

**West Virginia Response to Intervention Project
Student Assistance Team Report**

INITIAL SAT MEETING

Student Tylan Slone School Burch Elementary ID# 540018083
 DOB 9-6-2005 Age 6 Current Grade K Grades Repeated none
 Parent(s)/Guardian(s) Randy Bishop Phone 304-426-4099/946-5430
 Address PO Box 591; Varney, WV 25696
 Referring Teacher(s) Jackie Hill
 Date of Teacher Referral to SAT 9-9-2011 Date of initial SAT meeting 9/9/2011
(Complete at SAT Meeting)

Level of support **currently** being provided to student: Tier 1 Tier 2 Tier 3

I. Statement of Referral Concern(s) and Pre-Referral Interventions.

Tylan has a short attention span and is easily distracted. Sitting in his seat is a constant battle. He does not get along with other students, so he either hits, kicks, or pinches them. His respect for authority is shown by talking back, mocking, pounding on the table, sticking out his tongue, or rolling his eyes. Also, he will tear up his class work and hollow out in class at any given moment.

II. Parent Involvement: Describe parent(s)/guardian(s) contacts made prior to this referral to the SAT, including the dates, results, and copy of Parent Notification.

DATES	RESULTS
8-30-2011	conference with the papaw at school (8:15 am)
9-6-2011	conference with papaw at school (8:30 am)
9-6-2011	phone conversation with papaw at 5:45 pm

III. Statement of Relevant School Experiences:

- a. Did the student participate in a community or private preschool? NO YES
 If yes, describe, the services, including frequency and duration.
 PreK at Burch Elementary (teacher-Shawnee Ward)

** Referring Teacher completes parts I, II & III, and submits to the SAT Chair.*

- b. Did the student receive special education services from WV Birth to Three (IDEA Part C) early intervention program? NO YES If yes, describe the services, including frequency and duration. _____
- c. Did the student receive special education services from an IDEA Part B program for three to five year olds? NO YES If yes, describe the services, including frequency and duration. _____
- d. Does the student have a history of transfers from school to school? If yes, describe frequency.
No
- e. Does the student have a history of excessive absences? NO YES If yes, describe.

- f. Other pertinent school experiences information that might impact student learning:

- g. Indicate each data source reviewed by the SAT. **NOTE:** Each data source document must be attached to the SAT form.

- | | |
|---|--|
| <input checked="" type="checkbox"/> DIBELS | <input type="checkbox"/> Benchmark |
| <input type="checkbox"/> Achievement (e.g. WESTEST) | <input type="checkbox"/> Classroom Performance/Grade |
| <input type="checkbox"/> Health/Medical/Vision/Hearing/Speech | <input checked="" type="checkbox"/> Behavior/Social/Positive Behavior Support Plan |
| <input type="checkbox"/> Intervention Plans (e.g. lesson plans) | <input type="checkbox"/> Scholastic Reading Inventory (SRI) |
| <input type="checkbox"/> Attendance Summary | <input type="checkbox"/> Sonday |
| <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Waterford |
| <input type="checkbox"/> Other _____ | |

IV. Based on the reviewed data, the following action(s) will be taken:

- Continue Tier 1 classroom interventions for _____ weeks.
The SAT will reconvene on or before _____.
- Develop or modify Tier 2 or Tier 3 intervention plan.
The SAT will reconvene on or before _____.
- Evaluations appear necessary in order to determine status of ability or presence of emotional factors that may impede academic progress. Interventions will continue during this evaluation process.

- V. **Intervention Plan.** Summarize the student’s response to multi-tiered intervention(s). Supporting documentation **must** be attached.

INTERVENTION PLAN

Level of Support: <input type="checkbox"/> Tier 2 <input checked="" type="checkbox"/> Tier 3		
Goal Statement <i>(Must be linked to formative assessment results):</i> Students will work to improve on FSF score to reach a score of 15 by middle of year DIBELS assessment.		
Initiation Date: 11/22/10	# sessions/week: Daily	Length of session: All Day
Progress Monitoring Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input checked="" type="checkbox"/> <u>Other per established program</u>		
<p>Intervention Procedures: Teacher will teach/readdress classroom rules as needed. Students will have visual/verbal reminders of class rules. Rules will be concrete and observable. Model Correct behavior. Use of positive/consequence behavior system to improve inappropriate behavior. His behavior is the primary source of student academic problems.</p> <p>Previous behavior plan showed minimal improvement in classroom behavior. Intervention will be amended to target one specific behavior at a time, beginning with staying in seat on a regular basis. However, Tylan’s poor behavior in the classroom impedes on both his learning and the learning of his peers. Tylan’s beginning of year FSF DIBELS score of 0 reflects his ability to recognize first sound fluency The on level score is 10. As a result of his academic struggles and his behavior, it is the recommendation of this team that a multidisciplinary evaluation is necessary to determine the need for special education services.</p>		

- VI. The SAT will reconvene on or before 1/9/2011 to review the results of the aforementioned intervention.

School Assistance Team Participants and Titles

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SAT REVIEW MEETING

Date of SAT Review_
Student

School

Date of initial SAT meeting

Level of support currently be provided to student: Tier 1 Tier 2 Tier 3

Describe the effectiveness of intervention strategies implemented since the initial SAT meeting.
Attach supporting documentation.

[Empty rectangular box for documentation]

Based on the reviewed data, the following action(s) will be taken:

- Continue intervention plan for _____ weeks.
The SAT will reconvene on or before _____ to review results of intervention.
- Develop or modify Tier 2 or Tier 3 intervention plan.
- A multidisciplinary evaluation is necessary to determine need for special education services.

School Assistance Team Participants and Titles

_____	_____
_____	_____
_____	_____
_____	_____

TO BE USED AT EVERY INTERVENTION / SAT REVIEW MEETING