

Marion County Public Schools

Pre-Referral Process

Response to Intervention (RTI) Teams

Marion County Public Schools has adopted district procedural guidelines for implementing a 3-tier Response to Intervention (RTI) process for low achieving regular education students. Complete implementation guidelines are also available. This document outlines the steps for RTI Teams to follow to complete the pre-referral process.

Step 1. Identify which students need RtI services based on school's cut-score criteria (10th percentile or lower on benchmark assessments) and/or teacher referral. Place students in Tiers of intervention.

Step 2. Meet regularly to monitor students' progress, as measured by weekly or twice-monthly AIMSweb or program specific progress monitoring probes or behavioral data.

Step 3. For students failing to make adequate progress, ensure they receive Tier III services and consider weekly progress monitoring, if currently on a twice-monthly monitoring schedule.

Step 4. For students continuing to fail to make adequate progress, ask school nurse to screen vision and hearing. Ask speech pathologist to conduct speech screening (unless student has passed speech screening within past year or is currently receiving speech services). If student fails vision or hearing, must be referred for examination by a community resource. For potential Specific Learning Disability referrals, a motor screening must be administered. If results indicate potential motor difficulties, motor interventions must also be implemented and monitored.

Step 5. A minimum of 18 progress monitoring data points must be collected that indicate failure of the student to make adequate progress in academic areas. A minimum of 10 weeks of behavioral data must be collected that indicate failure of the student to make adequate behavioral progress. If the RTI Team, in consultation with the student's teacher(s), determines the student should be referred for evaluation, these forms must be completed:

Referral: To be completed by classroom teacher.

Intervention Strategies: This is Page 5 of the Referral form. To be completed by the RTI Team. Attach AIMSweb/EasyCBM/progress monitoring chart(s) and other documentation of student progress under student's intervention plan.

NOTE: RTI must be implemented with fidelity before a student suspected of having a disability, in particular, a Specific Learning Disability, can be referred for a Multidisciplinary Team evaluation. (Students suspected of other mildly disabling conditions, such as Other Health Impaired, Developmental Delay or Mild Mental Disability, must also participate in the RTI process).

Step 6: Completed forms are given to the Guidance Counselor/RtI Coordinator and/or ARC Chairperson who reviews the file. If he/she approves and signs the referral, the file should then be sent to the appropriate ECE teacher. An ECE teacher, along with the school psychologist, will review the referral to determine if all required documentation is complete. If no, the file will be returned to the Guidance Counselor/RtI Coordinator and/or ARC Chairperson for correction. If yes, the file will be given to the ECE teacher to schedule ARC meeting.

NOTE: If a student appears to have a moderate to severe disability (FMD, Autism, VI, HI, OI), the length of the intervention process can be shortened by the RtI Team.

SLD ELIGIBILITY

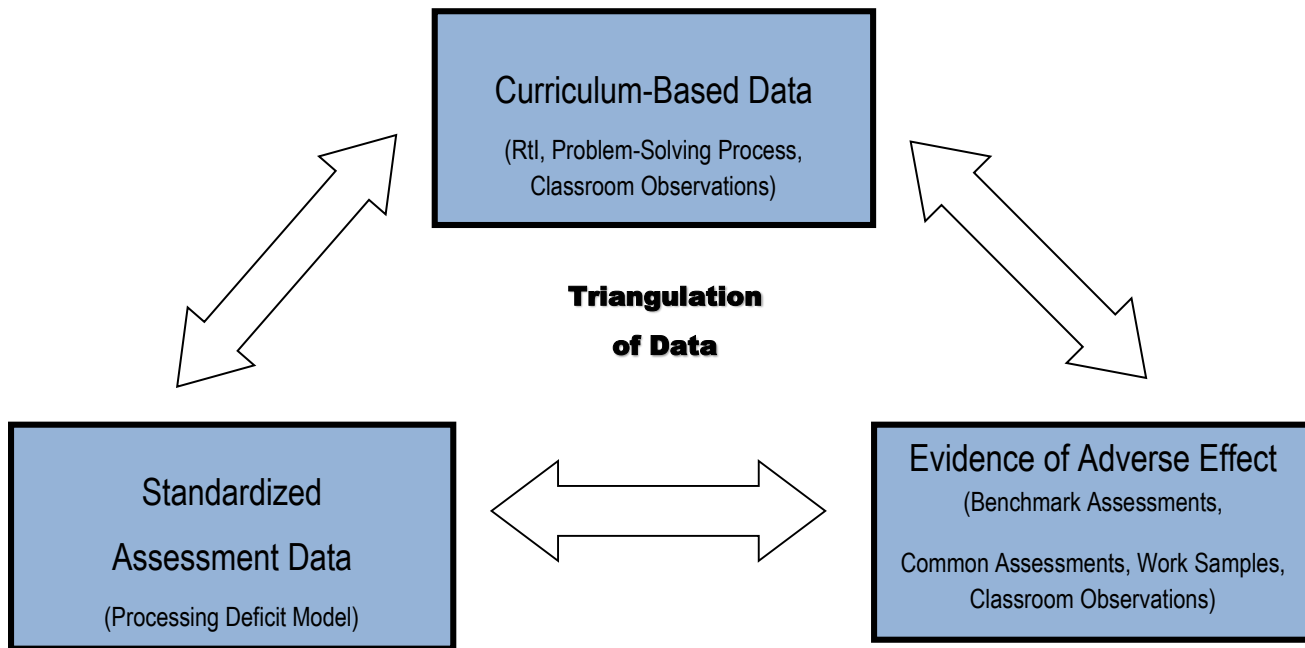
How is Eligibility Determined for Specific Learning Disability?

In the event that the problem-solving team recommends a referral for an evaluation for Specific Learning Disability, the following criteria must be documented in *each* area of concern (i.e., basic reading, reading fluency, reading comprehension, math computation, math reasoning, written expression, listening comprehension, and oral expression). The decision for eligibility is based on a balanced approach through a comprehensive evaluation that encompasses all ongoing RtI and Problem-Solving data in combination with the psychological assessment.

Definition (34CFR300.7(c)(10))	RtI-Informed Criteria	Assessment-Based Criteria
Student has a disorder in one or more of the basic psychological processes	<ul style="list-style-type: none"> - Repeated measures that show - Lack of <u>appropriate</u> response to instruction plus intervention - Over an <u>adequate</u> period of time 	<ul style="list-style-type: none"> - Standardized cognitive assessment(s) that substantiate the processing deficits that underlie the academic or skill deficit - Use of Processing Deficit Model - Processing weakness(es) are consistent with academic weakness(es) and - Processing strength(s) is/are significantly discrepant from both processing and academic weakness(es)
That manifests itself in an imperfect ability to learn and	<ul style="list-style-type: none"> - Student performs - Below grade level standards and - Below like peers (defined as similar age, culture, linguistic background, SES, etc.) 	<p>Triangulation of Data:</p> <ul style="list-style-type: none"> - Standardized academic assessment(s) that compare(s) student performance to same-age or same-grade peers within a normed sample - Curriculum-based measures that correlate with performance on standardized assessments - Classroom observations support adverse effect
Does not include learning problems that are primarily the result of other factors	<ul style="list-style-type: none"> - Data that confirms <u>appropriate</u> core instruction, including - Attendance - Match of instruction to student's academic or skill deficit - Evidence of research-based instruction delivered with fidelity - Data that confirms that Limited English Proficiency is not a determinant factor: Student data is compared to a like cohort of students, defined as - Language level - Length of time in country - Language in the home - Language of instruction - Length of time in ELL - Screenings and/or evidence of consideration for vision, hearing, motor, cognitive, behavior, speech and language, and economic and cultural factors 	<ul style="list-style-type: none"> - Standardized assessments that take into consideration the unique language, linguistic, and cultural factors of the student

Data-Based Decision-Making for Eligibility

For eligibility, the student must display processing deficit(s) that explains the academic or skill deficit(s) observed through both RtI data and standardized assessments. The processing deficit(s) provide(s) the supporting evidence necessary to determine that the reason for the lack of response to instruction plus interventions is primarily due to a learning disability. Furthermore, the deficit must impact the student's education to the degree that he/she requires specially designed instruction (evidence of adverse effect).



If there is no evidence of a processing deficit (as defined above), then the student is not eligible for special education. However, the student continues to receive intensive intervention **with renewed efforts to establish appropriate instructional techniques**, as informed by the comprehensive evaluation results.

If there is no evidence of adverse effect, which is defined as the student is performing *significantly* and *consistently* below same-age peers, then the student is not eligible for special education, even if there is evidence of a processing deficit. However, the student continues to receive intensive intervention **with renewed efforts to establish appropriate instructional techniques**, as informed by the comprehensive evaluation results.