PROCEDURES AND GUIDELINES FOR THE STUDENT SUPPORT TEAM
June 2012

**TIER I**
- Research-based core instruction
- Strategies and classroom management
- Universal screening of all students
- Progress monitoring of “at-risk” students
- Consultation between parents and teachers

**TIER II**
- Effective research-based interventions
- Frequent progress monitoring with data informed adjustments as needed
- Consultation with administrators and other teachers
- Personalized Education Plan (PEP) developed

**TIER III**
- Intensive instruction and assessment
- Increased intensity and frequency
- Formal student support team referral

80% TIER I
- Universal programs, strategies, and intervention for all students

15% TIER II
- Strategic Intervention

5% TIER III
- Intensive Intervention

MOORE COUNTY SCHOOLS
Growing to Greatness
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Moore County Schools
Student Support Team
Procedures

Introduction

The Student Support Team (SST) is a collaborative, school-based, problem-solving team that is organized to address academic, medical, behavioral/emotional and/or other problems which may interfere with a student’s ability to obtain an appropriate education. There are many instances when a student may require the assistance of the SST. Students experience progress as a result of focused, immediate, and effective intervention. The primary intent of this manual is to provide an avenue for student services and has been divided into sections designed to allow team members and school administrators to access procedures and processes related to serving the needs of our students.

Section 1 - Defining the Student Support Team (SST):

1.1 Intervention Principles:

Moore County Schools (MCS) is committed to the highest standard of professional ethics and continuing quality improvement. Therefore, Student Support Team (SST) processes and procedures are designed to ensure the proper use of valid data as a basis for recommending changes in the school environment and delivery of academic services. The principles that guide SST actions include:

- Learning is a unique experience for each child.
- Caregivers and teachers are crucial partners in assuring a student’s success.
- Address teaching, learning, and behavioral issues early to avoid escalation or exacerbation of difficulties or struggles.
- Continuous active support and assistance is provided to parents and teachers.
- Parents and students will be provided appropriate procedural safeguards.
- The referral of a student to the SST is for the purpose of making a concerted effort to meet each student’s varied and individual needs in the least restrictive environment.
- Intervention is student outcome-based, not placement-based.
- All possible alternative explanations for a student’s difficulties are explored before looking for a problem within the student as an explanation.
- Recommendations are based upon analyses that are free of personal, cultural, racial, gender, socioeconomic, and professional bias.
- The SST is a facilitator for change, but the change comes from the real work in the classroom, home, or community.
- There are no “one size fits all” packaged intervention strategies, with each strategy being based on the unique situation of the student, classroom, home, and community.
• The SST will develop and protect rules of discussion that make equitable participation possible and value each person’s knowledge, skills, and experience.
• Accurate documentation is essential in providing meaningful and responsible intervention.

1.2 **Role of the Student Support Team:**

The primary role of the Student Support Team is to empower teachers, parents, and students with the ability to address academic, behavioral (social/emotional), medical and/or other concerns that interfere with the student’s ability to obtain an appropriate education. Student Support Teams perform the following duties (but are not limited to):

- Provide annual training to school staff on SST principles, roles, and referral processes.
- Provide student-centered training to parents and school staff.
- Recommend transition services for students returning to school after extensive or traumatic absence, e.g. home-schooled, hospitalization, alternative school placement, etc.
- Support school and, as needed, county crisis or trauma support actions.
- Manage referral processes for special education assessment.
- Manage school-based Section 504 Accommodation programs as outlined by county policies.
- Manage school recommendations for homebound educational services for children not currently receiving Exception Children’s services.
- Recommend the assignment of students to alternative learning programs or schools as outlined by county policies.
- Provide parents linkage to local community resources and/or outside services and resources.
- At the request of the parents and in coordination with local community services (and if within legal and ethical responsibilities and resources availability), provide screening or assessment services required as a component of treatment or diagnosis, e.g. ADHD screening, residential placement, etc.
- Develop and/or manage solution-focused, student-centered intervention or school-based intervention programs.
- Monitor educational needs of at-risk, pregnant, homeless, home-bound, and/or ‘unaccompanied youth,’ who perform either academically or behaviorally below expectations in compliance with other MCS policies and procedures.
- Monitor active referral cases of transitory students and ensuring that receiving schools obtain necessary case documentation.
- Act as a liaison with military agencies in the transitional support of military dependent children.
• Work with other groups, teams, or committees within the school in the design or implementation of student-centered academic or behavior intervention programs.

• Provide school administrators and Central Office staff with annual feedback on the efficiency, effectiveness, and potential needs impacting SST support and student-centered learning.

• Provide case management of cumulative, Personal Education Plans (PEP), and on-going documentation relative to referral actions, intervention, and other SST actions that follow a student from year to year and school to school.

The SST accomplishes these varied roles through a general processes such as:

• providing teachers and parents with student-centered educational and training opportunities which focus on individual educational concerns rather than global social issues

• addressing concerns where schools have legal and ethical responsibilities

• working with existing human and educational resources

• assisting parents in identifying community-based intervention services, and

• providing solution-focused, student-centered intervention strategies through a process of consultation, problem-solving, and continuous improvement

1.3 SST Organizational Models:

School principals are responsible for deciding on the most suitable SST organizational model for their school. Factors which could impact such a decision include (a) assessed needs of teachers and students based upon past rate of referrals, failures, etc, (b) the size and age range of the student body, (c) the instructional levels represented in the school, and (d) the availability of human, fiscal, physical, and temporal resources in the school. Although schools may develop a model unique to their own needs, the following models are typically used in Moore County Schools:

• Single-Team Model. Such a model is generally used for small schools or schools with limited referrals. Because one team manages all SST activities, a minimum of two meetings per month is recommended. The frequency of meetings, however, is a local decision and depends on the number and nature of referrals. The school’s designated SST chairperson coordinates and manages all team processes and actions.

• Two-Team Model. Using this model, schools organize two separate teams, one team for intermediate colleague collaboration for each instructional level and one primary SST or one team could be an academic team and the second a behavioral team. Each team should have a trained and designated contact at the intermediate level. A minimum of two team meetings for each team per month is recommended. The school’s designated SST Chairperson coordinates and manages all primary team processes and actions.

• Grade-Level SST Team Model. Schools using this model organize a SST to

School principals are responsible for deciding on the most suitable SST organizational model for their school.
coincide with the grade level assignment of key staff such as school counselors and have a separate SST for each grade level. A minimum of two team meetings per month is generally recommended. Each team should have a trained and designated contact or a separate SST chairperson.

- **Subject-Area SST Team Model.** Using this model, schools organize a SST for each subject area or instructional discipline. As in other models, a minimum of two team meetings per month is generally recommended. Each team should have a trained and designated contact or a separate SST chairperson.

### 1.4 SST Membership:

The actual SST membership may vary somewhat depending on the presenting needs of the student, parent, or teacher. Core membership of the SST may be predetermined; however, each school should have at least one designated SST chairperson. In addition, core or consistent membership should include the SST Administrator (or administrator designee), the regular education classroom teacher, a designated recorder, the individual initiating the referral to the SST (if different from the classroom teacher or parent), and the parent or guardian. The parent(s) or caregivers should be invited to all SST meetings. However, their attendance is not mandatory in order for a meeting to take place. If the SST is considering recommending a specialized resource service (e.g. speech/language screening, ESL assessment, psychological assessment, etc), the person(s) providing the service(s) should also be invited to attend the meeting where the recommendation is discussed. To prevent SST meetings from becoming too cumbersome to effectively manage, it is recommended that additional or other support staff generally be utilized only as necessary or essential. Additional members can include, but is not limited to:

- School social workers
- School counselors
- School nurses
- School psychologists
- Speech/language specialists
- OT/PT specialists
- Exceptional Children’s teachers
- ESL staff
- Outside service providers (e.g. private therapists)
- Involved community agencies (e.g. DSS case manager)
- Others as needed (e.g. court-appointed guardians, special needs nurse, etc)

### Parent (or Caregiver) Membership:

Parental involvement and support are critical in assuring the successful development, implementation, and continuing support of effective intervention approaches. In terms of procedures outlined in this manual, the term “parent” or “caregiver” means a person, a guardian, a person acting in the place of the parent, such as a grandparent or stepparent with whom the student lives, a person who is legally responsible for the
welfare of the student, or an appointed surrogate parent (see [NC GS 115C-113.1] – Surrogate Parent – and, if required state special education procedures and policies, for clarification of appointment).

§ 115C-113.1. Surrogate parents.

In the case of a child whose parent or guardian is unknown, whose whereabouts cannot be determined after reasonable investigation, or who is a ward of the State, the local educational agency shall appoint a surrogate parent for the child. The surrogate parent shall be appointed from a group of persons approved by the Superintendent of Public Instruction, the Secretary of Health and Human Services, and the Secretary of Juvenile Justice and Delinquency Prevention, but in no case shall the person appointed be an employee of the local educational agency or directly involved in the education or care of the child. The Superintendent shall ensure that local educational agencies appoint a surrogate parent for every child in need of a surrogate parent. (1987 (Reg. Sess., 1988), c. 1079, s. 2; 1997-443, s. 11A.118(a); 1998-202, s. 4(j); 2000-137, s. 4(m.).)

SST Administrator(s) and Chairperson(s):
Crucial to the successful implementation of interventions and a successful SST are the positions of the SST Administrator (or administrator designee) and the SST Chair. The principal retains all responsibility for proper and effective implementation of the procedures described in this manual as well as the proper and effective implementation of related programs such as Moore County Schools Section 504 Plan. The principal may, however, delegate the management, administrative, and oversight duties related to these requirements to others such as the SST Administrator and Chairperson. The primary function of the SST Administrator is to oversee the comprehensive functions and activities of the SST while acting in a leadership, management, and oversight role. The functions of the SST Chairperson(s) are to ensure that the intervention and referral procedures outlined in this and related documents are fully met and to also manage the day-to-day operation of the SST. The individual selected to be SST Chairperson should be assigned to the school on a full-time basis, should not be assigned additional duties which would detract from these duties and responsibilities, and should be delegated authority reasonably commensurate with responsibilities.

Principals will select the SST Administrator and the SST Chairperson within the first 10 calendar days of the school year. The individuals selected, as well as other key individuals identified by the school principal (e.g. newly assigned SST or critical student support staff, assistant principals, two-team model contact persons, etc), must attend all initial and recurring training provided. The SST Administrator:
- Provides essential leadership, focus, and oversight management
- Ensures procedural safeguards are maintained
- Is familiar with individual responsibilities and procedures outlined in this manual
• Ensures the SST referral and intervention process is not routinely used to address poorly defined academic or behavioral issues, e.g., those not first addressed through pre-referral Tier I and/or II intervention
• Reviews and approves meeting agendas
• Is present and remains for the duration of all meetings
• Calls meetings to order and presents agendas
• Encourages and promotes the participation and commitment of school staff and parents in intervention services and processes
• Monitors and promotes individual team member’s participation and effectiveness
• Arranges for coverage of staff needing to be present at SST meetings
• Ensures SST-related records or documentation are adequately completed, maintained, and available for school and system-wide analysis, e.g., SST Annual Review
• Identifies and coordinates training needs for team members
• Communicates with the principal, Central Office Student Services staff, and other school staff members regarding specific intervention cases or difficulties

The SST Chairperson fills a wide variety of roles and functions that may vary significantly based upon factors such as school population, organizational models, and administrator expectations. The primary role of the SST Chairperson is one of facilitator, performing such functions as scheduling meetings, preparing teachers or others for presentation, leading and focusing the discussion, delegating tasks, and protecting the integrity of the meeting and its purpose. No one individual, however, including the SST Chairperson, is responsible for every task associated with intervention. Intervention is a team effort, requiring collaboration, communication, and effort from all those involved. Within the context of individual interventions, the SST Chairperson:

- Ensures procedural safeguards are maintained
- Reviews and accepts initial referrals, establishes and maintains individual files
- Establishes and maintains case logs necessary to meet timelines/respond to any administrative tasking
- Assists teachers and parents in understanding and participating in the intervention process
- Schedules all meetings, develops meeting agendas, and ensures all necessary timelines are met and appropriate individuals are invited or notified in a timely manner
- Develops team processes such as team notification of meetings, notification of needed attendance to members not routinely in attendance, etc.
- Delegates data gathering or data management functions or tasks, such as recorder, observations or screenings, completion of social/health histories, etc., while ensuring that such tasks are shared equally and no one SST member is too heavily burdened.
• Serves as the facilitator to guide the problem solving and decision making process during meetings, ensuring that data needed for decision-making is presented during meetings so that discussion does not stray from the task
• Ensures that SST documentation, whether action is pending, started, or completed, follows a student to the receiving school if a child transfers to another school
• Ensures that information forwarded to other school-based committees for action (IEP or 504 teams) is valid, reliable, accurate, and complete
• Ensures that cumulative records, the PEP and/or SST intervention documents and other critical educational documents are annotated and maintained relative to SST actions
• Surveys staff as to the effectiveness of SST actions
• Participates in school-based SST Annual Reviews

**Teachers**

In the context of individual student-centered intervention, teachers are expected to:

- Meet roles and responsibilities as outlined in [NC GS 115C-307] and county policies
- Be familiar with intervention resources and programs readily available within the school and district
- Identify and intervene with at-risk students having difficulties and/or performing below grade level
- Initiate, support, and participate in Tier I, II, and III interventions when needed and as described in this manual
- Encourage early parent participation, commitment, and support of needed interventions
- Complete necessary documents and actions as detailed by the SST Chairperson, e.g., PEP, observations, etc.
- Develop, maintain, and monitor the PEP as required by county guidelines

**Recorder**

A critical core member of the SST is that of the recorder. The primary role of the recorder is to ensure that the work of the team is documented in writing for future reference, whether for planning, reviewing, or evaluating interventions with students. The team member who serves as the recorder:

- Works with the SST Chairperson in developing and preparing the agenda for each meeting
- Develops and disseminates the agenda before meetings
- Takes notes during the meeting and provides a record of the discussion in a format that is useful to the school and participants
- Distributes intervention plans to appropriate members

§ 115C-307. **Duties of teachers.**

a) To Maintain Order and Discipline  
b) To Provide for General Well-Being of Students  
c) To Provide Some Medical Care to Students  
d) To Teach the Students  
e) To Enter into the Superintendent's Plans for Professional Growth  
f) To Discourage Nonattendance  
g) To Make Required Reports  
h) To Take Care of School Buildings

10
• Ensures all necessary forms are readily accessible during and outside team meetings
• Provides other documentation and records functions and duties deemed appropriate by the SST Administrator or SST Chairperson

**Miscellaneous or Other Team Members**
The role of other team members can vary significantly depending upon their specific areas of expertise, experience, availability for attendance, focus of referral concerns, etc; however, each team member must be able to:

• Utilize own area of expertise in the development of student-centered interventions
• Perform or participate in any needed pre-referral or intervention actions or screenings that are within the member’s area of expertise (e.g., work with teachers on Level II interventions, observations, social and health histories, etc) and provide the results of such data gathering actions as appropriate
• Remain open to alternative methods of intervention and not base decisions on broad generalities
• Adhere to expectations set forth by the team regarding effective team behaviors
• Assist the team in making intervention plans that not only targets the changes needed for effective student achievement but also enhances the student’s strengths
• Assist in helping teachers, parents, students, and others feel welcome and an integral part of the intervention process
• Assist the SST Chair in identifying team issues, concerns, and strategies to enhance team effectiveness and cohesion
• Be familiar with and committed to problem-solving processes and related procedures such as curricular-based measures
• Ask critical questions that help the team gather pertinent information about the whole child and his or her unique situation

**Miscellaneous team members offer additional insight and expertise in developing appropriate intervention plans for students and are valuable team members.**

**Section 2 - SST Intervention Program:**

School administrators, SST members, and related support staff are responsible for ensuring that the intervention processes and minimal requirements outlined in this manual are either met or exceeded.
2.1 The Intervention Process and Guidelines:

All Moore County Schools employees are responsible for maximizing the learning of all children. The classroom teacher is responsible for meeting student educational needs in their classroom [NC GS 115C–307]. Teachers use the student intervention process to continuously develop their own capacity to meet the challenges of ensuring success for all children. The intervention process itself places strong emphasis on the development of reflective practices and the building of expertise to partner effectively with families, professional collaboration among teachers to intervene early in classroom dilemmas, and the creation of schools and classrooms where all students can learn. Moore County Schools uses a three tiered approach of collaboration and student-centered problem-solving.

Moore County Schools supports the Response to Instruction/Intervention Model (RtI) shown in the above diagram. In Tier I, 80% of student needs will be met by the use of Universal Intervention. Through effective instructional practices, highly qualified instructors will use differentiation and flexible grouping strategies within the regular classroom to meet individual student needs. If progress is not apparent in Tier I, the teacher may need to provide targeted, group intervention within the context of the classroom to about 15% of students which is considered Tier II. Supplemental reading groups, for example, targeting on specific skills might demonstrate this approach. Finally, in Tier III, students not demonstrating adequate progress either through Universal Intervention or Targeted, Group Intervention, should receive Intensive Intervention. About 5% of students might require the use of research-based supplemental and individualized interventions. A descriptive explanation of the tiered process of instruction is described below.

The Moore County Schools Three Tiered Instructional Support Matrix found on the Instructional Design and Innovation section of the website or within the following link explains the tiered model and provides examples of instructional support strategies, interventions, and programs.

TIER I
Tier I is on grade level, universal curriculum and instructional programs that are explicitly and systematically taught to all students using effective best teaching practices and associated interventions.

- Students are continuously progress monitored and formative assessments are used to provide evidence of each and every student’s academic progress.
- Data is collected through formal and informal authentic assessments and an academic prescription is created and implemented by teachers to specifically fit student need.

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<thead>
<tr>
<th>TIER I Focus</th>
<th>All Students</th>
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<td><strong>Curriculum</strong></td>
<td>North Carolina Standard Course of Study (NCSCoS)</td>
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<td><em>Pre-K-5, 6-8, 9-12</em></td>
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<tr>
<td><strong>Instructional Support</strong></td>
<td>Research-based programs, strategies, and instructional methods found in the Instructional Support Matrix</td>
</tr>
<tr>
<td><em>Pre K-5, 6-8, 9-12</em></td>
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<tr>
<td><strong>Instructional Environment/Setting</strong></td>
<td>Multiple, differentiated, and flexible grouping formats to meet student needs in the regular education classroom including advanced learners</td>
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<tr>
<td><strong>Time</strong></td>
<td>90-120 minutes uninterrupted time per day for literacy and 60 minutes a day for math with applications of skills throughout the day across all content areas</td>
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<td><strong>Assessment</strong></td>
<td>Ongoing formative, benchmark and summative assessments; parents informed of student progress on a regular basis</td>
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<tr>
<td><strong>Interventions</strong></td>
<td>Provided by highly qualified classroom teacher</td>
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<tr>
<td><em>Pre K-5, 6-8, 9-12</em></td>
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TIER II
Students, who through daily classroom performance and/or assessment data, demonstrate significantly lower levels of performance than their peers are noted as being “at-risk”. Careful analysis of data by classroom teachers should indicate specific objectives and skills where deficits have been noted during assessment and daily performance.

- Classroom teachers immediately begin to provide additional instructional support that supplements the curriculum so that supplanting does not occur.
- PEPs are developed focusing on the specific deficits of students. These documents are developed and agreed upon between the classroom teacher and the parents.
- Classroom teachers also discuss student’s deficits with other teachers and professionals so that all possibilities for student success may be accessed and implemented.
- Specialized/targeted intervention strategies should be implemented for a minimum of 30-60 additional minutes of explicit and focused instruction per day for a minimal of 2-3 times per week.
- Interventions should last for at least six to eight weeks to allow adequate time for the intervention to be carefully monitored for success.
- Progress monitoring should occur at a minimum of every 2 weeks.
TIER II Focus
Students demonstrating academic difficulties and who have not responded to differentiation and modified instruction in Tier I

Curriculum
Pre-K-5, 6-8, 9-12
North Carolina Standard Course of Study (NCSCoS)

Instructional Support
Pre K-5, 6-8, 9-12
Research-based programs, strategies, and instructional methods designed to supplement universal instruction provided in Tier I found in the Instructional Support Matrix

Instructional Environment/Setting
Homogeneous small group (maximum of 6 students) instruction in the regular education classroom before, during, and/or after school

Time
Minimum of 30 minutes per day, 2-3 times per week in addition to the Tier I universal instruction in the regular education classroom

Assessment
Formative, benchmark, and summative assessments along with progress monitoring twice a month on target skills to ensure adequate progress and student learning; parents informed of student progress at least twice per month

Interventions
Pre K-5, 6-8, 9-12
Provided by the classroom teacher and/or another specialized teacher (reading specialist, special education or ELL teacher) working in the regular education classroom in an inclusion setting

TIER III
Students in Tier III will require supplemental, intensive interventions with increased intensity and frequency. Interventions are customized, intensive, and sustained to specifically align to support students’ needs as noted in assessments and progress monitoring. Deficits have become severe or acute, despite concerted efforts in Tier I and Tier II systematic practices.

- Students who require Tier III targeted research-based interventions should receive additional instruction for a minimum of 60 minutes focused on the selected intervention every day of each school week.
- This is the most intensive phase of the intervention process and should only be required for a few students.
- Students’ specific learning difficulties are discussed not only with parents, but also a formal team that has been trained to professionally discuss student deficits and provide additional targeted research-based interventions.
- Progress monitoring should occur no less than once per week.
- Data collection should continue to be a focus to track student progress and PEPs should be revised accordingly.
**TIER III Focus**

Students demonstrating severe/acute academic difficulties and who have not responded to differentiation and modified instruction in Tier I or Tier II.

**Curriculum**

Pre-K-5, 6-8, 9-12

North Carolina Standard Course of Study (NCSCoS)

**Instructional Support**

Pre K-5, 6-8, 9-12

Sustained, intensive, research-based programs, strategies, and interventions designed to supplement universal instruction provided in Tier I and Tier II found in the **Instructional Support Matrix**

**Instructional Environment/Setting**

Individualized or small, homogeneous group instruction (maximum of 3 students); explicit, intense, differentiated instruction in the regular education classroom or appropriate setting designated by team.

**Time**

Minimum of 60 minutes per day 5 times per week and in addition to classroom instruction.

**Assessment**

Formative, benchmark and summative assessments along with progress monitoring weekly on targeted skills to ensure adequate progress and student learning; parents informed of student progress weekly.

**Interventions**

Pre K-5, 6-8, 9-12

Provided by classroom teacher, another same grade level/same course teacher, another specialized teacher, tutor, other professional designated as an interventionist for at-risk students.

Events that may trigger this problem solving model of collaborative intervention (while this list is not exhaustive) include:

- Significant academic or learning difficulties not responsive to intervention strategies;
- Chronic disruptive behavior;
- Excessive absences or truancy;
- Aggressive behavior;
- Suspected emotional problems;
- Family trauma or dysfunction;
- Suspected drug or alcohol abuse;
- Persistent health problems impacting academic or behavioral performance;
- Physician or therapeutic referral;
- Repeated suspension or expulsion of a student;
- Consideration for retention;
- A student returns to school after extensive absence due to illness, injury, home schooling, etc;
- A student is evaluated and found not eligible for special education services under IDEA or accommodation under Section 504;
- A parent or caregiver expresses a desire or need for intervention;
A student is identified as ‘at risk’ or has a potential for dropping out of school;
Student is considered for non-traditional educational placement.

Although the majority of SST intervention actions are initiated through a direct teacher referral, any school staff member, parent, community member, or even the students may also request that a student be referred for SST intervention. As noted in the manual preface, the processes outlined here are not expected to be the totality of procedures necessary to implement a team process or to provide quality services and cannot be expected to address every situation or variable that a school-based SST could encounter. Because of this, SST chairpersons are expected to utilize their experience, knowledge, and communication skills, to adapt the teacher-referral based procedures outlined in this section to respond to specific referral circumstances. Any person initiating such referral, including parents, should, however, clearly understand that the role of the SST through intervention is to empower teachers, parents, and students with the ability to address academic, medical, behavioral/emotional, and/or other problems that interfere with the student’s ability to obtain an appropriate education and that:

- Classroom academic or behavioral concerns are not rare and that, as a school system and required by law, we attempt addressing such concerns through least restrictive settings and the continued monitoring and evaluation of interventions as outlined in the PEP.
- A mental health-related or medical diagnosis does not, in itself, result in the need for intervention or special services.
- There are often no “quick fixes” for academic or behavioral concerns, focused effort will be required by all involved individuals to address any identified or recurring weaknesses.
- Intervention through the SST is student-outcome based, not placement based.
- Intervention in the regular education classroom, as addressed through the SST intervention process, is a key component of eligibility criteria relative to disability determination.
- Parents have a right to have a child evaluated privately at their own expense and to have the results of the evaluation considered by the school system.

2.2 Movement Between Tiers:

If, in any tier, the interventions resulted in erratic/little or no progress, modified or new intervention strategies should be attempted, monitored, assessed, etc., within a reasonable time frame, again generally four to six weeks, and if successful, annotated in the student’s PEP and on the SST Intervention Addendum.
If the additional interventions resulted in little or no progress, modified or new intervention strategies can either be attempted or the team may determine that an additional tier of interventions or a referral for evaluation for possible non-traditional educational programming is indicated.

Such referrals should be completed within 10 calendar days of the decision to refer, should be well-focused, meet the screening, observation, and intervention requirements for such a referral, and should not generate any unneeded or questionable assessments or evaluations. Parents must clearly understand the intent and possible implications of the referral. Additionally, person(s) providing that evaluation or assessment service(s) for such nontraditional programming should be invited by the Chairperson and involved in the SST meeting when the referral is discussed. If the person providing the assessment or evaluation services fills an itinerant position and is not a member of the SST on a routine basis, the invitation should be provided through direct contact such as email or phone call.

For continuing and severe behavioral concerns, a referral for alternative school or classroom placement may be recommended if the behavioral strategies and modifications utilized by the SST prove unsuccessful. Such recommendations should comply with existing county and state policies. (NOTE: In accordance with federal/state law, regular education students cannot under any circumstances be placed in an EC setting before determining EC eligibility. For example, a child with discipline problems cannot be placed in an SED classroom.)

If a student transfers to another school during the intervention time frame, the SST Chairperson should insure that all related referral and intervention documentation is forwarded to the receiving school.

If a student is referred for non-traditional educational programming, SST strategies and modifications should continue until final placement recommendations have been made. Whether eligible or not under IDEA or Section 504, the EC Case Teacher or Section 504 coordinator shall attach a copy of the Summary of Evaluation results and related documentation and forward to the SST Chairperson within 10 calendar days of placement determination. If eligible for such services, the SST Chair notifies team members and annotates SST documents, PEP, etc., appropriately. If not eligible for such non-traditional services, including (if appropriate), student assignment determination that attendance at an alternative educational setting is not appropriate, the SST Chairperson should, within 10 calendar days of notification, reconvene the SST to update documentation, to include the PEP and related SST documentation, and to address continuing intervention needs, intervention needs or strategies identified.
through formalized assessments, etc. All finalized SST actions will be appropriately documented on the PEP and the SST Intervention Addendum and filed appropriately.

Although SST timelines can vary depending on situational variables, all initial referral actions, initial interventions, and possible follow-up referrals for non-traditional educational programming should be completed within 90 calendar days of the initial referral acceptance and establishment of an SST file by the SST Chairperson. This timeline, however, does not include additional interventions that, at the end of the intervention time period, may be suggested and implemented or delays that occur as a result of special education referral and assessment.

2.3 Teacher-Parent (Caregiver) Consultation:

The Moore County School system acknowledges that teachers, parents or caregivers, and students are all crucial partners in assuring a student’s academic success. The parents are often the teacher’s best resource for deepening understanding of the student’s needs and in providing effective early intervention. For this reason, the first level of intervention for classroom-based concerns is always direct face-to-face contact between teachers and parents. The teacher discusses concerns as represented by the student and, in turn, seeks information, guidance, and support from the parents. Teachers should seek information about the whole student, to include his or her interests, strengths, successes, and challenges at home and in the community. This information is used to expand their understanding of the student, improve or change their practices, adjust classroom characteristics, and to seek and obtain parent involvement and support of interventions.

By actively pursuing Step 1 (Tier I) interventions in concert with parents, the teacher meets pre-referral SST intervention requirements of:

- Participating in a minimum of two solution- or intervention-focused conversations or meetings with parents
- Documenting new insights about the student’s strengths, successes, and challenges
- Documenting new insights shared by the parent as to the causes of concern and recommendations for intervention
- Documenting agreed upon changes in teaching practices, classroom characteristics, and intended outcomes as developed with the parents
- Documenting the effectiveness of these changes through the PEP.

The Moore County School system acknowledges that teachers, parents or caregivers, and students are all crucial partners in assuring a student’s academic success.
2.4 Teacher-Colleague Consultation and Collaboration:

Teachers engage in reflective and collaborative professional discussions. The collective expertise that emerges from this practice increases the individual teacher’s expertise and enriches the teaching and learning opportunities for all students. Whether this collaboration takes place formally, as in a two-team SST model or in a grade or subject-level meeting with teaching peers, or informally, as in an informal meeting with school counselors or a direct consultation with a school psychologist on behavioral issues, the potential for growth exists. If a school utilizes a formal grade or subject-level intermediate meeting to discuss or intervene with students, teachers should be prepared to present concerns, documented intervention and outcome results. Teachers or other staff members may recognize, however, that a student’s needs require actions or intervention support from specialized school support staff or various community services. In such instances, teachers should directly consult with appropriate staff members. Examples of such contacts include:

- Contact school nurse for health concerns such as asthma, diabetes, etc
- Contact school social worker for crisis assistance with food or clothing, abuse, absenteeism, etc.
- Contact school counselor to assess need for school-based counseling. In making such contacts or queries, teachers should realize that school-based counseling is generally focused on educational needs, not in-depth therapeutic counseling normally provided through community resources.
- Contact social workers or SST Chairpersons on community-based intervention services
- Contact school social worker or counselor to investigate causes of absence
- Contact instructional coaches or specialists for reading or instructional suggestions
- Contact school administrators if a child appears to be a danger to themselves or others
- Contact school psychologist for consultation on the development of behavior improvement plans, ADHD-related issues, etc
- Contact specialists such as ESL or speech and language for concerns with a student already being provided those or related services

2.5 Initial Intervention:

The following chart outlines the process for intervention prior to a Student Support Team Referral. Tier I interventions should be clearly documented and if necessary any Tier II interventions along with the development of a PEP. This process is also outlined in the Moore County Schools Instructional Support Matrix. If pre-referral Step 1 through Step 5 (Tier I) as indicated in chart has resulted in little or no progress, teachers or others involved in those interventions should consider the need for a referral for SST intervention. It is important to understand the differences between interventions, accommodations and modifications. The following page provides clear examples.
What Are Interventions?

- Targeted assistance based on progress monitoring
- Administered by the classroom teacher, specialized teacher, or external interventionist
- Provides additional instruction
  - Individual
  - Small group
  - May be technology assisted
- Match curricular materials and instructional level
- Cue work habits/organizational skills
- Modify direct instruction time and group size
- Modify guided and independent practice
- Ensure optimal pacing
- Partner read
- Self-correct mistakes
- Increase task structure (e.g., directions, rationale, checks for understanding, feedback)
- Increase task relevant feedback
- Increase opportunities to engage in active academic responding (e.g., writing, reading aloud, answering questions in class, etc.)
- Mini-lesson on skill deficits
- Increase the amount and type of cues and prompts
- Teach additional learning strategies
- Organizational/Metacognitive/Work habits
- Add intensive one to one or small group instruction
- Change scope and sequence of tasks
- Increase guided and independent practice
- Change types and method of corrective feedback

Interventions are NOT

- Preferential seating
- Shortened assignments
- Parent contacts
- Classroom observations
- Suspension
- Doing more of the same/general classroom assignments
- Retention
- Peer-tutoring

Accommodation vs. Modification

<table>
<thead>
<tr>
<th>Accommodations</th>
<th>Modifications</th>
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<tbody>
<tr>
<td>Same Standards – Different Path</td>
<td>Change Standards</td>
</tr>
<tr>
<td>Level the “Playing Field”</td>
<td>Change core of programs</td>
</tr>
<tr>
<td>Testing Procedures (i.e., read aloud, extended time, testing in a separate room, etc.)</td>
<td>Usually associated with IDEA</td>
</tr>
<tr>
<td>Classroom (i.e., seating, note taking, outline/study guides, tape recorder, etc.)</td>
<td>Creates the “Playing Field”</td>
</tr>
</tbody>
</table>
Initial Intervention for any Student Identified as Struggling

**Step 1**
- Develop hypothesis through data collection
- Consultation with parent/guardian (ongoing)

**Step 2**
- Design and implement intervention(s)
- PEP Development Optional
- Collect and analyze data

**Step 2 (Continued)**
- Improvements/Success
  - Maintain and monitor interventions and progress
  - Continue consultation with parent/guardian (ongoing)

**Step 3**
- Little or No Progress
  - Colleague Consultation
  - Modify Intervention(s)
  - Monitor Progress
  - Implement new intervention(s)
  - Collect and analyze data

**Step 3 (Continued)**
- Improvements/Success
  - Maintain and monitor interventions and progress
  - Continue colleague consultation

**Step 4**
- Little or No Progress
  - Grade Level or Department Consultation
  - PEP Required
  - Inform administrator
  - Modify Intervention(s)
  - Monitor Progress
  - Implement new intervention(s)
  - Collect and analyze data

**Step 4 (Continued)**
- Improvements/Success
  - Maintain and monitor interventions and progress
  - Continue consultation with grade level or department

**Step 5**
- Little or No Progress
  - Update PEP
  - Refer to Student Support Team (SST)
2.6 Student Support Team Referral:

Prior to the initial SST meeting, the referring teacher (or other referring individual) discusses the case with the SST Chairperson and completes initial referral documentation, including attaching documentation of attempted Step 1 through 5 pre-referral interventions and outcomes. The SST Chairperson reviews all referral information. If the information appears complete and in order, the Chairperson creates an SST file on the student. If the information is incomplete or poorly developed, the Chairperson returns the referral to the teacher for completion and/or correction.

Provided that procedures are not violated, the SST Chairperson can, at their discretion and as needed to clarify concerns, schedule or provide supportive screenings, observations, social and health histories, etc., and can initiate any related or needed documentation at this time or as necessary at any time within the intervention process. The SST Chairperson may assign individual duties and responsibilities to other team members at this time. If the person providing any required screening services fills an itinerant position and is not a member of the SST on a routine basis, notification should be made through direct contact such as email or phone call and should not consist simply of a form being placed in a mailbox that is only randomly checked.

Within 10 calendar days of establishing the SST file, the SST Chairperson should schedule the initial SST meeting. The team generally consists of core members, including parents, and dependent upon presenting problems, additional members or student support personnel as necessary. Generally parents should receive a minimum of five calendar days notice prior to this initial meeting. Other participants should also be notified in writing, with a minimum of five calendar days notice being suggested for student support personnel and/or services specialists. If the participant fills an itinerant position and is not a member of the SST on a routine basis, the invitation should be through direct contact such as email or phone call. A copy of any invitations should be placed in the previously established SST file. The SST Chairperson ensures that the teacher or other individual presenting the referral to the SST is fully aware of their involvement and the need to prepare for referral presentation. The referring teacher (or individual) presents the case, including sharing interventions already attempted and their outcome and responds to focused questions from team members.

SST Team members review the PEP and referral information and discuss the case with the referring individual and attempt to clarify specific concern(s). The team determines if additional information and/or a specialist (e.g. nurse, counselor, social worker, psychologist, ESL specialist, etc.) should be consulted. If additional information or input from a specialist is needed and neither is readily available, the recorder reflects this in the minutes. Attendance and/or prior consultation with specialists is suggested in certain cases, e.g., speech and language specialist if the
referral appears to be language focused, OT/PT specialist if the referral appears to be based upon physical concerns, school psychologists if the referral appears to be behaviorally or emotionally focused, ESL personnel if the student is receiving such services, etc. The SST Chairperson or Designee is given the responsibility of making contact with needed specialists, initiating actions for collection of additional data through observations or screenings, and/or initiating any related documentation. The meeting is adjourned and a second meeting is generally scheduled within 10 calendar days of this first meeting.

If no additional data or input from specialists is needed, the team utilizes a problem-solving approach to develop hypotheses relative to referral concerns, brainstorms and problem-solves possible intervention strategies for implementation and/or modifies teacher-based intervention strategies, and, when appropriate and possible, seeks parental support and involvement. The team assigns specific responsibilities for implementation, provision of teacher support, monitoring, follow-up meetings, etc. Benchmarks for improvement, evaluation techniques, and review dates are also developed at this time. Curricular-based assessment (CBM) measures, supported by adequate baseline development, should serve as the basis for benchmark development and evaluation techniques for academically-focused referrals. Similarly, behavior intervention plan (BIP) goals, which are developed and supported by adequate baseline measures, should serve as the basis for benchmark development and evaluation techniques for behaviorally-focused referrals. Although varying depending on presenting concerns and attempted intervention strategies, the initial intervention timeline of four to six weeks of focused intervention should provide an adequate baseline for assessment of intervention effectiveness.

During the implementation of strategies, the student’s progress should be monitored, assessed, and documented by those individuals designated in the intervention planning. A minimum of at least two such assessments should be required, e.g., one generally during the first two or three weeks to see if any minor adjustments to strategies are needed, another at the end. It is vital that all team members, especially those implementing the interventions, acknowledge the importance of intervention integrity and time in implementing or assessing intervention effectiveness.

Within 10 calendar days of the end of the intervention period, the team reconvenes for follow-up meetings when notified/invited by the SST Chairperson or designee. Invitations should be sent to all participants prior to the meeting. At this time, the team collects and analyzes data, evaluates intervention effectiveness, and determines if they were successful or if modifications are warranted. If the current intervention strategies result in student improvement or success, the team modifies the student’s PEP to note progress made. If the team feels additional interventions are needed, suggestions should be made to continue to monitor and/or implement new intervention strategies. The following chart outlines the Student Support Team referral and intervention timeline.
Accurate documentation of SST actions is essential in providing meaningful and responsible intervention. The Personal Education Plan (PEP) is the primary document utilized to document the intervention needs, accelerated activities, and performance benchmarks for students at-risk for academic failure at any grade level. This document is generally developed, maintained, and monitored by the homeroom teacher or grade-level team. If a student is long-term suspended or withdraws, the PEP is placed in the student’s cumulative records. For other students, the PEP is placed in the cumulative records at the end of the school year and is then pulled and revised as needed at the beginning of the next school year.

### 2.7 Required Components Within the Intervention Process:

#### The Personal Education Plan (PEP):

As outlined in [NC GS 115C-105.41](#) as referenced in the following text box, the PEP is the primary document used to evidence the relevant academic history, focused interventions, needs/goals, accelerated activities, and performance benchmarks for students at-risk for academic failure at any grade level and should be completed at the beginning of every school year and updated as necessary. Focused intervention and accelerated activities should include research-based best practices that meet the needs of the students, with such services being provided free of charge to the student. Parents should be included in the development and implementation as well as the ongoing review of these plans.
PEP Development
The development of the PEP begins with the classroom teacher identifying an at-risk student through assessment and analysis of student data. Specific areas of need are targeted. The teacher will use various forms of data and resources to complete Parts I and II of the PEP. Part III of the PEP is then completed documenting Tier I and Tier II interventions that have been implemented to increase student achievement. Progress monitoring is also documented in this part of the PEP. It should be noted that a teacher will only need to fill out the section that pertains to the area of weakness for the individual child.

It is essential that the classroom teacher partner with the parent or caregiver of the child throughout the entire process. Parents are experts regarding their child and can provide great insights into their child’s strengths and weaknesses as well as support intervention efforts in the school environment. Parent involvement also ensures a home/school connection to provide continuity of intervention and fluidity of reinforcements.

If improvements are evidenced in the review of the interventions, it is noted on the PEP document. If revisions are needed, the PEP Addendum is completed and attached. Consultation and progress monitoring continues throughout the process.

The PEP process has many supporting documents that are located in the Appendix. These documents are useful in recording efforts throughout the PEP and SST process. Below is a listing of the supporting documents and their location in the appendix. Following this list is a flow chart of the PEP process.

§ The following changes are made in HB 950, sections 7A.1(b), 7A.1(d) and SB 724, section 4.

SECTION 7A.1.(d) G.S. 115C-105.41 reads as rewritten: "§ 115C-105.41. Students who have been placed at risk of academic failure; personal education plans. In order to implement Part 1A of Article 8 of this Chapter, local school administrative units shall identify students who are at risk for academic failure and who are not successfully progressing toward grade promotion and graduation, beginning in kindergarten. Identification shall occur as early as can reasonably be done and can be based on grades, observations, diagnostic and formative assessments, State assessments, and other factors, including reading on grade level, that impact student performance that teachers and administrators consider appropriate, without having to await the results of end-of-grade or end-of-course tests. No later than the end of the first quarter, or after a teacher has had up to nine weeks of instructional time with a student, a personal education plan for academic improvement with focused intervention and performance benchmarks shall be developed or updated for any student at risk of academic failure who is not performing at least at grade level, as identified by the State end-of-grade test and other factors noted above. Focused instructional supports and services, reading interventions, and accelerated activities should include evidence-based practices that meet the needs of students and may include coaching, mentoring, tutoring, summer school, Saturday school, and extended days. Local school administrative units shall provide these activities free of charge to students. Local school administrative units shall also provide transportation free of charge to all students for whom transportation is necessary for participation in these activities. Local school administrative units shall give notice of the personal education plan and a copy of the personal education plan to the student’s parent or guardian. Parents should be included in the implementation and ongoing review of personal education plans. If a student’s school report card provides all the information required in a personal education plan, then no further personal education plan is mandated for the student. Local school administrative units shall certify that they have complied with this section annually to the State Board of Education. The State Board of Education shall periodically review data on the progress of identified students and report to the Joint Legislative Education Oversight Committee.
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<th>PEP/SST Process Form</th>
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<tr>
<td>PEP/SST Minutes</td>
<td>Appendix B</td>
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<tr>
<td>Notice of Student Referral and Questionnaire</td>
<td>Appendix C</td>
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<td>Notice of Student Referral and Questionnaire(Spanish Version)</td>
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<td>Notice of Scheduled Meeting</td>
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<td>Initial Referral Form-Parent, etc. (Optional)</td>
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<td>Intervention Documentation-Basic Reading (Optional)</td>
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<td>Intervention Documentation-Math Reasoning (Optional)</td>
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<tr>
<td>Intervention Documentation-Reading Comprehension (Optional)</td>
<td>Appendix R-RC</td>
</tr>
<tr>
<td>Intervention Documentation-Social/Emotional/Behavioral (Optional)</td>
<td>Appendix R-SEB</td>
</tr>
<tr>
<td>Intervention Documentation-Written Expression (Optional)</td>
<td>Appendix R-WE</td>
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</tbody>
</table>
Classroom teacher identifies at-risk student through assessment and analysis of student data and targets the specific area of need.

Using NCWISE, cumulative folder, assessment data, and information from parent, teacher completes part I and II of PEP document.

Using Part III of the PEP, the classroom teacher documents Tier I and II interventions implemented to increase student achievement and progress monitoring efforts, only completing sections relative to only the identified student weakness/need.

Improvements/Success
- Maintain and monitor interventions and progress
- Continue consultation with parent/guardian (ongoing)

Little or No Progress
- Colleague Consultation
- Modify Intervention(s)
- Monitor Progress
- PEP Addendum completed

This process may continue with grade level consultation and an addendum meeting or may result in a referral to the Student Support Team.
Vision and Hearing Screenings:

Hearing and vision screenings often serve as an initial step in intervention planning and are required for all follow-up referrals (except as noted) completed by the SST. Students receive vision and hearing screening on a routine basis in selected grades. However, if a teacher, parent, another individual is having concerns that the student may not be seeing or hearing well, they should request the school nurse screen or re-screen the student based upon their observations. For special education assessment referral, the time frame for vision and hearing screening is within one year of the evaluation, i.e. screening results are good for one calendar year. Questions related to hearing screening should be referred to the Moore County Schools audiologist, nursing staff, or teachers for the hearing impaired.

Observations:

Observations are an essential part of a tiered model of intervention and should be a part of the initial Tier I intervention process and completed in Tier II and Tier III as necessary. These observations result in critical information that contributes to the problem-solving processes and, as such, SSTs should ensure that the observations should serve a purpose other than just completing a referral requirement. As a general rule, it is recommended that observations of a specific student be accomplished in two different settings and by individuals with some background in the referring concerns, e.g. special education learning-disabled teacher if the referral appears to be for significant learning problems or a school psychologist for a behavioral concern. One setting should be where the dynamics result in the child doing reasonably well. The other setting should be where the teacher/child dynamics result in a display of the issues that the presenting teacher is attempting to intervene.

2.8 Supporting Effective Student Support Teams:

Moore County Schools has developed the Student Support Team process to address the needs of the individual regular education student. It is a dynamic, multidisciplinary approach that requires the collaborative and integrative efforts of individuals and offices within the school system, parents, the students themselves, and outside agencies or services. The SST intervention process provides benefits to not only the student, but also to all those involved. To be effective, however, the school-based SST requires that:

- The principal demonstrate commitment and support to the SST process.
- The principal assumes responsibility for SST actions.
- The principal serves as or assigns an administrator to the leadership position on the SST.
• The principal approves reasonable requests for intervention-based training for SST members and other school staff.
• The principal considers time and commitment in serving on the SST as a fair share of school duties and adjusts assigned duties to foster team effectiveness and cohesion.
• The principal ensures the SST referral and intervention process is not routinely used to address poorly-defined academic or behavioral issues, i.e. needs not first addressed through pre-referral Tier I and II intervention.
• The school staff and referring individuals understand the purpose and principles of the SST and the processes utilized to provide effective intervention.
• The school staff and referring individuals understand there are no ‘quick fixes’ to academic and/or behavioral concerns and that focused work and effort will be required by all.
• The SST Chairperson manages the day-to-day operation of the SST.
• The established processes, procedures, and requirements are met or followed.
• The time is routinely provided for SST meetings and SST members attend meetings regularly.
• The SST membership includes all necessary individuals.
• The SST members are knowledgeable of (a) developmental stages and issues, (b) school and community resources, (c) the needs of diverse populations, and (d) the development and delivery of alternative curriculum and instructional strategies.
• On-going in-service training is provided to both school staff and parents.
• Qualitative feedback on SST functions, roles, and needs is routinely shared and communicated with school administrators, between schools, and with responsible Central Office staff.

2.9 Procedural Safeguards:

Procedural safeguards are not the sole domain of disabled students. All students and families have rights that must be considered and protected. The SST process, as outlined in this manual, provides for such safeguards and assures that proper documentation is developed and maintained. Safeguards include:

• **Written Notice** - Written parental notice and an invitation to participate in all SST meetings should be provided. Schools should capitalize on every opportunity to establish a partnership with parents and a referral to the SST represents such an opportunity. Parents should receive at least five calendar days notice prior to the meeting. If parents request a different time or date, the SST should take the request into consideration.

• **Parental Notification and/or Consent for Screenings or Assessments** - Parent notification of screenings conducted as a component of the SST intervention process and as provided on the RE-2 (Parental Notification of Screening Procedures) is required. Additionally, written informed parental consent is required prior to any specialized evaluation or service that is not
administered routinely to all students, or prior to any change made in a student’s placement. Parental consent is not required for screenings such as checklists, teacher rating scales, anecdotal records, and other data-gathering activities appropriate for teachers, nor is it required for unobtrusive observations by specialists such as speech pathologists or school psychologists. Teachers or specialists must choose tests and techniques commensurate with their job responsibilities and with “User Qualifications” which appear in publishers’ catalogs. Parents have a right to (a) revoke consent at any time, (b) know that when the student appears to have a disability which interferes with their educational development, Moore County Schools has a right to proceed with due process as outlined by state and county guidelines, (c) have a child evaluated privately at their own expense, and (d) have the results of the evaluation considered by the SST/others.

- **Referral for Outside Evaluation or Services** - As noted above, parents have a right to have a child evaluated privately at their own expense and a right to have the results of the evaluation considered by the SST. The SST, in considering issues such as use of medications and/or the need for medical evaluation or therapeutic services, however, should be extremely judicious or circumspect in providing such advice to parents or others unless the school is willing to bear the potential costs of such services themselves, e.g. use of wording such as “may prove beneficial” versus directly tasking a parent for such services may prove more appropriate.

- **Parent Special Education Referral** - As outlined in [NC GS 115C-113(c)] and state special education procedures, when a teacher, parent, or other involved person recognizes that a child is exhibiting developmental problems or that a child’s educational needs are not being met, he/she **will provide in writing** the reason for the referral, addressing specific problems and the child’s current strengths and weaknesses or needs. This referral shall be given to the principal of the school, the child’s teacher or other school professional, or the superintendent or other appointed official of the local education agency.

- **Confidentiality** - Confidentiality must be observed with personal or specialized data such as psychological reports and health and social histories at all times. The school principal is responsible for ensuring confidentiality of all personal, specialized student records.

- **Family Educational Rights and Privacy Act (FERPA)** - Educational records related to SST actions and providing personally identifiable information, including Section 504 eligibility, evaluation, and accommodation, is managed and protected under provisions of FERPA. “Educational record” means those records that are directly related to a student and are maintained by an educational agency or institution or by a party acting for the agency or institution, to include any information recorded in any way, including, but not limited to handwriting, print, computer media, video or audio tape, film,
microfilm, and microfiche. Personally identifiable information includes but is not limited to:

- The student’s name;
- The name of the student’s parent or other family member;
- The address of the student or student’s family;
- A personal identifier, such as a student’s social security number or student number;
- A list of the personal characteristics that would make the student’s identity easily traceable, or;
- Other information that would make the student’s identity easily traceable.

**Access to Records** - Upon request, parents or a representative of their choice, must be provided an opportunity to review their child’s records and consult with the SST and/or specialized service providers as provided by the Family Educational Rights and Privacy Act (FERPA). Record reviews are provided under the supervision of a school staff member. Requests by parents to receive evaluation results or records maintained or obtained by specialists should be **in writing**.

**Prior Consent for Disclosure** - Educational agencies shall obtain the written consent of the parent of a student before disclosing personally identifiable information from the education records of a student to a third party. Whenever written consent is required, an educational agency may presume that the parent of the student giving consent has the authority to do so unless the agency has been provided evidence that there is a legally binding instrument, or a state law or court order governing such matters as divorce, separation, or custody provides to the contrary. The written consent must be signed and dated by the parent of the student giving the consent and shall include: (a) a specification of the records to be disclosed; (b) the purpose or purposes of the disclosure, and; (c) the party or class of parties to whom the disclosure may be made. Recipients of student records should be also cautioned that student information may not be released to third parties without the consent of the parent/guardian. When a parent refuses to provide consent and the agency feels the record must be shared with another third party to ensure appropriate education of a child, the agency may seek to compel consent through a hearing officer. This parental consent is required in all cases that involve personally identifiable information and third parties, except:

- School officials, including teachers, within the LEA who have legitimate educational interests.
- Officials of another school or LEA in which the student intends to enroll or obtain services.
- Certain authorized representatives of state and federal government who are determining the eligibility of the child for aid as provided under [PL 105-17].
- When required by a judicial order or any lawfully-issued subpoena upon condition that parents/students are notified by the LEA of all such orders or subpoenas in advance of compliance.
• When the disclosure is in connection with a health or safety emergency.

• Nothing in this part shall prevent a LEA from (a) including in the education records of a student appropriate information concerning disciplinary action taken against the student for conduct that posed a significant risk to the safety or well-being of that student, other students, or other members of the local community; (b) disclosing appropriate information maintained under this safeguard to teachers and school officials within the agency or institution that the LEA has determined have legitimate educational interests in the behavior of the child, and (c) disclosing appropriate information maintained under this safeguard to teachers and school officials at other schools who have been determined to have legitimate educational interests in the behavior of the student.

• Least Restrictive Environment - Students have a right to be educated in the general education environment unless it is clearly not in the best interest of the child. Attempts to resolve the educational need(s), to include teacher and parent support and intervention, monitoring, and evaluation of SST recommended interventions, must be well documented prior to referral to special education or alternative educational programming.

• Due Process for Disabled Students - Students identified as 504 eligible, eligible for special education services, or have a record of a disability that substantially interferes with their educational processes will be afforded all due process rights and procedural safeguards as outlined by law and appropriate documents.

• Students Not Yet Identified - Under certain circumstances, children who have engaged in behavior that violates the Moore County Schools’ Code of Conduct, including any behavior that results in a suspension of more than 10 consecutive days or more than 10 cumulative days, may claim due process protections if school personnel suspected or had knowledge of a disability, including a referral to the SST.

• Retention - Children recommended for retention in grades K-8 must receive the benefit of SST intervention (as outlined in Moore County Schools’ policy on Promotion and Retention). The school principal, however, has the ultimate responsibility for promotion/retention decisions as outlined in [NC GS 115C-288]. All students retained or considered for retention should be referred to the SST or have SST documentation.

• Alternative Assignment - Children recommended for assignment to an alternative educational setting, as outlined in [NC GS 115C-105.48 and 391], are provided with procedural safeguards.

• Disruptive Behavior - Children identified by teachers as disruptive as outlined in [NC GS 115C-397.1] have the benefit of SST referral and intervention.

• Waiver - In extreme or obvious cases (e.g. severe sensory impairment) and provided that intervention is not a component of required eligibility criteria, the SST process may be waived before referral to special education or Section 504.
Accommodation. Reasons for the request to waive the SST process must be clearly documented in SST records and must be coordinated with appropriate special education staff prior to actual waiver. The waiver must be signed by the SST Chairperson, appropriate special education or Section 504 staff, SST members involved in any specialized assessments or services, the principal, and the parent.

- **Complaints and Grievances** - If a successful resolution of any complaint or grievance is not achieved at the school level, further appeal can be made by following Moore County Schools policies.

### 2.10 Referral for Section 504 or Special Education:

When Level I, II, and III interventions suggest little or no progress relative to referral concerns and interventions have been implemented for the appropriate amount of time without improvement, the SST may determine the need for intervention such as special education or Section 504 accommodation. Each of these programs generally requires a significant degree of SST action and involvement prior to actually referring a student for such services (e.g., required screenings, observations, and interventions) and documentation of such action (e.g., RE 1, Focus of Concern/Screening, and RE 2, Parental Notification of Screening Procedures).

Focused and qualitative interventions are required prior to referral for EC/504 consideration. Focused intervention means that the SST has assigned a priority to concerns and has implemented actions or modifications to address a limited number of specifically well-defined academic or behavioral concerns. As such, the RE 1, part V (Intervention Strategies), for special education referral should address a well-defined and a limited number of concerns such as basic reading skills, math calculation skills, math reasoning, oral expression, or “out-of-seat” behaviors. If several areas of concern are being addressed with no well-defined strengths, the SST may want to review intervention approaches for “low achievers.” Qualitative interventions means that the SST has provided a thorough functional analysis of the student’s individual needs and implemented interventions to address those needs, not just provided a cursory check of interventions listed on the RE 1.

Federal and state procedures or policies for special education require that certain actions be completed prior to referral for special education assessment and consideration and, in some instances, such actions are actually viewed as a critical component of eligibility determination. In this context and as a minimum, the SST must complete the below listed actions (observations, screenings, interventions, etc) prior to forwarding the referral to special education staff. Failure to complete required actions (see RE 1 - Focus of Concern) and/or referrals noting improvements during intervention may result in the referral being returned to the SST. Returned referrals shall be

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**NOTE:** Under certain circumstances the SST or IEP team may feel that a particular case may warrant an expedited evaluation (i.e., direct referral for testing) without formal interventions being implemented. In such cases, one of MCS psychologists and/or the Director for Student Support Services should be involved.
expedited due to continuing IDEA timelines. (Please refer to the NC DPI Policies and Procedures Manual.)

2.11 Other Referrals to the SST:

Parent Referral for Assessment - Parents may refer students to the SST for a variety of reasons, to include consideration of Section 504 Accommodation, special education services, placement in certain residential settings, and/or related mental health or medical concerns. Such requests should, in one form or another or as specified in related policies (such as [NC GS 115C-113(c)] and DPI’s Procedures Governing Programs and Services for Children with Disabilities) provide in writing the reason for the referral, address the specific concerns or problems and the child’s current strengths and weaknesses or needs.

- Written parent referrals (either in letter format or through the use of a DEC 1) must go straight to the IEP team (not the SST) at the given school.
- The 90 day timeline begins with the receipt of the written referral...in other words, the date the parent provides the request in writing to any individual at the school-the timeline begins.
- The school has an obligation to schedule an IEP meeting without delay upon receipt of the parent’s written referral. The IEP team must review all existing information and make one of two determinations:
  - Proceed with evaluation (obtain parental permission to evaluate-provide a parent handbook). Intervention strategies (if needed) may be done simultaneously with the testing process.
  - Do not proceed with evaluation (based on some compelling evidence from the review of existing information). If the team chooses this option, they must provide the parent with prior written notice as to why the decision was reached (DEC 5) as well as a copy of the parent handbook. In this case, the parent may file due process on the basis of child find if they disagree with your decision not to proceed with testing.
  - In cases of a written parent request for Section 504 accommodations the school based SST should schedule an SST meeting within 10 calendar days of receiving the written request. A written invitation to this meeting should be sent to the parent. At this initial SST meeting the SST team should discuss the parent’s concerns, discuss the SST process and parental involvement, the effectiveness and utility of PEP interventions, student-outcome based versus placement based interventions, the possible need for intervention to determine eligibility for Section 504 accommodations, etc.
    - If the referral is academically or behaviorally related, the parent is amenable, and the 504 team feels that such an approach is appropriate, Tier I, teacher / parent intervention, should first be attempted.
    - If the parent is not in agreement to such an approach, an initial Section 504 eligibility meeting should be scheduled. At this meeting the Section

Written parent referrals (either in letter format or through the use of a DEC 1) must go straight to the IEP team (not the SST) at the given school.
504 team should consider all current information to determine Section 504 eligibility. If the Section 504 team feels that more information is needed to determine eligibility the team should complete the appropriate forms to obtain permission to screen/evaluate, permission to exchange information, etc.

- In cases where a disability is suspected and the need for academic support is in question the team should first consider an EC referral. If an EC referral is being considered the Section 504 team chairperson should contact the EC case manager to determine the proper course of action.

**Parent/Physician or Therapeutic-Based Referrals** - Such a referral is managed similar to procedures outlined above. However, based upon the circumstances of the referral and clarification needs, the SST Chairperson may have to obtain a parental release to discuss or obtain specific information from the referring physician or mental health care provider and to provide invitation to any necessary SST actions.

**Parent Referrals Through an Attorney** - All referrals initiated by an attorney on a parent’s behalf should be referred directly to the Director for Student Support Services.

**Parent/Community Service-Based Referrals** - Student Support Teams, particularly at the secondary school level, may receive parental referrals for specific evaluations based upon future educational needs and/or attendance at residential intervention programs, e.g., psychological assessments for attendance at wilderness camp or SAT modifications. SST members and service providers such as school psychologists may provide such services if the evaluation is within the legal and ethical scope of their responsibilities. However, such services, before provision, may require parental release to discuss or obtain specific information clarifying the need and intent of assessments, separate parental permission for assessment, and screenings such as vision and hearing. Additionally, requests for such assessments should only be made or considered when in coordination with referring agencies; e.g., parent requests for such assessments should not be made solely upon vague or questionable information obtained from sources such as an Internet web site.

**Referral Based on Retention Recommendation** - Moore County Schools’ policy on Promotion and Retention, Promotion Standards, Grades K-8, makes teachers in grades K-8 responsible for early identification for any student that has learning difficulties and who is performing below proficiency. Teachers, by the end of the first reporting period, for those students in grades 1-8 (by the end of the first semester for kindergarten students who are experiencing difficulty achieving progress) who are experiencing difficulty are required to be referred to the SST.

Students who are retained without benefit of prior SST intervention must receive referral and assistance from the SST during the first grading period of the following school year.
Disruptive Students - [NC GS 115C-397.1] notes that “If after a teacher has requested assistance from the principal two or more times due to a student’s disruptive behavior, the teacher finds that the student’s disruptive behavior continues to interfere with the academic achievement of that student or other students in the class, then the teacher may refer the matter to a school-based committee (SST for Moore County Schools). If routinely receiving referrals of this type, it is highly recommended that SST members be fully familiar with the context and application of such referral actions. Additionally, if the student has been referred/or is pending referral to the SST, the student may be entitled to due process and procedural safeguards outlined in DPI’s Procedures Manual, 1504-2.5 page 106. If such a situation exists, the SST Chairperson should consult with appropriate special education staff for clarification.

Students Returning from Extensive Absence - Students returning to full time public school attendance after extensive absence due to issues such as hospitalization, incarceration, or home schooling often require the services of the SST to ensure smooth transition back to the regular education mainstream. While not limited, such services may include the development of individualized transition plans, the assessment of basic academic skills to ensure correct grade placement (e.g. home-schooled for several years and unsure as to correct grade placement), the development of interventions aimed at academic remediation, and repeated monitoring of academic and social development.

Students Exiting Special Education or Section 504 Accommodation - Students terminating or ending special education services or Section 504 accommodation for reasons such as exiting from Developmentally Delayed services, exiting as a result of reevaluation or parental request. The exiting of a special education student or Section 504 accommodated student, however, should not be construed to mean that the student is not at continued risk for academic failure and does not require the development of a PEP [NC GS 115C-105.41]. Upon exiting from special education services or 504 accommodations, the Individual Education Plan (IEP) team or Section 504 Coordinator will address the need for continued intervention in the regular education setting. If a student is deemed to be at-risk for academic failure and in need of a PEP, the EC Case Manager or Section 504/SST Chairperson will refer the student to the SST within 10 calendar days of the decision to exit from services or accommodation. Additionally, if deemed necessary by the SST Chairperson, the EC Case Manager or Section 504/SST Chair (if different) and/or related service providers may act as members of the SST during PEP intervention development.

Students Already Receiving Special Education Services - If a student is already identified as receiving special education services and the IEP team, regular education teacher, or parent wishes to address issues such as changes in eligibility, actions such as required observations, screenings, and intervention in the regular education mainstream will be completed through IEP team actions rather than through the SST.
mainstream will be completed through IEP team actions rather than through the SST. Such a procedure insures seamless decision-making, prevents possible confusion concerning overlapping decision-making authority, and prevents concerns such as teacher and parental confusion as to intervention processes and responsible committees.

**Students Recommended for Alternative Placement/Returning from Alternative Placement** - The SST at a school, with the recommendation of the principal, can request the Superintendent or designee assign students to an alternative program if it is felt the initial enrollment or continuance in school of a student is a threat to the safe and orderly environment of the school or a threat to the well being of the student [NC GS 115C-105.48/391.1] and Moore County Schools Policy. Additionally, students returning from alternative assignment can, at the discretion of the school administrator, be referred for SST review, intervention, and recommendations relative to regular education placement.

**Students Considered a Danger to Themselves or Others** - All school personnel have an inherent obligation to ensure that students do not constitute a threat to themselves, others, or the safe and orderly environment of the school. As such, it is imperative that school staff, including SST members, inform school administrators when they feel such a situation exists. If such a situation exists, the SST Chair should consult with appropriate special education staff for clarification and school administrators on the need for expedited actions and due process safeguards.

**Re-entry Plans for Suicidal Students** - A re-entry plan is required for students returning to school after an absence due to hospitalization or treatment for suicide attempts/ideation. Prior to re-entry, consideration is given as to whether or not the student continues to constitute a danger to themselves or others, e.g., feedback from mental health care providers, parents, etc. As a general rule, re-entry plans are best developed through SST actions involving the parents, the student, and the appropriate school staff. Re-entry plans can provide or address variables such as:

- Clear expectations, roles, and responsibilities, e.g., parent notification of changes in behavior or medications, student abiding by no-harm contract, etc.;
- Possible need for continued supervision/suicide proofing of settings;
- School intervention if another crisis situation develops, e.g., use of restraint;
- Important monitoring or follow-up dates and actions, and;
- Need for classroom or curricular modification, e.g., individualizing assignments – reducing or restructuring academic demands while maintaining a full schedule of activities, individualizing discipline interventions, provision of `safe’ environment or individual when needed, etc.

If the student has been referred/or is pending referral to the SST, the student may be entitled to due process and procedural safeguards outlined in DPI’s Procedures Governing Students with Disabilities Manual: Protections for Students Not Yet Eligible for Special Education and Related Services, 1504 – 2.5 (pg 106).
Student Support Team Process

Teacher updates and submits PEP/referral to the SST Chairperson after Tier I and Tier II interventions have been attempted and data suggests little to no progress.

SST Chairperson reviews data and schedules meeting as appropriate

For articulation, fluency, or voice only: SLP conducts screening, which may lead to IEP meeting for evaluation if there are no other academic concerns

Parents should be invited but are not required to attend/document on parent contact log

1st SST Meeting
Team reviews data to determine recommendations; duties assigned as needed; collaboration with parents and between peers

Intervention/Support Plan is developed and implemented by teacher and data collection/progress monitoring continues.

Progress noted; interventions continue; progress monitoring continues

Little to no progress noted, new / revised interventions are put in place; take back to SST

2nd SST Meeting
Team reviews data to determine intervention effectiveness and may recommend Tier III intervention; collaboration continues; team consults with specialists

Progress noted; interventions continue; progress monitoring continues

No progress noted
Team may decide to try new interventions and complete addendum OR refer to IEP team for consideration of EC services

3rd SST Meeting
The SST process continues with progress monitoring of new interventions; team may reschedule another meeting to review. Accommodations should be considered and documented

Process Continues or Referral to IEP Team is initiated. The addendum is to be completed at each SST Meeting.

Referral to IEP Team
The SST chairperson reviews the student SST folder for all necessary paperwork and documentation, putting forms in order and clipping as necessary, before giving the folder to either the resource teacher or the speech/language pathologist.

The date the SST determines a child will be referred for testing is the beginning of the 90 day timeline to determine eligibility.
Section 3 - Program Management and Oversight:

3.1 Support and Resources:

It is the responsibility of the school principal or assigned SST Administrator to ensure that SST procedures are followed and should investigate ways to support the process. Opportunities may include:

- **Staff Training on SST Procedures** - Within the first 30 calendar days of the academic year, school-based SSTs should provide annual training on the principles, roles, responsibilities, and referral processes of the SST. Such training will include relevant Section 504 procedures and policies.

- **Staff Training** - At least once annually, school-based SSTs and related support staff should provide school staff focused student-centered training in areas identified as a need by the school administrators, school staff, and/or related committees. Examples of such training include training in childhood diabetes provided by the school nurse, training in behavior intervention for ADHD related concerns by the school psychologist, or training on the impact of deployment on military children by the school counselor. SST’s are encouraged to survey school staffs on their view of needs and are further encouraged to share any well-developed training curriculum with other schools that may have similar needs.

- **Parent Training** - At least once annually, school-based SSTs and related support staff should provide parents focused student-centered training in areas identified by school administrators, school staff, and/or parent organizations such as the local PTA. Examples of such training include parents helping their children with homework provided by the school counselor or psychologist, parent intervention for ADHD-related characteristics/behaviors by the school psychologist, or the impact of deployment on military children provided by the school counselor. SSTs are encouraged to survey parents and/or school staff on their views of needs and are further encouraged to share any particularly well-developed training curriculum with other schools that may have similar needs.

- **Reference Sources** - SSTs and related support staff are encouraged to develop reference sources for use by school staff and parents, e.g., parent or teacher links to the school’s website, “lending library,” etc. Examples of materials that should be considered are teacher resources on pre-referral interventions or classroom behavior management, parent resources on needs such as encouraging basic reading skills, helping with homework, ADHD, or even simple computer-based resources or programs that support basic reading or math skills development. Schools are encouraged to survey parents and/or staff on their views of needs and are further encouraged to share or identify helpful resources with other schools that may have similar needs.

- **Intervention Programs for Limited Populations** - SSTs and related support staff are encouraged to identify student-centered intervention programs
for use with limited student populations and to work with other school staff in providing such opportunities, e.g., teaching of organizational and study strategies to students diagnosed with ADHD, group counseling for students of deployed military parents, etc.

- **Educational Intervention Programs** - SSTs, in coordination with school administrators and other school-based groups or support staff, are encouraged to consider the development of innovative educational intervention programs designed specifically to address the recurring needs of their specific student populations such as low achievers. Examples of such research-based programs include peer tutoring, staff, student, and community mentoring programs, and the provision of Web-based educational or training opportunities for parents or students. Schools are additionally encouraged to share or identify such innovative programs with other schools that may have similar needs and to pursue funding or resources for such programs through school administrators, grants, etc. Programs being developed at schools should be approved at the county level.

- **Behavior Intervention and Support Programs** - School-based SST Administrators and SSTs are encouraged to follow a PBIS systematic approach to dealing with behavioral issues by providing behavior intervention services for children displaying continuing concerns. The SST oversees/recommends training of teachers in appropriate classroom behavior management techniques and the development of alternative consequence-based intervention programs.
  o SST Administrators should ensure that school discipline files are reviewed at least quarterly for the existence of recurring individual behavioral concerns.
  o SST intervention and behavior intervention plans are mandatory or expected for:
    - Students being considered for special education, Section 504 accommodation, or alternative placement referral due to behavioral or emotional issues,
    - Students with recurring (not an isolated one or two incidents) behavioral concerns and that have experienced more than 10 days of in-school or out-of-school suspension.

Additional supports are provided through behavior observations, behavior rating scales in addition to consultations with classroom teachers, administrators, special education staff, parents, behavioral support staff, psychologists, and community agencies.
3.2 School-Based SST Annual Review:

The SST Annual Review is completed to ensure that essential SST actions or services are carried out as required by law, policy, or this manual. The annual review provides a means of self-analysis as well as communication between school-based SSTs and Central Office staff.

The SST Annual Review should be conducted at the end of each academic year by the principal or, as delegated, the SST Administrator. Principals should use the results of this review to verify the quality of the services being provided by their SSTs and, as necessary, complete actions such as requests for staff assistance. (See Appendix P)

3.3 Problem-Solving and Curriculum-Based Measurement:

A problem solving approach is based upon three core assumptions.
1) A problem is defined situationally as a discrepancy between what is expected and what occurs. In an academic setting, a problem exists when a student does not perform the academic behaviors that are expected of him or her in a particular curriculum.
2) The problem-solving model assumes that within specific settings, there is a subset of students, which based upon local norms, whose discrepancies are so significant that it may be unreasonable for them to achieve in general education unless their programs are either changed or modified.
3) Effective educators must generate many plans of action prior to attempting the problem’s solution and must also evaluate the effects of the changes actually implemented.
Section 4 - Behavioral Support

Behavior Support Model

TIER I:
Universal Strategies
-All Students
-District-wide
-School-wide
-Preventive
-Proactive
-Strategies and classroom management
-Consultation between parents and teachers

TIER II:
Targeted Group Interventions
-Some students (at-risk)
-Goal setting
-Increasing Positive Interactions
*No students falling through the cracks!*

TIER III:
Intensive, Individual Students
-Tailored interventions to respond to their needs
-Highly structured individualized interventions
4.1 Effective Behavioral Interventions:

Moore County Schools has chosen to use the inverted pyramid to illustrate a funnel effect within the behavioral intervention process. In Tier I all students receive universal intervention in the classroom. If students are struggling or non-responsive, Tier II interventions are attempted and then a move to Tier III if necessary. Behavioral interventions are often among the most challenging tasks faced by school administrators and SSTs. This is true for a variety of reasons. For example, safe school guidelines, codes of conduct, etc., particularly in later grades, rely heavily and almost exclusively upon punishment such as suspension or expulsion to address inappropriate behaviors. Relying upon punishment exclusively as a means of behavior management, however, often has unintended negative effects—such as making school aversive, eliciting aggressive behaviors, parent and student disenfranchisement, and possible inappropriate and continued reinforcement of punished behaviors. Another reason that behavioral concerns are often difficult to address is that parents may not see behavioral concerns in the same light as school personnel. Parents may see their child’s behavioral concerns as a “school problem” or “teacher problem” and may, although perhaps unintentionally, actually enable or reinforce inappropriate behaviors by the student. The student’s age may also significantly impact the effectiveness of any intervention approach attempted. Research on school-based behavioral intervention appears to suggest a somewhat inverse correlation between age and intervention effectiveness. Early intervention is the key.

It is sometimes difficult to decide on the correct approach to individual behavioral intervention. For example, the National Institute of Mental Health recognizes and recommends that behavioral supports combined with appropriate medications, not just simply medication, is the most effective approach in managing children displaying ADHD related behavioral concerns. While schools cannot require medication usage for ADHD, schools can, in concert with parents, however, implement behavioral techniques supported by research such as token economies or contingency management programs with response cost.

If such behaviors appear to place the child at only minimal risk for academic failure and interventions can be readily adapted to the regular education classroom with limited disruption of teaching and the classroom environment, there is nothing that prohibits an SST from, rather than seeking special education or Section 504 accommodation, including such approaches as a component of the student’s PEP.

For more significant behavioral concerns, perhaps the most effective individual approach to behavioral intervention is the team-oriented, problem-solving approach that utilizes parent support and involvement combined with functional behavioral assessment (FBA). This particular approach, based on behavioral analysis, supported by
research, and focusing on antecedents to behaviors, well-defined behaviors, and consequences that actually reinforce behaviors, aims generally at ‘teaching’ appropriate behaviors versus ‘punishing’ inappropriate behaviors. Such an approach is too broad, however, to discuss in any detail in the context of this manual. If interested in such a problem-solving approach to behavioral intervention, SSTs are encouraged to contact school administrators or their school psychologist for more detailed training. An example of a behavior intervention plan based upon this approach is included in the forms appendix to this manual. Although school-based SST’s and teachers should never rely solely upon ‘behavior intervention cookbook’ approaches to intervention, commercially available intervention programs and approaches may also prove helpful in behavior plan development and implementation.

Although behavior intervention plans may be developed in any form or format desired by the school-based SST, effective behavior intervention plans must include or address, as a minimum, the following components:

- Prioritized target behavior requiring intervention – generally no more than one or two behaviors should be addressed at any one time, with other behavioral concerns being addressed after achieving some degree of improvement on targeted behaviors.
- A clear, operational, and measurable definition of the behaviors to be addressed, e.g., cannot measure “student gets angry” but can measure “student refuses teacher direction three times daily.”
- Provide a good baseline measure over a three- to five- day period of targeted behaviors – generally focusing on frequency, intensity, or duration and routinely used as a pre and post measure of intervention effectiveness.
- Identify antecedents associated with the target behavior, e.g., settings, time of day, academic subject, peer proximity, etc.
- Identify possible reinforcing environmental or social/psychological consequences for targeted behavior, e.g., What purpose does the problem behavior serve? – avoidance, attention, peer acceptance or affiliation, power/control, etc.
- Provide a positively focused ‘teaching plan’ addressing the teaching of appropriate behaviors that conform to classroom, school, and code of conduct expectations (should not be based primarily upon the punishment of inappropriate behaviors) – with appropriate positively-focused consequences and reinforcement.
- Although not the focus of the intervention plan, consider the possible need for negative reinforcement or punishment - dependant on issues such as the severity of behaviors and code of conduct limitations.
- Utilizing the identified target and baseline measures, identify ‘real’ and measurable goals that denote success or failure of interventions, e.g. the goal “Joe will not get angry in the school 80 percent of the time” is generally not measurable or realistic, but “Joe will reduce refusing teacher direction to no more than three per day” is measurable.
Recognize that there are no ‘quick fixes’ for behavioral issues and provide an appropriate timeline for intervention, e.g. four to six weeks of intervention to realize a 20 to 30 percent reduction of inappropriate behaviors and/or 20 to 30 percent growth in appropriate behaviors.

Provide for extensive parent involvement, support, and reinforcement of the behavior teaching plan.

Be innovative and individually focused.

4.2 Common Obstacles to Effective Behavior Intervention Plans:

- Teachers lack the skills and support necessary to teach behavior skills.
- Lack of clear responsibilities for implementation, monitoring, etc.
- Lack of parental involvement and support or lack of parental ability to provide such support.
- Failure to consider environmental issues, cultural norms, etc., outside the classroom setting that impact the student’s behavior.
- Extensive use of punishment or negative reinforcement becomes reinforcing in itself, e.g. suspending a student for skipping school reinforces the avoidant behavior that appears to be occurring.
- Failure to adequately monitor or adjust plan over time.
- Inconsistent or incorrect application of interventions.
- Inadequate school-wide support.
- Failure to recognize skill versus performance deficits, e.g., a young student cannot interact correctly with other students because he or she “does not know how to interact” versus just “will not interact.”
- Behavior plan focuses primarily and exclusively on punishment of inappropriate behaviors versus teaching more appropriate replacement behaviors.
- Behavior is an issue of intolerance.
- Definitions of behaviors or goals are vague, not measurable, or unrealistic.
- Too many behaviors are addressed.
- Incomplete baseline measures and a limited number of observations—resulting in poorly defined teaching or intervention plans, intervention goals, or measures of plan’s effectiveness.
- Too much focus on circumstances versus specific behaviors, e.g. focus on mental health diagnoses, current living situation, etc., not on the behavior itself.
- Incorrect intervention, e.g., reliance on “standard” approaches to intervention rather than an individually-focused intervention.