PROBLEM SOLVING PROCESS
Tier I
Problem Solving Model Analyzing Current School-wide Data

Define the Problem
What is the problem?

Evaluate
Did our plan work?

Analyze the Problem
Why is the problem occurring?

Develop a Plan
What are we going to do?

Implement Plan
Carry out the intervention.

PURPOSE

This level reflects what schools should do on a routine basis to improve the quality of instruction to all students. The problem solving process begins when the school Tier I Instructional Support Team (ex.- Anderson/FOCUS Leadership Team, school improvement team) analyzes existing data (i.e.- AYP data, FCAT reports, district-wide assessments, DIBELS, report cards, attendance data, behavioral data, health data, etc). Analysis of the data is used to identify the need for system changes to improve instruction, curriculum, and learning environment for all students.

PARTICIPANTS

- Principal
- Designated staff

PROCEDURES/DOCUMENTATION

The Tier I Instructional Support Team (IST) meets three to four times per year to review data. Interventions and strategies are designed for groups of students identified as performing below the school’s expected performance level. Progress should be monitored, graphed, and analyzed to identify students who are not making expected gains in comparison to other Tier I students. The Tier I team should recommend to the teacher that the student should be considered for Tier II.
PROBLEM SOLVING PROCESS
Progress Monitoring Plan / Tier II
Problem Solving Involving Parent/Guardian and Teacher

PURPOSE
This plan reflects what teachers do on a routine basis as a part of teaching. The problem solving at this level addresses an individual student’s academic or behavioral problems. The Progress Monitoring Plan (PMP) process is used for any struggling student. It is a state requirement for students scoring a Level 1 or 2 on the FCAT and or at or below the 35th percentile on other standardized tests.

PARTICIPANTS
- Parent/Guardian
- Teacher
- Student (as appropriate)

PROCEDURES/DOCUMENTATION
The teacher contacts parent/guardian(s) for a conference to develop the Progress Monitoring Plan (PMP). This conference may involve the student if deemed appropriate by the teacher and parent/ guardian(s). Ideally, conferences should be held in person. Only in extreme circumstances should they be held by phone.

- Parts I and II are completed by checking the appropriate boxes and following directions for completion.
• Part III - The signature section will be signed electronically.

• Part IV- Progress Monitoring

  • The teacher implements the chosen interventions for the designated time frame. Within this time frame, the teacher may substitute or add interventions from the list generated at the parent conference.

  • A record of measurable results is kept and reviewed by the teacher. A code number (see “Progress Monitoring Codes) is entered to describe the progress toward the goals during each monitoring period.

  • If progress goals are not met and the teacher desires support through the IST process, the teacher consults with the IST facilitator. If the decision is made to refer to Tier III, the following must be completed:

    Student Record Review

    Developmental Social History

    Vision/Hearing Screening Request

    Documentation of progress monitoring – include comparison of student’s progress to the classroom performance and to the criteria set for that student.

    Current grades

  • All Paperwork should be collected and shared with the IST facilitator before a Tier III meeting will be scheduled.

  • Interventions should continue at the PMP (Tier II) level while awaiting Tier III IST.
Student Name: _____________________________________ Student Number: _________ FSNI: _________________

Grade: ______  DOB: _________  School: __________________________  Teacher: ___________________________

### First Observation

**Area(s) of Concern:** (check all that apply)

**READING:**
- ___ Phonemic Awareness
- ___ Phonics
- ___ Fluency
- ___ Vocabulary
- ___ Comprehension
- ___ Word and Phrases
- ___ Main Idea, Plot, and Purpose
- ___ Comparisons and Cause/Effect
- ___ Reference/Research
- ___ Other 

**FCAT areas:**
- ___ Word and Phrases
- ___ Main Idea, Plot, and Purpose
- ___ Comparisons and Cause/Effect
- ___ Reference/Research
- ___ Other 

**Language Arts:**
- ___ Writing
  - ___ Penmanship
  - ___ Focusing and Planning
  - ___ Drafting
  - ___ Evaluating and Revising
  - ___ Editing
  - ___ Publishing
- ___ Literature
  - ___ Genre Study
  - ___ Prose
  - ___ Poetry
- ___ Information Literacy
  - ___ Research Process
  - ___ Information Evaluation
  - ___ Ethical Practices
- ___ Communication
  - ___ Speaking
  - ___ Listening
  - ___ Viewing
  - ___ Technology Tools
  - ___ Other 

**Mathematics:**
- ___ Number Sense, Concepts, and Operations
- ___ Measurement
- ___ Geometry and Spatial Sense
- ___ Algebraic Thinking
- ___ Data Analysis and Probability
- ___ Other 

**Behavior:**
- ___ Does not comply with verbal commands
- ___ Refuses to complete classroom assignments
- ___ Off-task
- ___ Out of seat
- ___ Interrupts classroom during instruction
- ___ Destroys school or other persons property
- ___ Uses profanity
- ___ Seeks attention inappropriately
- ___ Exhibits defiance
- ___ Becomes verbally or physically aggressive with peers and adults
- ___ Tantrums
- ___ Other 

**Other Area(s) of Concern:** (attach documentation)

**Parent/Teacher Conference**

Hypothesized cause of concern (Instruction, Curriculum, Environment, Learner): Why is the problem occurring?

What is the student’s current level of performance in the area of concern (baseline measurement)?

What is current classroom, and/or grade level performance?

What is the goal/desired level of performance?

Academic area(s) in which the student is commensurate with peers?
## Specific intervention strategy
(SRA, Earobics, contingency contract, etc.)

<table>
<thead>
<tr>
<th>Specific intervention strategy: (SRA, Earobics, contingency contract, etc.)</th>
<th>Delivery Method/Setting/ Frequency: (direct instruction, small group in classroom, 3-5 x’s per week, etc.)</th>
<th>Person(s) Responsible:</th>
<th>Measurement Tool/Criteria for Success: (DIBELS/risk level, CBM/cwpm, FOCUS/mini-assessment, tally sheet/# of behaviors, etc.)</th>
<th>Review Date(s): (4 to 6 weeks of implementation)</th>
<th>Student’s Response to Intervention: Attach progress monitoring data (i.e., DIBELS, graph, tally sheet)</th>
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<tbody>
<tr>
<td>1.</td>
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<tr>
<td>Criteria for Success</td>
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</tbody>
</table>

**Suggestions for Parent:**

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**Additional areas of concern may be documented on additional pages, if needed.**

**Tier II IST Conference Participants:**

Signatures: Parent ______________________________ Teacher ______________________________

If parent did not attend: Method of contact:                                           Date: 

**Other Participants:**

---

**Review of Student’s Response to Tier II Interventions with Parent**

**By whom:**

☐ Problem resolved; continue to monitor progress at class level.

☐ Significant progress or resolution of original problem; additional area(s) of deficiency identified; use new Tier II form to address new area(s).

☐ Progress being made; current intervention adequate; continue with plan and monitoring of intervention.

☐ Problem not resolved and current interventions not adequate; redesign/modify interventions on new Tier II form.

☐ Problem not resolved. Proceed to Tier III. (If checked, forward the following documentation to the IST facilitator: Tier II IST form, Student Record Review, Developmental Social History, documentation of progress monitoring, and Vision/Hearing Screening Request)

Comments:

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EVS-002-2 Revised 07-01-06          Distribution: Cumulative Folder, Parent, Teacher
PROBLEM SOLVING PROCESS
Tier III
Problem Solving Involving Building Level Resources

PURPOSE
When a student's performance does not change in the desired direction with the interventions made in Tier II, the purpose of Tier III is to provide assistance and support for the teacher from a building level team.

PARTICIPANTS
Required
- Parent/Guardian
- Teacher
- IST Facilitator (to be determined by School Principal)
- Guidance Counselor
- Principal/Administrator
- ESE Teacher/Intervention Specialist
- Speech/Language Pathologist
- School Psychologist

Optional (as indicated by problem):
- Attendance or other family issues: school social worker
- Behavior: intervention specialist, dean, SRO, DARE officer
- Health: nurse
- Reading: reading coach/teacher
- Student (as appropriate)
PROCEDURE/DOCUMENTATION

BEFORE THE TIER III MEETING

- The teacher signs up with IST facilitator and turns in the required paperwork for the Tier III packet to include the Student Record Review Form, Developmental Social History, progress monitoring data, completed Vision/Hearing Screening Request Form, and completed Tier II IST Form.
- IST facilitator completes demographics at top of Tier III IST Form.
- Second observation is completed. IST facilitator or another professional (guidance counselor, reading teacher, etc.) completes a second observation at the top of Tier III IST Form.
- IST facilitator copies and distributes Tier III packet of information to all team members.
- IST facilitator invites parent and other Tier III team members to meeting and documents contact on the Tier III IST Form (see IST Meeting Invitation Letter).
- IST reviews Tier III packet of information.

For behavior concerns the school psychologist MUST be notified at least one week prior to the Tier III meeting in order to complete a behavior observation.

DURING THE TIER III MEETING

- IST facilitator introduces all participants and explains purpose for the meeting. IST facilitator (or another team member) completes the IST Tier III Form as meeting progresses.
- Teacher summarizes and presents progress monitoring results from the Tier II interventions.
- The IST clarifies the specific problem/concern, develops a working hypothesis regarding an important changeable factor in the Instruction, Curriculum, Environment, or Learner Characteristics that is contributing to the concern. (See Four Domains of Learning)
- The IST documents the student’s current level of performance, the classroom/grade level performance, and the goal/desired level performance.
- The IST records the academic areas in which the student is commensurate with peers.
- The IST develops a list of interventions that are supplemental to the core program. Interventions may include small group instruction (3-5 students), computer-based curriculum, in-school/outpatient counseling, assistive technology, etc. (See Developing a Plan)
- The interventions should include information about specific action(s) to be taken, person(s) responsible, and data to be collected to determine adequate improvement. A statement of anticipated outcome should specify the criteria used to determine the success or failure of the intervention.
- DIAGNOSTICS: The IST may request additional diagnostic assessment on the Tier III IST Form. Parental consent for diagnostics is requested and given on the Tier III Form. A copy of the Tier III IST Form is then given to the appropriate evaluator(s). After diagnostics are completed, the IST facilitator will document the results on the Tier III IST Form and set up a meeting with the parent, teacher, evaluator, and other team members (as appropriate) for review of results. The Tier III interventions should be reviewed, modified, and documented as needed on the current or a new Tier III IST Form.

AFTER THE TIER III MEETING

- Interventions are implemented for a minimum of six to twelve weeks.
• Data points for academic problems are collected at least every two weeks (preferably weekly). Data points for behavior problems should be collected daily.

• Midway through the intervention implementation time, the teacher reviews data to assess the student’s progress, modifies the interventions as needed, and documents any changes to the interventions on the Tier III IST Form.

• At the end of the intervention implementation time, the teacher conferences with the parent and the IST facilitator to review the student’s response to the Tier III interventions (Other IST members may be invited, as appropriate). Results of the meeting are documented on the Tier III IST Form.
  
  o If the problem has been resolved, progress is monitored at class level. All IST Forms are placed in the IST folder in the student’s cumulative record.
  
  o If the problem has been resolved or significant progress is being made but an additional area of deficiency is identified, use new Tier II or III forms to address new area and continue monitoring of original interventions.
  
  o If progress is being made and current interventions are considered adequate to close the gap, continue with original plan and monitoring of interventions.
  
  o If problem has not been resolved and current interventions are not considered adequate to close the gap, redesign/modify interventions on new Tier III form.
  
  o If the problem has not been resolved after appropriate interventions have been implemented or level of intervention is above what is typical for regular curriculum and placement, a Tier IV meeting is requested. Parental consent is requested for screenings (intellectual, academic, and speech/language) and given on the Tier III Form. Screenings should be completed, and results recorded on the Tier IV IST Form (speech/language, intelligence, and academic). Interventions continue while awaiting the Tier IV meeting.
### Second Observation

**Second Observer’s Name/Title:**

**Setting:**

**Area(s) of Concern:** (check all that apply)

**READING:**
- ___ Phonemic Awareness
- ___ Phonics
- ___ Fluency
- ___ Vocabulary
- ___ Comprehension

**FCAT areas:**
- ___ Word and Phrases
- ___ Main Idea, Plot, and Purpose
- ___ Comparisons and Cause/Effect
- ___ Reference/Research
- ___ Other

**Comments:**

**LANGUAGE ARTS:**

**Writing**
- ___ Penmanship
- ___ Focusing and Planning
- ___ Drafting
- ___ Evaluating and Revising
- ___ Editing
- ___ Publishing

**Literature**
- ___ Genre Study
- ___ Prose
- ___ Poetry

**Information Literacy**
- ___ Research Process
- ___ Information Evaluation
- ___ Ethical Practices

**Communication**
- ___ Speaking
- ___ Listening
- ___ Viewing
- ___ Technology Tools
- ___ Other

**Comments:**

**MATHEMATICS:**

- ___ Number Sense, Concepts and Operations
- ___ Measurement
- ___ Geometry and Spatial Sense
- ___ Algebraic Thinking
- ___ Data Analysis and Probability
- ___ Other

**Comments:**

**BEHAVIOR:**
- ___ Does not comply with verbal commands
- ___ Refuses to complete classroom assignments
- ___ Off-task
- ___ Out of seat
- ___ Interrupts classroom during instruction
- ___ Destroys school or other personal property
- ___ Uses profanity
- ___ Seeks attention inappropriately
- ___ Exhibits defiance
- ___ Becomes verbally or physically aggressive with peers and adults
- ___ Tantrums
- ___ Other

**Comments:**

**SPEECH:**
- ___ Articulation
- ___ Fluency
- ___ Voice

**OTHER AREA(S) OF CONCERN:** (attach documentation)

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**Tier III Instructional Support Team Meeting Documentation**

**Hypothesized cause of concern (Instruction, Curriculum, Environment, Learner):** Why is the problem occurring?

**What is the student’s current level of performance in the area of concern (most recent measurement)?**

**What is the current level of performance of the class in the area of concern?**

**What is the goal/desired level of performance?**

**Academic area(s) in which the student is commensurate with peers?**

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EVS-003-1 Revised 07-01-06  Distribution: Cumulative Folder, Parent, IST

Tier Process 2007-2008  Page 9 of 19
### Specific intervention strategy:
(SRA, Earobics, contingency contract, etc.)

### Delivery Method/Setting/Frequency:
(direct instruction, small group in classroom, 3-5 x’s per week, etc.)

### Person(s) Responsible:

### Measurement Tool/Criteria for Success:
(DIBELS/risk level, CBM/cwpm, FOCUS/mini-assessment, tally sheet/# of behaviors, etc.)

### Review Date(s):
(6 to 12 weeks of implementation)

### Student’s Response to Intervention:
Attach progress monitoring data (i.e., DIBELS, graph, tally sheet)

1. Criteria for Success
   - Met
   - Not Met

2. Criteria for Success
   - Met
   - Not Met

3. Criteria for Success
   - Met
   - Not Met

4. Criteria for Success
   - Met
   - Not Met

### Suggestions for Parents:
Additional areas of concern may be documented on additional pages, if needed.

Parent Signature ____________________________ (Indicates consent for diagnostics if requested by IST)

If parent did not attend: Method of contact: Date: By whom:

SIGNATURES: Teacher: IST Facilitator:
Principal/Designee: Guidance Counselor:
Speech Language Pathologist: School Psychologist:
ESE Teacher/Intervention Specialist:
Others:

**Request for Diagnostic Assessments**
- Yes
- No (If IST requests diagnostic assessment, a follow-up meeting is required)

Area(s) to be assessed:
- Reading
- Math
- Written Language
- Behavior
- Other

Person responsible: Received by Evaluator (Initials/Date):

**Conference to Review Results of Diagnostic Assessments**
Date_________

Diagnostics Instrument: Date Administered: Results:
(Attach evaluation report)

(Tier III interventions should be reviewed and modified as needed on this form or new Tier III Form)

Signatures of Participants-Parent: Teacher: Evaluator:

**Conference to Review Response to Tier III Interventions**
Date_________

- Problem resolved. Continue to monitor progress at class level.
- Significant progress or resolution of original problem; additional area(s) of deficiency identified; use new Tier II or III form to address new area(s).
- Progress being made; current intervention adequate; continue with plan and monitoring of intervention.
- Problem not resolved and current interventions not adequate; redesign/modify interventions on new Tier III form.
- Problem not resolved. Proceed to Tier IV. Screenings (intellectual, academic, speech/language) are requested and will be documented on Tier IV Form. Interventions continue while awaiting Tier IV meeting.

Parent Signature ____________________________ (Indicates consent for screenings if requested by IST)

If parent did not attend: Method of contact: Date: By whom:

SIGNATURES: Teacher: IST Facilitator:
Other: Other:

Comments:
PROBLEM SOLVING PROCESS
Tier IV
Broader, Systematic Problem Solving Involving the Building Level IST Team

Define the Problem
Clarified by multiple members of the team

Evaluate
Determines success by evaluating data for rate of progress and current discrepancy as compared to grade level
Re-intervene through IST process or determine need for evaluation

Analyze the Problem
Based on input from IST Team, previous interventions, and data gathered since Tier III
Reviews progress monitoring data and screening results

Develop a Plan
Determines whether or not an evaluation is appropriate and establishes appropriate interventions that are to continue

Implement Plan
Implements interventions with fidelity to IST plan
Collects progress monitoring data according to IST plan

PURPOSE
When a student's performance does not change in the desired direction with the interventions made in Tier III, the purpose of Tier IV is to determine the need to provide broader, systematic support to the teacher and student.

PARTICIPANTS
Required:
- Parent/Guardian
- Teacher
- IST Facilitator (to be determined by School Principal)
- Guidance Counselor
- Principal/Administrator
- ESE Teacher/Intervention Specialist
- Speech-Language Pathologist
- School Psychologist

Optional (as indicated by problem):
- Attendance and other family issues: school social worker
- Behavior: intervention specialist, dean, SRO, DARE officer
- Health: nurse
- Reading: reading coach/teacher
- Student (as appropriate)
PROCEDURE and DOCUMENTATION

BEFORE THE TIER IV MEETING:
- The teacher signs up with IST facilitator and turns in progress monitoring data.
- Screenings (intellectual, academic, speech/language) are requested on Tier III IST Form.
- A copy of the Tier III IST Form is given to the school’s speech/language therapist and guidance counselor.
- Screenings are completed, and a copy of the results are given to the IST facilitator who records screening results on original Tier IV IST Form.
- IST facilitator makes copies of data collected since Tier III IST meeting and distributes to all IST members.
- IST facilitator invites parent to meeting and documents contact on the Tier IV IST Form (see IST Meeting Invitation Letter).

DURING THE TIER IV MEETING:
- IST facilitator introduces all participants and explains purpose for the meeting.
- IST facilitator (or another team member) completes the IST Tier IV Form as meeting progresses.
- Teacher summarizes and presents progress monitoring results from Tier III interventions.
- Results of screenings are reviewed by evaluators.
- IST reviews the data and completes the questions on the Tier IV IST Form.
  - If the IST determines the problem has been resolved, progress will be monitored at the class level and any ongoing interventions will be written on the Tier IV IST form. All IST Forms are placed in the IST folder in the student’s cumulative record.
  - If the concern has changed, a new Tier III IST Form should be utilized to document the new concern and record new interventions.
  - If additional objective data is needed, a timeline for collection and a method of review should be established and recorded in the comment section of the Tier IV IST Form.
  - If the student is making progress toward the goal/desired level of performance set at Tier III, interventions should be continued and should be rewritten on the Tier IV IST Form with a decision made about need and method for progress monitoring.
- An evaluation may be requested if
  - the gap is closing but cost and/or time for continued implementation would be well above what is typical for regular curriculum and placement
  - the student is not making progress toward the goal/desired level of performance set at Tier III
  - the student is making progress but current performance in the area of concern is significantly lower than same grade peers.
- If an evaluation is requested, the Rationale for Requesting Evaluation section should be completed on the Tier IV IST Form. The IST determines interventions that will be implemented. Progress monitoring of these interventions is continued.
- Parental permission is requested for evaluation and given on EVS-001 Referral Form provided by the school psychologist. Procedural safeguards and Guide to Evaluation, Eligibility, and Placement (GEEP) are given to the parent.

AFTER THE TIER IV MEETING (For students receiving evaluations):
- Interventions are implemented by the teacher until the eligibility/staffing meeting is held. Data points are collected at least every two weeks (preferably weekly). Data points for
behavior problems should be collected daily. Data collected will be reviewed at the eligibility/staffing meeting.

- Evaluations are completed by appropriate staff.
- An eligibility/staffing meeting is scheduled.
Student Name: _____________________________________ Student Number: _________ FSNI: _________________

(Legal Name)    Last                         First                         Middle

Grade: ______  DOB: _________  School: __________________________  Teacher: ___________________________

Screening Results and Current Grades:

KBIT-2: Date _____________ Verbal______ Nonverbal______ Composite ______

KTEA-2-Brief: Date __________  Reading ______   Mathematics ______   Writing ______

Speech: Date ______   Pass ______    Fail ______

Language: Date ______   Pass ______   Fail ______

Diagnostics (if applicable): attach report

Current Grades: Reading ____   Math ____   Language Arts ____   Science ____   Social Studies ____   Citizenship ____

Attach current TERMS transcripts: Current Grades (A12) and Attendance Daily Summary (A15)

Tier IV Instructional Support Team Meeting Documentation         Date__________

Has the area of concern identified in Tier III been resolved? ___No  ___Yes

Has the concern changed since Tier II or III activities? ___No  ___Yes, explain.

Is the student making progress toward the goal/desired level of performance set at Tier III? ___No  ___Yes, explain.

Is the student’s current performance in the area of concern significantly lower than same grade peers? ___No  ___Yes, explain.

Evaluation requested by IST? No ____ Yes ____

Rationale for requesting evaluation:

(Interventions should be reviewed and rewritten below regardless of evaluation decision.)

Specific intervention strategy: (SRA, Earobics, contingency contract, etc.)

Delivery Method/Setting/ Frequency: (direct instruction, small group in classroom, 3-5 x’s per week, etc.)

Person(s) Responsible:

1. 

2. 

3. 

Suggestions for Parents:

Additional areas of concern may be documented on additional pages, if needed.

Tier IV IST Conference Participants:

Parent signature: ____________________________, date ____________

SIGNATURE: Teacher: IST Facilitator: 

Principal/Designee: Guidance Counselor: 

Speech/Language Pathologist: School Psychologist:

ESE Teacher/Intervention Specialist:

Others: If evaluation is requested, the IST facilitator will complete the EVS-001 and have parent sign giving consent for evaluation. Procedural Safeguards and Guide to Evaluation, Eligibility, and Placement (GEEP) will be given to the parent. The IST facilitator will submit the IST packet to the psychologist.

Comments:

EVS-004 Revised 07-01-07    Distribution: Cumulative Folder, Parent, IST
Referral Process for Speech Only Referrals:

The primary focus of the Instructional Support Team is the development and evaluation of effective interventions, strategies, and alternatives for students who are demonstrating academic and/or behavioral problems. Using the problem-solving process, the IST provides support to teachers and staff members to ensure classroom success. The process should be utilized throughout the school year to resolve concerns related to students’ performance. Within this process, teams should also consider unique factors associated with students who display speech communication difficulties that may require direct speech therapy services. **This process is designed to be used in this manner when speech is the student’s only concern.**

When a teacher identifies a student who exhibits significant difficulty with articulation of developmentally appropriate sounds, speech dysfluencies (stuttering), or voice quality concerns, the IST Process can be utilized for a “speech only” referral. The process for this type of referral is as follows:

**Grades K-12 Instructions**

- The classroom teacher contacts the SLP to discuss speech concerns and to obtain a speech referral packet containing:
  1. Student Record Review Form
  2. Vision/Hearing Screening Request Form
  3. Student Speech Information Form
- The classroom teacher completes the Student Record Review Form.
- The classroom teacher requests a current vision and hearing screening be completed by the school nurse (See Vision/Hearing Screening Request Form).
- The classroom teacher completes the identifying information, conducts the first observation, and records the conference results on the Student Speech Information Form.
- Written parental permission must be obtained in order to conduct a Speech Language Screening.
- The SLP will screen the student and complete the second observation/screening results section. The SLP will indicate results for all four areas (articulation, voice, fluency and language) and write a brief statement explaining screening results.
- The SLP will inform parent of screening results and complete the second conference section.

**IF a student FAILS** the Speech Screening, the SLP will contact the SLI Staffing Specialist to obtain a Referral Form (EVS-001).

**IF a student FAILS** the Language Screening **AND** Academic Concerns are evident, the Instructional Support Team will convene to determine the appropriate course of action.

**IF a student PASSES** all areas of the Speech/Language Screening, file all paperwork in the student’s cumulative folder.

**Pre-K Instructions (VPK)**

- The classroom teacher contacts the SLP to discuss speech concerns and to obtain a speech referral packet containing:
  1. Vision/Hearing Screening Request Form
  2. Social Developmental History
  3. Student Speech Information Form
The classroom teacher provides the completed forms listed above and a copy of Pre-K Developmental Screening Results (i.e. DIAL 3, Brigance, or Battelle Developmental Inventory-II Screener) to the SLP.

Follow the K-12 instructions listed above (NOTE: Student Record Review Form is NOT required for pre-k students).

**IF** a student **FAILS** the Speech Screening, the SLP will contact the SLI Staffing Specialist to obtain a Referral Form (EVS-001).

**IF** a student **FAILS** the Developmental Screening and/or Language Screening **AND** Pre-Academic Concerns are evident, the general education teacher will contact the Pre-Kindergarten Teacher on Special Assignment.

**IF** a student **PASSES** all areas of the Speech/Language Screening, file all paperwork in the student’s cumulative folder.

**Pre-K Instructions (Head Start)**

All students will be referred through Child Find and evaluated by the district’s Speech Language Diagnosticians.

**NOTE:** A Release of Information must be signed by the parents of Head Start students in order to give Head Start personnel copies of IEP’s, etc. The SLP in cooperation with the Head Start staff may facilitate this requirement.
To the Parent/Guardian of: __________________________________________________
School Name: _________________________ Date Sent: _________________________

A meeting to discuss your child’s speech and/or communication skills has been scheduled as follows:

Date: _______________ Time: __________ Location: _______________________
Contact Person:__________________________ Phone:_________________________

The purpose of the meeting:

☐ Discuss your child’s speech/communication skills
☐ Obtain parental permission for Speech Language Screening
☐ Discuss Speech Language Screening results
☐ Other: __________________________________________

YOU MAY CALL THE CONTACT PERSON OR COMPLETE THE FORM BELOW.

------------------------------------------
CHECK THE APPROPRIATE RESPONSE, SIGN BELOW AND RETURN TO YOUR
CHILD’S TEACHER PRIOR TO THE SCHEDULED MEETING.

☐ Yes, I will attend the scheduled meeting.
☐ I am unable to attend the meeting. Please contact me at _______________ to
  reschedule.
☐ I can not attend at this time, but I would like to change the meeting date/time to
  ____________________________.

________________________________________________________________________
Student Name                                       Parent/Guardian Signature                    Date

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<tr>
<td>Teacher:</td>
</tr>
<tr>
<td>Grade:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Performance</td>
</tr>
<tr>
<td>□ Achieving pre-academic/academic progress</td>
</tr>
<tr>
<td>□ Pre-academic/academic concerns addressed through general education intervention</td>
</tr>
<tr>
<td>□ Progress Monitoring Plan: Y_____ N _____ NA (Pre-K) _____</td>
</tr>
<tr>
<td>Area of Concern ____________________</td>
</tr>
<tr>
<td>□ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Observation and Conference</td>
</tr>
<tr>
<td>First Observation:______</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

| Observer/ Title:                   |
| First Conference and Result:______  |
| Date                                |
| □ Student will be referred for screening. |
| □ Student will not be referred for screening at this time. |
| □ Comments:                        |

| Participants (list names):         |

<table>
<thead>
<tr>
<th>Part III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request for Speech Language Screening</td>
</tr>
<tr>
<td>Parent/ Guardian Signature ____</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

| Parent’s signature indicates consent for Speech Language Screening only. |

<table>
<thead>
<tr>
<th>Part IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Observation/ Screening Results:______</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Articulation P__ F__</th>
<th>Voice P__ F__</th>
<th>Fluency P__ F__</th>
<th>Language P__ F__</th>
</tr>
</thead>
</table>

| Observer/ Title:                   |

<table>
<thead>
<tr>
<th>Part V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Conference</td>
</tr>
<tr>
<td>Second Conference and Recommendations:______</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>□ Student will be referred for speech evaluation.* Parent will be provided with Procedural Safeguards and Guide to Evaluation, Eligibility and Placement (GEEP).</td>
</tr>
<tr>
<td>□ Student will not be referred for speech evaluation.</td>
</tr>
<tr>
<td>□ Student’s screening indicates a need for documentation. (See attachment)</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

| Participants: (list names):         |

---

*Parent will be provided with Procedural Safeguards and Guide to Evaluation, Eligibility and Placement (GEEP).
MEDICAL RECOMMENDATION FOR THE PHYSICALLY IMPAIRED WITH ORTHOPEDIC IMPAIRMENT, OTHER HEALTH IMPAIRMENT, AND TRAUMATIC BRAIN INJURY; VISUALLY IMPAIRED; AND DEAF OR HARD OF HEARING

- Parent/Physician provides medical information on student to school.
- Guidance Counselor faxes a copy of the medical information to the appropriate ESE Program Specialist:
  
  **Physically Impaired or Visually Impaired**: 429-2968
  
  **Physically Impaired or Visually Impaired**
  Phone: 469-5524
  Fax: 429-2968
  **Deaf or Hard of Hearing**
  Phone: 469-5536
  Fax: 469-5671

- ESE Program Specialist will send the guidance counselor/school a letter with specific recommendations.

Parent/physician provides medical information on student to the school.

School (Guidance Counselor) faxes a copy of the medical information to the appropriate ESE Program Specialist:

Physically or Visually Impaired: 429-2968

Deaf or Hard-of-Hearing: 469-5671

ESE Program Specialist will send form letter to guidance counselor/school with specific recommendations.

Possible Recommendations:

- No further action needed
- 504 Plan Written
- Schedule IST Tier III meeting and proceed as necessary