound Multi-Tiered System

Over the past decade or so, we have learned about many science-to-practice elements that are essential to a sound multi-tiered system of student services. Many of these elements directly address one or more of the seven described above. As just discussed, some of the flaws involve “recommended” instructional, assessment, or intervention practices that either are scientifically unsound, or that have not worked in the many schools or districts where they have been implemented. Other flaws have delayed services to students. Still other flaws have ignored the impact of ineffective instruction or poorly-matched curricula on student learning and progress. And a final set of flaws have compounded existing problems, and made students more resistant to different intervention approaches.

Below, we summarize the “lessons learned” over the past RtI decade by describing ten effective practices that will help districts and schools to avoid or overcome the existing flaws in their RtI or multi-tiered systems. Districts and schools are encouraged to use these practices as part of a comprehensive self-evaluation process, and to address any identified weaknesses or service-delivery gaps in their next year’s Strategic or School Improvement Plan.

Effective Classroom Instruction

Effective Practice 1. When focusing—especially at the elementary school level—on helping students to learn and master foundational academic skills (e.g., phonemic awareness, phonetic decoding, numeracy, calculation skills), students should be taught at their functional, instructional levels—regardless of their age or grade level.

When focusing—at the secondary level—on academic content, comprehension, and application skills, teachers need to be sure that students have mastered the foundational and prerequisite literacy, math, written expression, and oral expression skills needed to be successful.

Effective Practice 2. All students should be taught—every year—social, emotional, and behavioral skills as an explicit part of the district’s formal Health, Mental Health, and Wellness standards and “curriculum.” These standards should include an articulated and scaffolded preschool through high school scope and sequence document with specific required courses, units, content, and activities. The social, emotional, and behavioral skills should especially be applied to students’ academic engagement, thereby facilitating their ability to work collaboratively in cooperative and project-based learning groups.

Effective Academic or Behavioral Screening Procedures

Effective Practice 3. Multiple gating procedures need to be used during all academic or behavioral universal screening activities so that the screening results are based on (a) reliable and valid data that (b) factor in false-positive and false-negative student outcomes.

These procedures are especially needed for social, emotional, and behavioral screeners as they typically are “behavior rating scales” whose results (a) can be biased (because teachers’ ratings reflect their negative perception of some students—rather than their actual behavior in the classroom), or (b) can be inaccurate because teachers may have to rate 20 to 25 of their students in a short period of time—and their attention and ability to discriminate among different students may decrease over time.

Effective Practice 4. After identifying and including false-negative and eliminating false-positive students, students-of-concern receive additional diagnostic or functional assessments to determine their strengths, weaknesses, content and skill gaps, and the underlying reasons for those gaps.

When screening procedures do not exist or are not accurate, Steps 5 and 6 below should occur with all students who are academically struggling in the classroom or demonstrating social, emotional, or behavioral concerns in any school setting.

Effective Diagnostic or Functional Assessment Procedures

Effective Practice 5. Before conducting diagnostic or functional assessments, comprehensive reviews of identified students' cumulative and other records/history are conducted, along with (a) student observations; (b) interviews with parents/guardians and previous teachers/ intervention specialists; (c) assessments investigating the presence of medical, drug, or other physiologically-based issues; and (d) evaluations of previous interventions.

Effective Practice 6. Diagnostic or functional assessments evaluate students and their past and present instructional settings. These assessments evaluate the quality of past and present instruction, the access to and integrity of past and present curricula, and interventions that have already been attempted. This helps determine whether a student's difficulties are due to teacher/instruction, curricular, or student-specific factors (or a combination thereof). This also helps discriminate whether the student has not had an opportunity to learn, or has not learned under the instructional conditions that were (are) present.

Effective Practice 7. Diagnostic or functional assessments to determine why a student is not making progress or is exhibiting concerns should occur prior to any student-focused academic or social, emotional, or behavioral interventions.

These assessments should occur as soon as academically struggling or behaviorally challenging students are identified (i.e., during Tier I). That is, these assessments should not be delayed until Tier III (unless the student's case is immediately escalated to that level).

In the absence of early assessment—and the initiation of global or random Tier II interventions—it is likely (as discussed above) that the Tier I and II interventions implemented will not be successful, will make the student more resistant to later interventions, and may actually change the problem or make the original problem worse.

Effective Intervention Procedures

Effective Practice 8. Early intervention and early intervening services should be provided as soon as needed by students. Tier III intensive services should be provided as soon as needed by students. Students should not have to receive or “fail” in Tier II services in order to qualify for Tier III services.

Early intervention services may include—based on diagnostic or functional assessment results—the use of assistive supports, skill-gap remediations, instructional setting and process accommodations, and curricular modifications. General education teachers and support staff need to be skilled in the different strategies that may be needed within these

service areas, and skilled in how to choose these different strategies based on diagnostic or functional assessment results.

Tier II and III services include strategic or intensive curricular or skill-targeted strategies or interventions, other services or support programs, student-specific compensatory strategies or supports (for academic problems), and crisis-management services (for social, emotional, or behavioral problems).

Effective Practice 9. When (Tier I, II, or III) interventions do not work, the diagnostic or functional assessment process should be reinitiated, and it should be determined whether (a) the student’s problem was identified accurately, or has changed; (b) the assessment results correctly determined the underlying reasons for the problem; (c) the correct instructional or intervention approaches were selected; (d) the correct instructional or intervention approaches were implemented with the integrity and intensity needed; and/or (e) the student needs additional or different services, supports, strategies, or programs.

What about the “Tiers”?

Effective Practice 10. The “tiers” in a multi-tiered system of supports reflect the intensity of services, supports, strategies, or programs needed by one or more students.

The tiers do not reflect the percentage of students receiving specific intensities or services, nor do they reflect the organization (i.e., small group or individual), the delivery setting or place, or the expertise of the primary providers of those services.

Moreover, the services and supports that are organized within a specific tier are idiosyncratic to each specific school or district. That is, these services and supports are related to and dependent on the available resources in each school or district—for example, the number, skill, and expertise of the existing core and support staff.

For example, in a rural, poor school district, the absence of a Tier I social skills curriculum taught by the classroom teachers for all students might result in a number of students with social, emotional, and behavioral gaps that require the involvement of “Tier III” community mental health referrals and staff. The “Tier III” designation of the community mental health services occurs largely because the district does not have the mental health support staff to provide these services, for example, at the Tier II level.

In a larger school district—that has a Tier I primary prevention social skills curriculum, there likely will be fewer students who have social, emotional, and behavioral gaps. Because these districts often employ counselors, school psychologists, and/or social workers, these students will receive the additional supports that they need at the “Tier II” level.

Section III: Effective Multi-Tiered Systems Start with an Effective School Blueprint

Collectively, ESEA/ESSA as well as the Individuals with Disabilities Education Act (IDEA, 2004) generally require schools to (a) demonstrate that they have positive, safe, and supportive school and classroom climates that especially protect students from teasing and bullying both in school and off-campus (including cyberbullying); (b) employ qualified teachers in all general and special education classrooms; (c) deliver effective differentiated instruction to all students; (d) track and maintain high standards for all students regardless of gender, socio-economic background, race, culture, language of origin, or perceived potential; (e) provide a multi-tiered continuum of academic or behavioral services, supports, strategies, and programs to struggling or challenging students; (f) notify parents annually as to the data-based outcomes and effectiveness of their children's schools; and (g) identify and effectively serve students with disabilities.

To accomplish these outcomes, schools must identify, organize, and implement evidence- and research-based procedures, actions, and activities—evaluating them formatively and summatively over time. Critically, when schools do not have effective curriculum, instruction, and student support procedures, actions, and activities, students who could be academically or behaviorally successful may not be. Thus, effective school and schooling processes are an essential foundation to and part of any effective multi-tiered system.

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Eleven Research-to-Practice Effective School and Schooling Principles

Below, eleven research-to-practice principles are described to frame and guide the effective school and schooling process. Districts and schools are encouraged to use these principles as part of a comprehensive self-evaluation. As weak areas are identified, action plans can be developed and integrated into the district or school's Strategic or School Improvement Plan for the next year.

Principle 1. Effective schools have committees and/or teams that support their professional development, curriculum and instruction, and parent and community outreach activities and school goals. Effective schools also have committees and/or teams that support students' successful attainment of specific academic and social, emotional, and behavioral goals.

Principle 2. Effective schools have an accessible and public document that outlines the scope and sequence of all goals and objectives in all curricular areas taught in the school. This scope and sequence document is cross-referenced with state standards and benchmarks and it is used as a formative evaluation tool to track student progress. In academic areas, the classroom-based use of curriculum-based assessment and/or measurement is used to track students' progress along these scope and sequence goals and objectives.

Principle 3. Effective schools have a plan and implement a school-wide positive behavioral support system that includes: (a) social skills instruction for all students; (b) a developmentally-successful, school-wide accountability system that includes behavioral expectations connected to incentives and positive responses, and levels of inappropriate behavior connected to negative responses, consequences, or strategic interventions. Included in this plan are prevention and intervention approaches that ensure positive student behavior and safety in common areas of the school (e.g., hallways, bathrooms, buses, cafeteria, playgrounds) and that address potential and actual incidents of teasing, taunting, bullying, harassment, hazing, and physical aggression—both on school grounds, as well as off-site and on-line. Also included in this plan are period evaluations of school climate and student, staff, and parent satisfaction with the school-wide system.

Principle 4. Staff in effective schools receive ongoing training, evaluation, feedback, and supervision (when needed) in the development and implementation of (a) effective instructional lessons, (b) approaches that effectively link students' acquisition of skills to curricula and instruction, (c) early academic interventions for students when needed, and (d) more intensive classroom-based interventions that are recommended through data-based problem solving and consultation processes. All of these processes result in demonstrated student progress and success.

Principle 5. Staff in effective buildings receive ongoing training, guided discussions, supervision (when needed), and follow-up in effective classroom organization and behavior management approaches, and in other approaches that maximize students' time on task, their academic engagement, and their effective use of allocated academic learning time. Staff also use effective and flexible grouping patterns for their students to maximize learning outcomes, and they create and maintain positive, safe, and cooperative learning environments.

Principle 6. Staff in effective schools receive ongoing training, evaluation, feedback, and supervision (when needed) in data-based problem solving and the functional assessment of students' academic and behavioral skill and progress. This training includes the analysis of student records and cumulative folder information, and a linking process between problem analysis and intervention. This training also is especially focused on students who need strategic and/or intensive interventions due to their difficulties in acquiring or demonstrating such skills taught through more routine instruction.

Principle 7. After completing functional assessments, staff in effective schools have the skills (or have access to consultation that can provide the skills) to implement more intensive behavioral and academic/instructional interventions. These intensive interventions are specified for all staff, and they receive ongoing training, evaluation, feedback, and supervision in their implementation.

Principle 8. Effective schools have a written, systematic problem solving and functional assessment process that involves grade, department, and building-level teams that provide prereferral interventions for students who are not making sufficient academic and/or social, emotional, or behavioral progress. Related service and other professionals (e.g.,

school psychologists, speech pathologists, social workers, and others) are represented on these teams, and they provide consultation and intervention support to general education teachers as a first step in the prereferral process.

Principle 9. Effective schools have an organized, formal, and ongoing process to articulate (or transition) students, academically and behaviorally, from grade to grade and teacher to teacher at the end of the year and during other school year transitions. This articulation process includes strategic and intensive needs interventions that have been developed and implemented for students who are not making sufficient academic and/or social, emotional, or behavioral progress. It also includes students receiving special education, vocational, and other services. Finally, it includes students transitioning into the workplace or into alternative (or similar) settings.

Principle 10. Effective schools have a written and systematically implemented parent and community outreach program. The parent outreach program includes activities to encourage parent participation in school activities and to help parents to understand the school's goals, objectives, programs, and desired student outcomes. The community outreach program includes collaboration with social service, mental health, law enforcement, and other relevant agencies such that there is direct and indirect for all school and schooling goals and objectives.

Principle 11. Effective schools have a data-management system and evaluation process, that is supported by computer technology whenever possible, to formatively and summatively track the school's progress toward its stated school, staff, parent, and student goals. For students receiving strategic or intensive services, this data base should be able to track the implementation of student academic and/or behavioral intervention plans as written.

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Connecting the Principles to a Seven-Component School Improvement Blueprint

At a functional level, these eleven principles are embedded in a school improvement blueprint that has seven components (see Figure 4):

- Strategic Planning and Organizational Analysis and Development
- Professional Development, Supervision, Coaching, and Accountability
- **Academic Instruction, Assessment, Intervention, and Achievement**
- **Social, Emotional, and Behavioral Instruction, Assessment, Intervention, and Self-Management**
- **Multi-Tiered Problem Solving and Systems of Support**
- Parent and Community Involvement, Training, Support, and Outreach
- Data Management, Evaluation, and Efficacy

These components are based on Project ACHIEVE, an evidence-based school improvement program that has been implemented in thousands of schools across the country over the past 35+ years. While they are described in Appendix A, the three components highlighted above—which are the most essential to successful multi-tiered systems of support—are discussed below.

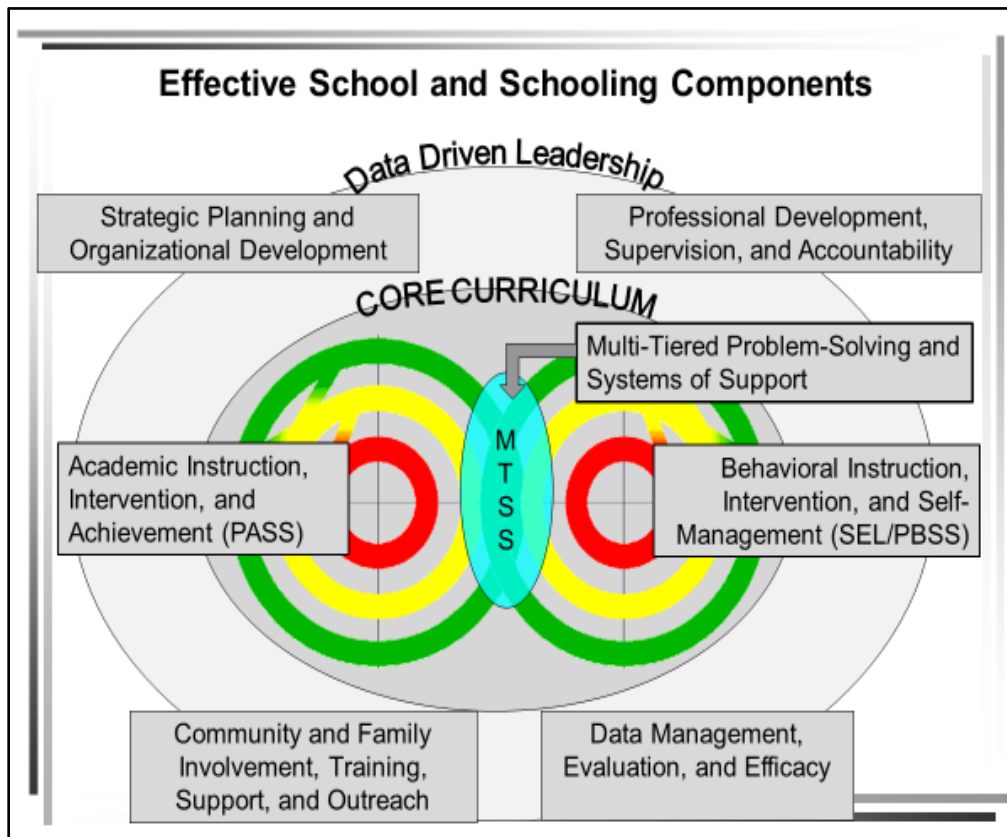


Figure 4.

The Multi-Tiered Positive Academic Supports and Services Component

The Academic Instruction, Assessment, Intervention, and Achievement (Positive Academic Supports and Services—PASS) Component focuses on creating effective “Instructional Environments” within every classroom in a school so that all students are learning, mastering, and demonstrating proficiency and independence in their different academic disciplines or areas. The Instructional Environment consists of the interdependent characteristics and interactions among all Teacher-Instructional, Curricular, and Student processes in a classroom (see Figure 5).

Expanding briefly, the Instructional Environment involves the interface across (a) the teachers who are teaching, and how they organize and execute their classroom instruction (i.e., “Are appropriate instructional and management strategies being used?”); (b) the different academic curricula being taught in a classroom, as well as their connection to district scope and sequence objectives, and state standards and benchmarks (i.e., “What needs to be learned?”); and

(c) the students who are engaged in learning—including their responses to effective instruction and sound curricula, and their ability and motivation to master the material presented (i.e., “Is each student capable, prepared, motivated, and able to learn, and are they learning?”).

Critically, the effective school and schooling principles, described earlier, work implicitly within this Component and every classroom’s Instructional Environment. This especially occurs as teachers analyze their instructional objectives, curricular materials, and students when they prepare new, or update previous, academic units or lessons. The goal here is to design and implement the most effective differentiated instruction so that the highest numbers of students are academically successful.

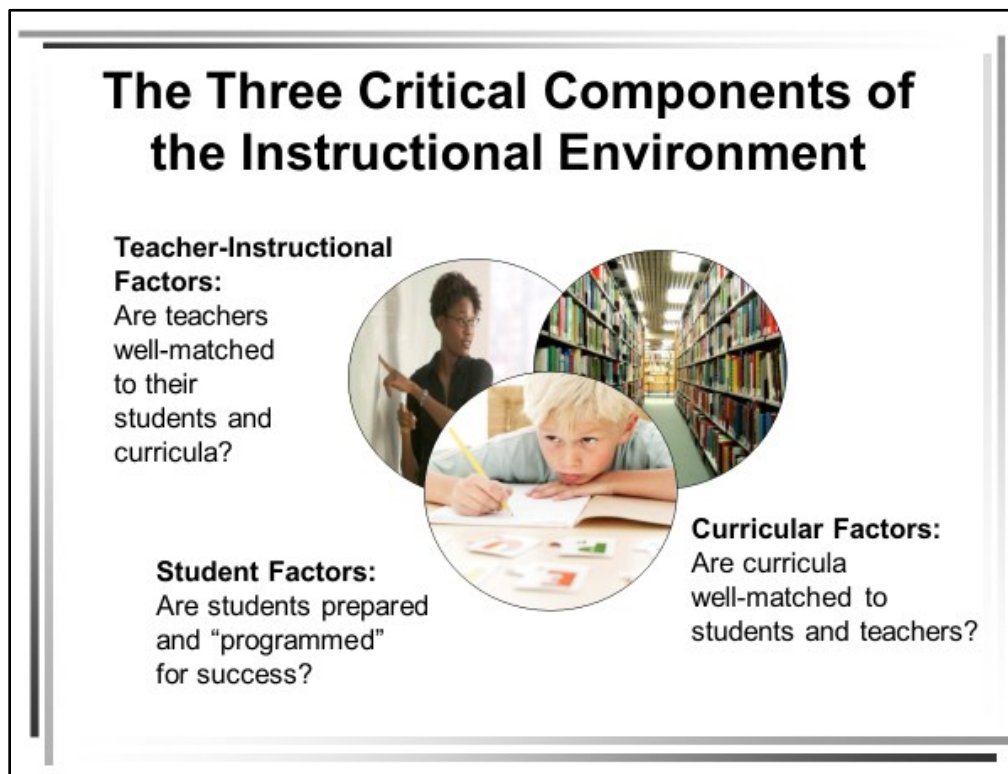


Figure 5. Source: Project ACHIEVE Press, 2005 as adapted from Rosenfield, 1987.

But even in effective classrooms, there often are a small number of “unsuccessful” students. When students are unsuccessful, effective classroom teachers re-analyze what is occurring within the three Instructional Environment components to determine the reasons why individual students or groups of students are not learning. Here, the classroom teacher might:

- Analyze the design and organization of the curriculum, its goals and objectives, the materials available for instruction, and all of their contribution to the unsuccessful students’ understanding, learning, and progress;

- Evaluate his or her lesson plans, instructional delivery and pace, sensitivity to and differentiation with the students, and accuracy in evaluating their understanding and mastery of material and skills over time; and
- Assess the students' mastery of prerequisite skills, understanding of the instructional goals and directions, academic engagement and motivation, use of practice opportunities, and response to teacher feedback and guidance.

All of this involves a data-based, functional assessment, problem-solving process that many classroom teachers complete independently. However, when teachers need assistance with this process, they can consult with other colleagues, meet in their respective grade-level teams, or discuss the case with the school's Building-level MTSS Team.

Regardless of who completes or helps to complete the data-based, functional assessment, problem-solving process, the results are eventually linked to services, supports, strategies, or interventions that extend, as needed, along a multi-tiered continuum. This continuum—from effective classroom instruction to the need for the most intensive services and supports—is organized in a science-to-practice blueprint that we call the Positive Academic Supports and Services (PASS) model (see Figure 6).

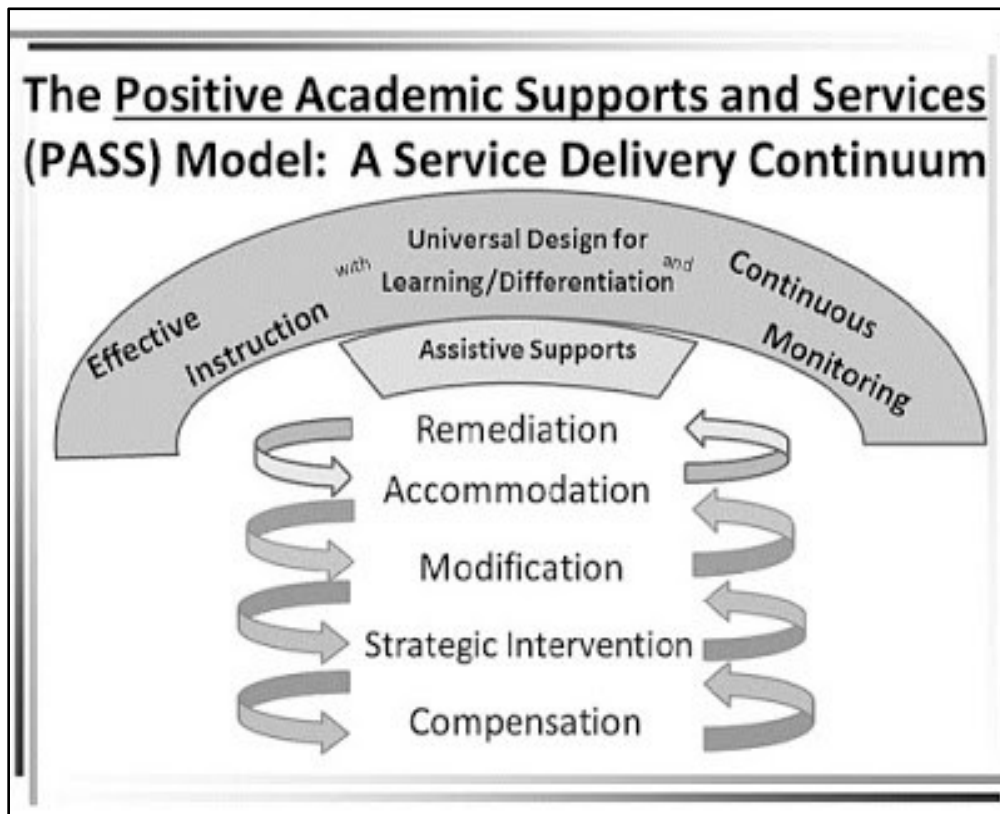


Figure 6.

As noted above, the PASS model (or blueprint) involves a system of academically-focused instructional and intervention supports and services that are strategically implemented, across a multi-tiered continuum, at different levels of intensity. The foundation to the PASS blueprint is effective and differentiated classroom instruction where teachers use and continuously evaluate (or progress monitor) evidence-based curricular materials and approaches that are matched to students' learning styles and needs. When students are not consistently learning and mastering academic skills after a reasonable period of effective instruction, practice, and support, the data-based, functional assessment, problem-solving process is used to determine the root causes of the problem. Results then are linked to different instructional or intervention approaches that are organized along the following PASS continuum:

- Assistive Supports involve specialized equipment, technologies, medical/physical devices, and other resources that help students, especially those with significant disabilities, to learn and function—for example, physically, behaviorally, academically, and in all areas of communication. Assistive supports can be used anywhere along the PASS continuum.
- Remediation involves strategies that teach students specific, usually prerequisite, skills to help them master broader curricular, scope and sequence, or benchmark objectives.
- Accommodations change conditions that support student learning—such as the classroom setting or set-up, how and where instruction is presented, the length of instruction, the length or timeframe for assignments, or how students are expected to respond to questions or complete assignments. Accommodations can range from the informal ones implemented by a classroom teacher, to the formal accommodations required by and specified on a 504 Plan (named for the federal statute that covers these services).
- Modifications involve changes in curricular content—its scope, depth, breadth, or complexity.

Remediations, accommodations, and modifications typically are implemented in general education classrooms by general education teachers, although they may involve consultations with other colleagues or specialists to facilitate effective implementation. At times, these strategies may be implemented in “pull-out,” “pull-in,” or co-taught instructional skill groups so that more students with the same needs can be helped.

If target students do not respond to the strategically-chosen approaches within these three areas, or if their needs are more significant or complex, approaches from the next two PASS areas may be needed:

- Strategic Interventions focus on changing students' specific academic skills or strategies, their motivation, or their ability to comprehend, apply, analyze, synthesize, or evaluate academic content and material. Strategic Interventions typically involve multidisciplinary assessments, as well as formal Academic Intervention or Individualized Education plans (AIPs or IEPs).

- Compensatory Approaches help students to compensate for disabilities that cannot be changed or overcome (e.g., being deaf, blind, or having physical or central nervous system/neurological disabilities). Often combined with assistive supports, compensatory approaches help students to accomplish learning outcomes, even though they cannot learn or demonstrate specific skills within those outcomes. For example, for students who will never learn to decode sounds and words due to neurological dysfunctions, the compensatory use of audio or web-based instruction and (electronic) books can still help them to access information from text and become knowledgeable and literate. Both assistive supports and compensatory approaches are “positive academic supports” that typically are provided through IEPs.

While there is a sequential nature to the components within the PASS continuum, it is a strategic and fluid—not a lock-step—blueprint. That is, the supports and services are utilized based on students’ needs and the intensity of these needs. For example, if reliable and valid assessments indicate that a student needs immediate accommodations to be successful in the classroom, then there is no need to implement remediations or modifications just to “prove” that they were not successful. In addition, there are times when students will receive different supports or services on the continuum simultaneously. For example, some students will need both modifications and assistive supports in order to be successful. Thus, the supports and services within the PASS are strategically applied to individual students.

Beyond this, while it is most advantageous to deliver needed supports and services within the general education classroom (i.e., the least restrictive environment), other instructional options could include co-teaching (e.g., by general and special education teachers in a general education classroom), pull-in services (e.g., by instructional support or special education teachers in a general education classroom), short-term pull-out services (e.g., by instructional support teachers focusing on specific academic skills and outcomes), or more intensive pull-out services (e.g., by instructional support or special education teachers). These staff and setting decisions are based on the intensity of students’ skill-specific needs, their response to previous instructional or intervention supports and services, and the level of instructional or intervention expertise needed. Ultimately, the goal of this effective school and schooling component, and the PASS model, is to provide students with early, intensive, and successful supports and services that are identified through the problem-solving process, and implemented with integrity and needed intensity.

The Multi-Tiered Social-Emotional Learning/ Positive Behavioral Support System Component

The Social, Emotional, and Behavioral Instruction, Assessment, Intervention, and Self-Management (Social-Emotional Learning/Positive Behavioral Support System—SEL/PBSS) Component focuses on implementing a comprehensive, multi-tiered positive behavioral support and social-emotional learning system across the individual schools in a district. This whole-school approach involves helping (a) students learn, master, and apply interpersonal, social problem-solving, conflict prevention and resolution, and emotional control and coping skills and

interactions; (b) staff to create and sustain positive, safe, supportive, and consistent classroom climates and school settings that motivate students' prosocial behavior, while holding them accountable for inappropriate behavior; (c) schools to identify and implement the strategic and intensive social, emotional, and behavioral services, supports, strategies, and interventions needed to address students with non-responsive, resistant, challenging, or extreme behavior; and (d) communities to reinforce these elements in home and other community settings.

Like the Academic (PASS) Component, this Component and its SEL/PBSS activities are first implemented in every classroom—in a proactive, universal, and preventative way. However, when students do not respond to effective social, emotional, and behavioral instruction, the data-based, functional assessment, problem-solving process is used at the student, classroom, grade, and/or building levels (the latter two through Grade-level or Building-level MTSS Teams, respectively) to determine why the situation is occurring, and what service, supports, strategies, or interventions are needed for change or resolution.

There are five critical science-to-practice SEL/PBSS sub-components that facilitate school discipline, classroom management, and students' social, emotional, and behavioral self-management as described above (see Figure 7 below; Knoff, 2012).

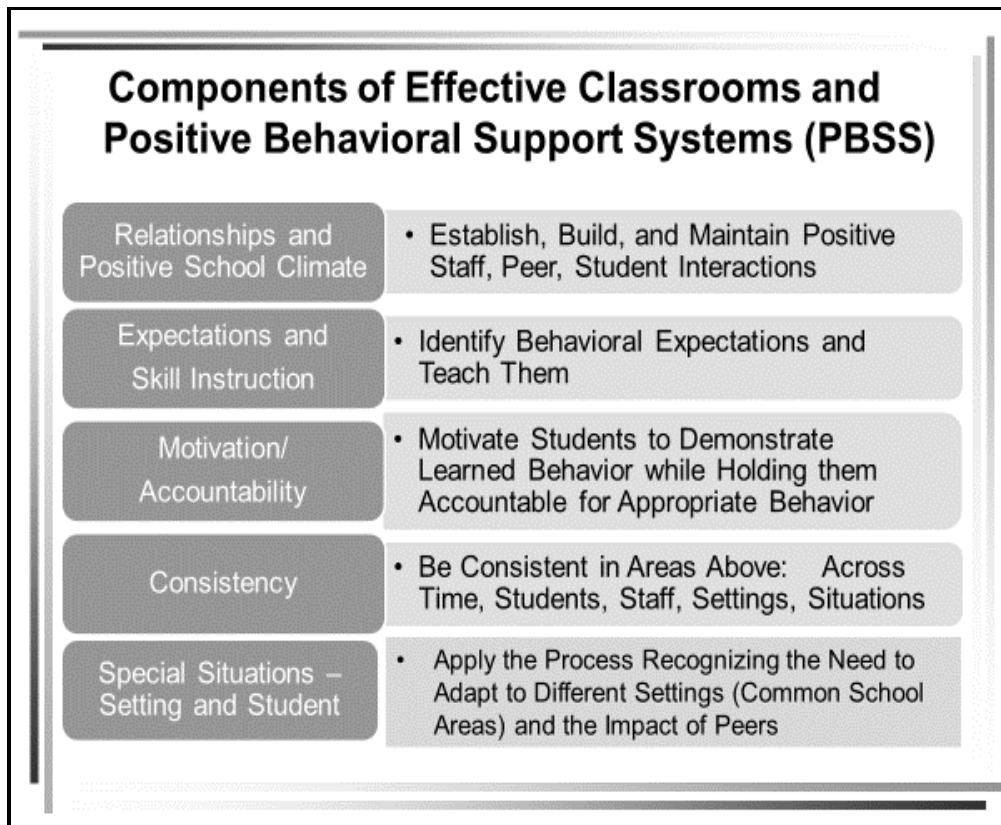


Figure 7. Source: Knoff, 2012.

These components are:

- Positive School and Classroom Climate, and Staff and Peer Relationships;
- Explicit Prosocial Behavioral Expectations in the classrooms and common school areas and Social, Emotional, and Behavioral Skill Instruction;
- Student Motivation and Accountability
- Consistency relative to the implementation of all of the above components; and
- The Application of the above to all school settings and all peer interactions (including those that prevent teasing, taunting, bullying, harassment, hazing, and physical aggression)

These sub-components are briefly described below. The implementation of these sub-components is typically guided by the School Discipline or SEL/PBSS Committee which is comprised of teacher representatives from every grade level, as well as others representing the different instructional support, related services, special education, administration, and other constituencies in a school.

Sub-Component 1: Positive School and Classroom Climate, and Staff and Peer Relationships

Those who have lived in or experienced a toxic environment—at home, in the workplace, at school—understand the impact of climate on learning, behavior, attitudes, social interactions, and mental health. Many times, toxic or even negative environments exist because of the relationships within them.

Effective schools work consciously, planfully, and on an on-going basis to develop, reinforce, and sustain positive and productive across-school and within-classroom climates, relationships, and interactions for all students and staff. The policies, practices, and actions that establish and sustain these climates are inclusive. . . indeed, they are mindful of gender and gender identity, race and culture, socio-economic status and home location, family history and status. And the relationships focus on interactions between students and students, students and staff, staff and staff, students and parents, and staff and students to parents, respectively.

Functionally, relationship-building involves time, training, commitment, experiences, coaching, evaluation, feedback, and opportunities to try over and over again (see Component 2). For example, students need to learn the social and interactional skills needed to build positive relationships with others, and different peer groups across the school need to “buy into” the process.

Concurrently, teachers need to also recognize the importance of committing to effective communication, collaboration, and collegial consultation. They also need to have and demonstrate the necessary skills to accomplish these goals. . . in good times and bad.

Sub-Component 2: Explicit Prosocial Behavioral Expectations and Social, Emotional, and Behavioral Skills Instruction

All students—from preschool through high school—need to be systematically taught (just like an academic skill) the explicit social, emotional, and behavioral expectations in their classrooms and across the common areas of the school. These expectations need to be communicated in a positive, prosocial—rather than a negative, deficit-oriented—way. That is, students need to be taught “what to do,” rather than “what not to do.”

That is, teachers and administrators need to teach and prompt students, for example, (a) to walk down the hallway, rather than told being to not run; (b) to raise your hand with your mouth quiet and wait to be called on, rather than don’t blurt out answers; (c) to accept a consequence by controlling your emotions and following the directions to the consequence given, rather than don’t roll your eyes and give me attitude when I tell you to move your seat.

In addition, these expectations need to be behaviorally specific—that is, we need to describe exactly what specific, observable steps we want students to perform.

For example, I need you to:

- Walk onto the bus quietly, and keep some space between each student;
- Sit in the first open seat and move all the way in;
- Put your books on your lap or your bookbag under the seat in front of you;
- Talk only with your neighbors using a whisper or conversational voice; and
- Stay seated until the bus has stopped, and it is your turn to leave.

Critically, it is not instructionally helpful to talk in constructs—for example, telling students that they need to be “Respectful, Responsible, Polite, Safe, and Trustworthy.”

This is because each of these constructs involves a wide range of implicit behaviors. At the elementary school level, students really do not functionally or behaviorally understand what these higher-ordered constructs are specifically requesting. At the secondary level, meanwhile, students often interpret these different constructs (and their implicit behaviors) very differently than staff.

Thus, if we want to teach students the interpersonal, social problem-solving, conflict prevention and resolution, and emotional awareness, control, communication, and coping skills that they need, we need to communicate explicitly and concretely so that different students at each grade and developmental level understand exactly what to do.

In addition, social skills need to be taught the same way that a successful basketball coach teaches the plays in his or her playbook. That is, we need to (a) teach students the specific steps for each social skill, along with the related behaviors; (b) positively demonstrate the steps to them in meaningful and real-life scenarios; (c) give students structured opportunities to practice each skill in simulated roleplays with guidance and explicit feedback; and then (d) help students

to apply (or transfer) their new skills more automatically and independently to “real-world” situations.

Embedded also in this instruction should be the social problem-solving needed by students so that they learn how to evaluate and make the best behavioral choices for different situations.

Finally, students need to be taught (a) how to be aware of the different emotions that they experience in different situations; (b) how to maintain self-control when faced with emotional triggers and stress, peer pressure and conflict, or other home or school disruptions; (c) how to communicate their emotions as appropriate and needed to others; and (d) how to evaluate themselves after certain emotional events have occurred so that they can establish long-term coping skills and patterns.

Significantly, there are hundreds of important social, emotional, and behavioral skills that could be taught during students’ school careers. Examples of some needed social skills include: Listening, Following Directions, Asking for Help, Ignoring Distractions, Dealing with Teasing and Bullying, How to Accept a Consequence, How to Deal with Losing or Not Getting Your Own Way, How to Handle Peer Pressure and Rejection, How to be a Good Leaders and a Good Team Member, How to Set Goals and Develop Good Action Plans.

All of the core social skill instruction is led by general education teachers. This is because (a) they know the students better than anyone else; (b) they have more opportunities to prompt, practice, reinforce, and correct the skills in real-life classroom situations; (c) they need to use these skills to facilitate classroom management and positive school climates; and (d) they need to integrate these skills into students’ academic engagement and success.

For students who need modified, small group, or individual (cognitive behavior therapy-based) instruction (e.g., at the Tier 2 or Tier 3 levels), this is done by school or school-based mental health staff—counselors, psychologists, or social workers. Significantly, this more intensive instruction typically is done to supplement the training that is also occurring in the classroom. This is because students need to hear the social skills language and prompts in their classrooms and across the common areas of the school. If this is missing, they will rarely transfer and apply the social skills training—on their own—from their mental health professional’s office into the different settings and situations that they actually experience on a day-to-day basis.

Relative to research and practice (Bandura, 1977; Cartledge & Milburn, 1995; Goldstein, 1988; Knoff, 2000; Meichenbaum, 1977), an effective social skills program: (a) is based on a social learning theory model that uses teaching, modeling, role-playing, providing performance feedback, and an active focus on the transfer of training across time, setting, people, places, and circumstances for instruction; (b) uses a core (universal) language that facilitates cognitive behavioral scripting and mediation, and conditions self-control and self-managed behavior; (c) is explicit and developmentally appropriate, yet flexible and adaptive to students’ individual language levels, cultures, maturational levels, and needs; (d) provides a defined, progressive, yet flexible, sequence of social skills that recognizes that some prerequisite skills must be mastered before more complex skills are taught; (e) employs an evidence-based pedagogical approach to instruction that sequences instruction, application, and teachable moments; (f) was designed for

implementation by regular classroom teachers as the primary instructors; and (g) has been demonstrated to be acceptable, socially valid, and easily implemented with treatment integrity.

While this SEL/PBSS sub-component can use any well-designed, evidence-based social, emotional, and/or behavioral skills program, we typically use the evidence-based Stop & Think Social Skills Program which was designed to address all of the characteristics above. Organized in four age- and developmentally-sensitive levels (from Preschool through Middle School), this program is ready-made for this multi-tiered SEL/PBSS sub-component. More specifically, at a primary prevention level, the Stop & Think Social Skills are taught to all students focusing on practical skills that help all students to be successful in most situations and settings. At the secondary and tertiary prevention levels, the Stop & Think Social Skills Program is used more strategically, and it is connected to other needed behavioral interventions, self-control and anger management strategies, and behavior therapy interventions.

For example, for situations where there is significant bullying and aggression, the social skills can be organized into strategic skill clusters (a) for aggressive and violent students: Relationship skills (e.g., Asking for Help, Apologizing, Dealing with Peer Pressure), Emotional Control skills (e.g., Understanding your Feelings, Dealing with Anger, Avoiding Trouble), and Consequence/ Response skills (e.g., Dealing with Fear, Failure, and Accusations); (b) for victims: Prevention skills (e.g., Avoiding Trouble, Evaluating Yourself), Problem-Solving skills (e.g., Asking for Help, Dealing with Peer Pressure), and Protection skills (e.g., Dealing with Fear, Standing Up for Your Rights, and Walking away from a Fight); and (c) for peer on-lookers or by-standers: Recognition skills (e.g., Understanding your Feelings, Evaluating Yourself), Response skills (e.g., Being a Good Leader, Dealing with Peer Pressure), and Resolution skills (e.g., Problem Solving, Dealing with Consequences).

Sub-Component 3: Student Motivation and Accountability

Even when students have mastered their social skills, they still need to be motivated to use them. And when the peer group (who says, “Be cool”) competes against teachers and other educators (who say, “Focus on school”), the importance of school-wide accountable approaches is apparent. School accountability processes consist of meaningful incentives and consequences that motivate students to use their prosocial skills. These processes are important because (a) socially skilled students still need motivation to use their skills, (b) some students (called performance deficit students) lack this motivation, and (c) some students are more reinforced by demonstrating or the outcomes of inappropriate behavior than appropriate behavior.

This SEL/PBSS sub-component helps schools establish and implement grade-level and building-wide accountability systems that include progressively tiered and developmentally-appropriate and meaningful incentives and consequences that motivate and reinforce students’ appropriate interactions. This is accomplished by creating, formalizing, and implementing a “Behavioral Matrix” that establishes a set of behavioral standards and expectations for all students. Created predominantly by staff and students, this matrix explicitly identifies, for all grade levels, behavioral expectations in the classroom and in other common areas of the school (connected with positive responses, incentives, and rewards), and different “intensities” levels of

inappropriate student behavior (connected with negative responses, consequences, and interventions as needed). Relative to the latter, Intensity I (Annoying) behaviors involve “routine” discipline problems that teachers handle with corrective prompts; Intensity II (Classroom Disruption) behaviors involve more challenging behaviors that teachers handle with prompts plus classroom-based consequences; Intensity III (Major Disruption/Antisocial) behaviors are more serious, usually involving office referrals and strategic intervention; and Intensity IV (Severe or Dangerous/Code of Conduct) behaviors are the most serious, generally involving office-based consequences and intensive interventions.

Critically, because the behaviors at each intensity level are agreed upon by staff, and then taught and communicated to students, student behavior is evaluated against a set of explicit “standards” (rather than individually or capriciously by teachers or administrators); staff responses to both appropriate and inappropriate student behavior are more consistent and expected; and students know, in advance, what will occur for incidents of, for example, teasing through physical aggression. All of this facilitates an atmosphere that reinforces student responsibility and self-management.

With the Behavioral Matrix as the primary school-wide accountability vehicle, a number of “evidence-based principles” (Kazdin, 2000; Kerr & Nelson, 2002) are fused into staff practice: (a) all students in the school experience five positive interactions (collectively, from adults, peers, or themselves) for every negative interaction; (b) students are largely motivated through positive, proactive, and incentive-oriented means; (c) when consequences are necessary, the mildest possible consequence needed to motivate students’ appropriate behavior is used; (d) consequences, not punishments, are used; (e) when consequences are over, students must still practice the previously-expected prosocial behavior at least three times under simulated conditions; (f) staff differentiate and respond strategically to skill-deficit versus performance-deficit students; and (g) staff recognize that incentives and consequences must remain stable because previous inconsistencies may have strengthened some students’ inappropriate behavior.

All students—at the primary, secondary, and tertiary levels—are held accountable to the Behavioral Matrix. However, as students engage in Intensity III and IV behaviors, the need for functional assessment and strategic intervention becomes more apparent.

Too often, schools create “motivational programs” for students that involve incentives and consequences that the students couldn’t care less about. Thus, it looks good “on paper,” but it holds no weight in actuality—from the students’ perspectives.

At other times, schools forget that they need to recognize, engage, and activate the peer group in a motivational program. This is because, at times, the peer group is actually undermining the program by negatively reinforcing those members (on the playground, after school, on social media) who are “playing up to the adults” through their appropriate behavior.

On a functional level, both incentives and consequences result in positive and prosocial behavior. The incentives motivate students toward the expected behaviors, and the consequences motivate students away from the inappropriate behaviors (and toward the expected ones).

But critically, educators need to understand that you can only create motivating conditions. That is, we can't force students to meet the behavioral expectations. When we force students to do anything, we are managing their behavior, not facilitating self-management. While we have to do some management to get to self-management. . . if we only manage students' behavior, then they will not (know how to) self-manage when the adults are not present.

Sub-Component 4: Consistency

Establishing and sustaining positive school and classroom settings, Stop & Think Social Skills instruction, and the implementation of the Behavioral Matrix and other student motivation and accountability processes are necessary, but not sufficient, conditions for effective, safe, and self-managing schools. Interdependently, staff need to establish and maintain positive school and classroom climates; teach, apply, and reinforce their social skills program; and implement meaningful incentives and consequences in a consistent manner.

Thus, in order to be successful, staff need to (a) demonstrate consistent prosocial relationships and interactions—resulting in consistently positive and productive school and classroom environments; (b) communicate consistent behavioral expectations, while consistently teaching them; (c) use consistent incentives and consequences, while holding student consistently accountable for appropriate behavior; and then (d) apply all of these sub-components consistently across all of the settings and peer groups in the school.

When staff are consistent, individual students, and small and large groups of students learn, use, and value the behavioral expectations within a school.

When staff are inconsistent, however, students feel that they have been treated unfairly; they sometimes behave in different ways for different staff or in different settings; they become manipulative—pitting one staff member against another; and they often emotionally react—some getting angry when inconsistency occurs, and others simply withdrawing because they feel powerless to change it.

Thus, staff (perhaps through the School Discipline/PBSS Committee) need to observe and monitor their consistency in real time; evaluate how they are implementing different facets of the SEL/PBSS sub-component; and formally and informally survey staff communication, collaboration, trust, commitment, and cohesion in this regard.

Staff also need to empower students to become part of the process. For example, students need to contribute to their school's prosocial atmosphere of prevention, while also communicating a "no-tolerance" attitude for inappropriate peer behavior. In this way, the students can help their school create conscious and explicit prosocial values, expectations, norms, procedures, and interactions that, for example, can help prevent or respond to such antisocial (but prevalent) behaviors as teasing, taunting, bullying, harassment, hazing, and aggression. This can be done both during the school day, as well as during extracurricular, sports, club, and after-school music and art activities.

Consistency is a process. It can't be downloaded onto a computer, or including in staff's annual flu shots. Instead, it needs to be "grown" experientially over time, and then sustained in an ongoing way. It is grown through effective strategic planning with explicit implementation plans, good communication and collaboration, sound implementation and evaluation, and consensus-building coupled with constructive feedback and change.

It's not easy. . . but it is necessary both for SEL/PBSS and school success.

Sub-Component 5: Applying the Process to All Settings and Across Different Peer Groups

The last sub-component of the school SEL/PBSS blueprint focuses on the application of the previous four sub-components across all of the settings and peer interactions in the school. This involves a recognition that the classroom-based SEL/PBSS strategies need to be transferred into the common areas of the school, and that the student-centered strategies need to factor in the significant influence of different peer groups.

Relative to the former area, it is important to understand that the common areas of a school are more complex and dynamic than the classroom settings. Indeed, in the hallways, bathrooms, buses, cafeteria, and on the playground (or playing fields), there typically are more multi-aged or cross-grade students, more interactions, more space or fewer physical limitations, fewer staff and supervisors, and different social demands. As such, the positive social, emotional, and behavioral interactions that occur in the classroom need a more strategic approach to generalize them into the common school areas.

Accordingly, students need to be taught how to demonstrate their interpersonal, social problem-solving, conflict prevention and resolution, and emotional control and coping skills beyond their classrooms and in every common school area. Critically, this training needs to be tailored to the social demands and expectations of these settings.

Relative to the latter area, it is important to understand that the peer group is often a more dominant social and emotional "force" in a school than the adults. As such, the SEL/PBSS blueprint is consciously applied (relative to climate, relationships, expectations, skill instruction, motivation, and accountability) to help prevent peer-to-peer teasing, taunting, bullying, harassment, hazing, and physical aggression.

This is done by involving the different peer groups in a school in group "prevention and early response" training, and motivating them—across the entire school—to take the lead relative to prosocial interactions. When the peer groups in a school are trained, motivated, and reinforced to do "the heavy prosocial lifting," the more successful the staff and the school will be relative to maintaining a positive school climate and a consistently safe school.

At times, however, the preventative approach within this sub-component does not work. When this occurs, there are persistent or significant setting-specific problems in the common

areas of the school, or across different peer groups relative to teasing, taunting, bullying, harassment, hazing, and physical aggression.

In order to develop strategic interventions for these situations, the School Discipline/PBSS Committee is taught to how to conduct a “Special Situation Analysis”—a functional and ecological assessment of a specific common area or peer-related situation that investigates the following domains: (a) Student Characteristics, Issues, and Factors; (b) Peer Group Characteristics, Issues, and Factors; (c) Teacher/Staff Characteristics, Issues, and Factors; (d) Environmental Characteristics, Issues, and Factors such as the physical plant and logistics within the specific setting; (e) Staff and Student Incentives and Consequences; and (f) Resources and Resource Utilization. The peer group part of the analysis is especially important as many incidents that occur in the common areas of a school are often peer-mediated, and thus, understanding the presence and potential involvement of student “perpetrators,” “victims,” and “by-standers” becomes essential.

Once the functional assessment is completed, its results are linked to relevant interventions that are resourced, implemented, and evaluated.

Multi-Tiered Services in the Context of Continuous School Improvement

As discussed above, in order to be effective, a district or school’s multi-tiered system of supports must be an inherent part of its continuous school improvement process. While the ultimate goal of this process is to graduate students who are academically proficient, and who demonstrate effective social, emotional, and behavioral skills and interactions, we have already noted that many students do not demonstrate the academic and/or the social, emotional, and behavioral progress, mastery, and proficiency needed to be successful in the classroom—much less when they graduate from high school and go on to college or enter the workforce.

Thus, a critical part of a school or district’s success involves their ability to provide all students with the services, supports, strategies, and programs that they need to be successful in all academic and social, emotional, and behavioral areas. This starts with the research-to-practice PASS and SEL/PBSS models above, but it extends to the interdependent MTSS component outlined below.

Section IV. A Multi-Tiered System of Supports Component for Districts or Schools

The section below is written as an “Implementation Guide” that schools or districts can use to review and modify their multi-tiered systems of policies, procedures, decisions, actions, services, and implementation handbooks. As previously noted, these multi-tiered processes have been extensively field-tested, and they are being used in innumerable schools across the country.

The recommended steps in the multi-tiered process are supported by a number of forms at the end of this book that can facilitate a district or school's actual implementation.

The Goals and an Overview of the MTSS Process

The ultimate goal of the MTSS process, as discussed earlier, is to maximize the academic and social, emotional, and behavioral learning, progress, and proficiency of all students. While this looks different at different age/grade levels, this results in students who are effective independent learners and successful self-managers.

This goal is accomplished when teachers, supported by other staff and administrators, effectively use scientifically-based curricula and instructional procedures to help students master academic and social, emotional, and behavioral skills. A significant portion of this mastery involves students' ability to use and apply their knowledge and skills, more and more independently over time, to new learning situations.

When students “do not respond” to effective instruction (for academics) and classroom management (for behavior), teachers need to determine—using a systematic, data-based functional assessment process—why this is occurring so they can get students “back on track.” This lack of student “response to instruction” most often occurs when:

- Students do not have the prerequisite background knowledge and/or skills;
- They are not learning and mastering new information or skills;
- Their speed of mastery (or skill acquisition) is not as fast as typical/other students;
- They are having difficulty applying or “transferring” previous or new knowledge or skills;
- Specific emotional circumstances or conditions are impeding their skill acquisition, mastery, or transfer; and/or
- They are not motivated to learn, or they are not held accountable for learning.

All of these reasons or “hypotheses” certainly involve the student, but they may also involve past or present teacher/instructional processes in the classroom, or even the choice or use of specific curricula (e.g., the texts or materials) during instruction. When teachers confirm, through objective data, the reasons for a student's difficulties, they can then link these reasons (or “root causes”) to instructional or intervention approaches that occur, as much as possible, in the general education classroom (or the setting where the difficulty is occurring).

If the teacher cannot independently complete these analyses, or if the teacher-generated and implemented interventions are not successful for a specific student, the teacher can work with his or her Grade-level or Instructional MTSS or Building-level MTSS team, respectively, to complete more multi-disciplinary assessments. The results of these assessments, once again, are linked to more strategic or intensive services, supports, strategies, or interventions.

At each stage of the multi-tiered process, a student's "response to instruction or intervention" determines whether the data-based functional assessment and intervention process continues or not. Ultimately, the intensity or complexity of a student's difficulties or needs determines where the services, supports, strategies, or interventions fall along the MTSS continuum.

Figures 8 and 9 provide a diagrammatic summary of this process.

Where Does Multi-tiered Process Start?

In the classroom:

- With effective instruction and classroom management delivered by effective teachers
- Where students' mastery of academic material and positive response to classroom management is assessed and monitored in an ongoing way
- Where data-based problem-solving begins when students are not academically or behaviorally successful



Figure 8.

Where does the Multi-tiered Process Go?

For students who are not responding to effective instruction and teacher-initiated instructional or intervention approaches over time:

- The problem-solving process becomes more formal
 - diagnostic or functional assessments are completed
 - more intensive classroom-based interventions are implemented
 - student progress is monitored more frequently
 - data is used to determine the success of the interventions or the need for more intensive services.
- More specialized, multidisciplinary resources are used to deliver more specialized interventions to produce improved child outcomes
- The intensity of services delivered are driven by student outcomes!!

Figure 9.

The Three Primary MTSS Processes

Three primary processes are embedded in any successful MTSS system: (a) the Data-Based Functional Assessment Problem-Solving process; (b) the MTSS Teams process; and (c) the Consultation process. These are briefly discussed below.

Process 1: The Data-based Functional Assessment Problem-Solving Process

The data-based functional assessment problem-solving is the glue underlying the entire MTSS process because, depending on the complexity or severity of a student's problems, it can be used at the teacher/classroom level, by a Grade- or Instructional-level MTSS Team, or by the multidisciplinary Building-level MTSS Team. Critically, when everyone is trained in and knows the process, the less complex student problems can be solved earlier, more quickly, and more independently by classroom teachers, and the more complex, significant problems are presented to the Grade- or Building-level MTSS teams, respectively, with a higher level of data-based sophistication.

The Steps of Problem-Solving. The Data-based Functional Assessment Problem-Solving process (see Figure 10 below) involves, at the very least, the following fluid and overlapping steps or stages:

- (a) Problem Identification (or definition),
- (b) Problem (or functional) Analysis,
- (c) Intervention, and
- (d) Evaluations of Intervention effectiveness.

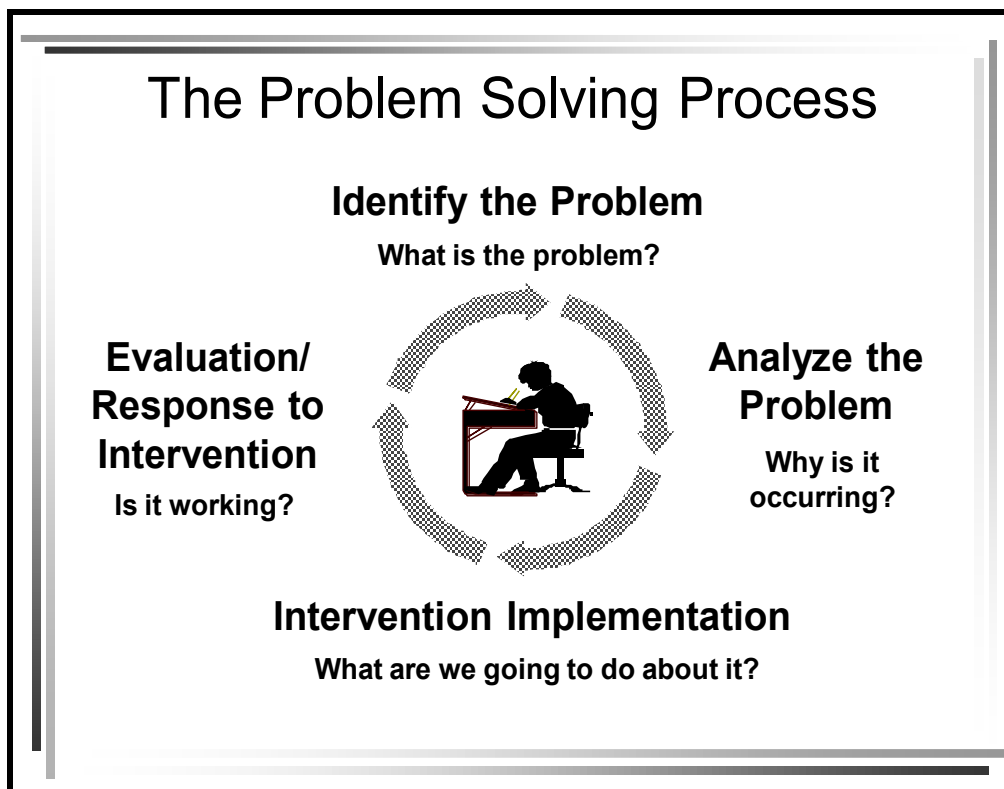


Figure 10. Source: Iowa Department of Education, 1998/
Heartland Area Educational Agency, 2005

The Problem Identification, and the beginning of the Problem Analysis, steps begin as teachers complete a Comprehensive Student History and Record Review for the student of concern. This Review documents the student's social and developmental, medical, attendance, academic achievement and progress, disciplinary, and classroom-based intervention, and other "special services" histories. This Review provides a snap-shot of the student's prior successes and struggles, strengths and weaknesses, resources and support systems, limitations and gaps, and other possible factors contributing to the area(s) of concern. This Review also identifies information that is relevant and known, information that is relevant and unknown, and information that is irrelevant to the current concern.

Defining the Problem. The Functional Assessment/Problem Analysis step focuses on determining why a student is not making academic or behavioral progress. For example, is it due to student-specific factors, teacher-instructional factors, and/or curricular factors? Once identified and validated, assessment results are directly linked to high probability of success and evidence- or research-based interventions. It must be emphasized that students' difficulties, as much as possible, should be functionally analyzed in the environments wherein they exist. Similarly, the interventions should be implemented in those same settings, with consultation and other supports as needed.

Developing and Implementing the Plan. Interventions are best implemented through a written Academic or Behavioral Intervention Plan. A formal Academic or Behavioral Intervention Plan contains the following sections: (a) specific goals, objectives, and short- and long-term outcomes; (b) interventions, their implementation methods and timelines, and the resources (including training) needed during implementation; (c) evaluation strategies, including those to validate treatment integrity, along with who will complete them and when they will occur; and (d) decision rules or criteria indicating a successful resolution of "the problem."

Evaluating the Plan. The ultimate goal of any intervention or intervention program is (a) to help students to be successful in the general education classroom and curricula (with as few modifications as possible), and (b) to help them to be largely responsible for managing (i.e., implementing, monitoring, and evaluating) their own success. To accomplish this, all interventions need to be outcome-based and formatively evaluated to track students' progress over time. In addition, at the end of a school year, or when an intervention is successful, summative evaluations should be conducted, summarized, and recorded in a student's cumulative folder or records.

The Focus of Problem-Solving. While the problem-solving process usually begins when a student is exhibiting academic struggles and/or social, emotional, or behavioral challenges, the Problem Analysis step initially focuses on the Instructional Environment. As discussed earlier in this book, the Instructional Environment consists of the student, the academic and/or behavioral curricula, and the teacher/instructional characteristics or factors that help students to be academically or behaviorally successful (see Figure 11 below). These three domains are targeted during the functional assessment process because, when a student is unsuccessful or non-responsive in a classroom, the problem typically can be linked to one or more of these domains. Indeed, students often are unsuccessful due to situations or circumstances within one, two, or a combination of all three of these domains. For example, a student's lack of academic or behavioral success may be due to: (a) student-specific factors; (b) ineffective teaching (as specifically related to the student-in-need) or instruction; (c) poorly matched (to the student) curricula or materials; or (d) some combination of two or three of these domains, respectively.

Significantly, regardless of the primary reasons for a student's lack of academic or behavioral progress, interventions are almost always implemented within the student's Instructional Environment (typically, the general education classroom). Thus, even if a student's difficulties

are largely student-specific, the intervention process still will require all three of the Instructional Environment domains—that is, the involvement of teachers (sometimes supported by consultants), working with students, using some instructional and/or intervention process that addresses and/or changes the academic or behavioral problem or concern.

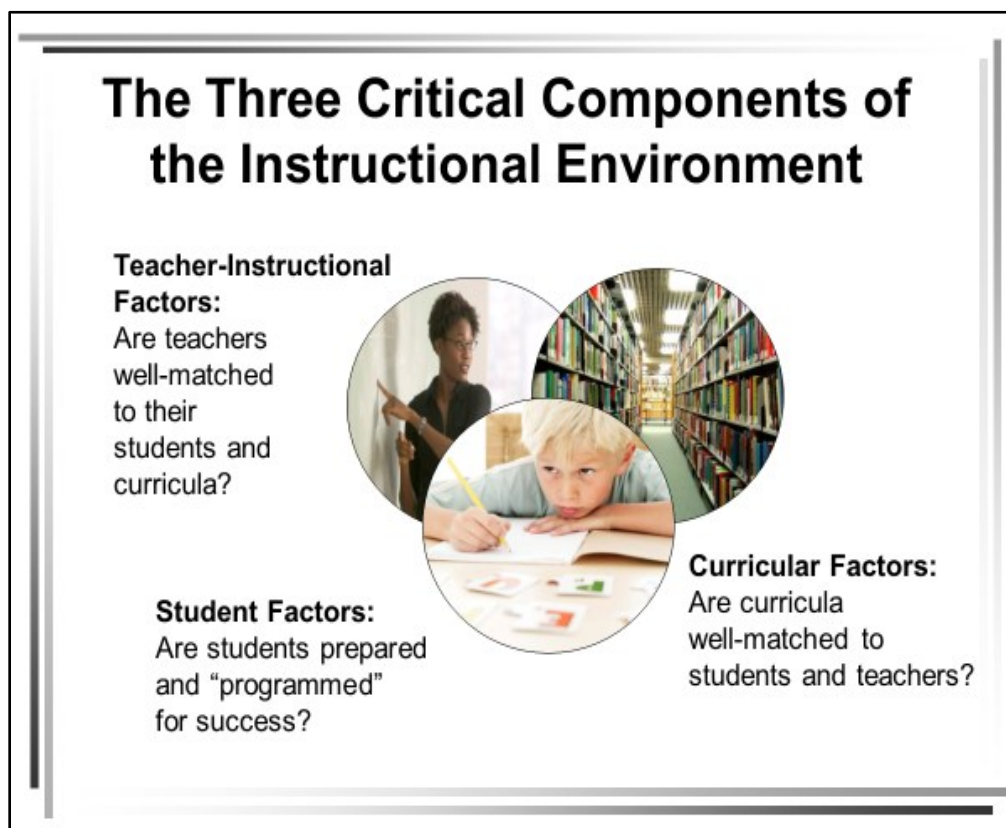


Figure 11. Source: Project ACHIEVE Press, 2005 as adapted from Rosenfield, 1987.

The Continuum of Problem-Solving. Data-based Problem-Solving occurs throughout the MTSS process (see Figure 12 below). As noted above, when students do not respond to well-designed lessons, effective instruction, and supportive classroom environments, the data-based problem-solving process becomes more focused, formal, and intensive. When this occurs, the use of a Grade- or Instructional-Level MTSS Team is recommended to guide the next level of functional assessment and intervention. If a student still is not responding after the interventions generated through the Grade-level MTSS process have been effectively implemented (or when it is evident that a critical or intensive situation exists), the multidisciplinary Building-level MTSS Team gets involved. Members of the Building-level MTSS Team should include the best academic and behavioral assessment and intervention specialists in or available to the school building.

When needed, all “referrals” to a Grade- or Building-level MTSS team are referrals for problem-solving, consultation, and intervention. The goal of the process is not to qualify the student for special education services. The goal is (a) to identify the best consultant(s) to work with the classroom teacher; to (b) complete the functional assessment process; to (c) link the assessment results to appropriate services, supports, strategies, or interventions; and to (d) implement these academic and/or social, emotional, or behavioral approaches so that objective evaluations confirm that the problem(s) have been solved.

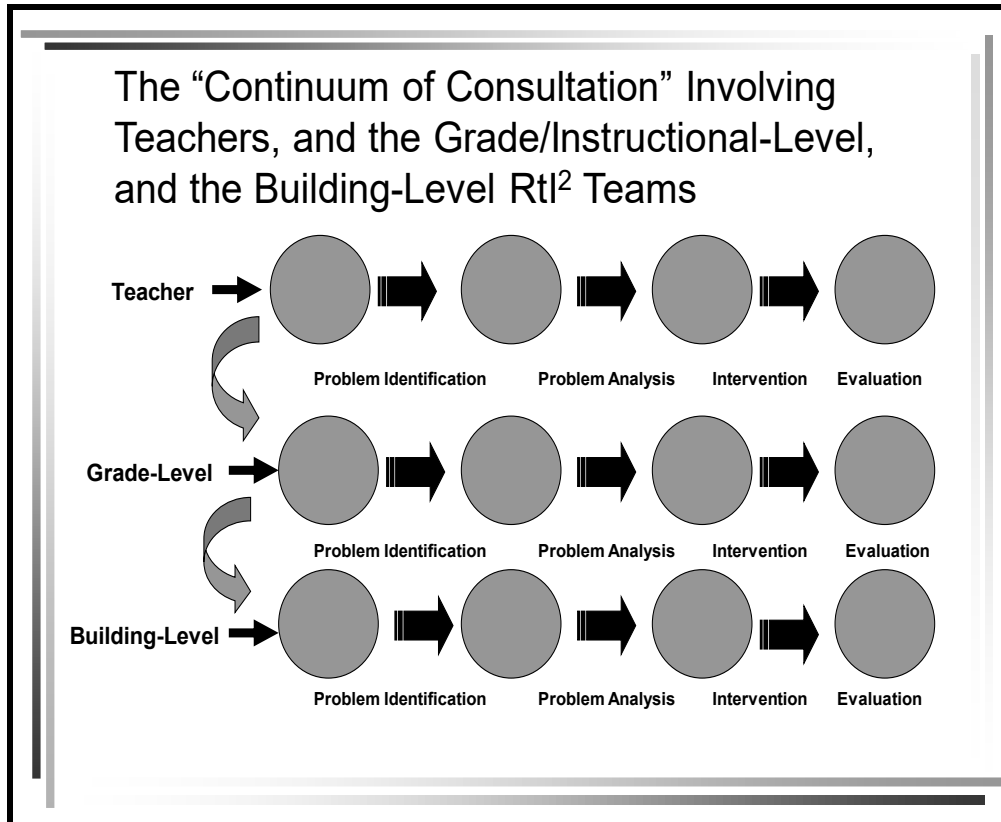


Figure 12.

Process 2: The MTSS Teams Process

In order to facilitate the MTSS and data-based functional assessment problem-solving process, two formal teams are used in every school: the Building-level MTSS Team and the Grade- or Instructional-level MTSS Team. The Building-level MTSS Team is a formal, school-level committee that meets, typically, on a weekly basis. As noted earlier, this team is comprised of the best academic and behavioral assessment and intervention specialists in or available to the school.

Given this, the following individuals are typically on the Building-level MTSS Team:

Building Principal	MTSS Chairperson
School Counselor	School Social Worker
School Psychologist	Behavior Intervention Specialist
Academic/Instructional Intervention Consultants	Selected Special Education Teachers
Speech Pathologist (as appropriate)	School Nurse
School-based Mental Health Specialists (if present in the school)	
Others as desired	

The Grade-level MTSS Team includes all of the general education teachers who are teaching at the same grade level, and one representative of the Building-level MTSS Team who is assigned to and meets with a specific grade level for the entire school year. Most elementary schools and some middle schools (depending on how the staff are configured) use Grade-level MTSS teams. Some small elementary schools (those that typically have one or two teacher per grade level) use Grade-Clustered MTSS teams. This may involve, for example, a Grade K/1 MTSS Team, a Grades 2/3 MTSS Team, and a Grades 4/5 MTSS Team.

Instructional-level MTSS teams typically occur at the high school level and, once again, at the middle school level—depending on how the staff are configured. Because an Instructional-level MTSS Team is convened to discuss a single student who is exhibiting one or more specific problems, the Team consists of all of the teachers who are currently teaching that student. Sometimes, only the teachers from the student’s core instructional courses are invited (i.e., English, Math, Science, History/Social Studies). As relevant, the teachers who taught the student the previous semester also may be invited.

We use the term “Instructional-level” rather than “Grade-level” team at the high school level, because a student of concern might be taking 11th, 10th, and maybe 9th grade courses at one point in time depending on his or her past attendance or history of failures. Thus, in a large high school, the student’s teachers might be teaching predominantly at the 11th, 10th, and 9th grade levels, respectively.

Grade- or Instructional-level MTSS team meetings are useful because not every student, who is non-responsive to effective classroom instruction or behavior management, has problem analysis issues that are so complex, or instructional or intervention needs that are so intensive, that they need to involve the Building-level MTSS Team. Thus, the Grade- or Instructional-level MTSS process and meeting gives same-grade or instructional team teachers the opportunity to provide collegial consultation to a peer who has been unable to successfully resolve a student’s academic or behavioral challenges. Critically, this assistance may occur at any step of the problem-solving process—problem identification, problem analysis, intervention, or evaluation.

Grade/Instructional-level MTSS teams and meetings are useful because not every student, not responding to effective classroom instruction or classroom management, has academic or social, emotional, or behavioral assessment or intervention needs that are so complex or intensive that they need the involvement of the multidisciplinary Building-level MTSS Team. Instead, these students' needs can be identified and addressed through "collegial consultation"—that is, by the grade/instruction-level teachers who are teaching the same student, and may be experiencing the same problems or issues.

The Responsibilities and Training of the Building-level MTSS Team. Below is a recommended Mission, Role, and Function description for a Building-level MTSS Team.

Charge/Mission of the Building-level MTSS Team

When students demonstrate ongoing and/or persistent academic and/or behavioral difficulties that are not responding to classroom-based problem solving, functional assessment, and interventions, the MTSS process is used to address these circumstances through more intensive, multidisciplinary action.

The Building-Level MTSS Team's primary responsibility is to oversee this more intensive problem-solving, consultation, and intervention process—whether at a grade-level or at the building-level, such that all students in need receive early intervening services as much as possible in the general education classroom through their regular classroom teacher(s).

The Building-level MTSS Team also evaluates referrals for problem-solving over time to identify referral trends, preventative strategies, and professional development needs so that teachers are prepared to provide strategic instructional and/or intervention services, supports, strategies, or interventions to support these approaches at an intensive level to students in need.

The Building-level MTSS Team, depending on state or district policy, also may be responsible for tracking the number and type of students receiving 504 accommodations and special education/IEP services, for coordinating manifestation and other discipline-related assessments for individual students, and for evaluating the school's success relative to the state-monitored "special education triggers" (e.g., LRE, disproportionality, AYP, graduation and drop-out rates).

Primary Building-level MTSS Team Goals, Objectives, and Outcomes

1. To oversee the implementation of the MTSS process in the school, including (a) its adherence to federal, state, and district policies and procedures; (b) the identification and provision of relevant professional development and technical assistance; (c) the creation or review of needed forms, data bases, data collection

or evaluation instruments, or other progress monitoring tools; and (d) ongoing and needed community and family outreach activities.

2. To provide timely problem-solving/functional assessment, consultation, and early intervention services, at the grade- and building-levels.

3. To track the progress of existing student interventions, both individually and collectively.

4. To identify academic and behavioral trends and plan targeted professional development opportunities to help (a) individual students make successful progress in targeted areas, and (b) school staff increase their skills so that they can respond earlier and more independently to similar student problems in the future.

5. To facilitate the communication and consistency, across staff, in the implementation and use of strategic interventions, and to ensure that interventions and “lessons learned” about students are transferred, systematically and in a timely way, across relevant staff members from one school year to the next.

6. To collect and report both individual student and student group data so that (a) the MTSS process is formatively and summatively evaluated, (b) it maximizes all students’ academic and behavioral progress and skill mastery, (c) the school meets and/or adheres to all ESEA and IDEA requirements and mandates, and (d) the strengths of the process are maintained, and the weaknesses of the process are addressed.

Year-at-a-Glance Agenda for a Monthly Building-level MTSS Team Meeting. Even though the MTSS Building-level Team meets on a weekly basis to address new student cases and to review those in process, the Team also should devote part of one or more weekly meetings each month to the activities below. These activities help to maintain effective underlying MTSS processes, and they assist the Team in making sure that annual goals, objectives, and outcomes are being evaluated on an ongoing and conscious basis.

During APRIL: Assign new MTSS members (if necessary) to the team for the next school year; Choose a new Team Chair and Secretary/Recorder (if necessary).

While other school-level committees will have their grade-level and other members periodically rotating on and off (usually after having served a three-year term), the membership of the Building-level MTSS Team is more stable. Thus, the Team rarely gets new members, and the Chair of the Team may serve for several years—typically, due to his or her professional position in the school (e.g., the School Counselor).

During APRIL-JUNE: Hold at least six MTSS Team meetings with both out-going Team members and in-coming Team members in attendance.

Holding these combined meetings allows in-coming members to observe and participate in a number of cases, before the end of the school year. This helps them to become acquainted with Team members, procedures, and the variety of cases that the Team typically considers. This experience also helps new members to assume their roles and responsibilities more easily when out-going Team members are no longer present at the beginning of the next school year.

During APRIL-JUNE: Conduct various “Articulation Activities” to help the Team plan the transition to the new school year. One of the activities needs to focus on completing a Summative Evaluation of MTSS Team goals, objectives, and outcomes written into the MTSS section of the School Improvement Plan.

Among the Articulation Activities needed are the following:

- Complete and Analyze the Consultation Referral Audit
- Conduct a MTSS Forms Analysis and update or prepare any needed Forms
- Facilitate the “Get-Go” Review Process of the students considered at the Grade- or Instructional-level and Building-level MTSS teams as well as, students on IEPs or 504 Plans, and other students as appropriate
- Participate in the Academic Achievement Audit
- Facilitate the writing of the Student Briefing Reports

During the AUGUST STAFF PRE-PLANNING TIME (the staff preparation days immediately prior to the beginning of the new school year): The MTSS Team should have its first Team meeting of the new school year during this time period. It also should review or update the MTSS process with the entire faculty, providing training on any new policies, procedures, or forms.

During SEPTEMBER-OCTOBER: Hold weekly MTSS Team meetings.

During NOVEMBER: Conduct a Formative Evaluation of the Team’s progress relative to the MTSS Team goals, objectives, and outcomes in the current School Improvement Plan, and conduct a Planning Meeting to identify and coordinate all MTSS Team activities for the next four months.

During DECEMBER-JANUARY: Hold weekly MTSS Team meetings.

During FEBRUARY: During (or completed by) this month, the Team should draft the MTSS (i.e., early intervening, MTSS, and strategic/intensive intervention needs) section for the next School Improvement Plan (SIP). As with any SIP section, this should include Goals, Objectives, Resources, Funding, Activities, Timelines, Outcomes, and Evaluation Procedures, and it should be submitted to the School Improvement Team for review.

During MARCH: Conduct a Formative Evaluation of the Team’s progress relative to the MTSS goals, objectives, and outcomes in the current School Improvement Plan, and conduct a Planning Meeting to identify and coordinate all MTSS Team activities for the next four months.

Process 3: The Importance of Consultation to Successful Problem Solving

Consultation is essential to multi-tiered problem-solving and intervention processes. When a teacher is unsure of or does not know how to help a student in academic or behavioral need, or if a student is not responding to teacher-generated interventions or changes in instruction, the teacher (like the primary care physician who is unsure of the medical treatment needed for a confusing case) should request a formal or informal consultation with a colleague who has recognized skills in the area of concern. When a student demonstrates a significant level of non-performance or a persistent lack of response to the interventions tried, a formal Grade-level or Building-level MTSS team referral/consultation is necessary.

Whether formal or informal, the goals of consultation are to:

- (a) Facilitate the successful completion of data-based functional assessment and problem solving;
- (b) Identify and implement successful, strategic interventions that solve the presenting situation that was “referred;”
- (c) Increase the current assessment and intervention skill level of the teacher (and any other professionals) involved in the case; and
- (d) Enhance the teacher’s (and others’) skills relative to future functional assessment, problem solving, and intervention with similar or related cases or situations.

As interventions are identified, implemented, and successful, teachers and other staff should be learning why they were selected, how to implement them effectively, and why they were successful with the student of concern. They also should understand how the interventions could be used successfully for other academic or behavioral concerns and/or with other types of students in the future. All of this increases the teacher’s (and other staff members’) functional assessment, problem solving, and intervention skills and competence over time, including their ability to use these skills more independently and more quickly in the future.

Relative to the availability of consultation, it must be emphasized that every staff person is a potential consultant for someone else in their school or district. To this end, every school should create a hard-copy and/or on-line “School Resource or Consultant Directory” with brief, two-page “biographies” of each staff member—including their college/university majors,

professional (state department of education) certifications and licenses, additional specializations developed through systematic professional development opportunities, experientially-learned skills and expertise, and other (even extracurricular) talents and hobbies. The goal is to create an easily-accessed resource so that everyone (a) is aware of the skills and expertise of every colleague in their school or district, and (b) strategically uses relevant colleagues as consultants when their skills could be helpful for a specific (or group of) student(s) with unmet academic or behavioral needs.

In addition to the school-level Consultant Directories, every district should create a “District Resource or Consultant Directory” outlining the skills and expertise of district-level personnel. These directories should detail, for example, the types of students or student problems that related services personnel (school psychologists, social workers, counselors, behavior intervention specialists) have special expertise in addressing, as well as the areas of specialization possessed by different administrators across the district. This Directory also should be shared across the district and its schools so students with specific challenges can be matched with the best expertise available in a school or district.

Section V: A Step-by-Step MTSS Process: From Classroom to Building-level Support

Below is a step-by-step blueprint of the MTSS process written at the individual school level—beginning with a general education teacher having a student exhibiting academic or social, emotional, or behavioral difficulties, and proceeding up to the involvement of the Building-level MTSS Team (see also Figure 13 below). At the end of this section, an outline of the steps and phases within an MTSS Team meeting is presented.

As noted, this is a blueprint. Districts and schools are encouraged to adapt this blueprint to fit their specific staff and team processes, and their specific schedules and resources. For example, in larger districts, it is not unusual to have an elementary-level blueprint and a modified secondary-level blueprint. Similarly, teachers and others need to use their professional and clinical judgment to adapt this blueprint for specific student situations—using pathways and decision rules in ways that ensure that academically struggling and/or behaviorally challenging students receive timely assessments, services, supports, strategies, and interventions.

Once the implementation blueprint is approved at the district and/or school level, it is recommended that the district/school publish an “MTSS Procedural Guidebook” (feel free to use sections from this book), and that professional development, coaching, and support for all staff follow. As teachers and others proceed through this process, they should consult as needed with administrators, Building-level MTSS team members, and other colleagues to determine which steps are best for specific individual student and group situations.

The Step-by-Step MTSS Implementation Blueprint

This section outlines and diagrams (see the two-page Figure 13 below) a field-tested and validated MTSS implementation blueprint for a school, organized in a step-by-step flowchart.

At different times in the process, critical decisions need to be made. While these are evident in the different arrows on the flowchart, specific “Decision Point” boxes are presented in the description below. The flowchart and the description of the MTSS process are completely aligned.

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Step 1. Effective Classroom Instruction and Behavior Management. When developing classroom lessons, every general education teacher analyzes (a) the goals, objectives, and desired outcomes of a specific academic or behavioral unit or lesson; (b) his or her teaching or instructional approaches; and (c) the learning history, status, and styles of the students in his/her classroom to develop the best ways to differentiate and teach the unit or lesson to maximize student learning and mastery. The general education teacher then teaches the lesson(s), checks for student understanding, completes formative assessments to validate student learning, and monitors students’ mastery and speed of mastery, formatively and summatively, over time.

Concurrently, the classroom teacher establishes (a) a positive classroom climate that nurtures strong student-teacher and student-student culturally-sensitive relationships; where (b) behavioral expectations (individual, group, and whole-class) are explicit and communicated, as well as taught and consistently prompted; and (c) students are held accountable for appropriate (through positive attention and reinforcement), and inappropriate (through corrective actions and consequences, as needed) behavior. These classroom management approaches are geared to facilitating student engagement, and to teaching and reinforcing students’ interpersonal, social problem-solving, conflict prevention and resolutions, and emotional control and coping skills and interactions.

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Steps 1 and 1a to 1c. Students with academic or behavioral concerns can be identified using four data-driven pathways that eventually converge at Step 2.

- 1. Using formal and informal classroom teacher data—as general education teachers recognize that specific students are academically struggling and/or exhibiting social, emotional, or behavioral challenges that are not changing through differentiated instruction or routine classroom management strategies, respectively;
- 1a. Using academic and/or social, emotional, or behavioral screening data that is collected by the school on all students to identify specific students as potentially at-risk or as experiencing significant challenges.

Figure 13. A Field-Tested and Validated MTSS Blueprint/Flowchart for a School -1

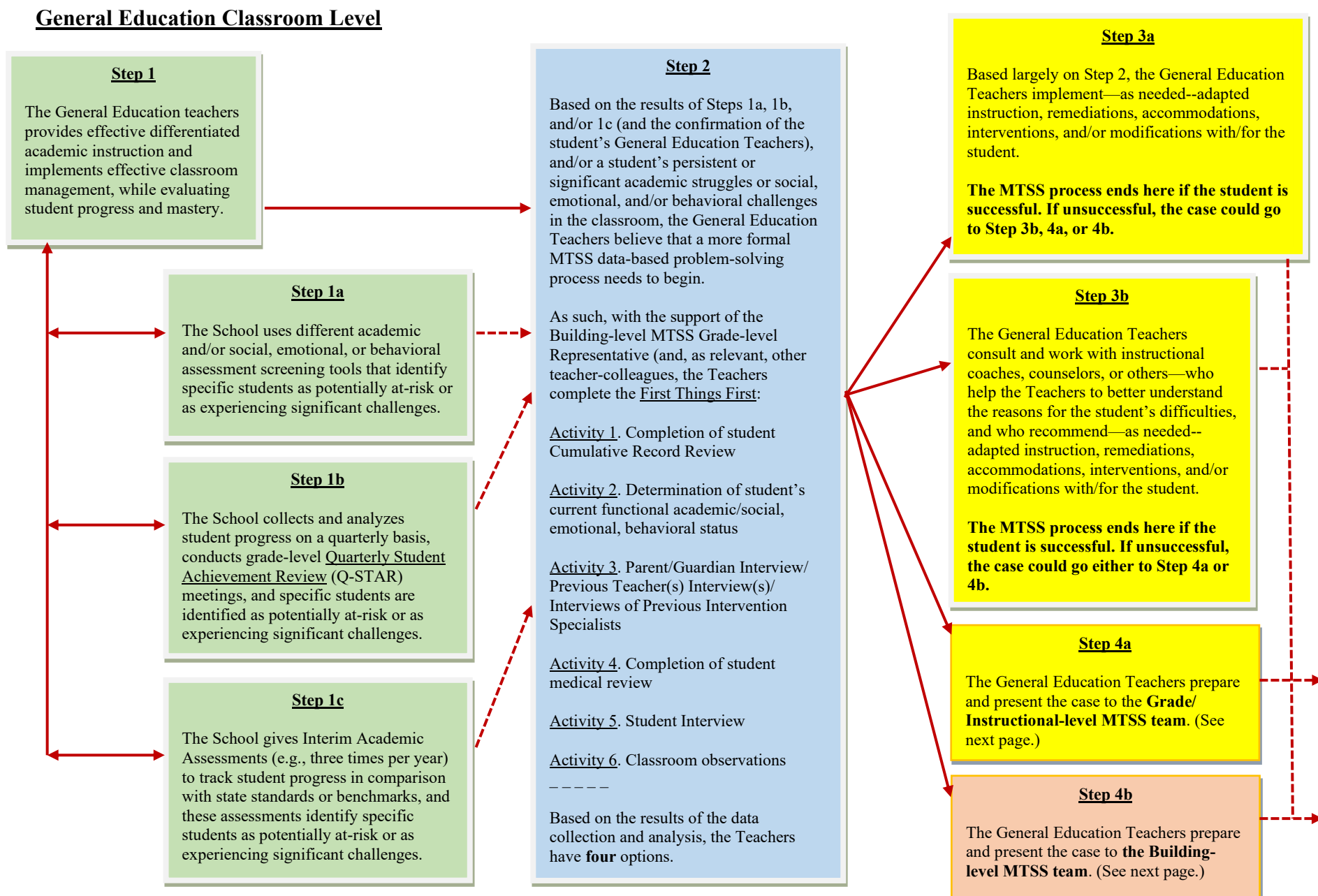
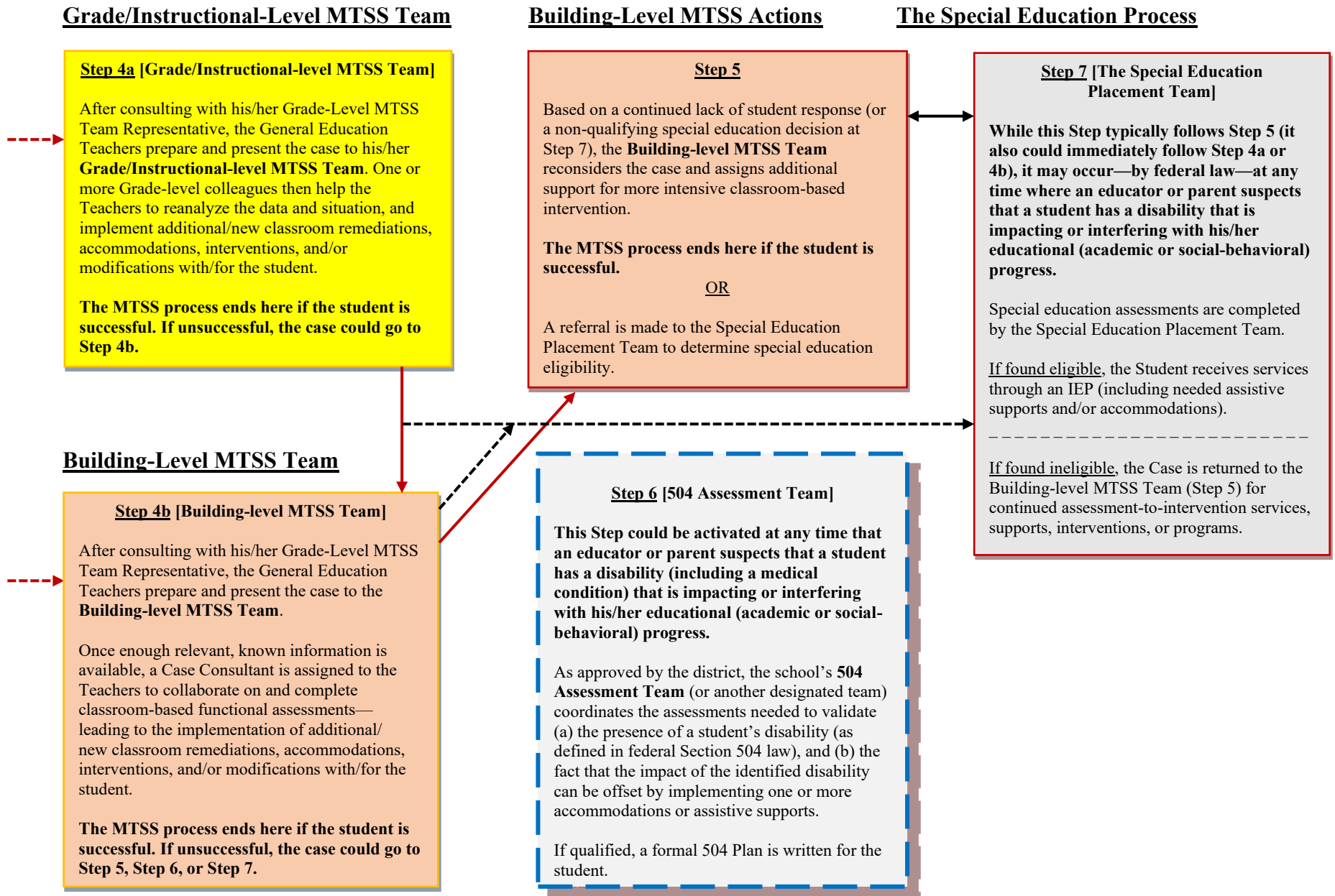


Figure 13. A Field-Tested and Validated MTSS Blueprint/Flowchart for a School -2



- 1b. Using data (e.g., attendance, disciplinary referrals, academic test results or grades) that are collected at specific times during an academic quarter (e.g., weekly, monthly, at mid-quarter), and that are formally reviewed at the end of each marking period at a Quarterly Student Achievement Review (Q-STAR)* meeting.
- 1c. Using data from Interim Academic Assessments (that occur, for example, three times per year) that track students' progress as compared with state standards or benchmarks, and that identify specific students as potentially at-risk or as experiencing significant challenges.

Figure 14 identifies the typical formative and summative student assessment data available in most schools, as well as the professionals who typically collect these data as part of their roles in the school. The information in this Flowchart should be individualized to each school and/or district so that, for example, the specific formative and summative assessments used are identified.

* Q-STAR Meetings. Quarterly Student Achievement Review (Q-STAR) meetings typically are held during the week before or after teachers have filed their quarterly report card grades for all of their students. The purpose of the meeting is to review the progress of all students in the school in a number of areas: attendance, classroom/curriculum-based assessments, grades, interim/formative assessments, summative assessments, school-related medical and home/family status, etc.

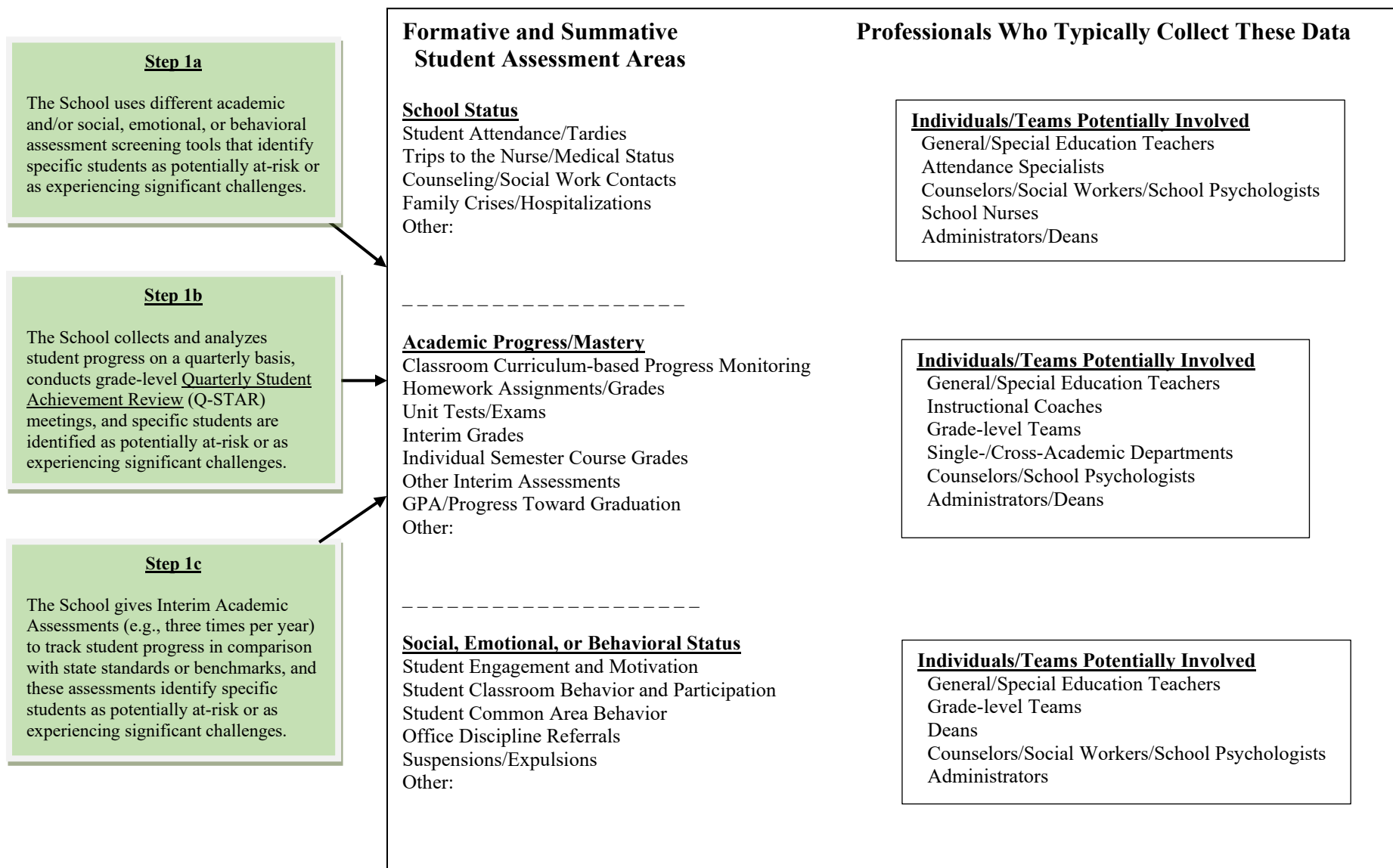
The Q-STAR process, and its complementary “Get-Go” process, are systematically-planned meetings where the progress of all students in a school are reviewed either quarterly (through Q-STAR meetings) or at the end of the school year (through Get-Go meetings). These processes have been used in hundreds of schools across the country. They are critical as part of an early warning, progress monitoring, and formative assessment process (Q-STAR), and as a summative assessment and student transition process (Get-Go) that includes the sharing of student progress and MTSS service and support needs from one school year to the next.

Separate Q-STAR and Get-Go implementation manuals, respectively, are available at www.projectachieve.info/store under the “Publications to Help You Succeed” tab.

DECISION POINT: Based on the information and data collected at Steps 1, 1a, 1b, and/or 1c, a student's general education teachers (or other educators or administrators involved in any of these steps—and/or the student's parent/guardian) may conclude that the student is not responding to effective, differentiated instruction or classroom/behavior management strategies, and proceed to Step 2—the completion of the “First Things First” activities.

Figure 14. Typical Formative and Summative Student Assessment Data

General Education Classroom Level



Step 2. Collecting Historical Information, Determining the Student’s Current Skill Levels, and Problem Identification: Completing the “First Things First.”

Based on the information and data collected at Steps 1, 1a, 1b, and/or 1c, a determination is made that a student (a) is not making sufficient academic or behavioral progress; and/or (b) is not responding to effective, differentiated instruction and classroom/behavior management, or relevant intervention strategies.

While this decision is most often made by the student’s general education teacher(s), other educators, administrators, or the student’s parents/guardians could be involved. Regardless of who makes this data-based decision, the MTSS process next proceeds to Step 2. Here, the teacher (and, at least, the Building-level MTSS Member assigned to his/her grade level) begins the problem-solving process by focusing on the Problem Identification steps and, especially, on the completion of what we call the “First Things First” activities (see below).

Critically, it is assumed that—before this more formal information-gathering Step 2—a student’s general education teacher(s) has/(have) communicated (as many times as needed) with the student’s parents/guardians during Step 1, and during Steps 1a, 1b, and 1c (as needed). Clearly, all educators have a responsibility to keep their students’ parents/guardians aware and updated when they have specific student-specific academic or behavioral concerns.

[NOTE: Parent/guardian conferences and other information-gathering or sharing activities may occur (a) at the school, (b) during a home visit, (c) through a telephone conference call, or—given our advances in technology— (d) using video-conferencing technology (e.g., Facetime, Skype, Google Hangouts, or other platforms)].

It is also assumed that—prior to Step 2—students’ vision and hearing are routinely checked by a school nurse—with clinical follow-ups as dictated by the screening results.

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Problem Solving and the Instructional Environment

As the MTSS process proceeds to Step 2, the data-collection and problem-solving process centers on collecting Problem Identification and initial Problem Analysis information in the three components of the student’s past or present Instructional Classroom Environments (see Figure 11, and the earlier discussion above).

Below are some prototypical Problem Identification Questions to be answered—as much as is possible during Step 2 (see Table 1), along with a series of Problem Analysis Questions (see Table 2) that may be answered by the data collected during the First Things First process. Some of these questions may be answered by information collected during Steps 1, 1a, 1b, and/or 1c.

Answers to the Problem Analysis Questions can be recorded at the end of the Cumulative Record Review Form (see below, and in Appendix A/Form I) which extends the analysis beyond the Instructional Environment to include Classroom/Peer, School/District, and Home/Community considerations.

Table 1. Problem Identification Questions to Answer during the Initial Problem-Solving Process

1. What are the most significant presenting student problems; where, when, with whom, and under what circumstances are they occurring; and what current actions are helping to prevent these problems from occurring or to moderate or resolve these problems when they do occur?

What, if anything, seems to “trigger” or initiate the presenting problem(s)?

2. How significant are these problems when compared with other students, and in how many classrooms or settings are they occurring? That is, are the problems occurring only during one classroom period (or in one academic area or time of the day), during half of the school day, or during virtually the entire school day?

3. How long have these problems (or their precursors) been present this year, and relative to the student’s entire school career? That is, has the student experienced or exhibited the problem(s) in past years, or does this appear to be a “new” issue that has never been reported or observed?

4. Are there any curricular and/or teacher/instructional factors (past or present) that seem to be triggering or contributing to the presence of the student problem, or does the problem appear to be student-specific?

5. What, if any, **remedial and/or intervention approaches** have been tried so far? How long were they in place? Were they implemented consistently and as designed? What data were collected to determine the effectiveness of the approaches? And, to what degree were the approaches successful?

6. Similar to #5 above, were any **formal or informal instructional accommodations** provided to the student in an attempt to prevent or respond to the problem? What were they? How long were they in place? Were they implemented consistently and as designed? What data were collected to determine the effectiveness of the approaches? And, to what degree were the approaches successful?

7. Similar to #5 above, were any **formal or informal curricular modifications** provided to the student in an attempt to prevent or respond to the problem? What were they? How long were they in place? Were they implemented consistently and as designed? What data were collected to determine the effectiveness of the approaches? And, to what degree were the approaches successful?

Table 2. Problem Analysis Questions to Answer during the Problem-Solving Process

The questions below are a guide toward determining the root causes of a student's academic or social, emotional, or behavioral challenges. They are organized according to the three components within the Instructional Environment, and are meant to cover both present and past Instructional Environments experienced by the student. These questions are simply a guide within the Problem Analysis process—they are not exhaustive.

Student Characteristics/Conditions

These involve characteristics and conditions that relate primarily to a student's cognitive and academic ability, attitudes toward schooling, and readiness for academic and social learning. These characteristics directly relate to those academic behaviors that support learning progress and achievement. These characteristics and conditions also involve those behaviors that students exhibit that directly support their academic and social learning and progress such as self-competence skills, social skills, and the student's effective use of the teacher and teacher time.

When students are referred for academic difficulties, some relevant questions in this area include:

1. Does the student have the prerequisite skills for the required/desired tasks?
2. Does the student have the prior learning strategies to facilitate the advanced learning desired?
3. Does the student have the self-competency, cognitive/metacognitive, motivational, social/interactive, and other learning-supporting skills needed to be successfully involved in the desired task?
4. Does the student have and/or use the appropriate learning styles and approaches needed to successfully complete the desired tasks at-hand?

When students have behavioral difficulties, some relevant questions in this area include:

1. To what extent can the referral source (e.g., the teacher) describe the referral concern (and other student liabilities) in behavioral terms, or are they only able to provide vague descriptions of concerns (e.g., "the child has a reading problem")?
2. What occurs before, during, and after the behavior of concern?
3. What are the referred student's strengths across those domains relevant to the referral problem(s), across those domains that might be used in an intervention program for the referral problem, and across other domains that don't necessarily relate to the referral problem?

Table 2 (Continued)

4. Where does the problem occur least often? Is the problem occurring more or less often than (a) last week, (b) last month, (c) the beginning of the year, (d) or at the onset of the problem? When did the problem behavior first occur? What is the teacher's preferred approach in solving the problem?
5. What is the function (if there is one) of the behavior for the student? for other students? for the teacher? What is the teacher's style, skill, and investment in dealing with the problem?
6. Is the problem a skill, performance, or self-management deficit for the referred student? Is the problem a skill, performance, or self-management deficit for the teacher?
7. How often can the behavior occur and still be tolerable for the teacher? How do other students in the setting behave such that their behavior is acceptable/tolerable? If the student were unable to engage in the problem behavior, what other problem behaviors might occur as substitutes?
8. What interventions have been tried before? What were the goals and characteristics of these interventions, how were they implemented, and what were the outcomes for the student and for the teacher, parents, and significant others?
9. What would motivate the teacher to work on this problem in the classroom setting? How would solving the problem behavior make the teacher's day easier? What is the teacher's commitment to work on the problem?

Teacher Characteristics/Performance/Effectiveness Conditions

These involve characteristics and conditions that teachers bring to the classroom that ultimately translate into the effective instructional skills and behaviors that maximize student learning. Also involved here are those school and schooling skills, activities, and interactions that teachers perform that make their use of different curricula and instructional approaches effective and impactful.

Questions related to a teacher's instructional approach or other related instructional factors, when students are not learning or making sufficient progress in a classroom and/or when they are referred for academic difficulties, include:

1. Does the instructional environment support the learning/educational process?
2. Is the teacher being effective with the referred student?

Table 2 (Continued)

3. Is the teacher adapting the curriculum such that there is an appropriate student-curriculum match?
4. Is instruction programmed for student success?
5. When special academic interventions are necessary, does the teacher have the appropriate knowledge, skill, confidence, objectivity, and/or interactional skills needed to maximize success?
6. When special academic interventions are necessary, are there appropriate resources, support materials, and staff available to the teacher to maximize success?
7. When special academic interventions are necessary, is a problem-solving process used that links assessment directly to intervention?
8. When special academic interventions are necessary, are the interventions acceptable to the teacher, socially valid, and effectively implemented?

Curricular Characteristics/Conditions

These involve characteristics and/or conditions of the academic curricula being used (or that were previously used) in a classroom, and include a curriculum's content and materials as well as the processes that are used to ensure student learning and mastery.

Relevant questions when considering the curriculum within the context of students who are referred for academic difficulties include:

1. Does the curriculum specify the particular objectives that the student is expected to master for each instructional unit?
2. Does the curriculum specify the particular skills that the student must possess as a prerequisite to success to meet the instructional objectives for each unit?
3. Does the curriculum task analyze specific skills, when appropriate, such that sequential and mastery-oriented learning results for all students?
4. Does the curriculum provide a range of levels to accommodate the different cognitive and language levels that might exist within an integrated classroom?

Table 2 (Continued)

5. Does the curriculum introduce new skills such that students have a high probability of success and provide sufficient positive practice opportunities for students to practice to mastery?
6. Does the curriculum have built-in opportunities for students to transfer new training to new academic situations, applications, and contexts?
7. Does the curriculum have horizontal skill books and other materials available for students who need extra instruction and/or practice to attain mastery?
8. Does the curriculum follow research-based methods of instruction relative to student mastery and other relevant outcomes?



The “First Things First” Activities

The “First Things First” are the activities that all teachers, and their colleagues, should do when they have concerns about a student’s academic or social, emotional, or behavioral status or progress that a “more formal” MTSS investigation or analysis is needed. Contrary to past response-to-intervention frameworks, educators should not wait until “Tier III” consideration to complete these activities.

Indeed, just like a medical doctor reviews an individual’s family and health history, background and response to previous medications, and previous services and intervention when beginning to treat a new patient or medical condition, so too, should educators do the same thing as embodied by the activities below.

The First Things First activities are completed during Step 2 by the classroom teacher(s), supported by the Building-level MTSS Consultant assigned to the teachers’ grade or instructional level, and other relevant school professionals.

The First Things First activities include the following:

- Complete a Cumulative Record Review on the student (see Appendix A/Form I). This involves information on the schools attended by the student and his/her yearly attendance; student grades and test scores; services, supports, and previous interventions; medical, health, and family history; social, emotional, behavioral, and school discipline history; and other important factors related to the student’s school functioning.
- Determine (with other teachers, consultants, or school personnel, as needed) the current, functional academic and behavioral status of the student. This involves identifying the academic and behavioral skills that the student has mastered (regardless of the “grade level placement or designation” of those skills), the current instructional level of the student, and the student’s “frustration” level—that level where material is currently too difficult for the student.
- Interview the parents/guardians, last year’s teachers or teaching team, previous years’ teachers or support personnel, and anyone else of relevance to discuss the student’s strengths, weaknesses, development, and progress—especially as it relates to the areas of concern. All parent contacts should be documented on a Parent Communication/Contact Log (see Appendix A/Form II).
- Determine the need for social, developmental, or medical assessments of the student—decisions that may involve other school personnel (e.g., the school nurse, counselor, school social worker or psychologist). Such assessments may include: (a) a formal Social-Developmental History or Assessment, and/or (b) Health Screenings, Medical Check-ups, or other Diagnostic Assessments.

In this latter area, it is important to identify (or discount) the impact of any student-specific medical, physiological, neurological, biochemical, or other issues that exist and may be affecting students' academic or behavioral status or progress.

- Interview the student to determine his/her perspective of his/her academic, behavioral, and other strengths, weaknesses, challenges, and/or concerns.
- Have a skilled colleague come into the classroom to complete systematic observations of the student relative to their academic and/or behavioral engagement, interactions, and reactions/responses to different circumstances.

These Activities are summarized both in Figure 15 below, as well as in Step 2 of Figure 13 above (which is also reproduced below). If desired, Table 3 below can be used to track the assignment and completion of these First Things First activities.

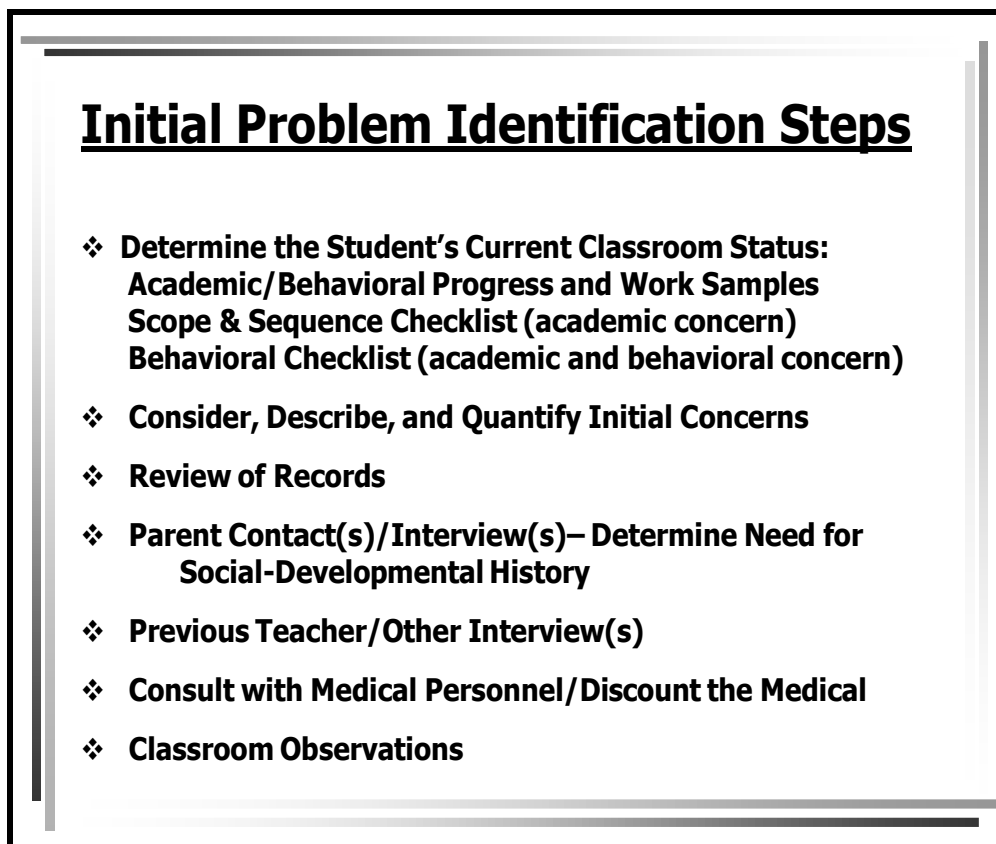


Figure 15.

Table 3: First Things First Completion Checklist		
Activity	Person(s) Responsible	Date of Assignment/ Date of Completion
<u>Activity 1.</u> Completion of student Cumulative Record Review		
<u>Activity 2.</u> Determination of student's current functional academic/social, emotional, behavioral status		
<u>Activity 3.</u> Parent/Guardian Interview		
<u>Activity 4.</u> Completion of student medical review		
<u>Activity 5.</u> Student Interview		
<u>Activity 6.</u> Classroom observations		

As a result of the information collected, the classroom teachers decide if they can independently complete the functional assessment problem-solving process to determine why the student is exhibiting the identified concerns (using the forms in Appendix III as a guide). At this point, the teachers move ahead with an instructional adaptation (Step 3a), or decide that more assistance is needed to complete either the functional assessment and/or intervention process. Depending on the teachers' assessments of the assistance needed, they may move to Step 3b, 4a, or 4b. The latter two steps are completed with the assistance of the Grade-level MTSS Team Representative.

DECISION POINT: Based on the results of Step 2, a decision is made to proceed to Step 3a, Step 3b, Step 4a, or Step 4b. In most cases, the teachers should proceed to Step 3a below.

Step 3a. Remediation, Intervention, Informal Accommodations, and/or Informal Modifications. For those students who are not mastering curricular or behavioral skills or material, the General Education Teachers can use the data and information from Step 2 and provide, as indicated, one or more of the classroom-based adaptations below:

- Adapted Instruction and/or Remediations of specific prerequisite or primary academic or social, emotional, or behavioral skills that the student has not mastered or is having difficulty learning, transferring, or applying;
- Interventions to teach a new skill, build fluency or automaticity in a skill, or facilitate the transfer of existing skills to a new application or situation;
- Informal Accommodations that change specific learning conditions for the student—for example, changes in (a) the instructional environment or where the student is seated, (b) how instruction is presented—including the use of technological supports or adapted materials, (c) ways that the student is required to answer questions or respond to classroom instruction or assignments, (d) the timing or scheduling of instruction or assignments; or
- Informal Modifications of the curricula, instructional material, or related teaching approaches that adapt but do not reduce learning expectations.

These academic or behavioral adaptations are largely planned, implemented, and evaluated by the classroom teachers with or without informal consultation (e.g., a grade-level colleague or school-level consultant). Once again, the need for one or more of these adaptations should be validated through a data-based decision-making process. Within this context, the teachers need to collect and document the diagnostic data that prompts the need for any adaptations, and that evaluates their results or outcomes after implementation (see/use Appendix B/Form IV).

DECISION POINT: If the student still is not responding, academically or behaviorally, a decision is made to proceed to Step 3b, Step 4a, or Step 4b. At this point, the General Education Teachers should consult with the Grade-level MTSS Representative to make a collaborative decisions as to where to proceed.

Step 3b. Consultation and Classroom-based or Classroom-focused Instruction or Intervention Services, Supports, Strategies, or Programs. With the information and data from Step 2, the General Education Teachers may consult and/or work with other colleagues who are already providing services in the classroom(s) to students. This may involve:

- For Academic Concerns: Teacher colleagues, Instructional Coaches or Facilitators, Academic Intervention Specialists, Special Education Teachers

- For Behavioral Concerns: Teacher colleagues, Counselors, Social Workers, School Psychologists, Behavioral Intervention Specialists, Special Education Teachers

The consultations largely focus on completing (additional) assessments to help the classroom teachers (a) better understand the underlying reasons for the student's academic struggles and/or social, emotional, or behavioral challenges; so that (b) adapted instruction, remediation, accommodation, intervention, and/or modification strategies can be implemented, monitored, and evaluated.

Using the data-based, functional assessment problem-solving process, this process typically includes:

- Re-analyzing the conditions, circumstances, or problems that may be impacting the specific student;
- Identifying and validating the reason(s) for the student's difficulties; and
- Planning, implementing, and evaluating the interventions needed by the student (as determined by the functional assessment process).

These activities involve collegial consultation, and the student's parents or guardians are re-appraised of the situation, the student's lack of response to previous classroom adaptations, and to the classroom teachers' ongoing efforts. The teachers need to collect and document all outcome data that occur as a result of these interventions (see/use Appendix B/Form IV).

If the assessments completed above indicate a problem of such immediacy or complexity, the teachers and consultant should proceed directly to either Step 4a or Step 4b.

DECISION POINT: If the student still is not responding, academically or behaviorally, after the consultation(s), a decision is made to proceed to Step 4a or Step 4b. Once again, the General Education Teachers should consult with the Grade-level MTSS Representative to make a collaborative decisions at to where to proceed.

Step 4a. Grade/Instructional-Level MTSS Team Meeting. With all of the information, documentation, and data collected thus far, the General Education Teachers get on their Grade/Instructional-Level MTSS team's meeting agenda, update the Record Review information and form, and prepare and present the student case (see the section below on the MTSS Case Review Meeting).

After presenting the case and fielding clarifying questions, one or more colleagues on the Grade/Instructional-Level team agree to provide additional classroom- and student-centered consultation to help the classroom teachers (a) better understand the underlying reasons for the student's academic struggles and/or social, emotional, or behavioral challenges; so that (b) adapted instruction, remediation, accommodation, intervention, and/or modification strategies can be implemented, monitored, and evaluated. Using the data-based, functional assessment problem-solving process, this process typically includes:

- Re-analyzing the conditions, circumstances, or problems that may be impacting the specific student;
- Identifying and validating the reason(s) for the student's difficulties; and
- Planning, implementing, and evaluating the interventions needed by the student (as determined by the functional assessment process).

While this collegial consultation may occur during the MTSS meeting itself, it more typically occurs at some point after the meeting has concluded.

The biggest difference between Step 3b and 4a is that (a) the Step 4a MTSS meeting involves all of the teachers at a specific grade-level—including the Grade-level MTSS Representative; (b) the case presentation and deliberations at the meeting are more formal and documented—as are the subsequent interventions; and (c) the case has now moved to a higher level of status within the MTSS tiered continuum.

Once again, these activities here involve collegial consultation, and the student's parents or guardians are re-appraised of the situation, the student's lack of response to previous classroom adaptations, and to the classroom teachers' ongoing efforts. As noted above, the teachers need to collect and document all outcome data that occur as a result of these interventions (see/use Appendix B/Form V).

DECISION POINT: If the student still is not responding, academically or behaviorally, a decision is made to proceed to Step 4b or return to the Grade/Instructional-Level MTSS Team for further consultation. **In most cases,** the case should proceed to Step 4b below.

REMINDER--GRADE RETENTION: If a student may be retained due to insufficient grades or credits, this process (depending on Board policy) may begin as early as December as teachers and/or counselors advise the Building Principal and, perhaps, the Chair of the Building-level MTSS team about that possibility.

Consideration of the use of a Credit Recovery Program is appropriate at this stage.

Step 4b. Building-Level MTSS Team Meeting. With all of the information, documentation, and data collected thus far, the General Education Teachers gets on their Building-level MTSS team's meeting agenda, updates his/her Record Review information and form, and prepares and presents the student case (see the section below on the MTSS Case Review Meeting).

When this MTSS Team determines that there is enough "Relevant/Known" information (again, see the MTSS Case Review Meeting section below), the classroom teachers are formally assigned an MTSS Consultant who will work with the teachers in their classrooms to complete the formal data-based, functional assessment problem-solving process.

The goal of the consultation is to help the classroom teachers (a) better understand the underlying reasons for the student's academic struggles and/or social, emotional, or behavioral challenges; so that (b) adapted instruction, remediation, accommodation, modification, or (especially) strategic or intensive interventions strategies can be implemented, monitored, and evaluated. Using the data-based, functional assessment problem-solving process, this process typically includes:

- Comprehensively analyzing the conditions, circumstances, or problems that may be impacting the specific student;
- Identifying and validating the reason(s) for the student's difficulties; and
- Planning, implementing, and evaluating the interventions needed by the student (as determined by the functional assessment process).

This is a multi-disciplinary "expert-driven" consultation process that occurs after the Case Review Meeting in the setting(s) where the student challenges are most present. Step 4b differs from Step 4a in that more multi-disciplinary experts are available to be the MTSS Consultant. The MTSS Consultant does not need to be a member of the MTSS Building-level Team. The best Consultant in or available to the school may assume this role. Depending on the Consultant's expertise and/or how the case proceeds through the problem-solving process, there

may be an MTSS Consultant who helps complete the functional assessment/problem identification and analysis phases of the process, and a different MTSS Consultant who helps to identify and implement the strategic or intensive services, supports, interventions, or programs needed.

When the services, supports, interventions, and/or programs are identified, the classroom teachers and MTSS Consultant must complete the Building-level Intervention Plan (see Appendix B/Form VI) prior to implementing the intervention(s). All outcome data resulting from all phases of intervention are collected, documented, and entered into the Building-level Intervention Plan.

DECISION POINT: If progress or success does not occur at this strategic or intensive service, support, intervention, or program level, the teacher and MTSS Consultant may meet again with the Building-level MTSS team.

At this point, a decision is made to proceed to Step 5, 6, or Step 7.

Step 5. Returning to a Building-Level MTSS Team Meeting. If progress or success does not occur at the strategic instruction or intervention level, the classroom teachers and MTSS Consultant should return to meet again with the Building-level MTSS team.

At this point, the case is reconsidered, along with all of the intervention-related information and data collected thus far. Based on the case review, the Building-level MTSS team may assign additional consultants and/or resources to continue the assessment and intervention process at a more intensive level. Or, if appropriate, the MTSS team may decide to move the case to Step 6 or Step 7.

DECISION POINT: If progress or success does not occur at this (continued) strategic or intensive service, support, intervention, or program level, the Building-level MTSS team may decide to proceed to either Step 6 or Step 7.

Step 6. Assessing for the Eligibility of and Developing a 504 Accommodation Plan. A request for a 504 assessment goes to the District or a school’s 504 Assessment Team which often includes some members of the Building-level MTSS Team—so that critical information and discussions about a student are not “lost” in between two teams that do not have some shared members. Technically, this request can occur any time an educator or parent/guardian suspects that a student has a disability (including a medical condition) that is impacting or interfering with his/her educational (academic or social-behavioral) progress.

Most typically, however, such a referral occurs after Step 2, Step 4b, or Step 5 of the MTSS process. If information or data collected during Step 2 suggests that a 504 Assessment is indicated, the General Education teachers must consult with the Grade-level MTSS Representative, the case must be brought to the Building-level MTSS Team for a Step 4b presentation, and the Building-level MTSS Team must approve the referral to the 504 Assessment Team.

Following federal law, the 504 Assessment Team (or another designated team) coordinates the assessments needed to validate (a) the presence of a student’s disability, and (b) the fact that the impact of the identified disability can be offset by implementing one or more accommodations or assistive supports. The student’s parents/guardians must pre-approve the 504 assessments, and a formal 504 Assessment Team meeting—that includes the parents/guardians—must be held to hear the results of the assessment process, and to determine the student’s eligibility for a 504 Plan.

If qualified, a formal 504 Plan is written for the student. The 504 Plan may include any needed assistive supports as accommodations.

Step 7 [The Special Education Process]. Referral for Assessments to Determine Special Education Eligibility. A request for assessments to determine the eligibility of a student for special education services goes to the District or a school’s Special Education Placement Team. Like the 504 Assessment Team, the Special Education Placement Team often includes some members of the Building-level MTSS Team so that, once again, critical information and discussions about a student are not lost. Technically, the request for a special education eligibility assessment can occur any time an educator or parent/guardian suspects that a student has a disability that (a) is impacting or interfering with his/her educational (academic or social-behavioral) progress, and (b) cannot be addressed through 504 accommodations.

Most typically, a referral for special education eligibility assessment occurs after Step 2, Step 4b, or Step 5 of the MTSS process. If information or data collected during Step 2 suggests that an eligibility assessment is indicated, the General Education teachers must consult with the Grade-level MTSS Representative, the case must be brought to the Building-level MTSS Team for a Step 4b presentation, and the Building-level MTSS Team must approve the referral to the Special Education Placement Team.

Following federal and (as related) state law, the Special Education Placement Team coordinates the assessments needed to validate (a) the presence of a student’s disability, and (b) the fact that the identified disability, once again, is affecting the student’s educational progress. The student’s parents/guardians must pre-approve the eligibility assessments, and a formal Special Education Placement Team meeting—that includes the parents/ guardians—must be held to hear the results of the assessment process, and to determine the student’s eligibility for special education services as a student with one or more (out of 13) specific disabilities.

If a student qualifies for special education services, an IEP is written and approved. The IEP includes any needed assistive supports or other accommodations as needed. A separate 504 Plan is not needed.

If the student is found ineligible for special education services, the case is returned to Step 5 of the MTSS process—with an assumption that the student still needs some level of services, supports, strategies, and/or programs.

DECISION POINT: If the student is found ineligible for special education services, the case is returned to the Building-level MTSS Team (Step 5) for continued assessment-to-intervention services, supports, strategies, and/or programs.

Success and Termination. The MTSS’s data-based, functional assessment problem-solving process is formally discontinued when adapted instruction, remediation, accommodations, modifications, interventions, and/or other services, supports, or programs are successful.

When success occurs at any step other than Step 4b or Step 5, the process is simply discontinued. When the MTSS Building-level Team is involved (Steps 4b or 5), and success has occurred, the MTSS Team should review the results, debrief the entire case, and officially terminate the case--discontinuing and concluding their involvement. The MTSS Building-level Team’s Case Termination can be documented using Appendix B/Form VII.

The MTSS Case Review Meeting

In Steps 4a or 4b of the MTSS process above, the classroom teachers go to a Grade/ Instructional- or Building-level MTSS team meeting, respectively, to present and discuss their student-specific information, data, and concerns. This section will briefly outline the different phases or parts of the meeting, focusing primarily on the Building-level MTSS team meeting.

Goals for the Meeting

While the long-term goal of the MTSS's problem solving process is to develop and implement successful student and classroom interventions, the goals of the Building-level MTSS Case Review Meeting include the following:

Goal 1. To share, with meeting participants, the historical information, existing data, and current status of the student of concern (i.e., the Current Student Status Profile). This is done at the beginning of the first Building-level MTSS team meeting by the classroom teachers, who present the information summarized on the Record Review Form.

Goal 2. To obtain additional, relevant information, from participants at the meeting, beyond that already collected during the Review of Existing Data and Records step, and to integrate and apply all of the data to the next steps of the MTSS process.

Goal 3. To use all the data collected, to clarify the initial classroom concerns resulting in a functionally descriptive, operational definition of the academic and/or overt behavior(s) of concern.

Goal 4. To determine if the student, during the current and past years, has received appropriate levels of effective instruction, and if any attendance, health, or mobility circumstances or conditions have affected his or her progress in the area of concern.

Goal 5. To determine what remediation, interventions, accommodations and/or modifications have already been attempted and to evaluate the treatment integrity and impact of those approaches.

Goal 6. To contribute to the (a) identification of student strengths and weaknesses, (b) determination of academic or behavioral gaps, and (c) initial functional assessment of the student concerns, including (d) the beginning generation of hypotheses to determine why they exist.

Goal 7. To determine if there is sufficient (Relevant/Known) information to proceed.

If there still are too many Relevant/Unknown questions and answers, the MTSS team suspends the case review, decides who will collect what information, and determines when the team will reconvene to hear and consider the new data.

Goal 8. If there is sufficient information, the MTSS team decides who is the best intervention-oriented consultant, in or available to the school, to work directly with the teachers to complete a comprehensive functional assessment, and to help design, implement, and evaluate strategic interventions.

Steps during the Meeting

When well-organized and prepared, cases presented to the Building-level MTSS Team during the New Case Review part of the meeting typically are discussed for thirty (30) to forty-five (45) minutes or less. Below are the steps in a single New Case Review (see also Figures 16 and 17):

Step 1. The classroom teachers bring the student of concern to the table, “presents” the case by reading through or highlighting the information, sequentially, on the Cumulative Folder/ Record Review form. This presentation includes the teachers’ descriptions of classroom interventions that have been tried, along with their data and results. All of this typically takes approximately 8 to 12 minutes, and should be done without interruption.

Step 2. Anyone with direct experience, interactions, or information regarding the student or case shares it as succinctly as possible. This typically takes approximately 5 minutes.

Step 3. The MTSS team clarifies and/or defines the problem and begins to identify existing skills gaps and replacement behaviors. This is typically done by the individual(s) on the MTSS Team who have the most expertise in the area(s) of concern, although anyone on the team can participate. This part of the meeting typically involves a series of “Questions and Answers” between members of the team and the classroom teachers (and others who have interacted in the classroom with the student and/or teachers).

Step 4. As questions from the MTSS team are being answered, the meeting Recorder is documenting the “Relevant, Known,” “Relevant, Unknown,” and “Irrelevant” information that has been generated.

Ultimately, Steps 3 and 4 typically take approximately 10 minutes.

Step 5. If most of the MTSS Team questions have been satisfactorily answered and a satisfactory level of relevant information is known, the team selects the best “Case Consultant,” in or available to the school, to work with the classroom teachers. After the meeting has concluded, this individual will work with the classroom teachers, in the settings wherein the student problem exists, to facilitate the more formal and complete data-based, functional assessment, problem solving process.

If the MTSS Team feels that there are too many relevant questions or pieces of information that are unknown, they can suspend the review and discussion of the case, decide who will collect the missing or unknown information, and determine when to reconvene to hear and consider the new data/information.

Step 6. When the case has been assigned to an MTSS Case Consultant, the team decides when an update on the status/progress of the case will occur. Presented during the Consultant Case Review part of the MTSS Team meeting, an update of every case occurs at least once every six weeks, although the team can decide to receive an update more frequently. Thus, an update could occur after only one, two, three, four, or five weeks.

A Template for the MTSS Team Meeting

- The Requesting Classroom Teacher presents the case guided by the Cumulative Folder Review form.
(8 to 12 minutes without interruption)
- Other Team members share their information about the student/case.
- The Team clarifies and defines the problem, identifying skill gaps and replacement behaviors.

A Template for the MTSS Team Meeting

- “Relevant Known,” “Relevant Unknown,” and “Irrelevant” information is categorized.
 - When there are too many “Relevant Unknowns”– Assign individuals to gather the information; Schedule a time to reconvene the Team
 - When most information is “Relevant and Known”– Assign a MTSS Consultant to work with the Teacher on functional assessment/intervention activities
- Decide when the Team needs to review/receive updates on the case. (Between 2 to 6 weeks).

Figures 16 and 17.

Typically, a case involving extreme conditions or circumstances is reviewed within two weeks of its New Case Review meeting. A case where the team wants feedback on the results of the functional assessment and the recommended interventions often is reviewed within three to four weeks of its New Case Review meeting. Finally, a more “routine” case or a case that may require more time to complete the functional assessment is likely to be reviewed within five or six weeks of its New Case Review meeting.

Ultimately, as the last steps of a New Case Review, Steps 5 and 6 typically take approximately 10 minutes.

Summary: The MTSS Process – A Review of the Important Principles and Practices

This book (and final section) has outlined a model MTSS process that a school or district could use to guide its response to students demonstrating academic and/or social, emotional, or behavioral challenges. Embedded within this process have been a number of important MTSS principles and practices discussed earlier, but summarized below.

These principles and practices included the following:

- Students succeed academically and behaviorally because of the characteristics, actions, and activities within the Instructional Environment.
- All students receive scientifically- and/or research-based instruction to the greatest extent possible in general education settings using general education curricula.
- Instruction focuses on both academic achievement and mastery, and social, emotional, and behavioral self-management and competence. Instruction is differentiated to maximize students’ speed and degree of mastery.
- Student success is most facilitated within positive, safe, and supportive school settings and classroom environments.
- Students’ academic and behavioral progress is continually monitored in the classroom using authentic and other assessments to determine skill mastery, independence, and application.
- Assessments of student progress are reliable and valid, and they evaluate the functional and meaningful outcomes and proficiencies that relate to curricular, district, and state academic expectations.
- Teachers and others use classroom performance and progress monitoring data as the basis for all instructional decisions.

- When individual students are not making appropriate academic or behavioral progress, the presence of effective classroom instruction and classroom management is evaluated first before considering more intensive instruction or intervention.
- Teachers and others use a data-based functional assessment process when students are not responding to effective instruction or classroom management to determine whether (a) adapted classroom instruction (e.g., skill remediation, instructional accommodations and/or curricular modification), or (b) more targeted or specific classroom-based intervention is needed.
- When students do not respond to classroom-based instructional or intervention approaches, teachers and others use more intensive, multi-factored, multi-disciplinary data-based functional assessments to determine the need for more strategic or intensive services, supports, strategies, and/or programs. These assessments determine why the student challenge is occurring, and the outcomes are directly linked to the instruction or intervention needed.
- Collegial consultation is provided in the setting(s) where the situation or problem is occurring whenever possible.
- All instructional or intervention services are delivered, to the greatest degree possible, in general education settings or in the settings where the situations or problems are occurring in.
- Instruction/Intervention plans should be written prior to implementation, and they should include the methods and steps, resources and training, timelines and outcomes, and formative and summative evaluations needed for implementation integrity and success.
- Evaluations should be formative and summative and address both short- and long-term intervention goals and outcomes.

A Note on Appendix C: Common MTSS Process Questions and Answers

Appendix C summarizes some of the essential points discussed throughout this book in a “Question and Answer” format. This Appendix is often very useful when district and school leaders must answer critical questions from staff, parents, or others. This Appendix also might be used to begin or summarize the initial discussions when a district or school starts its MTSS re-design and/or implementation process.

Appendices/Forms

Appendix A:	An Overview of Project ACHIEVE and Its Seven Components of School Improvement and Success
Appendix B:	Form I: Record Review Form
	Form II: Parent Communication Log
	Form III: Checklist of Possible Hypotheses to Explain Student Difficulties
	Form IV: Classroom-Level Intervention Log
	Form V: Grade-Level MTSS Team Intervention Log
	Form VI: Building-Level MTSS Team Intervention Plan
	Form VII: Building-Level MTSS Team Case Termination Form
Appendix C:	Common MTSS Process Questions and Answers

Appendix A

An Overview of Project ACHIEVE and its Seven Components of School Improvement and Success

Project ACHIEVE is an innovative school reform and school improvement program that has been implemented in schools and school districts across the country since 1990. To date, one or more of its components have been presented to thousands of schools in every state in the country (and internationally)—with the schools ranging from urban to suburban to rural, and from the lowest performing to the highest performing schools in the nation. In 2000, Project ACHIEVE was designated an evidence-based model prevention and intervention program by the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Administration’s National Registry of Effective and Promising Practices (SAMHSA; NREPP). The program has also been listed as a “Promising Practice” by the Office of Juvenile Justice and Delinquency Prevention. And, the program has been identified as a “Key Select Program” by the Collaborative for Academic, Social and Emotional Learning (CASEL).

Project ACHIEVE’s ultimate goal is to help design and implement effective school and schooling processes to maximize the academic and social/emotional/behavioral progress and achievement of all students. Project ACHIEVE has also helped schools to implement effective and efficient problem-solving approaches, leading to successful multi-tiered strategic and intensive intervention processes for students with academic and behavioral difficulties. This is done by improving schools’ professional development and effective instruction interactions, while increasing the quality of parent (and community) outreach, involvement, and engagement.

In all, Project ACHIEVE helps schools, communities, and families to develop, strengthen, reinforce, and solidify children and adolescents’ resilience, protective, and effective independent learning and self-management skills such that they (a) learn and move toward academic proficiency; and (b) demonstrate interpersonal, prosocial problem-solving, conflict prevention and resolution, and emotional control and coping skills, while resisting unhealthy and maladaptive behavior patterns.

At its core, Project ACHIEVE uses a field-tested and user-friendly evidence-based blueprint that is based on research-proven and empirically-demonstrated effective practices that have been braided together into an implementation process that works. Using the blueprint, schools complete a needs assessment to determine their current needs, the current approaches they are using that are working, and the gaps that are preventing them from improving further. Project ACHIEVE then employs a whole school improvement process that has professional development and ongoing technical assistance and consultation as its foundation. The professional development process focuses on teaching staff (a) research-based information and effective instructional and educational practices that (b) translate into skills that are successfully implemented in school and classroom settings in a way where (c) staff confidence and autonomy develop over time.

Using its school effectiveness and professional development process, Project ACHIEVE places particular emphasis on increasing students' social and conflict resolution skills, improving student achievement and academic progress, facilitating positive school climates and safe school practices, increasing and sustaining effective school and schooling processes, and increasing community and parental involvement and support. Project ACHIEVE also teaches and reinforces critical instructional skills and intervention approaches that focus on helping staff to strategically plan for and address the immediate and long-term academic and behavioral needs of all students. Finally, Project ACHIEVE teaches staff to use formative and summative evaluations using “real-time” data to help determine whether district, school, and/or Project initiatives and strategies are improving student, staff, school, district, and home/community outcomes.

In summary, Project ACHIEVE is an innovative school reform and school effectiveness program targeting the academic and social development of all students. In doing this, Project ACHIEVE implements preventive programs that focus on the needs of all students. It also develops and implements multi-tiered strategic and intensive intervention programs (as needed) for at-risk, underachieving, resistant, unresponsive, disengaged, and unsuccessful students. Finally, it coordinates comprehensive “wrap-around” services, supports, programs, and interventions for students with intensive needs with school-based, school-linked, and/or community-based mental health service and other social service providers.

Over the past 35+ years, Project ACHIEVE has demonstrated its ability to positively impact schools and districts across the country—at the state, community, district, school, and student levels. Adapting its evidence-based blueprints to diverse settings, Project ACHIEVE also has been implemented in alternative schools, special education centers, psychiatric and juvenile justice facilities, Head Start and other preschool programs, and specialized charter schools.

Across all settings, Project ACHIEVE has truly lived its mission: “Building Strong Schools to Strengthen Student Outcomes.”

Project ACHIEVE’s Goals, Constructs, and Components

Goals

Project ACHIEVE is a component-driven school effectiveness and continuous school improvement program that uses an evidence-based whole-school design/school reform process with seven interdependent components that focuses on the following goals:

1. To create a school climate in which every teacher, staff member, and parent believes that everyone is responsible for every student in that building and community.
2. To ensure comprehensive, high quality educational services to all students in the school, and to intervene strategically with those students who are not performing at their expected levels, serving them, as much as possible, in regular classroom settings with equal access to all programs.

3. To improve the classroom and behavior management skills of school personnel and increase the prosocial and self-management skills of students such that safe and disciplined environments are created that increase students' academic engaged time and their positive interpersonal, problem-solving, and conflict resolution skills.

4. To enhance the problem-solving skills of teachers and other educators such that effective interventions for students experiencing or at-risk for academic and/or social-behavioral difficulties are developed and implemented.

5. To increase the social and academic progress of students by increasing the commitment and involvement of parents and community partners in the education of their children. This is accomplished, more specifically, through parents' direct involvement in the schoolwork and schooling of their children, and through their use of effective parenting and supervision skills; and through additional support and wrap-around services by community-based resources and other leaders.

6. To validate the various components, initiatives, and activities implemented during the school's comprehensive continuous improvement process, and to develop the school's capacity to independently maintain and expand these activities and outcomes as quickly as possible.

To accomplish these goals, it works with schools and school districts to:

- ❖ Maximize Students' Academic Achievement
- ❖ Create Safe School Environments and Positive School Climates
- ❖ Build Effective Teaching and Problem-Solving Teams that Speed Successful Interventions to Challenging Students
- ❖ Increase and Sustain Effective Classroom Instruction
- ❖ Increase and Sustain Strong Parent Involvement
- ❖ Develop and Implement Effective Strategic Plans
- ❖ Organize Building Committees and Student Learning Clusters
- ❖ Develop Effective Data Management Systems for Outcome Evaluations

Constructs and Components

The successful implementation of Project ACHIEVE involves seven interdependent components that are directly connected to the research and practice of continuous school improvement.

The Components of an Effective School. During the past 30 years, a number of evidence-based school effectiveness and continuous improvement models have been developed by numerous national thought leaders. Critically, these leaders' models share a number of key constructs that create a foundation for any school's continuous improvement efforts and processes.

These constructs involve a school-wide commitment to:

1. A culture of high and realistic expectations for all students that is supported by a shared mission, vision, values, and goals;
2. Data-driven decision-making that focuses on continuous improvement;
3. Validation, verification, evaluation, and accountability;
4. Articulated and differentiated academic and social, emotional, and behavioral (or health, mental health, and wellness) curricula;
5. Rigorous and relevant instruction delivered through a multi-tiered system of prevention, strategic intervention, and intensive services, supports, strategies, and programs;
6. Personalized learning, resulting in students who are college and career ready;
7. Professional learning communities where cross-disciplinary teaming focuses on effective instruction that results in student learning, mastery, proficiency, and the ability to solve real-world problems;
8. Partnerships that reach out to and actively engage families and community partners;
9. Positive and safe school climates that engage and connect students in sustained, meaningful relationships; and
10. A formal and informal system of shared, multi-leveled leadership.

Beyond these key constructs, these models also have a common core of effective school components. Relative to Project ACHIEVE, seven interdependent components form the foundation of its effective school and school improvement process (see Figure 2; Knoff & Batsche, 1995; Knoff, Finch, & Carlyon, 2004; www.projectachieve.info). Described below, these components are aligned to the constructs underlying an effective school.

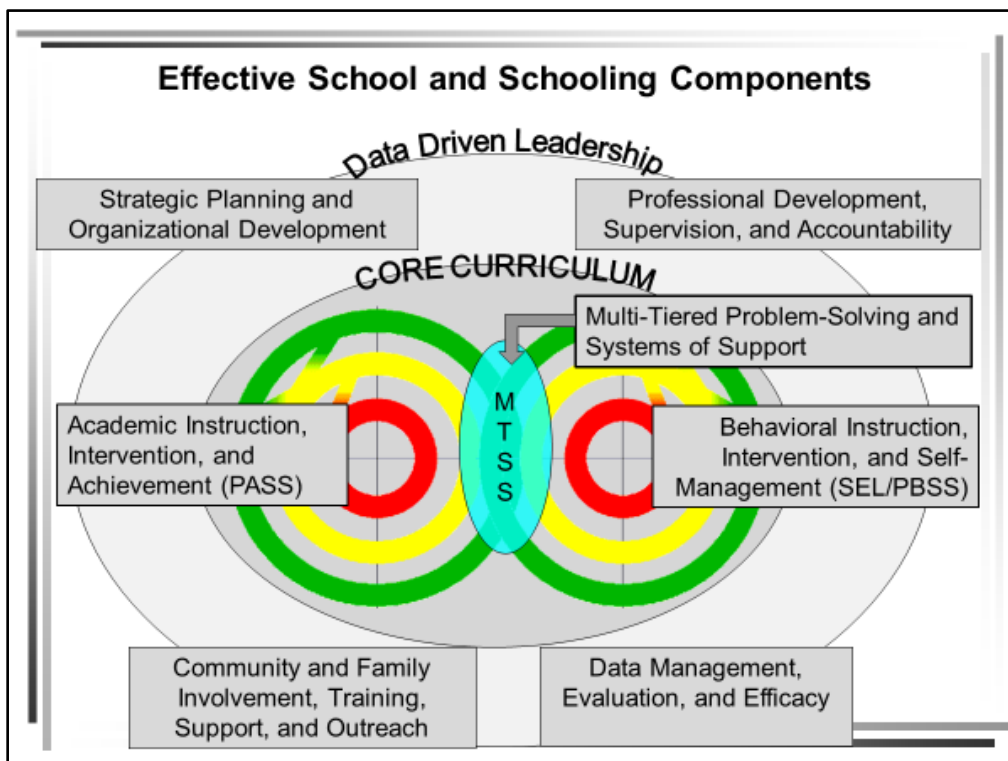


Figure 2.

Component 1. The Strategic Planning and Organizational Analysis and Development Component initially focuses on completing needs and gap assessments, and resource and option (SWOT) analyses regarding the organizational climate, administrative style, staff decision-making, and other school and schooling processes in and around a school. Activities then move into identifying and reinforcing, or establishing and implementing the organizational policies, procedures, and cyclical approaches that support the academic and social, emotional, behavioral success of all students. The ultimate “product” of this component are three- and one-year School Improvement/Action Plans that help schools build capacity and autonomy, identify and focus resources, facilitate stability and sustainability, and realize student, staff, and system success.

Component 2. The Multi-Tiered Problem-Solving and Systems of Support (MTSS) Component focuses on the consistent implementation of data-based, functional assessment, problem-solving approaches that all staff learn and use (a) when implementing effective academic and behavioral instruction in the classroom, and (b) when addressing students who either are not responding to this instruction or are exhibiting serious academic or behavioral concerns. For the latter students, a multi-tiered “Response-to-Instruction and -Intervention” (RtI²) process is used (Knoff, 2009a; Knoff & Dyer, 2010) that integrates problem-solving with consultation and intervention. Rejecting the more “traditional” RtI approach that advocates a universal intervention protocol, this RtI² process emphasizes the importance of linking the data-confirmed reasons why a student is not responding to effective instruction to strategic instructional or intervention approaches. These strategic approaches then are implemented by classroom teachers with consultative support (if needed) from other experts in the school. This RtI² process also recognizes that some students need adapted, differentiated, different, or more intensive instruction to address their needs, while other students need specific, focused, strategic or intensive interventions.

This component also extends problem-solving and consultation beyond the classroom level, to grade-level Multi-Tiered Systems of Support (MTSS) Teams (or instructional teams, at the secondary level) and building-level MTSS Teams, respectively. Project ACHIEVE utilizes grade-level MTSS Team meetings to encourage collaborative data-based problem-solving and collegial consultation among teachers at the same or adjacent grade levels. These meetings are especially effective when, for example, one teacher on a teaching team is not having success with a challenging student in a specific area, while another teacher on the same team knows exactly what to do—based on previous training or experience—and can provide consultation and support.

The building-level MTSS Team is staffed with the best academic and behavioral intervention specialists in or available to the school, resulting in more multidisciplinary problem-solving and consultation. This team is important because some students are so complex or present such unique or intense challenges that multi- or cross-disciplinary assessment processes and instructional or intervention perspectives are needed to best understand and then address their needs.

Finally, this effective school and schooling component organizes instructional and intervention services, supports, strategies, and programs along a primary (whole-school), secondary (strategic intervention), and tertiary (intensive need or crisis management) continuum to address the academic and behavioral needs of all students—including those who are at-risk, underachieving, unresponsive, or unsuccessful. Critically, the foundation to the entire MTSS process is an effective classroom taught by a highly qualified teacher who uses effective instruction and classroom management techniques. Beyond that, the tiers of the multi-tiered model reflect the intensity of the services and supports needed by students—not where specific interventions are delivered (e.g., inside or outside a general education classroom), or how many students (e.g., all, some, or few) are receiving them (Knoff, 2018).

Component 3. The Professional Development, Supervision, Coaching, and Accountability Component focuses on the evidence-based professional development, clinical supervision, and evaluation practices—at the system, school, staff, classroom, and student levels—that ensure that effective and differentiated instruction and effective and positive behavior management exists in every classroom for every student. This involves creating a culture, and planning and implementing the processes whereby everyone recognizes that professional development occurs, formally and informally, every day for every staff person.

With a goal of increasing staff knowledge, enhancing instructional and intervention skills, and reinforcing confidence and independence, the essential processes radiating from this Component are research and self-study, professional development and in-service instruction, clinical supervision and collegial consultation, and case study practice and application using peer mentoring and professional learning communities. Functionally, instructional and intervention knowledge is systematically linked to the staff members’ individual and collective skill, confidence, proficiency, and independence through (a) “master classes” with experts who demonstrate specific, targeted skills; (b) guided staff practice that includes planned applications, supervision, and informed feedback; and (c) the transfer of this training into more challenging settings and situations with additional supervision and evaluation.

As with the other effective school and schooling components, professional development activities extend beyond those establishing effective classroom practices, to those addressing the coordination and implementation of the tiered MTSS services, supports, strategies, and programs needed by students at more strategic or intensive levels.

Component 4. The Academic Instruction, Assessment, Intervention, and Achievement Component (Positive Academic Supports and Services—PASS) focuses on creating an effective “Instructional Environment” in every classroom within a school. The Instructional Environment consists of the interdependent interactions among Teacher-Instructional, Student, and Curricular processes in all classrooms. Expanding briefly, the Instructional Environment involves the integration of (a) the different academic curricula being taught in a classroom, as well as their connection to state standards and benchmarks, and district scope and sequence objectives (i.e., “What needs to be learned?”); (b) the teachers who are teaching these curricula, and how they organize and execute their classroom instruction (i.e., “Are appropriate instructional and

management strategies being used?”); and (c) the students who are engaged in learning, their ability and motivation to master the instructional material, and their response to effective instruction and sound curricula (i.e., “Is each student capable, prepared, motivated, and able to learn, and are they learning?”).

Critically, the data-based, functional assessment, problem-solving process and effective school and schooling practices, described earlier, work implicitly within this component. This occurs as the three facets of the Instructional Environment are analyzed proactively to determine how to design and implement the most effective instruction so that the highest numbers of students are academically successful. For those students who are unsuccessful, however, specific characteristics or processes within the three Instructional Environment components are analyzed to determine the reasons, individually or collectively, for their lack of success. Using the data-based, functional assessment, problem-solving process, for example, for a student with ongoing difficulties in third grade mathematics, a classroom teacher—independently or with the grade- or building-level MTSS Team, might:

- Analyze the design and organization of the curriculum, its scope and sequence, its materials, and its contribution to the student’s understanding, learning, and progress;
- Evaluate his or her lesson plans, instructional delivery and pace, sensitivity and differentiation with the student, and accuracy in evaluating the student’s understanding and mastery of material and skills over time; and
- Assess the student’s specific mastery of prerequisite skills, understanding of the instructional goals and directions, and progress when more concrete and sequential instruction, positive practice opportunities, or specific guidance and feedback are provided.

Once the reasons for a student’s lack of success are validated, the results are linked to needed instructional or intervention services, supports, strategies, and programs. Here is where Project ACHIEVE’s academic service-delivery blueprint, the Positive Academic Supports and Services (PASS) model, is used (see Figure 3).

The PASS blueprint involves a continuum of academically-focused instructional and intervention supports and services that are strategically implemented, across a multi-tiered system, at different levels of intensity. The foundation to the PASS blueprint is effective and differentiated classroom instruction where teachers use and continuously evaluate (or progress monitor) evidence-based curricular materials and approaches that are matched to students’ learning styles and needs. As noted above, after a reasonable period of instruction, practice, and support, if students still have not mastered academic materials that are presented in effective ways, the data-based, functional assessment, problem-solving process is used. Results then are linked to different instructional or intervention approaches that are organized along the PASS continuum as below.

The Positive Academic Supports and Services (PASS) Model: A Service Delivery Continuum

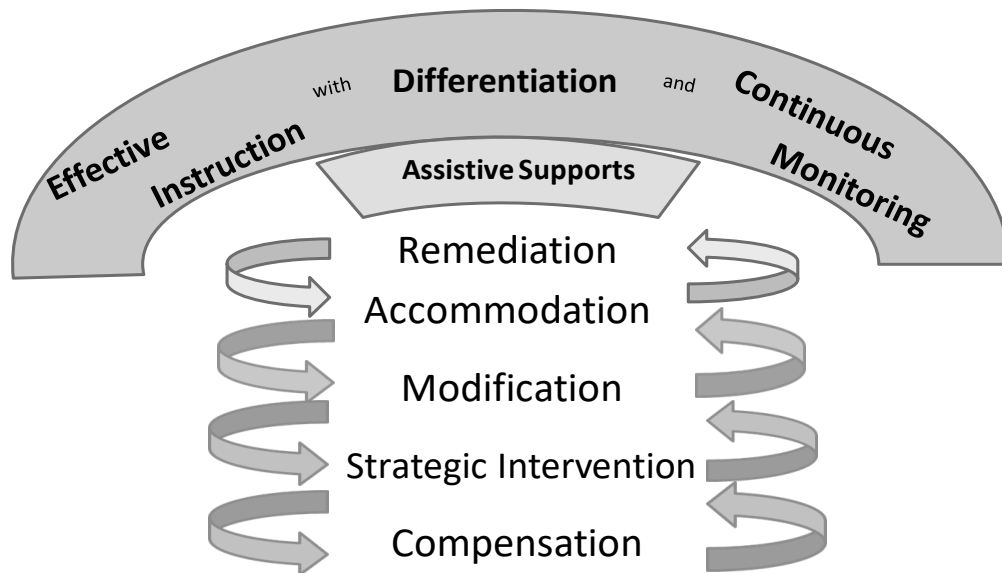


Figure 3.

- Assistive Supports involve specialized equipment, technologies, medical/physical devices, and other resources that help students, especially those with significant disabilities, to learn and function—for example, physically, behaviorally, academically, and in all areas of communication. Assistive supports can be used anywhere along the PASS continuum.
- Remediation involves strategies that teach students specific, usually prerequisite, skills to help them master broader curricular, scope and sequence, or benchmark objectives.
- Accommodations change conditions that support student learning—such as the classroom setting or set-up, how and where instruction is presented, the length of instruction, the length or timeframe for assignments, or how students are expected to respond to questions or complete assignments. Accommodations can range from the informal ones implemented by a classroom teacher, to the formal accommodations required by and specified on a 504 Plan (named for the federal statute that covers these services).
- Modifications involve changes in curricular content—its scope, depth, breadth, or complexity.

Remediations, accommodations, and modifications typically are implemented in general education classrooms by general education teachers, although they may involve consultations with other colleagues or specialists to facilitate effective implementation. At times, these strategies may be implemented in “pull-out,” “pull-in,” or co-taught instructional skill groups so that larger groups of students with the same needs can be helped.

If target students do not respond to the strategically-chosen approaches within these three areas, or if their needs are more significant or complex, approaches from the next two PASS areas may be needed:

- Strategic Interventions focus on changing students’ specific academic skills or strategies, their motivation, or their ability to comprehend, apply, analyze, synthesize, or evaluate academic content and material. Strategic Interventions typically involve multidisciplinary assessments, as well as formal Academic Intervention or Individualized Education plans (AIPs or IEPs).
- Compensatory Approaches help students to compensate for disabilities that cannot be changed or overcome (e.g., being deaf, blind, or having physical or central nervous system/neurological disabilities). Often combined with assistive supports, compensatory approaches help students to accomplish learning outcomes, even though they cannot learn or demonstrate specific skills within those outcomes. For example, for students who will never learn to decode sounds and words due to neurological dysfunctions, the compensatory use of audio or web-based instruction and (electronic) books can still help them to access information from text and become knowledgeable and literate. Both assistive supports and compensatory approaches are “positive academic supports” that typically are provided through IEPs.

While there is a sequential nature to the components within the PASS continuum, it is a strategic and fluid—not a lock-step—blueprint. That is, the supports and services are utilized based on students’ needs and the intensity of these needs. For example, if reliable and valid assessments indicate that a student needs immediate accommodations to be successful in the classroom, then there is no need to implement remediations or modifications just to “prove” that they were not successful. In addition, there are times when students will receive different supports or services on the continuum simultaneously. For example, some students will need both modifications and assistive supports in order to be successful. Thus, the supports and services within the PASS are strategically applied to individual students.

Beyond this, while it is most advantageous to deliver needed supports and services within the general education classroom (i.e., the least restrictive environment), other instructional options could include co-teaching (e.g., by general and special education teachers in a general education classroom), pull-in services (e.g., by instructional support or special education teachers in a general education classroom), short-term pull-out services (e.g., by instructional support teachers focusing on specific academic skills and outcomes), or more intensive pull-out services (e.g., by instructional support or special education teachers). These staff and setting decisions are based on the intensity of students’ skill-specific needs, their response to previous instructional or

intervention supports and services, and the level of instructional or intervention expertise needed. Ultimately, the goal of this Project ACHIEVE component, and the PASS model, is to provide students with early, intensive, and successful supports and services that are identified through the problem-solving process, and implemented with integrity and needed intensity.

Component 5. The Social, Emotional, and Behavioral Instruction, Assessment, Intervention, and Self-Management Component (Positive Behavioral Support System/Social-Emotional Learning—SEL/PBSS) focuses on implementing a comprehensive positive behavioral support, social-emotional learning, and positive behavioral supports system within a school. Using Project ACHIEVE’s evidence-based Positive Behavioral Support System/Social-Emotional Learning model (SEL/PBSS), this whole school approach involves helping (a) students learn, master, and apply interpersonal, social problem-solving, conflict prevention and resolution, and emotional coping skills and interactions; (b) staff to create positive, safe, supportive, and consistent classroom climates and school settings that hold students accountable for their behavior; (c) schools to implement the strategic and intensive behavioral instruction or intervention needed to address students with non-responsive, resistant, challenging, or extreme behavior; and (d) communities to reinforce these goals in home and other community settings.

Like the Academic Instruction and Intervention (PASS) component, this component and its SEL/PBSS model are focused on and implemented primarily in the Instructional Environment. Indeed, when students do not respond to effective social, emotional, and behavioral instruction, the data-based, functional assessment, problem-solving process is used at the student, classroom, grade, and building levels (the latter two through the early intervention SPRINT—School Prevention, Review, and Intervention Teams—our name for a school’s Child Study Team or MTSS Team) to determine why the situation is occurring and what instructional and/or intervention approaches are needed.

Ultimately, the primary goals of the SEL/PBSS system are to teach students who are socially competent and skilled in self-management, staff who can competently, confidently, and independently teach social skills and implement effective classroom management strategies; and schools that can respond to students’ strategic and intensive social, emotional, and behavioral needs. Thus, “Self-Management” in the SEL/PBSS model occurs at three levels: student, staff, and school.

Component 6. The Parent and Community Involvement, Training, Support, and Outreach Component focuses on increasing the involvement of all parents, but especially the involvement of parents of at-risk, underachieving, and chronically non-performing students (Raffaele & Knoff, 1999). Unfortunately, parents in these latter three groups tend to be less involved in and supportive of the school and schooling process, and thus, parent involvement often discriminates achieving from underachieving students (Christensen, Rounds, & Franklin, 1992; Dunst, Trivette, & Johanson, 1994). Relative to the community, many schools do not use, and often are unaware of, the expertise and resources available to them. In addition, there are times when community agencies (e.g., after school programs) are providing services that schools could use to reinforce or extend their instructional, intervention, or other support activities.

Finally, for students with significant, 24/7 academic or behavioral/mental health challenges, the need to coordinate and integrate school and community-based professionals and their services, supports, strategies, or programs is essential to the integrity of these approaches and the success of the students.

Among the parent and community activities that effective schools could demonstrate in this component are:

- Conducting needs assessments to look at the current and desired status of parent involvement and home-school-community collaboration, and then designing and executing plans that meet identified needs;
- Organizing building staff around collaboration and community outreach, and establishing a school-level committee to specifically focus on more formal initiatives;
- Creating parent drop-in centers to help parents see the school as a community resource for information and life-long learning, increase their positive relationships and comfort levels with school staff, and encourage their participation in school activities;
- Training parent mentors who then can share information with other parents about the school's academic and social, emotional, and behavioral programs, and teach them how to support their children and adolescents at home relative to study skills, homework, academic proficiency, and social-behavioral success;
- Completing community resource surveys resulting in resource directories that identify important organizations, agencies, and professional programs, and important professionals with their specific skills and areas of educational, health and mental health, and related expertise; and
- Reaching out to these community resources, formally and informally, to establish the communication, collaboration, and coordination that is especially needed relative to integrating services for at-risk, underachieving, and challenging students.

Component 7. The Data Management, Evaluation, and Efficacy Component focuses on actively evaluating, formatively and summatively, the status and progress of students' academic and behavioral mastery of information and skills, as well as the processes and activities that support the other instructional, staff, and service components (see above) of an effective school. Part of this process involves collecting formative and summative data to validate the impact of a school's strategic planning and school improvement efforts; its professional development and capacity-building efforts; its selection, preparation, and implementation of academic and behavioral curricula and instruction; and its MTSS problem-solving, consultation, and services and supports for students not making appropriate academic or behavioral progress.

Another part of this process involves evaluating the interpersonal and inter-professional success of a school's shared leadership and committee and team processes, as well as the contributions of administrative, related services, and instructional support personnel to system, staff, and student success. Relative to interpersonal and inter-professional relationships, evaluations should consider "staff to staff, staff to parent and community, staff to student, and student and student" interactions. All of these interactions collectively contribute to the climate and functioning of a school.

Appendix B

Form I: Record Review Form

Form II: Parent Communication Log

Form III: Checklist of Possible Hypotheses to Explain Student Difficulties

Form IV: Classroom-Level Intervention Log

Form V: Grade-Level MTSS Team Intervention Log

Form VI: Building-Level MTSS Team Intervention Plan

Form I: Record Review Form

**THE CUMULATIVE FOLDER/STUDENT
RECORD REVIEW AND ANALYSIS FORM**

Student's Name:

Date of Birth:

Referring Teacher's Name:

Grade Level:

Date of Request:

Chronological Age: ____yrs. ____mo

School:

Other Teachers Currently Teaching this Student

Subject Area

Grade Level

1. Describe the reason(s) for referral?

 a. Academic Referral?

 ____yes ____no

 Specify Areas of Concern:

(Note: If an academic referral, attach Progress Monitoring/Running Records/Other data/information)

 b. Behavioral Referral?

 ____yes ____no

 Specify Areas of Concern:

2. Please answer the questions below regarding the activities that were completed before submitting this Record Review:

YES NO

- | | | |
|-------|-------|---|
| _____ | _____ | Has the Student received appropriate <u>differentiated</u> instruction (as needed) in his/her general education classroom(s)? |
| _____ | _____ | Has the Student received appropriate skill remediation, learning condition accommodations, and/or curricular modifications (as needed) in his/her general education classroom(s)? If yes, please explain in detail. |
| _____ | _____ | Have all/most of this Student's current teachers met together to discuss/clarify their concerns, experiences, and interventions already tried with the Student? |
| _____ | _____ | Has the Student's current teacher(s) met/talked with this Student's parents/guardians to discuss their concerns/experiences with the Student? Results? |
| _____ | _____ | Has the Student's current teacher(s) met/talked with the Student's previous teachers or intervention specialists (as appropriate)? Results? |
| _____ | _____ | Has the Student's current functional skill level in Reading, Math, Oral Expression, Written Expression—and in the social, emotional, and behavioral areas—been determined using appropriate assessments? |
| _____ | _____ | Have any past or present physical (including hearing and sight), situational (including sleep, nutrition, weight, exercise), medical, physiological, neurological, and/or biochemical conditions been identified (or discounted) that relate to the Student's learning and/or behavior? Please specify. |
| _____ | _____ | Have any classroom observations of the Student been completed? If so, by whom, and what were the results? |

3. What changes—or desired, expected, or replacement behaviors—would you like to see (perhaps as a result of any instructional or intervention approaches implemented)?

a. Academic:

b. Behavioral:

4. Have you presented this case to your grade level team or with other teachers currently teaching him/her?

Yes ___ No ___ Date _____

If "yes", what interventions were suggested or what recommendations did the grade level team make? What were the results of the strategies implemented?

5. Is this student age-appropriate for grade level? ___ Yes ___ No

If NO, please specify why? Check all that apply.

- a. Retained (Grade Level _____) _____
- b. Started school late? _____
- c. Held out of school? _____
- d. Medical reasons _____
- e. Do Not Know _____
- f. Other (Please specify) _____

6. What special services has this student received? Complete all that apply.

Service	Dates of service	Specify category/details (if applicable)
Preschool/Preschool Services		
Special Education/IEP		
Speech/Language		
Occupational/Physical Therapy		
Hearing		
Vision		
Medical or 504		
ESL		
FBA/Positive Behavioral Supports		
Counseling		
Alternative School Placement		
Family or Community Services		
Psychiatric Hospitalizations		
Juvenile Court/Probation		
Other:		

Does the Student need a native language or home language assessment? ___ Yes ___ No

If the Student has received other special services, please describe in detail the services, placements, external agencies involved, dates of involvement, and any additional relevant information.

7. Outline the Student's Educational History and Attendance:

Grade	School Year	Teacher	School/District/Location	Days Absent	Days Tardy
Pre K					
Kinder					
1 st Grade					
2 nd Grade					
3 rd Grade					
4 th Grade					
5 th Grade					
6 th Grade					
7 th Grade					
8 th Grade					
9 th Grade					
10 th Grade					
11 th Grade					
12 th Grade					
Years Repeated					

School Moves:

Number of Years where there were Multiple School Moves in One School Year _____

Total Number of School Changes _____

Has Student been homeless? (specify dates) _____ Yes _____ No

Has Student been in Foster care? (Specify dates) _____ Yes _____ No

Other Known Reasons for the Moves or Absences? (Please specify):

8. Average Academic Progress of the Student. (List or compile: Benchmark and/or Interim Assessment/achievement scores, Report card grades, etc. Attach relevant documents)

Grade	Reading	Mathematics	Language Arts	Science	Social Studies	Other:	Other:
Pre K							
Kinder							
1 st Grade							
2 nd Grade							
3 rd Grade							
4 th Grade							
5 th Grade							
6 th Grade							
7 th Grade							
8 th Grade							
9 th Grade							
10 th Grade							
11 th Grade							
12 th Grade							
Years Repeated							

9. Based on formal and informal data, what is the current functional/instructional skill level of the Student?

Subject Area	Instructional Level		
	Estimated Grade-level Equivalent (in Yrs/Mos or Beginning/ Middle/End of Year)	Based on Norm-Referenced Individual Assessment Tool (Date/Standard Score/ Percentile/Grade-level Equiv.)	Other:
Reading/Literacy			
English Language Arts/Written Expression			
Spelling			
Mathematics			
Science			
Social Studies			
Other:			

10. Social, Emotional, Behavioral Progress of the Student. (List or compile: Screening assessments, Report card grades or comments, office discipline referrals, suspensions, etc. Attach relevant documents)

Alternative Approach: Based on pooled data and information, RATE the Student in the behavioral areas below (1= Never Occurs to 5= Occurs Most or All the Time)

Grade	Positive Attitude	Respects Authority	On Task/ Listens/ Engaged	Speaks Appropriately	Follows Directions	Total Office Discipline Referrals	Number (Total Days) of Suspension
Pre K							
Kinder							
1 st Grade							
2 nd Grade							
3 rd Grade							
4 th Grade							
5 th Grade							
6 th Grade							
7 th Grade							
8 th Grade							
9 th Grade							
10 th Grade							
11 th Grade							
12 th Grade							
Years Repeated							

11. Student's Health History

Please describe any unusual health conditions or events (with dates) that you feel might be related to this referral:

Does/has this Student had any hearing problems/issues? ____ Yes ____ No
 Does/has this Student had any vision problems/issues? ____ Yes ____ No
 Does/has this Student had any sleep problems/issues? ____ Yes ____ No
 Does/has this Student had any dietary, eating, weight problems/issues? ____ Yes ____ No
 Does this Student need to see the School Nurse or Primary Care Physician for any of these concerns? ____ Yes ____ No

Is this student taking any medication? ____ Yes ____ No

(If yes, specify and include other significant aspects of the student's medication history, if available).

12. What interventions have been implemented with the Student? Please think about the referral problem(s) and the reason(s) why the problem might exist and why the replacement behavior has not occurred. Give your best judgment about which of these areas might be

Academic or Behavioral Skill, Target, or Outcome Area	Person(s) Implementing	Dates (Start/Stop) of Implementation	Strategies/ Interventions	Data-based Results/ Changes

13. In considering the referral problem(s), its history and status, and the desired replacement behaviors, describe the factors in the (relevant) areas below that you believe are contributing to the problem.

1. What past or present Student Characteristics/Factors might be related to the problem?

2. What past or present Curricular Characteristics/Factors might be related to the problem?

3. What past or present Teacher/Instructional Characteristics/Factors might be related to the problem?

4. What Classroom/Peer Characteristics/Factors might be related to the problem?

5. What School/School District Characteristics/Factors might be related to the problem?

6. What Home/Community Characteristics/Factors might be related to the problem?

Form II: Parent Communication Log

Parent Communication Log

Student Name: _____

DOB: _____

Teacher: _____

Teachers should document the times when a parent contact has occurred relative to a specific student.

Person Contacted	Method of Contact			Contact Date/Time	Results
	Written In Person	Phone Other:	E-mail		
	Written In Person	Phone Other:	E-mail		
	Written In Person	Phone Other:	E-mail		
	Written In Person	Phone Other:	E-mail		
	Written In Person	Phone Other:	E-mail		
	Written In Person	Phone Other:	E-mail		
	Written In Person	Phone Other:	E-mail		
	Written In Person	Phone Other:	E-mail		
	Written In Person	Phone Other:	E-mail		
	Written In Person	Phone Other:	E-mail		
	Written In Person	Phone Other:	E-mail		

Form III:

Checklist of Possible Hypotheses to Explain Student Difficulties

I. Child Characteristics/Conditions

Hypotheses

Cognitive Areas:

- Adequate/inadequate short and long-term memory (auditory, visual)
- Length of attention span
- Self-monitoring and self-management skills
- Self-control/Impulsivity (ability/inability to delay long enough to think/behave)
- Ability/inability to integrate visual/motor/auditory tasks
- Presence/absence of prerequisite academic skills for task
- Cognitive/meta-cognitive ability and skills

Behavioral Areas:

- Self-control and self-management skills
- Attributions, beliefs, expectations, attitudes
- Social skills (interpersonal, problem-solving, conflict resolution skills)
- Adaptive behavior skills
- Academic engagement

Health Areas:

- Hearing, motor, vision skills
- Presence of specific health conditions
- Physical and motor (fine and gross) capacity
- Medication cycle not appropriate for school day/activities
- Side effects of medication
- Speech/language difficulties
- Metabolism
- Fatigue/persistence resulting in higher activity, less ability to focus, etc.

Other:

- Excessive absences or moves
- Lack of sensory stimulation during early childhood
- Language other than English

II. Peer Characteristics/Conditions

Hypotheses

Degree of cohesion between students relative to sharing common interests, values, and goals
Peers support/reinforcement of appropriate/inappropriate behavior
Peers providing/not providing appropriate/adequate models
Social/Academic skills of peers significantly higher (lower) than referred student
Peer influence over student's appropriate/inappropriate behavior (e.g., supporting vs. taunting and instigating)
Expectations/values of peer group that influence student

Other:

III. Curriculum Characteristics/Conditions

Hypotheses

Curriculum too easy or difficult
Curriculum relevant/not relevant to child experiences/understanding
Curriculum flexible/inflexible in its ability to be adapted to students' learning styles or individual needs
Curriculum presented in a way that relates to child strengths/weaknesses (lecture/auditory, etc.)
Curriculum presented too fast or slow for student learning rate
Sufficient/Insufficient opportunity to practice skills
Length of curriculum assignments too long/too short for attention/concentration skills of student
Philosophy of curriculum presentation too narrow or broad (e.g., phonics only)
Curriculum empirically-based or not relative to student learning outcomes

Other:

IV. Teacher Characteristics/Conditions

Hypotheses

Teacher expectations too high/too low for skills of student
Feedback to student frequent/not frequent enough
Rate of reinforcement too high/too low for student needs
Presence/absence of assessment as an integral component of instruction
Student and teacher physically too far apart or too close
Sufficient/Insufficient rehearsal time, direct instruction time, teacher guided practice
Teacher energy, fatigue, or tolerance resulting in higher positive/negative or more/less frequent feedback and interaction
Teacher familiar/unfamiliar or experienced/inexperienced with curricular methods needed by child
Level of supervision (frequency/rate) too high/low for student needs
Teacher teaching style related to child strength or weakness areas

Other:

V. Classroom/School/District Characteristics/Conditions

Hypotheses

Classroom seating arrangement fosters problems (too close/near to peers, too far from/close to teacher, near window or distractions, etc.)
Rules/expectations in class/building far exceed skills of student to be successful
Presence/absence of a school-wide discipline approach
School and staff (staff to student) ratio
Sufficient/insufficient school materials (books, labs, other learning resources)
Satisfactory/unsatisfactory professional development programs for staff
Areas in building that are supervised adequately/inadequately
Consistent/Inconsistent discipline programs/philosophies/differences between staff who interact with students
Temperature of building/classrooms
Schedule of the daily activities
Bus ride (length, problems on bus carry over to school, other)

Other:

VI. Family/Neighborhood/Community Characteristics/Conditions

Hypotheses

Parent discipline adequate/inadequate (e.g., too severe/passive, teaches child pro social or aggressive strategies)
Presence of conflict/physical aggression between parents/guardians
Presence/absence of appropriate/inappropriate levels of parent supervision
Parents support/non-support of homework completion
Discrepancy in values/expectations between home/school
Parent academic skills adequate/inadequate to help child
Reading and related academic and appropriate extracurricular activities present/absent in or supported by the home
Parent difficulties (substance abuse, etc.) result in inconsistent parenting, low levels of supervision, negativity
Parent able/unable or willing/unwilling to reinforce school-related academic/behavior strategies in the home
Parent expectations too high/too low for child along with too much/too little pressure
Parent willing/unwilling or able/unable to meet health/nutrition/basic needs of child resulting in potential school absences, tardiness, ability of child to concentrate on school tasks, etc.
Parent supervision of student relative to the presence/absence of appropriate/ inappropriate adults/peers in community

Other:

Form IV

Classroom Intervention Progress Plan

Student _____ DOB: _____ Grade: _____

Intervention	Who is responsible
	Duration (weeks or month/day/year)
	Desired Outcome
	How Success of Intervention will be Measured
Results:	
Intervention	Who is responsible
	Duration (weeks or month/day/year)
	Desired Outcome
	How Success of Intervention will be Measured
Results:	

Intervention	Who is responsible
	Duration (weeks or month/day/year)
	Desired Outcome
	How Success of Intervention will be Measured
Results:	
Intervention	Who is responsible
	Duration (weeks or month/day/year)
	Desired Outcome
	How Success of Intervention will be Measured
Results:	

Form V

Grade-Level MTSS Team Intervention Progress Plan

Student _____ DOB: _____ Grade: _____

Intervention	Who is responsible
	Duration (weeks or month/day/year)
	Desired Outcome
	How Success of Intervention will be Measured
Results:	
Intervention	Who is responsible
	Duration (weeks or month/day/year)
	Desired Outcome
	How Success of Intervention will be Measured
Results:	

Intervention	Who is responsible
	Duration (weeks or month/day/year)
	Desired Outcome
	How Success of Intervention will be Measured
Results:	
Intervention	Who is responsible
	Duration (weeks or month/day/year)
	Desired Outcome
	How Success of Intervention will be Measured
Results:	

Form VI: Building-Level MTSS Team Academic/Behavioral Intervention Plan

Student's Name:

Date of Birth:

Teacher's Name:

Grade Level:

Date:

Chronological Age: ____yr ____mo

School:

Academic or Behavioral Goal/Target /Objectives	Evidence-based Intervention/ Methods to be Used	People Needed (For Consultation or Direct Services)	Other Resources Needed
Goal 1:			
Goal 2:			
Goal 3:			

Sequence of Activities Needed to Reach Goal	Timelines		Assessment/ Evaluation Tools or Methods	Data-based Indicators of a Successful Intervention
	<u>Start</u>	<u>Finish</u>		
For Goal 1:				Short-Term (or Initial) Indicators of Success:
				Long-Term (or Final) Indicators of Success:
For Goal 2:				Short-Term (or Initial) Indicators of Success:
				Long-Term (or Final) Indicators of Success:
For Goal 3:				Short-Term (or Initial) Indicators of Success:
				Long-Term (or Final) Indicators of Success:

Form VII:

The Building-Level MTSS Team Case Termination Form

Student's Name:

Date of Birth:

Teacher's Name:

Current Grade Level:

**Date of When MTSS
Services Began:**

Chronological Age: ____yr ____mo

Current Date:

School:

- 1. Describe the reason(s) for referral?**
- 2. What interventions were provided (with dates of services)?**
- 3. What professional(s) (name, position, school or affiliation) was (were) primarily responsible for the implementation of the interventions?**

4. Describe the primary intervention outcomes.

5. Why does the MTSS team believe that this student is ready to be terminated from MTSS team oversight?

6. To what degree have the student's parents/guardians been involved in the process? Have they been contacted, and do they agree with the termination of MTSS team oversight?

The signature below certifies that the MTSS team agrees that Building-level MTSS team oversight is ready to be discontinued/terminated.

MTSS Building-level Team Chair

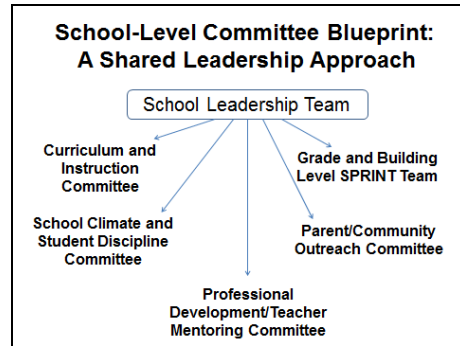
Date

Appendix C: Common MTSS Process Questions and Answers

What is a <u>Closing the Achievement Gap (CTAG)</u> initiative?	A CTAG initiative facilitates effective school practices for all students across a district or school. It is anchored by a comprehensive, evidence-based effective school and schooling model that guides the educational practices that meet the diverse academic and social, emotional, and behavioral learning needs of ALL students. The CTAG initiative recognizes the need for the regular, ongoing assessment of students' academic and behavioral progress. These assessments help schools evaluate the success of their core instructional program(s), and the level and rate of individual student progress. Based on these data, instruction and intervention is continually adjusted to meet student needs within a flexible multi-dimensional (tiered) service delivery model. Analyses of students' response to instruction and intervention, through the use of a data-based problem solving process, guides the decisions regarding the need for more or less intensive services, supports, strategies, or programs within the multi-dimensional service delivery model. When implemented with integrity, CTAG processes provide data that promote quality decisions about the effectiveness of practices ranging from general education core instruction (provided to all students) to high intensity interventions (provided to individual students showing the greatest needs). These data are then utilized to make quality instructional and intervention decisions that maximize students' academic and social, emotional, and behavioral success.
What are the primary principles within Project ACHIEVE's CTAG model?	The primary principles within the CTAG model used by Project ACHIEVE are: • All students receive instruction in the general education curriculum and settings to the greatest degree possible. • All students receive instruction that facilitates their academic and social, emotional, and behavioral development, progress, and proficiency. • All students receive instruction or interventions that are scientifically or research-based.

	• All students' academic and social, emotional, behavioral progress is monitored on a planned and ongoing basis. The data generated through this process are the basis for all instructional or intervention decisions. • All instructional or intervention decisions are made and supported through a data-driven shared leadership process. • When students are not demonstrating appropriate academic or social, emotional, or behavioral development, progress, or proficiency, functional assessments are completed to identify the underlying reasons, and these are linked to more strategic or intensive instruction and/or intervention. • These more strategic or intensive approaches then are evaluated to determine a student's response, progress, and need for more or less intensive approaches. • Consultation from colleagues, instructional or intervention specialists, or others is encouraged and available to support teachers and others during any phase of the problem solving process. • A multi-tiered range of instructional or intervention services, supports, strategies, and programs is available to address students' academic or social, emotional, or behavioral needs.
How is behavior addressed in the CTAG model?	The CTAG model includes the implementation of the research-based principles underlying positive behavioral supports (PBS). Positive behavioral supports involve social, emotional, and behavioral instruction in general education settings with regular, ongoing monitoring of student progress. Progress is evaluated against social, emotional, and behavioral expectations, or "standards," that are developmentally appropriate to the age and maturity level of different groups of students. This is similar to monitoring students' academic progress by evaluating them against curricular, content, and/or state proficiency standards. Social, emotional, or behavioral instruction and intervention are provided using a flexible multi-dimensional (tiered) service delivery model. As with academics, the implementation of more or less intensive instruction or intervention is based on students' responses to their current instruction or intervention within the context of a data-based problem solving process.

What school-level committees are needed to effectively implement CTAG, and who is on these committees?



CTAG implementation requires staff collaboration at the school, grade, and individual staff levels. Below are the school-level committees that are instrumental to CTAG success. This committee “blueprint,” however, may need to be adapted to the size and personnel in individual schools.

The School Leadership Team:

- Oversees implementation of a school’s strategic planning process. This team is the committee under which all other committees are organized.

Membership:

- Administration
- Committee Chairs from school-level committees
- Selected others to ensure cross-staff representation

The School Discipline Committee:

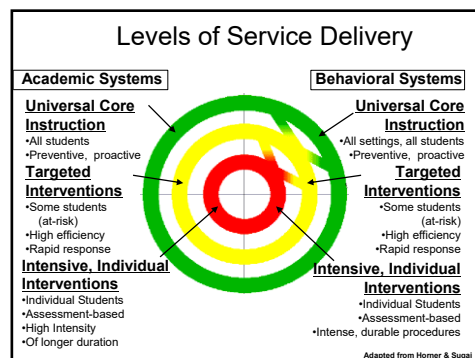
- Oversees the school’s positive behavioral support system (PBSS), school discipline, behavior management, and school safety processes and activities

Membership:

- Building Principal/Administrator
- Teacher from each Grade-level, Teaching Team, and/or Teaching Cluster
- Related Specialty and Support Staff

	The Curriculum and Instruction Committee: • Oversees the implementation of new and existing curriculum • Coordinates the strategic academic instruction and intervention program in a school <u>Membership:</u> • Building Principal/Administrator • Teacher from <u>each</u> Grade-level, Teaching Team, and/or Teaching Cluster • Instructional Facilitator or Consultant(s) • Related Specialty and Support Staff (including Special Education) The Professional Development/Teacher Mentoring Committee: • Organizes, evaluates, and monitors the school's professional development needs and program • Oversees the school's Professional Learning Communities (PLCs) • Coordinates the mentoring process for staff from first-year through experienced professionals <u>Membership:</u> • Building Principal/Administrator • Representatives from every grade or instructional teaching team • Related Specialty and Support Staff The Multi-Tiered Systems of Support Team (MTSS): • Guides the school's use of data-based problem solving and intervention processes when students are not responding, academically or behaviorally, to effective instruction and interventions • Coordinates the school's early intervening services, and its strategic and intensive instruction and intervention process for individual students <u>Membership:</u> • Building Principal/Administrator • Curriculum/Academic Intervention Specialists • Behavioral/Behavior Management Specialists • Special Education Teachers • Counselor • School Psychologist • Social Worker • Speech Pathologist • School Nurse
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What is the focus of a multi-tiered response to instruction and intervention model?



Academic and social, emotional, and behavioral instruction and intervention occurs within the context of the CTAG's multi-tiered service delivery approach. Embedded within this approach is a data-based problem solving process that evaluates how specific students respond to instruction or intervention (RtI²) at each tier of service or support. It is extremely important to understand that the multi-tiered model is not a categorical system, but rather a system that organizes and guides the delivery of different intensity levels of instruction or intervention to individual or groups of students as needed. Within this model, there are not "Tier I students," "Tier II students," and "Tier III students." Instead, there are students who need, for example, a "Tier II level" of instructional or intervention service or support in a specific academic and/or social, emotional, or behavioral skill or strand area.

Failure to recognize this subtle, yet critical, distinction can result in an over-emphasis on trying to "categorize" instruction or interventions and students into the tiers. When this occurs, this over-emphasis detracts from the fundamental purpose of the multi-dimensional model which is to link students' needs with strategic or intensive instruction or interventions. The multi-tiered model should involve a continuum of instruction and intervention services, supports, strategies, or programs with progressive levels of intensity.

Movement through the tiers is fluid. A student is not required to sequentially move through the tiers in order to receive more or less intensive services (i.e. s/he must "fail" in Tier I to receive Tier II services, and in Tier II to receive Tier III services; or s/he must succeed in Tier II services, having been successful with Tier III services, in order to return to Tier I services). Moreover, in certain cases, a student may demonstrate such significant difficulties that interventions at a Tier III intensity level are needed (and delivered) immediately. Finally, students may repeatedly, and over time, move to more or less intensive levels of instructional or intervention support within the multidimensional model. When successful, students receiving Tier II or III supports can always return to a less intensive tier of services. Returning to a less intensive level of services or supports should always be the goal of any intervention.

**What are
some
examples of
“intensity”?**

Across the multi-dimensional tiered model, “intensity” may be defined in different ways:

Intensity of assessment, progress monitoring, and instruction/intervention. Assessments and instruction/intervention can vary, for example, by breadth or depth. Breadth might involve the number of different curricular areas that need to be assessed or addressed through instruction/intervention. Depth might involve the number of specific areas within a single curricular area—for example, a student with difficulties in one versus all five areas of literacy.

The intensity of progress monitoring can vary, for example, by the complexity of developing or administering the assessments, or by the frequency of administration.

Intensity of Individualization. Intensity may vary by the number of students (e.g., an entire classroom, a group of students from the same classroom or grade-level, or just a single student) whose needs call for a specific instructional or intervention service, support, strategy, or program.

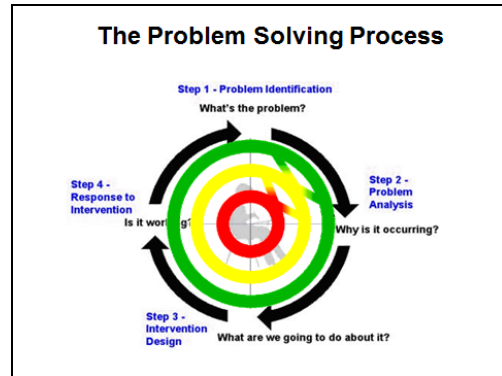
Intensity of Setting, Teacher Expertise, or Teacher Need for Consultant Expertise. Intensity may vary by whether the instruction or intervention can be implemented (a) in a general education classroom versus another more specialized classroom setting, (b) by a general classroom teacher versus a teacher with more specialized skills, and/or (c) by a general classroom or specialized teacher independently versus with the assistance of an expert from a related, but more specialized or multidisciplinary profession.

Intensity of Time. The intensity of time relates to the frequency and/or duration of a service, support, strategy, or program—that is, how many times an hour, day, week, or month it must be provided, and for how long.

Intensity of Teacher-Student Instructional Interactions. The intensity of teacher-student instruction involves the interactions needed to successfully implement some instructional or intervention approaches. Although a separate category, the intensity of teacher-student instructional interactions is closely tied to individualization and related time factors. Examples of instructional interactions here may include the approaches (and student’s) need for:

- Teacher proximity
- Explicit and frequent feedback
- Opportunities for student initiated questions
- Observation of individual students
- Opportunities for student practice
- Opportunities for student interaction

How does problem solving occur across the tiers of services, supports, strategies, and programs?



Effective problem solving can occur at several levels ranging from informal to formal. At the most informal level, classroom teachers utilize problem solving as part of their effective instructional processes—adjusting their instruction to students’ learning styles, approaches, and responses, or implementing classroom-based intervention when needed. However, when students do not respond over time, or when they are exhibiting significant difficulties, the problem solving process becomes more formalized, and the intensity of instruction or intervention increases. Regardless, the problem solving process is critical to properly identifying student need, linking need to instructional changes or interventions, and determining whether desired outcomes actually occur.

As depicted in the figure, problem solving is an evolving process consisting of four basic steps:

1. Problem Identification – What is the problem?
2. Problem Analysis – What is/are the reason(s) the identified problem is occurring?
3. Intervention Design and Implementation – Based on identified student needs, what instructional or intervention services, supports, strategies, or programs need to be designed and implemented?
4. Response to Intervention/Instruction. – Based on evaluations of student response, were the desired outcomes achieved?

The central goal of the CTAG problem solving process is to successfully validate why a student is having academic or social, emotional, or behavioral difficulties, and link the results of the functional assessments to specific instruction or intervention practices. This process begins by accurately identifying the specific problem. In doing this, “symptoms” needed to be differentiated from “problems.”

	For example, if three students are having difficulty with reading comprehension, the problem identification and analysis process may determine that Student A has comprehension problems in all areas of comprehension; Student B has difficulties with inferential comprehension questions, but not concrete or factual comprehension questions; and Student C is having difficulties with phonetic decoding and fluency, which are interfering with comprehension. For Student A, the comprehension difficulties <u>represent</u> the problem. For Student B, a specific area of difficulty in comprehension represents the problem. For Student C, the comprehension problems are symptomatic of the underlying decoding and fluency problems. Similarly, if three high school students are persistently late to school in the morning, Student A's tardiness may involve organization and time management in getting up and making the school bus; Student B's difficulties may involve needing to get her siblings to school before leaving herself; and Student C's difficulties may involve a larger peer group that often gathers in school to socialize and doesn't hear or react to the "warning bell." While the tardiness is a problem, for these three students, it does not fully represent "the" problem. Once the problem has been clarified, the reasons for the problem need to be validated and then linked to intervention. For example, some academic problems occur because (a) the skills were never taught, (b) taught to mastery, or (c) mastered at a level of independent application. Some behavioral problems occur because (a) the skills were never taught or mastered, (b) the student is not motivated to use already-mastered skills, or (c) the student is inconsistently held responsible for appropriate behavior. If validated, each of these problem areas would need a different type of instructional or intervention approach. Thus, in the problem solving process, functional assessment (problem analysis) results lead to strategic (not random) interventions.
Where does universal screening and "standard protocol" intervention approaches fit into the CTAG/MTSS process?	As noted earlier, embedded within the CTAG and its multi-tiered service delivery approaches is the notion of "Response to Instruction and Intervention" (RtI²). Relative to universal screening, the CTAG initiative emphasizes that classroom teachers are the best universal "screeners," and that screening should utilize multiple assessment approaches and tools. In addition, given the potential for "false positive" and "false negative" results—where students are identified as having difficulties when they do not, or identified without difficulties when some actually are present—any screening results that identify students as "at-risk" or "needing services" should be considered only as "warning flags" that need to be validated through more extensive assessments.

How does universal screening fit into the CTAG/MTSS process?	Relative to universal intervention, while “standard protocol” intervention approaches help organize the availability of a school or district’s multi-tiered instructional or intervention services and supports, the decision as to what services or supports are needed by a specific student should be linked to the functional assessments completed as part of the problem solving process. That is, students should not automatically receive any instruction or intervention listed on a standard intervention protocol based solely on the results of a screening assessment (see above) or due to a lack of success in their classrooms. Once again, screening “red flags” need further validation, and students’ lack of classroom success requires additional functional assessments. This additional assessment serves to determine the underlying reasons that explain why the student is having academic or social, emotional, or behavioral difficulties. Once these reasons are determined, they can be linked to instructional or intervention approaches that, hopefully, are on the standard protocol.								
What is Tier I instruction?	Tier I Levels of Service Delivery <table border="1"> <thead> <tr> <th>Academic Systems</th> <th>Behavioral Systems</th> </tr> </thead> <tbody> <tr> <td> Universal Core Instruction •All students •Preventive, proactive </td> <td> Universal Core Instruction •All settings, all students •Preventive, proactive </td> </tr> <tr> <td> Targeted Interventions •Some students (at-risk) •High efficiency •Rapid response </td> <td> Targeted Interventions •Some students (at-risk) •High efficiency •Rapid response </td> </tr> <tr> <td> Intensive, Individual Interventions •Individual Students •Assessment -based •High intensity •Of longer duration </td> <td> Intensive, Individual Interventions •Individual Students •Assessment -based •Intense, durable procedures </td> </tr> </tbody> </table> Adapted from Horner & Sugai Effective Tier I instruction (a) uses high quality research-proven core instructional approaches, that (b) are linked to state or national content standards, (c) differentiated to meet students’ diverse learning needs, and (d) monitored regularly for effectiveness as evidenced by student mastery on curriculum-based and standards-based assessments. Tier I instruction should meet the needs of a majority of students. It should include classroom-based instructional or intervention supports.	Academic Systems	Behavioral Systems	Universal Core Instruction •All students •Preventive, proactive	Universal Core Instruction •All settings, all students •Preventive, proactive	Targeted Interventions •Some students (at-risk) •High efficiency •Rapid response	Targeted Interventions •Some students (at-risk) •High efficiency •Rapid response	Intensive, Individual Interventions •Individual Students •Assessment -based •High intensity •Of longer duration	Intensive, Individual Interventions •Individual Students •Assessment -based •Intense, durable procedures
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Universal Core Instruction •All students •Preventive, proactive	Universal Core Instruction •All settings, all students •Preventive, proactive								
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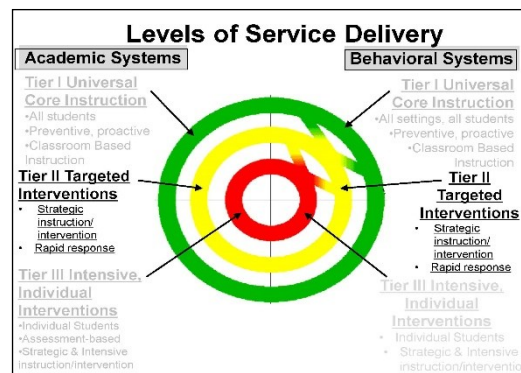
For Academics?	For academics, schools should identify an effective, research-based Tier I core program of study that is directly linked to the state's standards. Selecting a core program to best address the needs of students at a particular school should be based on local data that include: (a) student achievement patterns, (b) the experience and expertise of administrators and teachers, (c) the resources and supports available, (d) whether or not the school has an instructional facilitator on staff, etc. For schools with highly effective leaders, experts and well-trained teachers, data-driven instructional practices, and successful professional development and teaming processes, the core program can be chosen to provide more instructional freedom, flexibility, autonomy, and teacher-driven implementation. For schools that lack some or all of these characteristics, a more directive core program may be necessary.
For Behavior?	For behavior at Tier I, schools should identify a core set of interpersonal, social problem solving, conflict prevention and resolution, and emotional coping skills. This should become part of a school-wide behavioral accountability system that identifies behavioral expectations and differentiated responses to increasing levels of inappropriate student behavior across all classroom and school settings. The goal of this entire Positive Behavioral Support System (PBSS) is to help students learn, master, and apply effective social, emotional, and behavioral self-management approaches. Thus, all students need to receive classroom-based social skills instruction through a research-based core curriculum, and there needs to be a consistent system of incentives and consequences to motivate students to demonstrate these learned skills. Finally, skill instruction should focus on the common areas of a school (e.g., hallways, bathrooms, cafeterias, buses, assemblies), and should include ways to prevent and respond to teasing, taunting, bullying, harassment, and physical aggression.
Who provides Tier I academic and behavioral instruction?	Tier I instruction is typically provided by the general education classroom teacher or through a co-teaching partnership that involves general education teachers and other support specialists. Other individuals, especially grade level/departmental colleagues and instructional or behavioral consultants, may also be involved in supporting Tier I instruction and, when needed, classroom-based interventions.
Where does it occur?	Tier I instruction occurs in the general education classroom.

What assessment is done at Tier I?	Assessment at the Tier I level focuses on answering the following types of primary academic and behavioral assessment questions at a classroom or grade/instructional level: 1. What is the current functional academic and behavioral status of every student (i.e., the knowledge and skills that they have mastered), and to what degree have they mastered the prerequisite skills needed for the current academic and behavioral instructional program? 2. Prior to initial instruction, are individual students or groups of students at risk for not meeting specific academic and behavioral standards, expectations, and proficiencies? Why, and what instructional or intervention approaches need to be integrated into the initial instruction? 3. Given the breadth of student skill groups in the classroom, is the teacher able to successfully differentiate instruction? 4. During and after instruction, have students benefitted from the differentiated instruction they have received? 5. Are students mastering the academic and behavioral standards, expectations, learning objectives, and/or skills being taught at a level of independent practice, use, and application? 6. For the students who are not mastering the standards, expectations, learning objectives, and/or skills over time or to a significant degree, why are they having difficulty, and what classroom-based (or other) instructional or intervention approaches are needed? 7. Have the classroom-based (or other) instructional or intervention approaches helped students to master desired/needed standards, expectations, learning objectives, and/or skills?
For Academics?	Given these questions, the Tier I assessment system should include a review and screening process that collects and analyzes (a) existing student proficiency data (e.g., on the state standards test, nine week benchmark assessments and Target Testing data); (b) screening data (e.g., the Developmental Assessment of Reading, the DIBELS); and (c) direct or curriculum-based assessment data generated in the classroom to directly assess students' skills, and progress toward mastering those skills. The assessment system should help to identify students at-risk of not mastering grade level standards, students who are unsuccessful or underachieving in mastering these standards, and students who are in need of enrichment. When students are not responding to effective instruction, the assessment system should identify where students are in the process of learning grade level standards, and what instructional or intervention approaches or supports are needed to help them move forward.

For Behavior?	Continuous formative assessment and routine progress monitoring should be used to guide instructional practices at Tier I. For those students at-risk of not mastering grade level standards, progress monitoring should occur more frequently to assess the effectiveness of the differentiated instruction being provided. Formative assessments and progress monitoring tools include a combination of student grades, work samples and authentic assessments, as well as other student progress assessments including curriculum-based measures such as the DIBELS. Given the questions above, the Tier I screening of students' social, emotional, and behavioral status, progress, and proficiency also involves multiple assessment approaches that evaluate students' individual, group, classroom, and common school area interactions. A comprehensive assessment system here also involves organizing and reviewing existing data, along with collecting screening, progress monitoring, and formative and summative evaluation data. The sources of these data may come from: (a) formal and informal administrator, teacher, or staff observations; (b) formal and informal administrator, teacher, and staff interviews; (c) formal and informal records such as teacher notes, logs, or running records; office disciplinary referrals; and/or report card notations; or (d) formal behavior rating scales or surveys completed by classroom teachers.
What academic and behavioral instructional grouping is used at Tier I?	Although whole-class and small group instruction is often characteristic of Tier I instruction, it should be kept in mind that there is no definitive link between a tier and a specific instructional grouping approach. Grouping is a function of the instructional goals and objectives, the curricular materials and instructional resources, how students best learn, and how teachers need to teach in order to maximize student outcomes and mastery. Students may receive instruction in a whole group or a small group depending on the lesson and the differentiation needed. Flexible groups may be used to provide the prerequisite or advanced organizers needed prior to whole-group instruction, or to provide the review and extra practice after instruction for some or all students as appropriate.
How is problem solving used at the Tier I Level?	When students are not demonstrating appropriate levels of progress, mastery, or proficiency, classroom teachers use data-based problem solving to evaluate the student, instructional, and/or curricular factors that may explain this lack of success. The results of this problem solving process may lead to classroom-based instructional or intervention approaches, or they may indicate that a more intensive assessment process, leading to more strategic or intensive instructional or intervention services, supports, strategies, or programs is needed. At the Tier I level, teachers may use the problem solving process independently or with consultative assistance from other colleagues.

What professional development focus is needed at Tier I for academics and behavior?	Professional Development at the Tier I level should focus on at least the following competencies: • Effectively differentiating instruction to meet the needs of diverse groups of learners. • Implementing components in the Positive Academic Services and Supports (PASS) blueprint for academic curriculum, instruction, and response. These components include: effective instruction, remediation, intervention, accommodations, and informal modifications. • Implementing components in the Positive Behavioral Self-Management System (PBSS) blueprint for discipline, behavioral management, self-management, and school safety. • Conducting effective formative and summative evaluations and using progress monitoring to routinely measure academic and behavioral outcomes. • Utilizing the problem solving process at the individual teacher or grade level to effectively link student needs to appropriate differentiated instruction and social, emotional, or behavioral intervention. • Linking functional assessment results with scientifically-, evidence-, and research-based instructional or intervention approaches.
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Tier II



What is Tier II instruction or intervention for academics and behavior?

Instruction or intervention at Tier II includes the specific services, supports, strategies, and/or programs that students need to be successful in the general education curriculum and classroom. Thus, the Tier I academic and social, emotional, behavioral goals, objectives, and expected proficiencies continue to be the primary targets, and effective Tier I instruction continues to be essential. As noted earlier, such instruction (a) uses high quality research-proven core instructional approaches, that (b) are linked to state or national content standards, (c) differentiated to meet students' diverse learning needs, and (d) monitored regularly for effectiveness as evidenced by student mastery on curriculum-based and standards-based assessments.

Depending on the results of the functional assessment to determine why students are demonstrating academic or behavioral challenges, Tier II instruction may include a range of services, supports, strategies, and/or programs that help students to be successful in the core instruction. For a few students, however, the assessment may determine that an alternate core curriculum is needed, or that a student lacks so many prerequisite skills that the core curriculum needs to be put aside until "catch-up" approaches are successfully implemented.

For Academics? For Behavior?	Instructional or intervention strategies or programs at this level typically are strategically targeted to the underlying reasons for a student's lack of "response" to Tier I instruction and classroom-based instructional or intervention approaches. These may involve student-specific factors, or instructional or curriculum-based factors that are impacting student learning, progress, and proficiency. The assessment or intervention process may involve colleagues or other school-based instructional consultants who work with the classroom teacher(s) to address students' needs. Tier II instruction or intervention typically is student-specific, although groups of students with the same difficulties and needs can certainly be grouped together as appropriate. As with academics, the Tier I social, emotional, and behavioral competency and self-management goals and objectives of the Positive Behavioral Support System (PBSS) continue to be the primary focus. Once again, the results of a functional assessment at this level need to be linked to specific instructional or intervention services, supports, strategies, and/or programs that may decrease or eliminate inappropriate student behavior, and/or increase social, emotional, or behavioral skills. In addition to possible teacher/instructional, curricular, classroom, or home/community factors that explain the presenting challenges, the student-specific factors include possible skill and mastery deficits, motivational or performance deficits, inconsistency, and the impact of peer interactions and/or interactions that occur in the common areas of the school (e.g., hallways, bathrooms, cafeteria, buses). There are many intervention approaches available to address these different factors. The assessment or intervention process, again, may involve colleagues or other school-based instructional consultants who work with the classroom teacher(s) to address students' needs. Tier II instruction or intervention typically is student-specific, although groups of students with the same difficulties and needs can certainly be grouped together as appropriate. At Tier II, students are receiving services, supports, strategies, and/or programs that are more intensive than those provided at the Tier I level in an individual school (see the section above that discusses "intensity"). Tier II services and supports are identified, organized, and designated as such by each specific school or district. That is, Tier II services at one school or district may be Tier I or Tier III services at another school or in the next district.
Who provides Tier II intervention for academics and behavior? Where can Tier II academic and behavioral interventions be provided?	Tier II instruction and/or intervention is implemented by the general education classroom teacher to the greatest degree possible. Often supporting this implementation is additional training, consultation, and supervision. At times, the instruction or intervention approaches may be supported and implemented in settings outside the general education classroom by instructional (for academic needs) or related services/mental health (for social, emotional, or behavioral needs) support staff. When this occurs, the general education classroom teacher is fully involved in the planning and evaluation of these services and supports—with the goal still being to facilitate the student's regular classroom academic and behavioral progress, mastery, and proficiency. Thus, as out-of-classroom approaches are successful, they are integrated into the general education classroom as soon as possible.

**What
assessment is
needed at Tier
II for
academics and
behavior?**

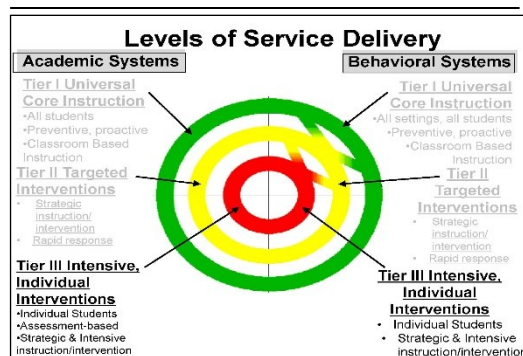
Assessment at the Tier II level focuses especially on answering the following types of primary assessment questions for students who are at risk, underachieving, unresponsive, or unsuccessful in learning, mastering, and becoming proficient in the academic and behavioral standards, expectations, learning objectives, and/or skills being taught at their grade level:

1. What is the current functional academic and behavioral status (i.e., the knowledge and skills that they have mastered) of the students receiving Tier II services or supports?
2. What academic and behavioral standards, expectations, learning objectives, and/or skills has each student learned, mastered, and become proficient in at his/her grade level?
3. What instructional or intervention approaches should the primary classroom teacher be using to maintain the student's progress and proficiency in academic or behavioral areas where the student is currently successful?
4. For the academic and/or behavioral areas of concern—or areas where a student is not functioning at grade level and/or learning, mastering, and/or demonstrating proficiency—what are the reasons underlying these circumstances?
5. What instructional or intervention approaches are needed to resolve the situations identified and analyzed, or what approaches are needed to facilitate the student's grade-level learning, mastery, and proficiency?
6. During and after more intensive instruction or intervention identified in Question 5 above, has the student made progress toward mastery and proficiency in the specific area(s) of concern?
7. For students who still are not mastering the standards and expectations over time or to a significant degree, are additional assessments or services and supports needed?

Given these questions and building on Tier I assessment results, the Tier II assessment system should include a data collection and analysis focused on diagnostic, functional assessment, more frequent or specialized progress monitoring, and outcome-specific formative and summative evaluation. These assessments are likely to be more targeted, intensive, specialized, and/or multidisciplinary.

What academic and behavioral instructional grouping is used at Tier II?	Once again, there is no definitive link between a tier and a specific instructional grouping approach. Grouping is a function of the instructional goals and objectives, the curricular materials and instructional resources, how students best learn, and how teachers need to teach in order to maximize student outcomes and mastery. Students may receive instruction in a whole group or a small group depending on the lesson and the differentiation needed. At the same time, some Tier II instruction or intervention may involve small group or individualized implementation. As this is successful, the transfer to whole- or larger-group general education classroom implementation is a planned and ultimate goal.
How is problem solving used at Tier II?	When students are not demonstrating progress, mastery, or proficiency after classroom-based instructional or intervention approaches, or they are presenting significant academic or social, emotional, or behavioral challenges or needs, the data-based problem solving process becomes more formal, and it involves a grade- or instructional-level problem solving team, or a building-level multidisciplinary MTSS team (see the description of this team in the Committee section above). As noted above, problem analysis now is likely to be more targeted, intensive, specialized, and/or multidisciplinary. Once the problem analysis has confirmed the underlying reasons for the student's difficulties (which may involve instruction, curriculum, or other non-student factors), the results are linked to, typically, more intensive instructional or intervention services, supports, strategies, or programs.
What professional development focus is needed at Tier II for academics and behavior?	Professional development (PD) at the Tier II level builds from that implemented at the Tier I level. Professional development here involves everyone who is involved in the implementation, monitoring, and/or evaluation of outcomes for students who need more intensive (Tier II) instruction or intervention services, support, strategies, or programs. The PD should focus on ensuring that staff has the knowledge and understanding, the implementation skills and techniques, and the consultation and supervision processes needed during the entire data-based problem solving process. At times, PD may need to be individualized to those who are directly implementing the instruction or intervention, and those who are indirectly supporting this implementation. Much of the knowledge and skills provided through PD will center on the specific academic or social, emotional, or behavioral needs of students receiving services or supports at this level of intensity.

Tier III



What is Tier III instruction or intervention for academics and behavior?

Tier III services, supports, strategies, or programs are highly specialized and more intensive than those provided at the Tier II level (see the section above that discusses “intensity”). As such, across the problem identification, problem analysis, and intervention design, preparation, implementation, and evaluation phases, they often involve teachers and multidisciplinary consultants with more specialized training, knowledge, skills, and expertise. As Tier III instructional or intervention goals and outcomes are highly student-specific, Tier III strategies or programs often make significant changes to the school or grade-level’s Tier I core instruction, and in some cases, an entirely different core curriculum may be needed and used.

Given the intensity of needs in different academic and/or social, emotional, or behavioral areas, a student could receive instruction and additional instructional or intervention services, supports, strategies, or programs simultaneously at the Tier I, Tier II, and Tier III levels. For example, in the academic and behavioral areas, students who are performing at grade level or above would receive Tier I instruction. In other academic or behavioral areas where Tier II services and supports are needed, students could simultaneously receive Tier I and II instruction and supports. In the areas of greatest or most significant concern, students could simultaneously receive Tier III services or supports.

Remember that schools or districts identify, on their own, the services and supports that they consider to be at the Tier III level of intensity. Thus, Tier III services at one school may be considered Tier II services at another school within or in the next district.

Who provides Tier III instruction or intervention for academics and behavior?	Due to the level of intensity, the implementation of Tier III instruction or intervention approaches often is facilitated and/or provided by teachers or support professionals who have specific and more specialized skills in the student's area(s) of need. Depending on the areas of concern, general education classroom teachers may continue to be primarily responsible for the core instruction and for the implementation of the Tier III instructional or intervention approaches. When this occurs the support professionals typically are helping to design and evaluate the Tier III approaches, and they are providing direct consultation to the general education teacher(s) to ensure that the approaches are implemented in the general education classroom with appropriate integrity and intensity.
Where can Tier III intervention be provided for academics and behavior?	For some concerns, the Tier III services, supports, strategies, or programs are provided outside of the general education classroom by support professionals who are working directly with specific students. These professionals may include, for example, general or special education teachers, instructional or behavioral specialists, or related services personnel (e.g., counselors, psychologists, social workers, speech pathologists, occupational or physical therapists, school-based mental health therapists). The goal of the Tier III instructional or intervention process is to attain the success needed to move to the least intensive level of services, supports, strategies, or programs. If supported by evaluation data, it is important to note that a student could transition from a Tier III intensity level of services and supports directly to a Tier I level of services and supports.
What assessment is needed at Tier III for academics and behavior?	Assessment at the Tier III level focuses especially on answering the following primary academic and behavioral assessment questions: 1. What is the current functional academic and behavioral status (i.e., the knowledge and skills that they have mastered) of the students receiving Tier III services or supports? 2. In what academic and behavioral standards, expectations, learning objectives, and/or skills has each student learned, mastered, and become proficient in at his/her grade level? 3. What instructional or intervention approaches should the primary classroom teacher be using to maintain the student's progress and proficiency in academic or behavioral areas where the student is currently successful?

	4. For the academic and/or behavioral areas of concern—or areas where a student is not functioning at grade level and/or learning, mastering, and/or demonstrating proficiency—what are the reasons underlying these circumstances? 5. What Tier II and/or Tier III instructional or intervention approaches are needed to resolve the situations identified and analyzed, or what approaches are needed to facilitate the student’s grade-level learning, mastery, and proficiency? 6. During and after more intensive instruction or intervention identified in Question 5 above, has the student made progress toward mastery and proficiency in the specific area(s) of concern? 7. For students who still are not mastering the standards and expectations over time or to a significant degree, are additional assessments or services and supports needed? Given these questions and building on Tier I and II assessment results, the Tier III assessment system should include data collection and analysis focused on diagnostic, functional assessment, more frequent or specialized progress monitoring, and outcome-specific formative and summative evaluation. These assessments are likely to be more targeted, intensive, specialized, and/or multidisciplinary.
What instructional grouping is used at Tier III for academics and behavior?	The intensity of instruction or intervention at this level typically requires small group and/or individual student implementation in the areas of academic or behavioral concern.
How is problem solving used at the Tier III level?	The data-based problem solving process at this level is highly formal and systematic, and it typically involves the building-level multidisciplinary MTSS team (see the description of this team in the Committee section above). Problem analysis at this level—involving assessments to determine the reasons for a student’s difficulties or presenting problems—is targeted, intensive, specialized, and multidisciplinary in nature. Beyond assessing the teacher-instructional, curriculum, and students factors present in a school that are contributing to a problem situation, the analysis extends to evaluations of possible classroom/peer, school/district, and home/community factors.

	As always, once the problem analysis has confirmed the underlying reasons for the student's difficulties, results are linked to instructional or intervention services, supports, strategies, or programs at the needed level of intensity. Given the breadth of the assessments (and their results), these services or supports also may involve the student's family, and community-based, as well as school-based, professionals.
What professional development focus is needed at Tier III for academics and behavior?	Professional development (PD) at the Tier III level builds from that implemented at the Tier I and Tier II levels. Thus, professional development still involves everyone involved in the problem identification and analysis process, and/or the implementation, monitoring, and evaluation of outcomes for students needing more intensive (Tier III) instruction or intervention services, support, strategies, or programs. The PD continues to focus on ensuring that staff have the knowledge and understanding, the implementation skills and techniques, and the consultation and supervision processes needed during the entire data-based problem solving process. At this level, however, the PD is targeted to meet the needs of staff members who provide the most intensive, specialized services in the school or district.
How does a decision to determine a student's eligibility for special education services fit into CTAG?	The MTSS process within CTAG cannot be used in lieu of or to restrict a student's protections and rights to a free, appropriate, and public education under the Individuals with Disabilities Education Act (IDEA). If at any point in the problem solving process, a concern is raised that a student has a disability, the procedural safeguards under IDEA must be followed. Nonetheless, when a student receives services and supports through the CTAG/MTSS process, the assessment and outcome data can be used to support the decision whereby a student qualifies for IDEA services through an IEP.

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