

Decision Making Along the Continuum of the Pyramid of Intervention

TIER 1

1. Universal screening and benchmarking is conducted at school level.
2. Evidence based curricula and strategies are in place for all students, and differentiation is documented by general education teachers through the general education environment.
3. At risk students are identified in an area of instructional delay (language, academics, behavior).
4. Any student identified as at risk is monitored and instructed in the area of delay for at least a grading period with progress monitoring tool or CBM in order to determine instructional effectiveness.
5. Data is included and analyzed by classroom general education teacher for decision making that indicates if Tier 1 universal interventions should be continued or if there is a need to proceed to the increased intensity of Tier 2 interventions.

TIER 2

1. Hearing and vision screenings are completed for each student requiring Tier 2 interventions.
2. Parents are notified that additional small group intense instruction may be needed for their student.
3. The parent is contacted through a conference, phone call, or letter sent home that includes written documentation of the strategies that will be attempted.
4. Small group instruction in addition to core curriculum is provided to the student for at least one grading period.
5. Progress Monitoring is administered at least every 1-3 weeks to determine if a change in delivery or strategy is required.
6. If data after 3 progress monitoring checks indicates regression or no progress, the problem solving team of general education should meet to determine if more intensity in the delivery time or instruction is required.

TIER 3

1. When the student remains at the lowest 25% of performance in the area(s) of deficit and additional interventions are deemed necessary by teachers, parents, or others, the SST process is initiated with a referral to SST.
2. Baseline and progress monitoring data from Tier 2 are analyzed to create specific goal(s) to increase student achievement in the area(s) of delay.
3. The SST may determine the need for additional information on the student. This may include the use or administration of informal or formal measures to gather individual data on the area(s) of concern.
4. Members of SST collaborate to identify no more than 2 specific interventions to utilize with the student.
*The plan for implementation includes a timeline detailing how long the intervention will be implemented and dates for progress monitoring.
5. If the child is making progress using the SST interventions, the interventions are continued for a minimum of 12 weeks. If progress toward the goal is minimal, SST members will revise or change the intervention.
*The intervention plan should be implemented for at least 4 weeks before changes are made.
*If the intervention plan is successful, the SST will create a plan for reducing the level of support needed by the child to the Tier 2 level. This plan should include a realistic timeframe for accomplishing this goal.
6. The SST may make a referral to special education if the intervention plan and the revisions are not successful in helping the child meet the goals identified by the SST.
7. If a student is receiving support at the end of a school year, the support should be continued at the beginning of the next school year. Data from both school years should be used in determining if a referral to special education is required. The 12 weeks could occur over the course of two consecutive school years; however, the team must have data from the current school year to determine if delays are still evident.

THESE GUIDELINES ARE SUGGESTIONS FOR IMPLEMENTATIONS. THE TIME OF SUPPORT IN EACH TIER SHOULD BE DETERMINED BASED ON THE ANALYSIS OF STUDENT DATA.