

STUDENT ASSISTANCE
TEAM

Policy and Procedures Manual

Natchitoches Parish
Revised December 2009

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**POLICY STATEMENT
DEFINITION OF SAT
PURPOSE DUE PROCESS**

Policy Statement

It is the policy of the Natchitoches Parish School System to provide a positive learning experience for every student regardless of race, gender, handicap or disability. Every student is entitled to an opportunity to succeed educationally and behaviorally in the school setting.

It is the intent of the Natchitoches Parish School System to ensure that students who are “at-risk” are provided with scientifically research based interventions to meet their individual needs. The primary intent of intervention is to assist the student in the general education classroom to be more successful in school.

The Natchitoches Parish School System will utilize school based Student Assistance Teams (SAT) to identify students who are in need of intervention in the general education setting. SAT in conjunction with the student’s teacher(s) and parents will recommend, develop, monitor, and revise interventions as necessary to move the student toward success.

SAT will also be utilized to collect data upon which a determination for referral for further assessments can be made. Data driven decisions will be the key factor in determining the need for evaluation under IDEA and Section 504 eligibility requirements.

Definition of and Purpose of SAT:

The SAT is a day-to-day problem-solving committee of teachers within a particular school building. The function of this committee is to help classroom teachers develop strategies to assist students who are experiencing difficulties in the school setting. Difficulties may include, but are not limited to, attendance, learning, behavior, social skills, health, motivation, and any other problems that may impact educational performance in school.

The concept of the SAT rests upon these assumptions:

First, in many situations the classroom teacher can help a child with learning or behavioral problem.

Second, there is considerable knowledge and talent among school staff.

Third, teachers and families can resolve many more problems by working together than by working alone.

The Major Purpose of the SAT is to:

1. Facilitate communication among staff and parents concerning students having difficulties.
2. Provide support to teachers who are implementing interventions.
3. Recommend, design, facilitate, monitor, and collect data for educational/behavioral interventions for students who are experiencing various school difficulties.
4. Ensure that interventions are scientifically researched based and specific to the need of the student.
5. Make data driven decision regarding the need for further assessment and serve as point of entry for all evaluation under IDEA and Louisiana Bulletin 1508.
6. Act as the screening and data collection vehicle for Pupil Appraisal Services.
7. Identify students who meet eligibility requirements under Section 504 and develop Individual Accommodation Plans for qualified students. Eligibility must be reviewed every three years and IAP must be written annually.
8. Educate other staff members on the process and procedures for SAT including referral, intervention, progress monitoring, response to intervention, and data driven decision making.

Composition of the committee:

SAT members are appointed by the school principal and shall include at a minimum:

Principal

SAT Chairperson

2 General Education Teachers

Principals may choose to include such individuals as coordinators, counselors, specialists, etc.

A Pupil Appraisal Liaison will be assigned to every school to assist in the SAT process for that particular school. This individual will serve as consult and advisor to the SAT committee and assist in the referral process for IDEA evaluations. The Pupil Appraisal Team member will also serve as coordinator for all evaluations assigned in accordance with Louisiana Bulletin 1508.

Parental Participation in SAT:

Parent participation in the intervention and referral process is vital. The parent of any student referred to SAT for intervention must be included in the decision making process.

Our schools are populated with students from various and diverse cultures and backgrounds. It is the responsibility of SAT to fully inform parents of intervention, progress, decisions, and answer questions regarding their child in a language that is understandable and meaningful to them.

Due Process:

Due process rights of handicapped students and disabled students and their parents are protected under Section 504 and Individuals with Disabilities Education Act (IDEA). Natchitoches Parish School System shall strictly enforce adherence to these laws.

A full explanation of these rights can be located in the Appendix of this manual for Section 504. A full explanation of rights of exceptional children can be found in the Louisiana's Educational Rights of Children With Disabilities Handbook.

Privacy:

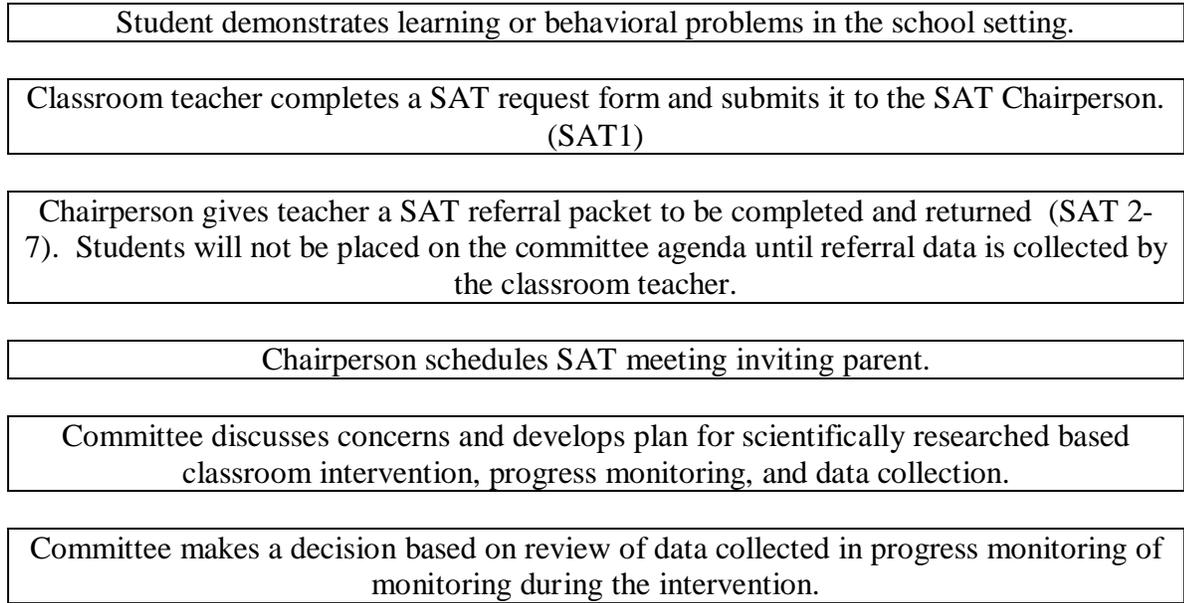
All information collected, reviewed, or discussed in the SAT is considered strictly confidential. Therefore, all protections under FERPA and HIPPA shall be strictly enforced by the Natchitoches Parish School System.

Duties and Responsibilities of the Student Assistance Team Chairperson

1. Establish a schedule of weekly SAT meeting at the school level.
2. Train faculty on the purpose of SAT and the policy and procedures regarding referral to SAT.
3. Receive referrals for SAT and maintain a documentation file for each student referred.
4. Pre-staff referrals with team members and develop meeting agendas based on propriety of student need.
5. Establish and maintain a record and tracking system for SAT data collection.
6. Maintain timely data entry for the Natchitoches Parish Student Assistance Team – Case Status Log.
7. Enter all data for 504 evaluations and IAP in the MTS Data Base.
8. Maintain accurate records of accommodations for LEAP for the Louisiana State Department of Education Section 504 Standardized Assessment Data Validation Form K-12. This documentation can be generated from MTS.
9. Record time spent working before or after school hours on SAT issues on the Student Assistance Team Chairperson’s Log. Stipends are paid for up to 25 clock hours during the school year.
10. Participate in all local in-service training regarding SAT and related issues.
11. Maintain accurate records for Progress Monitoring.
12. Facilitate Progress Monitoring meeting for individual students.

S. A. T.
FLOW CHART
PROCEDURES

**Natchitoches Parish School System
Student Assistance Team Referral Flow Chart
for Initial Concerns**



No further action	Continue intervention	Suspected Dyslexia	Suspected ADHD	504 Referral	IDEA Referral
Notify Parents	Continue progress monitoring and data collection	SAT screens Follow Bulletin 1903 procedures for evaluation Determine need for 504 evaluation	Review any medical information Collect ADHD screening data Determine need for 504 evaluation	SAT completes 504 evaluation and develops IAP	Complete referral process which includes data collection for intervention. Pupil Appraisal completed the evaluation in accordance with LA Bulletin 1508

Student Assistance Team Procedures

The following procedures will be followed to ensure that appropriate referrals are made for each student.

I. Initial Request

A. Conference

The process requesting review (parent/Guardian, educator, Child Welfare and Attendance Officer and/or Court System) completes and signs the Initial Review Request Form (SAT 1).

B. Initial Review Request Form

The person receiving the Initial Request for Review shall acknowledge formal written requests by completing and signing the Initial Request to SAT (Form SAT 1). The signed Initial Request to SAT Form shall be directed to the SAT Chairperson.

STOP: Determine if already eligible for services.

Note: Out-of-Parish/Private Agency Assessments or other Assessments/evaluation data shall be forwarded to Special Education Pupil Appraisal for review to determine whether or not the outside assessment/evaluation meets eligibility criteria in accordance with Louisiana Pupil Appraisal Handbook. The SAT shall review the evaluation/assessment to determine eligibility in accordance with Natchitoches Parish School System Section 504 Criteria.

If the assessment/evaluation meets Section 504 eligibility criteria, a Section 504 Accommodation Plan shall be developed. If the assessment or evaluation does not meet Natchitoches Parish School System Section 504 Criteria, the student's case shall be referred to the local Student Assistance Team for intervention.

If the evaluation meets Louisiana Pupil Appraisal Handbook eligibility criteria, an Individual Education Plan shall be developed. If the evaluation does not meet Louisiana Pupil Appraisal Handbook eligibility criteria, the student's case shall be referred to the local Student Assistance Team for processing.

II. Process

A. Referral Source has Concern about Student

Steps:

1. Teacher submit Initial Review Request Form (SAT 1)
2. SAT Chairman give initial SAT packet to teacher (SAT 2, 3, 4,) to be completed by classroom teacher
3. Teacher complete packet including documented interventions return to SAT Chairperson
4. SAT Chairperson schedules SAT meeting for student (SAT 5)

Note: Legal guardianship shall be verified in accordance with School Board Policy

**Note: Incomplete packets shall not be accepted or discussed.
Unjustifiably delinquent packets shall be referred to the principal and documented on the SAT Log.**

Education screening must include:

- A review of the results of sensory screening and of the student’s education and general health history conducted by school personnel.
- A review of the student’s academic and social performance, language and communication skills, performance on applicable statewide assessment and basic skills test, and motor proficiency conducted by appropriate school personnel.
- Parent communication concerning the student’s specific problem or exceptional skills.
- Documentation of previous intervention to address referral concern.

III. SAT Meetings

1. Committee discusses concerns, reviews data gathered in screening process, and intervention documented. Collects additional intervention data, academic data, medical, and parent information. Records decision on SAT 5.
 - no further action is required at this time
 - conduct additional interventions (describe plan)
 - conduct evaluation to determine Section 504 eligibility
 - refer to pupil appraisal for support service
 - refer to pupil appraisal for an individual evaluation
2. Additional SAT meetings may be scheduled as needed (Use additional SAT forms as needed). Parents must be periodically notified of status in the SAT process using SAT 6.
3. Final SAT Meeting:
Document final SAT decision on SAT 6 (include date of final decision).
4. If the final SAT decision is for evaluation, the following timelines shall apply:

Evaluation Timelines

- The Natchitoches Parish School System shall have 60 operational days to complete the evaluation as follows:
- A. IDEA: 60 operational days from the date of receipt of parental written permission to Pupil Appraisal.
 - B. Section 504: 60 operational days from the initial date shown on the 504 Committee Log.

All SAT records are considered confidential and must be maintained in a secure manner. This information is shared only with those who have direct responsibility in the evaluation or educational process for the identified student.

SAT FORMS

SAT 1	Initial Review Request Form
SAT 2	Pre-screening Data Worksheet
SAT 3	Parent Interview
SAT 4	Interventions
SAT 5	Parent Notice to Discuss Concerns
SAT 6	SAT Status Report for Parent

Initial Review Request to the
Student Assistance Team Committee

School: _____ Teacher: _____ Date: _____

Student: _____ Date of Birth: _____ Grade: _____

Person Requesting Review: _____

Relationship to Child: _____ Teacher _____ Parent _____ Guardian

_____ CW&A Officer _____ Court Officer _____ Other (Specify) _____

Reason (s) of Referring Review: _____

Signature of Referring Person

Signature of Person Receiving Request

- * Give this information to the Chairperson, SAT for scheduling

Date Received by SAT Chairperson

Date of Next SAT Meeting: _____

Signature – SAT Chairperson

* Students considered for retention (attach list).

STUDENT ASSISTANCE TEAM PRE-SCREENING DATA WORKSHEET

Date: _____ Teacher: _____ School: _____

Student's Name: _____ Grade: _____

DOB: _____ Sex: _____

Directions: This form is to be completed by the teacher or other appropriate school personnel before a child is screened at SAT. All children referred to SAT must have at least one comprehensive and documented regular education intervention appropriate to the student's age and learning/behavioral problems. The intervention documentation must include pre and post measurement of the targeted objective.

Preparation for SAT Meeting:

1. Be prepared to further explain referral concern.
2. Be prepared to discuss parent conference regarding concern.
3. Bring work samples, grade book, cumulative file, health file.
4. Be prepared to discuss progress/result of intervention.

.....

Is the child currently eligible for services under: _____ IDEA _____ 504 _____ Dyslexia Law Stop!!!! Review Records

Most Current Vision Screening Date: _____
(Circle one: pass fail at risk)

Any known Medical Condition:

Any Known Medications:

Parent Contact (Date) _____ Comment: _____

Number of Retentions _____ Grades Retained In _____

Number of Retentions due to Excessive Absences _____

Is this child currently in danger of retention? Yes No At Risk

Performance in the General Education Curriculum

** Attach current iLEAP or LEAP student profile sheet. Dibels results, current grades, transcript, and other screens.

READING: _____

LANGUAGE ARTS: _____

SPELLING: _____

MATH: _____

SOCIAL STUDIES: _____

SCIENCE: _____

Attendance: Previous Year: _____ Present Year: _____

Date: _____

PARENT INTERVIEW

Name of Student: _____ School: _____ Grade: _____ DOB: _____

Completed By: _____

Parent's Names: _____ Informant: _____

Address: _____ Phone: _____

To aid in assessing the problems your child is experiencing in school and to detect the possibility of dyslexia, please answer each of the following questions.

YES NO FAMILY HISTORY

___ ___ Have any other members of the family had learning problems? (Circle if yes)

___ ___ Did your child attend preschool kindergarten

___ ___ Has your child received any type of additional help for class work? Explain:

___ ___ Has your child repeated a grade?

___ ___ Do you have to help your child with homework? How much help? Explain:

YES NO PHYSICAL HISTORY

___ ___ Has your child ever been critically or chronically ill? Explain:

___ ___ Has your ever had an extremely high fever?

___ ___ Does your child have any physical problems which you fell may cause difficulty in learning?
(Such as AD/HD)

___ ___ Does your child have allergies?

___ ___ Has your child ever had a severe blow to the hear?

___ ___ Is your child currently taking medication? Explain: _____

___ ___ Does your child seem to have trouble hearing?

___ ___ Does your child seem to have trouble seeing?

YES NO BEHAVIOR OBSERVATIONS

___ ___ Do you have to often repeat instructions to your child?

___ ___ Does your child seem to have difficulty following directions?

___ ___ Does your child seem to spend more time than is appropriate on homework?

___ ___ Does your child seem to have needed an extraordinary amount of help with homework?

___ ___ Does your child seem to have more difficulty in reading, writing, and spelling than in most other subjects?

___ ___ Do your child's grades in reading, writing, and spelling seem low compared to his ability to think and understand?

___ ___ Do you spend time reading to your child?

___ ___ Does your child seem to enjoy being read to?

___ ___ Does your child hesitate to read to you?

___ ___ Does your child talk favorably about school?

___ ___ Does your child have any history of emotional problems?

___ ___ Has your child demonstrated difficulties in the following areas: (circle if yes)

Getting along with peers getting along with siblings Respect for authority figures Discipline problems

Please include all additional information which might help us to help your child.

Pre-Screening Data

INTERVENTIONS

Student's Name: _____ School: _____

(This page is to be completed by referring teacher)

Specific Description of Referral Concern:

Intervention Objective:

Pre-Test Documentation:

Detailed Intervention Procedure: (specific to the referral concern) *must be a minimum of 9 to 12 weeks

Post-Test Documentation:

Intervention Results: (May record on back of this page)

*Include teacher narrative, copy of pre-post test document and work samples

Student Assistance Team Decision

Student Name: _____ Date: _____

School: _____

This page to be completed at SAT Meeting
(Check appropriate decision)

Date of Committee Meeting _____

_____ No further action is required at this time

_____ Conduct additional interventions (attach plan) (may have to go back to SAT 4)

_____ Monitor progress and discuss on _____

_____ Conduct evaluation to determine section 504 eligibility

_____ Refer to pupil appraisal for support service

_____ Refer to pupil appraisal for individual evaluation

_____ Review pupil progression when retention is considered

Date of Scheduled SAT follow up meeting _____

Decision Comments:

Final Decision Date: _____

Final Decision Comments:

**STUDENT ASSISTANCE TEAM
REFERRAL STATUS REPORT FOR PARENTS**

Parent Name: _____ Date: _____
Address: _____ Re: _____ School: _____

Dear Parent(s),

Your child, _____, was referred to the Student Assistance Team because of _____. We are in the process of working with your child's teachers and other school officials in order to help your child deal more effectively with school. At this time we feel the most appropriate option for your child is as indicated below:

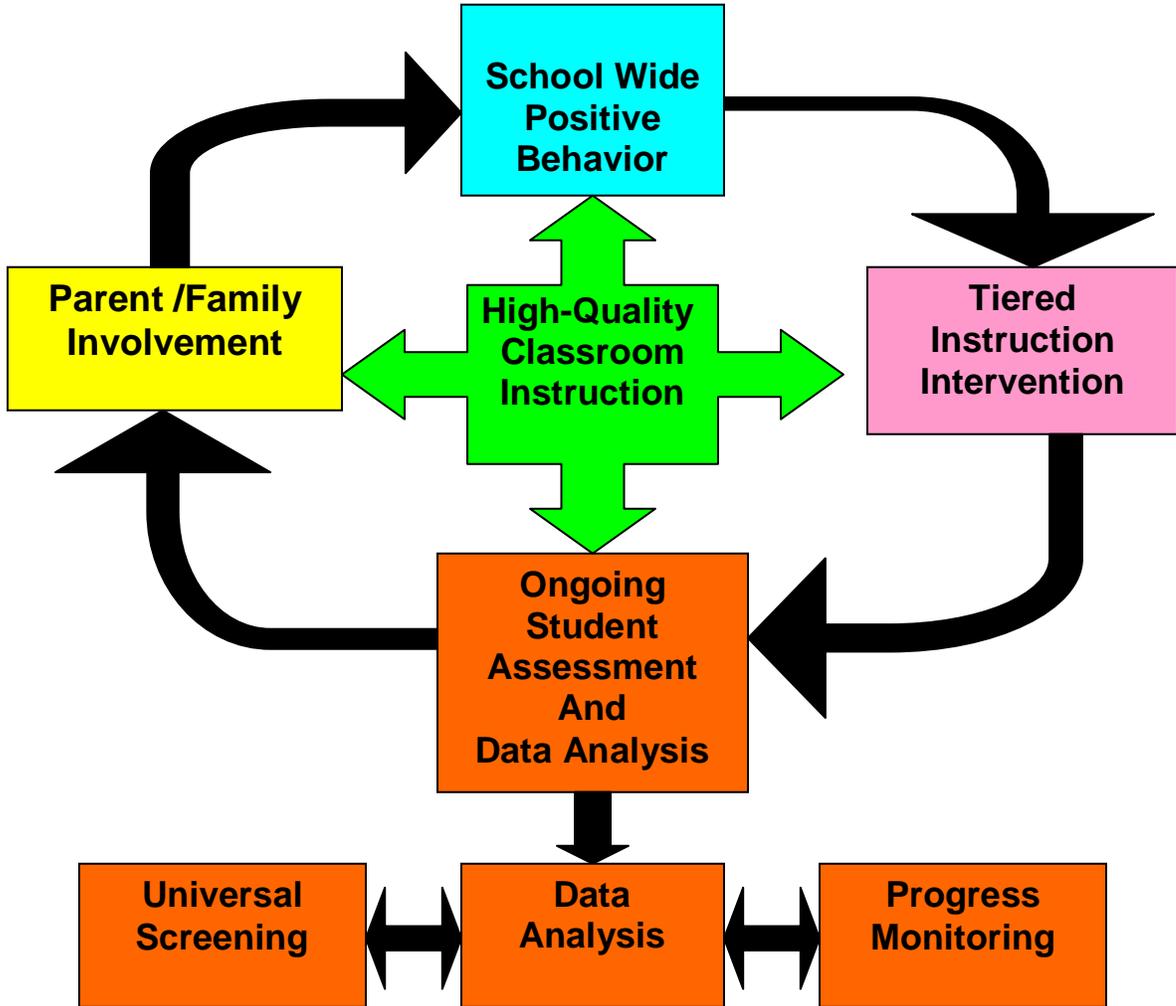
- _____ No further action is required at this time.
- _____ Does not meet eligibility for Section 504 and/or Dyslexia.
- _____ Current intervention/accommodation appropriate.
- _____ Additional intervention/accommodation is recommended (see attached)
- _____ Refer for an evaluation to determine Section 504 eligibility. Parental permission is not required. Attached is a Notice of Rights Section 504 1973 Rehabilitation Act. You will receive a copy and interpretation of the evaluation results.
- _____ Refer for Pupil Appraisal Support Services. Parental permission is required. You will be contacted if you have not already signed a permission form. You will be provided a copy of the Support Service Report and an interpretation along with recommendations.
- _____ Refer to Pupil Appraisal for an individual evaluation to determine need for special education as a disabled child. Parental permission is required. You will be contacted if you have not already signed a permission form. You will receive a copy of the evaluation report and an interpretation of the results as well as recommendations.

If you have any questions or additional concerns regarding your child's status you may contact the SAT Chairperson for your school.

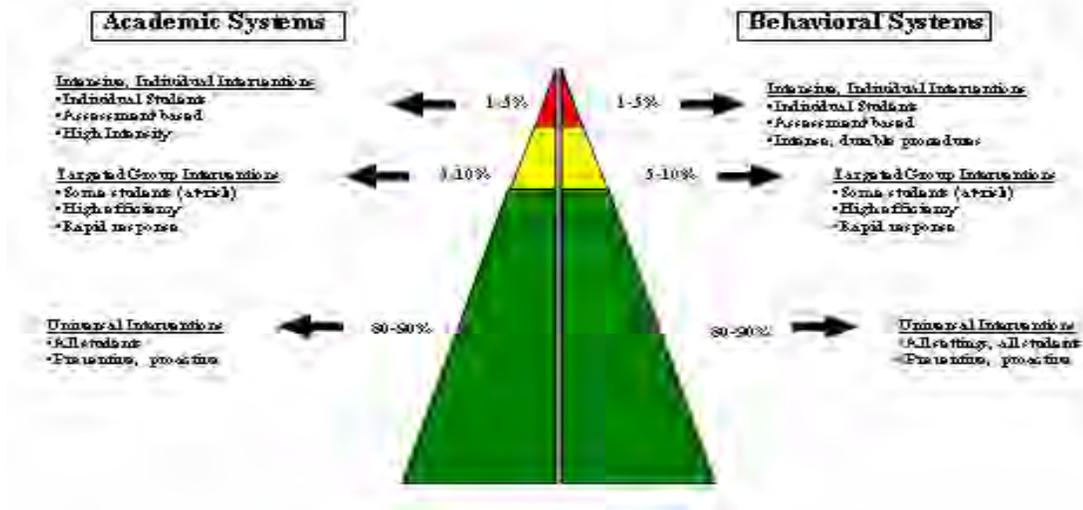
SAT Chairperson

School Phone

Natchitoches Parish Schools
Essential Components of School Improvement
RTI and the Progress Monitoring Process



In order for RTI (Response to Intervention) to work, the essential components must be implemented rigorously and with integrity. Only then will parents and school staff know the type and intensity of intervention needed for each student to succeed



SAT CHECKLIST

COMPONENT	YES	NO	N/A
Tier 1			
Universal screening of literacy skills includes graphical representation of student's performance relative to peers in areas of:			
phonemic awareness			
phonics			
vocabulary			
reading fluency			
comprehension			
Documentation of:			
explicit and systematic instructional delivery			
differentiated instruction			
curricula and instructional materials aligned to state standards			
integrity of instructional implementation			
parent notified of concern(s) and informed of intervention plan if student does not meet benchmark standards for academics			
receipt of informed parental consent for services if the decision is made to seek support services			
Universal screening of numeracy skills includes graphical representation of student's performance relative to peers:			
Documentation of:			
explicit and systematic instructional delivery			
differentiated instruction			
curricular and instructional materials aligned to state standards			
integrity of instructional materials aligned to state standards			
parent notified of concern(s) and informed of intervention plan if student does not meet benchmark standards for academics			
receipt of informed parental consent for services if the decision is made to seek support services			
Universal screening of social/emotional/behavioral functioning includes graphical representation of student's discipline referrals/screening results relative to peers in:			
number of discipline			
locations of discipline referrals			
times of discipline referrals			
types of discipline referrals			
Documentation of:			
scientifically research-based classroom management plan			
scientifically research-based school-wide behavior support program			
integrity of classroom management plan implementation			
integrity of school-wide behavior support implementation			
data-based decision-making			
parent notified of concern(s) and informed of Tier II intervention plan if student's social/emotional/behavior functioning is outside acceptable limits			
receipt of informed parental consent for services if the decision is made to seek support services			

COMPONENT	YES	NO	N/A
Tier 2 (circle appropriate area below)			
READING			
MATH			
ORAL			
EXPRESSION			
LISTENING COMPREHENSION			
WRITTEN EXPRESSION			
Strategic/targeted intervention and supplemental instruction for academic area of concern implement with integrity which includes identification and documentation of:			
specific deficit skills area/target skill			
scientifically research-based intervention(s) used:			
baseline data			
resources needed for implementation/materials/training			
who will conduct intervention			
where intervention will occur			
frequency/intensity of intervention			
method of measurement			
how long it will take			
what criterion will determine a successful response to intervention			
who will monitor the progress			
who will chart the progress			
who will help ensure intervention carried out as planned/intervention integrity			
when team will meet again to discuss progress			
progress monitoring conducted at reasonable intervals			
graphical representation of progress in target academic area			
parent notified of progress at least once per grading period			
parent notified of concern(s) and informed of Tier III intervention plan if student does not meet intervention criterion			
Receipt of informed parental consent for services if the decision is made to seek support services			
TIER 2			
SOCIAL/EMOTIONAL/BEHAVIORAL			
Strategic/targeted intervention and supplemental instruction for social/emotional/behavioral concerns implemented with integrity which includes identification and documentation of:			
specific deficit skill area			
scientifically research-based intervention(s) used:			
baseline data			
resources needed for implementation (e.g., materials/training)			
who will conduct intervention			
where intervention will occur			
frequency/intensity of intervention			
method of measurement			
how long it will take			
what criterion will determine a successful response to intervention			
who will monitor the progress			
who will chart the progress			
who will help ensure intervention carried out as planned/intervention integrity			
when team will meet again to discuss progress			
progress monitoring conducted at reasonable intervals			
graphical representation of progress in decreasing target behavior(s)			

COMPONENT	YES	NO	N/A
graphical representation of progress in increasing replacement behaviors			
parent notified of progress at least once per grading period			
parent notified of concern(s) and informed of Tier III intervention plan if student does not meet intervention criterion			
receipt of informed parental consent for services if the decision is made to seek support services			
TIER 3 (Circle appropriate are below)			
READING			
MATH			
ORAL EXPRESSION			
LISTENING COMPREHENSION			
WRITTEN EXPRESSION			
Intensive intervention and supplemental instruction for reading implemented with integrity which includes identification and documentation of:			
special deficit skill area			
scientifically research-based intervention(s) used			
baseline data			
resources needed for implementation (e.g., materials/training)			
who will conduct intervention			
where intervention will occur			
frequency/intensity of intervention			
method of measurement			
how long will it take			
what criterion will determine a successful response to intervention			
who will monitor the progress			
who will chart the progress			
who will help ensure intervention carried out as planned/intervention integrity			
when team will meet again to discuss progress			
progress monitoring conducted at reasonable intervals			
graphical representation of progress in target academic area			
parent notified of progress at least once per grading period			
receipt of informal parental consent for services if the decision is made to seek support services			
TIER 3			
SOCIAL/EMOTIONAL/BEHAVIORAL			
Intensive intervention and supplemental instruction for Social/emotional/behavioral concerns implemented with integrity which Includes identification and documentation of:			
functional behavior assessment			
specific deficit skill area			
scientifically research-based intervention(s) used			
baseline data			
resources needed for implementation (e.g., materials/training)			
who will conduct intervention			
where intervention will occur			
frequency/intensity of intervention			
method of measurement			
how long it will take			
what criterion will determine a successful response to intervention			
who will monitor the progress			

COMPONENT	YES	NO	N/A
who will chart the progress			
who will help ensure intervention carried out as planned/intervention integrity			
when team will meet again to discuss progress			
progress monitoring conducted at reasonable intervals			
graphical representation of progress in decreasing target behavior(s)			
graphical representation of progress in increasing replacement behavior(s)			
parent notified of progress at least once per grading period			
parent notified of concern (s) and informed of Tier II intervention plan if student does not meet intervention criterion			
receipt of informed parental consent for services if the decision is made to seek support services			
SAT provides documentation of:			
hearing screening			
vision screening			
sensory processing screening			
health screening			
speech and language screening			
motor screening			
assistive technology screening			
Social/emotional/behavioral screening			
educational screening			
gifted/talented screening			
screening for fine motor concerns			
functional behavioral assessment			
behavior intervention plan			
retentions			
LEAP/iLEAP scores			
absences			
tardies			
dominant language			
specific reason for referral (must be the same as skill deficit area(s) addressed by interventions)			
date(s) of previous evaluation(s) when appropriate			
previous classification, when appropriate			
SAT decision			
If decision is referral for evaluation, SAT provides documentation that lack of educational progress not primarily due to:			
lack of appropriate, explicit and systematic instruction in reading, which includes phonics, phonemic awareness, fluency, comprehension, and vocabulary			
lack of appropriate instruction in math			
limited English proficiency			
environmental or economic disadvantage			
cultural factors			

Adapted Physical Education Screening/Referral Form

Student's Name: _____ Soc. Sec. #: _____ Date of Birth: _____ Age: _____ Race: _____ Sex: _____
 Grade: _____ School: _____ Date: _____ Complete: _____

IS THE CHILD RECEIVING APE SERVICES? YES NO

IF YES, DO COMPLETE THIS FORM.

APE 1

Complete only items for appropriate age level: Scoring Code: + Symbol = Successfully Completed o Symbol = Unable to Perform

SCORE PERFORMANCE STANDARD

SCORE PERFORMANCE STANDARD

	Age 3	Age 4	Age 5
____ Kicks a 7-inch playground ball	Stationery ball	Rolling ball	Run to & Kick Rolling Ball
____ Catch a bean bag tossed from a Distance of 5 feet (3 attempts)	Traps to body	Catch with both hands	Catch with one hand
____ Walk on a line (3 inches board) without stepping off	5 steps towards	10 steps towards	5 steps backward
____ Get up from floor without Assistance	Sitting using hands	Sitting w/o hand support	Lying w/o hand support
____ Throw a small ball overhead	3 feet	5 feet	10 feet

	Age 9	Age 10	Age 11
____ Perform bent-knee crunches	Stationery ball	Rolling ball	Run to & Kick Rolling Ball
____ Perform standing long jump	Traps to body	Catch with both hands	Catch with one hand
____ Perform AAHPER shuttle run	5 steps towards	10 steps towards	5 steps backward
____ Throw a basketball to a wall and catch The rebound from a 4 foot restraining line for 15 seconds	Sitting using hands	Sitting w/o hand support	Lying w/o hand support
____ Walk forward on a line alternating feet touching heel to toe	3 feet	5 feet	10 feet

SCORE

PERFORMANCE STANDARD

SCORE PERFORMANCE STANDARD

	Age 6	Age 7	Age 8
____ Hop on preferred foot	5 times	10 times	15 times
____ Skip forward, alternating feet	5 times	10 times	15 times
____ Dribble ball with preferred hand	5 times	10 times	15 times
____ Catch a beanbag tossed from a appropriate distance with one hand (3 attempts)	6 feet	10 feet	12 feet
____ Balance on one foot	4 sec.	8 sec.	8 sec.

	Age 12	Age 13	Age 14	Age 15 & Older
____ Performs bent-knee crunches				
____ Perform standing long jump				
____ Perform AAHPER shuttle run				
____ Throw a basketball to a wall and catch the rebound from a 4 foot restraining line for 15 seconds				
____ Walk backward on a line alternating feet touching heel to toe				

Is student participating successfully in regular physical education activities? _____ if not, why not? _____

LOUISIANA ASSISTIVE TECHNOLOGY SCREENING AT 1
Checklist for Use in Educational Programming

Student's Name: _____ DOB: _____ Screening Date: _____

Person Completing Form: _____ School: _____

The *Assistive Technology Screening Checklist* documents physical, fine/gross motor, communication, sensory, academic, recreation and leisure, vocational, and self-help areas in which assistive technology may be considered to enable a student with a disability to access the general education curriculum. It serves as an organizer for considering those skills and activities in which assistive technology would benefit a student's functioning in an academic setting.

Directions: Check yes or no for the following statements.

Physical Functioning/Motor Abilities

Task	Yes	No	Comment
1. The student can sit upright while completing tasks at his/her desk (i.e., not slouched, can hold head upright).			
2. The student maintains an appropriate posture while seated and actively engaged in a motor task (i.e., keyboarding, cutting).			
3. The student participates in playing and running activities without a typical postures.			
4. The student sits on the floor without assuming asymmetrical postures.			
5. The student has the motor skills necessary to get to/from school and/or get around within the school.			
6. The student participates in physical activities (structured or independent) and navigates within the classroom without tripping and stumbling.			
7. The student climbs and descends stairs independently.			
8. The student is able to open doors independently.			
9. The student maintain balance while performing an activity (e.g., getting up from the floor).			
10. The student carries objects while walking independently (e.g., books and papers).			
Comments:			

Fine Motor Skills

Task	Yes	No	Comment
1. The student cuts and/or handles scissors independently.			
2. The student uses writing utensils (i.e., markers, paintbrush, pencil, crayons) independently.			
3. The student copies materials from a book.			
4. The student turns pages in a book.			
5. The student ties shoes, buttons, snaps and/or uses zippers independently.			
6. The student operates door handles, water faucets and uses manipulatives.			
7. The student uses a standard keyboard to access a computer.			
8. The student draws, forms letters, stays on the line, and/or traces accurately with writing utensils.			
Comments:			

Communication Functioning

Task	Yes	No	Comment
1. The student speaks to communicate. (Check the level of the communication development). a. <input type="checkbox"/> Fluent Conversation b. <input type="checkbox"/> Multiword Phrases c. <input type="checkbox"/> Single Word Utterances d. <input type="checkbox"/> Vocalizations e. <input type="checkbox"/> Other			
2. The student uses a mode other than speech to communicate.(Check the communication mode). f. <input type="checkbox"/> Modes(s) used g. <input type="checkbox"/> Fluent Conversation h. <input type="checkbox"/> Multiword Phrases i. <input type="checkbox"/> Single Word Utterances j. <input type="checkbox"/> Vocalizations k. <input type="checkbox"/> Other			
3. The student responds to speech and noises in the environment.			
4. The student's mode of communication is understood by others.			

Vision/Hearing

Task	Yes	No	Comment
1. The student is able to see printed materials presented in the classroom.			
2. The student is able to see toys/objectives in the classroom environment.			
3. The student is able to transfer information from a book, chart, and/or chalkboard to paper.			
4. The student has some usable vision.			
5. The student has some usable hearing.			
6. The student is able to hear speech/noise out of his/her field of vision.			
7. The student responds best to speech when the stimulus is within six feet of the speaker.			
8. The student speaks in an unusually loud voice.			
Comments:			

Academic Functioning

Task	Yes	No	Comment
1. The student understands basic cause/effect.			
2. The student makes choices.			
3. The student has the age-appropriate attention span needed to handle school/daily living tasks.			
4. The student has sequencing skills.			
5. The student can remember the steps necessary to accomplish a task.			
6. The student visually tracks along a line of print.			
7. The student reads text independently.			
8. The student writes legibly.			
9. The student writes legibly at a reasonable rate.			
10. The student accomplishes written tasks (e.g., paragraphs, essays, short answers).			
11. The student correctly spells words needed to communicate in written form.			
12. The student performs mathematical tasks needed for school and/or for daily living.			
13. The student takes notes at the level needed in school and/or in daily living.			
Comments:			

Recreation and Leisure

Task	Yes	No	Comment
1. The student uses the playground equipment independently			
2. The student participates in group recreational activities, such as sports and group games.			
3. The student participates in activities requiring fine motor skills, such as board games or art.			
4. The student participates in extra-curricular activities, such as clubs.			
Comments:			

Vocational Functioning

Task	Yes	No	Comment
1. The student demonstrates sufficient stamina to work in a job.			
2. The student maintains a position for extended periods of time.			
3. The student uses a computer without modifications.			
4. The student holds the telephone and dials independently.			
5. The student independently uses equipment at a vocational training program.			
Comments:			

General Health

Task	Yes	No	Comment
1. The student breathes without difficulty			
2. The student demonstrates sufficient stamina to maintain academic involvement throughout the school day.			
3. The student independently uses stairs, elevators, lockers, etc. within the school/work/community environment.			
4. The student's health condition is adequate for satisfactory school performance.			
5. The student demonstrates physical strength needed to participate in school activities.			
Comments:			

Self-Help

Task	Yes	No	Comment
1. The student independently uses a variety of clothing fasteners.			
2. The student organizes and maintains his/her school supplies and materials			
3. The student independently files through a lunch line, selects meal items, and proceeds to a table.			
4. The student maintains personal hygiene.			
5. The student uses restrooms independently.			
6. The student manages meal-time utensils adequately.			
Comments:			

Summary of Results of Louisiana Assistive Technology Screening Checklist for Use in Educational Programming: Examine areas on the screening where student has received no responses. Review and determine if a referral for further assessment is necessary.

Recommendations: (Check the one statement that applies).

- ___ 1. Student has been considered for assistive technology and further action is not required at this time.
- ___ 2. Student has been considered for assistive technology and additional screening in the following areas is recommended:
- ___ 3. Student has been considered for assistive technology and the following “low-tech: solutions are recommended.
- ___ 4. Student has been screened for assistive technology and a referral for a full assistive technology is recommended.

Action Taken:

Louisiana Department of Education
Communication Skills Teacher Checklist

Student _____ DOB _____ Grade _____

Teacher _____ School _____

Please check yes or no to each of the following statements.

SL12

Articulation (Speech Production)

___ Yes ___ No The student's speech contains speech sound errors that are not typical for his/her age and social/cultural background. Sounds in words may be omitted, distorted or substituted.

___ Yes ___ No The student's speech is consistently difficult to understand, especially when the topic is not known.

Voice

___ Yes ___ No The student's speaking voice is unusually loud or soft.

___ Yes ___ No The student has an unusual quality to his/her voice (i.e. harsh/hoarse, nasal, breathy).

Speech Fluency

___ Yes ___ No The student's speech contains disfluencies that interfere with communication (i.e. stuttering, sound, syllable, or word repetitions, sound prolongations, blocks or abnormal hesitations, abnormal rate of speech).

___ Yes ___ No The student uses excessive filler phrases (i.e. "um," "uh", "you know").

___ Yes ___ No The student appears to be frustrated when speaking.

Language

___ Yes ___ No The student has difficulty understanding/following age-appropriate directions.

___ Yes ___ No The student has difficulty answering or responding to age-appropriate questions and other verbal information.

___ Yes ___ No The student does not comprehend or speak using age-appropriate vocabulary.

___ Yes ___ No The student does not request clarification when understanding is not clear.

___ Yes ___ No The student does not answer or understand comprehension questions about age-appropriate stories.

___ Yes ___ No The student speaks in incomplete sentences and phrases.

___ Yes ___ No The student's oral language contains numerous grammatical errors that are not typical for students of the same age. (This may not apply to English Language learners or those known to speak a dialect of English).

___ Yes ___ No The student has difficulty providing age-appropriate explanations and directions.

___ Yes ___ No The student does not use age-appropriate conversational skills (i.e. turn-taking, staying on topic, initiating conversation).

Please check one.

_____ This student's communication skills (articulation, voice, fluency and language) appear to be adequate, and this student does not have a communication problem that adversely affects educational progress with regard to grades, behavior, class participation, or oral speaking abilities.

_____ In my opinion, this student has a communication problem that adversely affects educational progress in a significant way.

FUNCTIONAL BEHAVIOR ASSESSMENT CHECKLIST FBA1

- _____ Review of school records and
 - _____ available outside agency professional records
- _____ Systematic, direct observations of student across school settings
- _____ Interviews with
 - _____ student and
 - _____ parent/caregivers and
 - _____ teachers and
 - _____ other appropriate school personnel and
 - _____ appropriate community service providers
- _____ Completion and review of behavior rating scales and/or other assessment tools
- _____ Target behavior is operationally defined
 - _____ in specific and
 - _____ observable and
 - _____ measureable terms
- _____ Information is collected across
 - _____ respondents and
 - _____ settings
- _____ Collected information allows determination of patterns of
 - _____ frequency and
 - _____ duration and
 - _____ intensity
- _____ Antecedent events that serve as a stimulus for the target behavior are
 - _____ identified and
 - _____ described
- _____ Consequences that follow and maintain the target behavior are
 - _____ identified and
 - _____ described
- _____ Function or purpose of the target behavior is identified
- _____ Reinforcers are identified
- _____ Hypothesis is generated about the relationship between the target behavior and
 - _____ antecedents and
 - _____ consequences, and
 - _____ specific variables to be manipulated are identified
- _____ Intervention is developed based upon hypothesis
- _____ Acceptable replacement behaviors are identified
- _____ Alternative skills needed for replacement behavior are identified
 - _____ determination is made if student has alternative skills in his/her behavioral repertoire and if not,
 - _____ which skills must be taught

ORIENTATION AND MOBILITY SCREENING CHECKLIST OMS1

Name: _____ DOB: _____ Screening Date: _____
Screened by: _____ School: _____

This orientation and mobility checklist, developed by the orientation and mobility instructors at the LA School for the Visually Impaired, may be used by the teacher or pupil appraisal personnel to screen the student's ability to travel in his or her environment.

(Circle the number of each statement that are true or cannot be answered, if 3 or more statements are circled, the student should be referred to a certified orientation and mobility instructor for formal assessment).

1. Student's visual acuity is less than 20/200 in the better eye after best correction.
2. Student has difficulty adjusting to changes in light intensity (bright sunlight to dim indoor light or vice versa).
3. Student stumbles over low obstacles, steps and drop-offs.
4. Student veers and pinballs while walking down a hallway or corridor.
5. Student becomes disoriented in new environments.
6. Student maintains wall contact with hand while walking,
7. Student would rather hold hand or arm of another person while traveling in new environments.
8. Student veers onto grass while walking on a sidewalk.
9. Student becomes disoriented on reverse route back to starting point.
10. Student holds head at an angle while walking.
11. Student makes body contact with walls and other obstacles; bumps into other students.
12. Student uses hands to detect and avoid obstacles while walking.
13. Student is uncertain or apprehensive about crossing at traffic intersections.
14. Student has difficulty determining cardinal directions using sun position.

PSYCHO-SOCIAL CHECKLIST

The following is a checklist of psycho-social stressors that may impact a student's academic and social functioning. This list is not comprehensive. These factors should be considered when determining if a student is eligible for special education. These stressors should not necessarily prevent a student from being identified, however, they **must** be considered.

- _____ Severe illness of parent or family member (cancer, HIV, heart attack, psychiatric illness, etc)
- _____ Death of a parent or caretaker
- _____ Divorce or break-up of parent's primary relationship
- _____ Student has received a threat of violence
- _____ Witness to community violence
- _____ Severe illness of a student (leukemia, cancer, heart problems, etc.)
- _____ Experienced child abuse (physical, emotional or sexual)
- _____ Witness to domestic violence in home
- _____ Placed in foster care
- _____ Moved from one foster home to another
- _____ Experienced natural disaster (hurricane, tornado, etc.)
- _____ Changed schools one or more times during a school year
- _____ Financial problems in the home. (Parent lost job, etc.)
- _____ Alcohol or drug abuse in family
- _____ Substance abuse problems (older students)
- _____ Pregnancy (older students)
- _____ One or more psychiatric hospitalizations
- _____ Has attempted suicide or has expressed suicidal thoughts
- _____ Sexual identity issues
- _____ Homelessness
- _____ Parent or caretaker incarcerated
- _____ Juvenile offender
- _____ Health problems (asthma, diabetes, sickle cell, etc)
- _____ Other. (Please specify: _____)

SENSORY PROCESSING SCREENING SP1
Instructions for Use

1. Prior to the first SBLC meeting, the **Sensory Processing Screening Checklist (SPS1)** is completed by the student's general education teacher(s).
2. The SBLC chairperson reviews the completed screening checklists to determine if there are difficulties that require intervention according to the **Sensory Processing Screening Criteria (SPS2)**.
3. When interventions are necessary, the SBLC targets the sensory area of greatest concern.
4. **Sensory Processing Intervention Strategies (SPD3)** are then selected to address the targeted area of concern.
5. Intervention strategies are implemented by the student's teacher(s) for the length of time designated by the SBLC.
6. Following the intervention period, the teacher records the intervention results on the SPS2.
7. Intervention results are reviewed by the SBLC.
8. For students who are "at risk" for sensory processing deficits, but are not suspected of having a disability, the SBLC targets additional interventions to be implemented by the classroom teacher(s).
9. For students who are suspected of having a disability, the SBLC obtains a second **Sensory Processing Screening Checklist** (following intervention) to determine if further assessment is warranted according to **Sensory Processing Screening Criteria (SPS2)**.

Student: _____ Teacher: _____ Date: _____

Sensory Processing Screening Checklist SPSC1

Check the column that best describes how frequently the student exhibits each behavior. SPSC1

SENSORY AREAS	Almost Never < 25%	Occasionally < 50%	Frequently < 75%	Almost Always > 75%
VISUAL				
Visual details/stimuli interfere with task completion				
Unable to locate and/or organize materials and supplies				
Reacts to small changes in classroom				
Comments:				
AUDITORY				
Overreacts to loud or unexpected noises (e.g., intercom, fire drill)				
Exhibits distress during lunch, P.E., assemblies				
Background noises hinder task completion				
Talks incessantly				
Requires repeated oral directions in class more than others				
Comments:				
TACTILE				
Overreacts to unexpected or light touch				
Withdraws/isolates self from others				
Touches people or their things to the point of irritation				
Fidgets with objects				
Has difficulty standing in line or close to other people				
Uses only fingertips to manipulate classroom materials				
Refuses to participate in messy activities				
Comments:				
VESTIBULAR/PROPRIOCEPTIVE				
Exhibits movement which interferes with classroom functioning/unable to stay in designated area/walks around				
Fidgets during activities (e.g., wiggles in seat, taps on desk)				
Leans out of desk or seat/rests head on desktop				
Becomes overly excited after movement activity				
Bumps/pushes/hits/runs into things or others				
Withdraws from active environments or situations				
Avoids climbing or playground equipment				
Comments:				
OLFACTORY AND GUSTATORY				
Chews/eats non-edible items (e.g., clothing, pens, pencils)				
Comments:				
BEHAVIORAL RESPONSE				
Has tantrums for no apparent reason				
Has difficulties with changes in routines				
Is rigid or set in his/her ways				
Overreacts or is dramatic compared to peers				
Appears lethargic				
Comments:				

SENSORY PROCESSING SCREENING CRITERIA (SPS2)
SPSC2

Based upon the results of the **Sensory Processing Screening Checklist (SPS1)**, the following screening criteria are used to determine when:

- a. Interventions are necessary
- b. Further assessment is needed should the student be referred for evaluation

CRITERIA

The student exhibits:

- 8 or more behaviors in the “Almost Always” category
- OR
- 11 or more behaviors in the “Frequently” and “Almost Always” categories combined.

Suggested interventions for each sensory area (i.e., visual, auditory, tactile, etc.) are included in the Sensory Processing Intervention Strategies (SPS3). The intervention(s) should initially target the sensory area of greatest concern and may require more than one strategy.

Sensory Processing Intervention Strategies (SPS3)

Student: _____ Teacher: _____

SPIS

	Date Intervention Starts	Date Intervention Ends
Visual		
Limit/eliminate visual clutter within classroom such as busy bulletin boards, artwork items, hanging from ceiling, etc.		
Organize classroom materials in bins or behind curtained shelves		
Provide preferential seating for better view of blackboard as well as to reduce visual distractions		
Color code and clearly label materials and supplies		
Modify classroom lighting by dimming lights, closing or opening shades/blinds, etc.		
Provide consistent independent work area with visual boundaries as needed (e.g., use partition, carrel, or tape to provide boundaries)		
Intervention results:		
Auditory		
Provide white noise or classical music as appropriate to mask background noises		
Cover intercom to mute volume level		
Use headphones or earplugs to muffle sounds		
Provide verbal or visual warning when possible for fire drills, bells, and morning announcements		
Give visual directions rather than verbal		
Teach positive self-talk (e.g., "Its only a fire drill. It won't hurt me").		
Encourage child to put hands over ears and let him/her know "it's ok"		
Place tennis balls on legs of chairs, rugs on classroom floor, or carpet squares under desk to reduce noise		
Provide seating around perimeter of noisy cafeteria or auditorium		
Provide either verbal or physical cue such as touching lips or tapping on shoulder to remind student it is not an appropriate time to talk		
Provide "Talk card" so only student with card is allowed to talk		
Give oral directions when in close proximity to student, breaking directions down into small steps		
Have student repeat directions back to teacher		
Intervention results:		

	Date Intervention Starts	Date Intervention Ends
Tactile		
Limit amount of touching /warn student ahead of time of possible touch		
Have child who touches too much carry weighted object (e.g., binder, book)		
When walking in line, have all students fold arms or put finger on lips		
Place student either in front of line or back of line to decrease proximity to others		
Use preferential seating to avoid touch (e.g., place desk at outside edge of classroom desks)		
When possible, have students sit at every other seat in cafeteria		
Have wet wipes readily available for immediate clean-up following a messy activity, thereby reducing possible student anxiety about participating		
Allow student to perform non-preferred tactile activities with a tool (e.g., use a brush, popsicle stick, Q-tip, etc.) or while wearing gloves		
Use novel or fun manipulatives to desensitize such as dried beans, Mardi Gras beads, Easter grass, water table, packing peanuts, etc.		
Intervention results		
Vestibular/Proprioceptive		
DO NOT penalize student by removing recess time as student needs appropriate time for movement such as running, jumping, swinging, etc.		
Provide naturally occurring movement opportunities such as delivering messages, cleaning boards, obtaining and returning heavy materials to/from shelving (e.g., books)		
Have student wear backpack containing his/her books during transitions and movement breaks		
Provide clear boundaries for seating such as taped area carpet square, etc.		
Allow time for student to “chill out” following movement activity (e.g., take three deep breaths before transitioning, allow stretching between activities, allow water breaks)		
Provide appropriate objects for fidgeting		
Have student give self bear hugs, or perform chair pushups		
Assist with decorating bulletin board by stapling decorations or stapling papers for teacher		
Allow use of Ellison cutout machine for bulletin board decorations		
Allow student to help rearrange desks or pick up chairs at end of school day		
Intervention results:		

	Date Intervention Starts	Date Intervention Ends
Olfactory and Gustatory		
Consider letting student chew on candy, gum, tooth brush, straw or coffee stirrer		
Allow crunchy, chewy or spicy snack breaks, (e.g., pretzels, dry cereal, fruit roll ups, hot tamale candies, slim jims, beef jerky, etc.)		
If cafeteria bothers child, consider allowing him/her to eat in another location		
Consider use of flavored chapstick		
Intervention results:		
Behavioral Response		
Provide verbal warnings about changes in the schedule		
Provide visual schedule		
Help students transition between activities using timers, music or transitional objects, such as using a book to bridge to library time, or a marker to bridge to art time		
Provide a quiet space for calming away from peers NOT THE TIME-OUT AREA		
For lethargic students, increase movement opportunities, incorporate multi-sensory experiences, and spicy/crunchy snacks		
Intervention results:		

RESOURCES

R1

Louisiana Literacy Plan

<http://www.louisianaschools.net/lde/uploads/8629.pdf>

National Center on Response to Intervention

www.rtisuccess.org

What Works Clearinghouse

<http://ies.ed.gov/ncee/wwc>

Intervention Central

www.interventioncentral.org

The IRIS Center

<http://iris.peabody.vanderbilt.edu/>

Positive Behavior Interventions and Support

www.pbis.org

Louisiana Positive Behavior Support

www.lapositivebehavior.com

A Framework for Conducting Assistive Technology

<http://www.louisianaschools.net/lde/uploads/8163.pdf>

Deaf and Hard of Hearing Resources

<http://www.doe.state.la.us/lde/eia/1036html>

Deafblind Resources

<http://www.doe.state.la.us/lde/eia/2160.html>

Visual Impairment Assessment

<http://www.lsvi.org/Assessment.htm>

Louisiana Guidelines for the Identification and Instruction of English Language Learners with Disabilities

<http://www.doe.state.la.us/lde/uploads/13754.pdf>

Students with Significant Disabilities

<http://sda.doe.louisiana.gov/default.aspx>

School Health Services

<http://www.doe.state.la.us/lde/eia/1666.html>

Occupational Therapy and Physical Therapy in Louisiana: Reference Handbook for Special Education Administration and Therapists:

<http://www.louisianaschools.net/lde/uploads/10026.pdf>

National Dissemination Center for Children with Disabilities

<http://www.nichcy.org/Pages/Home.aspx>

National Center on Student Progress Monitoring

<http://www.studentprogress.org/>

GIFTED SCREENING MATRIX

Student _____ DOB _____
 School _____ Grade _____
 Teacher _____ SAT Review Date _____

LEAP – Scores are used for review only and not for matrix point assignment.

ELA	
Math	

Comments:

Assign academic screening matrix points using iLEAP or other standardized test of academic achievement.

Name of Test	1 Point 84 th – 92 nd Percentile	2 Points 93 rd – 97 th Percentile	3 Points 98 th Percentile +
Reading			
Math			

Total Academic Screening Points _____
 K-Bit Screener Score: _____ Percentile

Signature of Test Administrator _____ Date _____

- _____ 4 Academic points – refer for gifted evaluation
- _____ 98th percentile K-Bit (or better) – refer for gifted evaluation
- _____ Conduct further screening following a Non-Traditional Screening format
- _____ No further action at this time

NON-TRADITIONAL SCREENING IDENTIFICATION STUDENT PORTFOLIO

WHAT IS A PORTFOLIO?

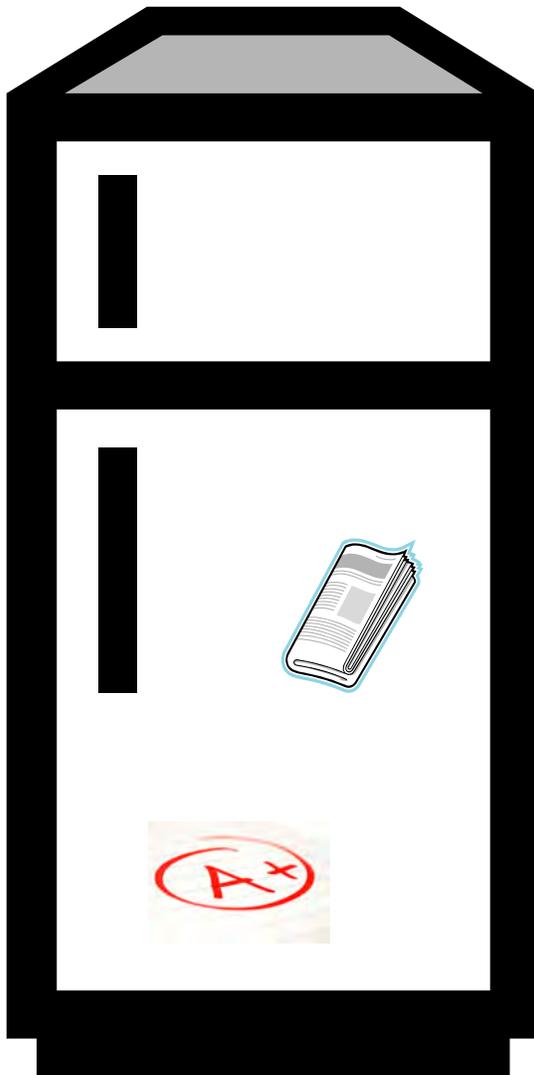
A portfolio is a collection of work completed by a child that will help the school better understand the special strengths and talents of the child. This is work completed by the child in the home, school and/or community. It provides a picture of what the child can do.

WHAT SHOULD BE PLACED IN THE PORTFOLIO?

(BRAGGING ITEMS)

Examples that show something really special about your child.

THESE MAY BE:



Drawing

Newspaper Clippings

Written Stories

Written Poems

Class Projects

Letters from others individuals
such as ministers, pre-school
workers, coaches at the park

Any other special items
you may have

(All materials will be returned to you)

CREATIVITY SCALE SCORE GUIDE—SBLC

Child's Name: _____
School: _____

Date: _____
Grade: _____

1. Easily expresses feelings, emotions, and/or ideas (e.g., facially, verbally, by body gestures, in role playing, etc.) but may imitate or mimic other
2. Uses everyday objects to create inventions, games, toys, etc.
3. Displays imagination (makes up stories, acts out ideas), but may elaborate on the truth.
4. Is adventurous, uninhibited, willing to take risks, but may have little regard for established rules
5. Produces large number or variety of ideas in work or play.
6. Is playful, makes other laugh, sometimes at inappropriate times and places.
7. Makes people see pictures when telling stories or describing situations.
8. Is inventive; enjoys problem solving; produces unusual solutions to problems
9. Is hard to distract from enjoyable activities.
10. Is curious; ask many and unusual questions.

Seldom		Occasionally		Frequently	
P	T	P	T	P	T

SCHOOL BUILDING LEVEL COMMITTEE:

Step One:

- | | | | |
|--|----------------------|----------------------|----------------------|
| a. Total checks in each column | _____ | _____ | _____ |
| b. Multiply total checks in each column by the indicated weight: | _____ 1 _____ | _____ 2 _____ | _____ 3 _____ |
| c. Weighted column scores: | _____ | _____ | _____ |
| d. Total Score (add the three weighted column scores☺) | | | |
| | Parent: _____ | Teacher: _____ | |

Step Two:

Refer this child for evaluation if the total score is 26 or higher. Attach the parent/teacher scales with samples/examples to the back for documentation.

**TEACHER NARRATIVE
INITIAL GIFTED REFERRAL**

Student's Name:

Teacher's Name: _____

Date: _____

1. What makes this student different from the rest of the children in your class?
(Why do you feel he or she is gifted)?

2. Does he/she exhibit any behavior problems? If so, please describe the behaviors.

3. Does this student demonstrate unusual "creativity" or a "love for learning"?
If so, please describe the manifestations.

COMMITTEE REVIEW FORM FOR GIFTED REFERRAL

A. STANDARDIZED TESTS (Record the information in the space provided below).

1. Intelligence/Aptitude

Name of Test	Date Test Administered	Percentile Score	Scaled Score
Slosson			

2. Academic Test

Name of test	Date Test Administered	Subtests	Percentile Score	Scaled Score
		Total Reading		
		Total Math		
		Total Science		
		Total Social Studies		
		Other:		

B. RATING SCALES (Record the information in the space provided below).

SCORES	LEADERSHIP RATING SCALE	CREATIVITY RATING SCALE
SCALES		
PARENT'S TOTAL SCORE		
TEACHER'S TOTAL SCORE		

C. VISION AND HEARING

Are vision, hearing, speech or motor problems suspected by school personnel? (NOTE: If YES, attach a copy of the verification or screening form. YES NO

D. SCHOOL BUILDING LEVEL COMMITTEE DECISION

A student must meet two or more of the following criteria to be referred to Pupil Appraisal for an Initial Evaluation.

- Score at or above the 90th percentile on the Slosson
- Score at or above the 90th percentile on an achievement test subtest.
- Score at or above a raw score of 26 (with added documentation) on the parent OR teacher Leadership Rating Scale.
- Score at or above a raw score of 26 (with added documentation) on the parent OR teacher Creativity Rating Scale

Is it the judgment of the School Building Level Committee that this student should be referred on to Pupil Appraisal for an Initial Evaluation?

YES NO Date of Decision:

SCHOOL BUILDING LEVEL COMMITTEE	POSITION	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 504

**PROCEDURAL
SAFEGUARDS**

GRIEVANCE PROCEDURE

NOTICE OF RIGHTS

SECTION 504 1973 REHABILITATION ACT

1. Section 504 of the 1973 Rehabilitation Act is a non-discrimination statute barring discrimination on the basis of handicap.
2. It is the policy of the Natchitoches Parish Schools not to discriminate on the basis of handicap in its educational programs, activities or employment policies as required by the Act.
3. The 1973 Rehabilitation Act requires the school system to locate, evaluate and determine if the student is a qualified individual requiring accommodations necessary to provide access to educational program.
4. Parents are entitled to have the opportunity to review relevant educational records under the Family Education Right and Privacy Act (FERPA). The requirements are described in the local board of education policy manual.
5. Parents or guardians disagreeing with the decisions reached by school personnel regarding necessary accommodations for access to educational programs may request a hearing before an impartial hearing officer by notifying the school principal.
6. The designated school district Section 504 coordinator may be reached at the Natchitoches Parish School Board Office, telephone (318) 352-2358 ext. 1184.

**NACHTIOCHES PARISH SCHOOL BOARD
SECTION 504 GRIEVANCE PROCEDURE**

The Natchitoches Parish School System has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints. Complaints will address any action prohibited by the Office of Civil Rights regulations implementing Section 504 which states, in part, that “no otherwise qualified handicapped individual...shall, solely be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance...”

Complaints shall be addressed to:

1. Complaints shall be filed in writing, contain the name, address and telephone number of the person filing it, as well as that person’s relationship with the School Board (i.e., employer, parent, student, etc), and briefly describe the alleged violation of the regulations. If the person filing is the subject of the alleged Section 504 violation, this person’s address and telephone number, and the identification of the school board individual is associated with, shall be part of the descriptive narrative.
2. A complaint must be filed within thirty (30) calendar days after the complainant, or the individual formally filing said complaint, becomes aware of the alleged violation; otherwise the complainant waives his/her right of action. The only exception would be if mitigating circumstances exist such as, lack of knowledge, fraud, or duress, in which case an equitable amount of time shall be allowed on a case by case basis.
3. An investigation, as may be appropriate, will follow a filing of a complaint. The investigation will be conducted by the school principal. These rules contemplate informal but thorough investigations, affording all interested persons and their representatives, if any, an opportunity to submit written evidence relevant to a complaint. All written evidence, whenever received shall be stamped as of the date received and shall be made available to all parties.
4. A written determination as to the validity of the complaint and a description of the resolution, if any, will be issued by the principal and a copy forwarded to the complainant no later than fifteen (15) working days after its filing. A copy will also be forwarded to the District 504 Coordinator.
5. The Section 504 Coordinator will maintain the files and records of the Natchitoches Parish School System relating to complaints filed.
6. The complainant can request a reconsideration of the case in instances where he/she is dissatisfied with the resolution. The request for reconsideration shall be made within fifteen (15) working days to the district 504 Coordinator. The person handling the appeal shall render a written decision within fifteen (15) working days of the receipt of the complete file. The Standard of Review for the appeal shall be arbitrary and capricious; that is, the review officer shall not take new evidence, but shall judge the initial hearing

officer's decision only as to whether or not he/she has a valid objective reason for equal protection ramifications.

7. The right of a person to a prompt and equitable resolution of the complaint filed herunder will not be impaired by the person's pursuit of other remedies such as the filing of a Section 504 complaint with the responsible federal department or agency. Using the grievance procedure is not a prerequisite to the pursuit of other remedies.
8. These rules will be construed to protect the substantive rights of interested persons, meet appropriate due process standards and assure that the Natchitoches Parish School System complies with Section 504 and its implementing regulations.

SECTION 504

EVALUATION

PROCEDURES

ALL students receiving services under Section 504 must have:
An Evaluation Report and an Individual Accommodation Plan

RESPONSIBILITIES UNDER SECTION 504

- Undertake annually to identify and locate all un-served handicapped children;
- Provide a “free appropriate public education” to each student with handicap, regardless of the nature of severity of the handicap. This means providing regular or special education and related aids and services designed to meet the individual needs of handicapped persons as adequately as the needs of non-handicapped persons are met;
- Ensure that each student with handicaps is educated with non-handicapped students to the maximum extent appropriate to the need of the handicapped person;
- Establish nondiscriminatory evaluation and placement procedures to avoid the inappropriate education that may result from the misclassification or misplacement of students;
- Establish procedural safeguards to enable parents and guardians to participate meaningfully in decisions regarding the evaluation and placement of their children; and
- Afford handicapped children an equal opportunity to participate in non-academic and extracurricular services and activities.

**Flow Chart for 504 Evaluation Procedures
Evaluation completed by Committee of Knowledgeable Persons**

Student Referral

Review Data from a Variety of Sources
Request Additional Data (if needed)
Log Referral and Appoint an Evaluation Coordinator

Obtain written parental consent to conduct the evaluation

<p>If Suspected ADD/ADHD</p> <p>Use checklist from characteristics of ADD/ADHD and/or medical information</p>	<p>If Suspected Dyslexia</p> <p>Use suspected Dyslexia Assessment Steps in Bulletin 1903</p>	<p>Other Handicapping Conditions Physical/Health, Emotional, Academic) Collect medical/mental health assessment Assess impact on learning Identify handicapped condition by supporting data.</p>
--	---	---

Complete Evaluation Report

Complete Accommodation Plan (IAP)
Include any necessary instructional and/or testing accommodations

Hold Dissemination Conference with Parents and Teachers

Obtain LEA Coordinator Signature

Copy and Disseminate/Evaluation/IAP:
Parent Copy
SAT/504 Chairperson Copy
School (official cumulative file) Copy
Teacher Copies
LEA Coy (Central Office)

Update IAP Draft on MTS

Provide Teacher(s) with copy of the IAP/Maintain copy of signed teacher acknowledgement

Review IAP Every Year
Reevaluate at least every 3 years

Track All Referrals on SAT/504 Coordinator's Log/Case Status Report Form

**Natchitoches Parish School System
Section 504 Evaluation Procedure**

- The principal or his/her designee shall assign the evaluation coordinator.
- Notice of the meeting shall be given to the parent (follow SAT procedure forms).
- Parental consent must be obtained prior to conduct of an evaluation under Section 504 regulations. Use form 504-1 (Parental consent)
- Provide parents with a copy of Notice of Rights, Section 504, 1973 Rehabilitation Act.
- The SAT/504 Committee of Knowledgeable Persons shall complete the Section 504 Evaluation or Reevaluation. The following procedures shall apply:
 1. *Review all data obtained by SAT*
 2. *Review data received from any other agency or school system (if applicable)*
 3. *Conduct and request any additional evaluation data/screening data as needed.*
 4. *Determine whether or not the student meets Section 504 eligibility criteria.*
 5. *Complete the evaluation report.*
 6. *Develop the Individual Accommodation Plan, including testing accommodations.*

The Section 504 Coordinator shall:

Ensure that copies of the IAP are disseminated to parent, teacher(s) and central office,

Ensure that parents/guardians are given an opportunity for an oral interpretation of the Evaluation Report and IAP,

Ensure that parents/guardians receive a written copy of the Evaluation Report and the IAP.

- Reevaluation shall be conducted at a minimum of every three years.
- Individual Accommodation Plans shall be written for one year and re-written prior to the yearly anniversary date.

SPECIFIC EVALUATION PROCEDURE

**Dyslexia
AD/HD
Other Handicapping Conditions**

Evaluation Forms

**Dyslexia Determination Form
Checklist for Characteristics of AD/HD
AD/HD Symptom Rating List
“At Risk” Social Emotional Screening
Academic at Risk Factor Screen
504 Notice Letter – Parent
504 Notice Letter – Teacher
Section 504 Evaluation/Re-Evaluation Report Form
Individual Accommodation Plan
Test Verification Form**

**NATCHTIOCHES PARISH SCHOOL BOARD
EVALUATION PROCEDURE FOR DYSLEXIA**

The assessment shall include the following:

1. A review of data gathered in referral process including hearing and vision screening results and screening for characteristics of dyslexia.
2. A review/assessment of cognitive ability
 - a. Teacher Observation, i.e., performance in other areas
 - b. Review of pertinent data achievement tests
 - c. Standardized Cognitive Ability screening
3. Assessment of Language Skills
 - a. Phonological awareness
 - b. Receptive and Expressive Language
 1. Listening
 2. Oral Expression
 3. Written Expression
 4. Dysgraphia (handwriting)
 5. Reading (decoding, word recognition, comprehension, fluency)
4. An assessment of mathematic skills
 - a. Computation
 - b. Word problems
5. Behavioral characteristics
 - a. Attention span
 - b. Self-esteem
 - c. Social Skills
 - d. Other
6. Family Interview
 - a. Family history (including that of the student) of reading or other language-based learning difficulties such as dyslexia.
 - b. Extent of assistance provided to the student outside school.
 - c. Extraordinary effort of the student (achievement motivation).

Dyslexia Determination Form

School: _____

Student: _____

DOB: _____

Age: _____

DYSLEXIA DETERMINATION FORM

A student shall be determined to have the characteristics of dyslexia according to *Louisiana Bulletin* 1903 if the following criteria are met:

_____ Criteria 1: The student has adequate intelligence demonstrated through performance in the classroom for the student’s age or on standardized measures of cognitive ability.

_____ Criteria 2: The student demonstrates difficulties in the areas that are often unexpected in relation to age, previous instruction, and other cognitive and academic abilities. The student has had extensive remediation/assistance in order to maintain grades, however, deficits that were evident prior to remediation are to be considered. The student must demonstrate at least five out of six of the following characteristics:

_____ Lack of or limited phonological awareness

_____ Common error patterns in reading and learning behaviors, such as

- Reading, decoding inaccuracies in single words and nonsense words (e.g., detached syllables)
- Slow reading rate
- Omissions of, or substitutions of, small words (e.g., plant/pilot, a/the, of/for/from, three/there)
- Reduced awareness of patterns of words
- Difficulties generalizing word and language patterns

_____ Language (oral or written, receptive or expressive) simplistic or poor in relation to other abilities)

_____ Errors in spontaneous spelling

_____ Spontaneous written language simple or poor in comparison with spoken language

_____ Poor organization and mechanics in spontaneous written language

This student **DOES/DOES NOT EXHIBIT CHARACTERISTICS OF DYSLEXIA**. Date of Determination: _____
(Circle one)

Committee Member

Position

School: _____
DOB: _____

Student: _____
Age: _____

INITIAL SCREENING FOR STUDENTS WHO HAVE DYSLEXIA CHARACTERISTICS

_____ No reading/writing/spelling problems significantly affect academic progress at this time. (Place this paper in the child's #1120 folder).

If reading/writing/spelling difficulties are noted, check the following that apply:

- ** _____ Appears to have average to above average intelligence
- ** _____ Seems to know the subject matter, but does poorly on tests
- _____ Appears disorganized in tasks and/or thinking

Oral Language Observations

- _____ Poor in expressing self orally
- _____ Has difficulty "retrieving" words

Reading Observations

- _____ Is a poor reader
- _____ Appears to read but not comprehend
- _____ Oral reading is hesitant and/or inaccurate
- _____ Reversals, insertions or omissions are present

Written Expression

- _____ Written vocabulary is meager, stilted, limited when compared to oral vocabulary
- _____ Awkward or slow writing
- _____ Poor written expression
- _____ Submits "variations" of the same paper

Spelling Observations

- _____ Can't spell on a level expected for intelligence
- _____ Does okay on spelling test, but the words are not retained
- _____ Uses only words he/she can spell

++These two, plus three or more other items, must be checked to qualify for further dyslexia screening.

These characteristic check ARE/ARE NOT (circle one) affecting academic success.

School: _____
DOB: _____

Student: _____
Age: _____

SECOND CHECKLIST OF DYSLEXIC CHARACTERISTICS

- _____ Problems in learning the names of the alphabet
- _____ Difficulty in learning to write the alphabet correctly in sequence
- _____ Difficulty in learning and remembering printed words*
- _____ Reversal of letters or sequences of letter
- _____ Difficulty in learning to read*
- _____ Difficulty in reading comprehension*
- _____ Repeated erratic spelling errors
- N/A _____ Losing ground on achievement or intelligence tests
- _____ Delay in spoken language
- _____ Difficulty in finding the “right” word when speaking
- _____ Late in establishing preferred hand for writing
- _____ Late in learning right and left and other directionality components such as up-down, front-behind, over-under, east-west, and other
- _____ Problems in learning the concept of time and temporal sequencing: i.e., yesterday., tomorrow, days of the week, and months of the year
- _____ Family history of similar problems
- _____ Late in learning to talk
- _____ Delay in motor milestones
- _____ Slow reading speed
- _____ Error proneness in reading*
- N/A _____ Difficulty in foreign language for older student; word substitutions in oral reading

NOTE: 4 characteristics checked indicate more screening needed.

These characteristics check **ARE/ARE NOT** (circle one) affecting academic success.

**ACT 1120
DYSLEXIA SCREENING**

(Student's Name)

(Birthday)

(Age)

(Grade Level)

(Evaluator's Signature)

(Date)

Check each item that applies:
(Characteristics Associated with Dyslexia)

- ____ 1. Problems in learning the names of the letters of the alphabet
- ____ 2. Difficulty in learning to write the alphabet correctly in sequence
- ____ 3. Difficulty in learning and remembering printed words
- ____ 4. Reversal of letters or sequences of letters
- ____ 5. Difficulty in learning to read
- ____ 6. Difficulty in reading comprehension
- ____ 7. Cramped or illegible handwriting
- ____ 8. Repeated erratic spelling errors
- ____ 9. Losing ground on achievement or intelligence tests
- ____ 10. Delay in spoken language
- ____ 11. Difficulty in finding the "right" word when speaking
- ____ 12. Late in establishing preferred hand for writing
- ____ 13. Late in learning right and left and other directionality components such as up-down, front-behind, over-under, east-west, and others
- ____ 14. Problems in learning the concept of time and temporal sequencing: i.e., yesterday, tomorrow, days of the week, and month of the year
- ____ 15. Family history of similar problems
- ____ 16. Late in learning to talk
- ____ 17. Delay in motor milestones
- ____ 18. Slow reading speed
- ____ 19. Error proneness in reading
- ____ 20. Difficulty in foreign language for older students
- ____ 21. Word substitutions in oral reading

Results:

- ____ 1. No indication of need for services. (Applicable when seven (7) or fewer of the above are checked).
- ____ 2. Indication of need for classroom services/assistance to ameliorate the effect of a possible learning disorder or other "at-risk" factors. (Applicable when eight (8) or more of the above are checked).
- ____ 3. Referral for further evaluation for the existence of eligibility for the receipt of special education services. (Applicable when eight (8) or more of the above are checked and classroom modifications have not been successful).

Sources: Guidelines for the implementation of the Louisiana Law for the Education of Dyslexia students [R.S.17:7(11)] Regulations for the Implementation of ACT 1120 [R.S. 17:7(11)(B)]

NATCHITOCHE PARISH SCHOOL BOARD
504 EVALUATIONPROCEDURE FOR AD/HD

The assessment shall include the following:

1. A review of data gathered in referral process;
2. A review/assessment of cognitive ability
 - a. Teacher Observation, i.e. performance in other areas
 - b. Review of pertinent data, i.e. achievement tests or,
 - c. Slosson
3. A review/assessment of behavioral characteristics
 - a. Attention span
 - b. Self-esteem
 - c. Meta-cognition (thinking skills)
 - d. Social skills
4. A review of interviews and medical records
 - a. Family Interview
 - b. Teacher Interview
 - c. Medical Diagnosis or Medication Orders
5. Complete Attention Deficit/Hyperactive Checklist

Student Name _____
Teacher's Name _____

Date _____
School _____

INITIAL CHECKLIST OF AD/HD CHARACTERISTICS

- _____ Often fidgets with hands or feet or squirms in seat; in adolescents, may be limited to subjective feelings of restlessness
- _____ Has difficulty remaining seated when required to do so
- _____ Is easily distracted by extraneous stimuli
- _____ Has difficulty awaiting turn in games or group situations
- _____ Often blurts out answers to questions before they have been completed
- _____ Has difficulty following through on instructions from others (not due to oppositional behavior or failure of comprehension)' e.g., fails to finish chores
- _____ Has difficulty sustaining attention in tasks or play activities
- _____ Often shifts from one uncompleted activity to another
- _____ Has difficulty playing quietly
- _____ Often talks excessively
- _____ Often interrupts or intrudes on others: e.g., butts into other children's games
- _____ Often does not seem to listen to what is being said to him or her
- _____ Often loses things necessary for talks or activities at school or at home: e.g., toys, pencils, books, assignments
- _____ Often engages in physically dangerous activities without considering possible consequences (not for the purpose of thrill-seeking): e.g., runs into the street without looking

NOTE: 6 to 8 characteristics checked indicates more screening needed.

These characteristics **ARE/ARE NOT** (circle one) affecting academic success.

Student Name _____
Teacher's Name _____

Date _____
School _____

SECOND AD/HD SCREENING

(Completed by teacher and school screening specialist)

Please circle the score of 0, 1, or 2 for each of the following items to indicate how often the behavior is observed.

<u>NEVER</u>	<u>SOMETIMES</u>	<u>OFTEN</u>	
0	1	2	Fidgets, squirms or seems restless
0	1	2	Has difficulty remaining seated
0	1	2	Is easily distracted
0	1	2	Has difficulty waiting turn
0	1	2	Blurts out answers
0	1	2	Has difficulty following instructions
0	1	2	Has difficulty sustaining attention
0	1	2	Shifts from one uncompleted task to another
0	1	2	Has difficulty playing quietly
0	1	2	Talks excessively
0	1	2	Interrupts or intrudes on others
0	1	2	Does not seem to listen
0	1	2	Often loses things necessary for tasks
0	1	2	Frequently engages in dangerous actions

Examples: _____

How is the student **DIFFERENT** from the other students in the class?

How are the behaviors (indicated by 1 or 2 above) affecting the student's academic achievement?

(Use back of sheet for additional comments).

School: _____ Student: _____ DOB: _____ Age: _____

Checklist for Characteristics of
Attention Deficit/Hyperactivity Disorder

Must meet either Criteria (1) or Criteria (2) and Criteria (3), (4), (5), (6)

_____ **Criteria (1):** Six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with development level:

Inattention

- _____ often fails to give close attention to details or makes careless mistakes in schoolwork, or other activities
- _____ often has difficulty sustaining attention in tasks or play activities
- _____ often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- _____ often has difficulty organizing tasks and activities
- _____ often avoids, dislike, or is reluctant to engage in tasks that require sustained mental effort (such as school work or homework)
- _____ often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- _____ is often easily distracted by extraneous stimuli
- _____ if often forgetful in daily activities

_____ **Criteria (2):** Six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

- _____ often fidgets with hands or feet or squirms in seat
- _____ often leaves seat in classroom or in other situations in which remaining seated is expected
- _____ often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- _____ is often “on the go” or often acts as if “driven by a motor”
- _____ often talks excessively

_____ **Criteria (3):** Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

_____ **Criteria (4):** Some impairment from the symptoms is present in two or more settings (e.g., at school and at home).

_____ **Criteria (5):** There must be clear evidence of clinically significant impairment in social, academic or occupational functioning.

_____ **Criteria (6):** The symptoms do not occur exclusively during the course of any other diagnosed condition and are better accounted for by an other label

This student **DOES/DOES NOT** exhibit characteristics of ADD/ADHD. Date of Determination: _____

Committee Members	Position
_____	_____
_____	_____
_____	_____

NATCHITOCHE PARISH SCHOOL BOARD
504 EVALUATION PROCEDURE FOR MISCELLANEOUS

The assessment shall include the following:

1. A review of data gathered in referral process;
2. A review/assessment of cognitive ability
 1. Teacher Observation, i.e., performance in other areas
 2. Review of pertinent data i.e., achievement tests or,
 3. Slossom and current grades, attendance, discipline, etc., and
3. A review of medical diagnosis, medication orders, or environmental adjustments.

SOCIAL AND EMOTIONAL “AT RISK” FACTOR SCREENING

Name: _____ School: _____
 Grade: _____ Date of Birth: _____ Completed by: _____

EXTERNAL CHARACTERISTICS (circle appropriate frequency rating)

	Almost never/Almost always				
Argues with peers and/or adults	1	2	3	4	5
Does not comply with teacher instructions	1	2	3	4	5
Displays aggression toward objects or persons	1	2	3	4	5
Had tantrums/angry outbursts	1	2	3	4	5
Intimidates, bullies and/or victimizes others	1	2	3	4	5
Disturbs others or activities	1	2	3	4	5
Steals and/or destroys other’s property	1	2	3	4	5
Does not follow teacher/school rules	1	2	3	4	5
Indicates extremely negative feelings about school	1	2	3	4	5
Disrespectful/talks back to adults	1	2	3	4	5
Tells lies	1	2	3	4	5
Shows signs or symptoms of substance abuse	1	2	3	4	5

INTERNAL CHARACTERISTICS (circle appropriate frequency rating)

	Almost never/Almost always				
Has low or restricted activity level	1	2	3	4	5
Doesn’t talk to other children	1	2	3	4	5
Appears fearful/excessively anxious	1	2	3	4	5
Appears to be shy, timid, and/or non-assertive	1	2	3	4	5
Avoids or withdraws from social situations	1	2	3	4	5
Does not stand up for one’s self	1	2	3	4	5
Appears sad or depressed	1	2	3	4	5

504 Notice Letter
To discuss eligibility,
Re-evaluation, accommodations

School: _____

Date: _____

Dear _____

This letter is to advise you that your child _____, has been referred to the School Assistance Team (SAT/504 Committee) to discuss his/her _____ Eligibility for 504 __, Re-evaluation for 504 __, Accommodation Plan, Other _____

The SAT/504 committee will meet on _____. Please sign and return this letter to the school as soon as possible so that we will know whether you are able to participate.

If you have any questions, please feel free to contact us.

Attached for your review is a copy of the procedural safeguards which are designed to protect the right of your child.

Sincerely,

SAT Chair/504 Committee Chairman

_____ I will attend the meeting as scheduled

_____ I will not be able to attend the meeting and want to set up another date and time. Please call me at _____.

_____ I will not be able to attend the meeting, please notify me of the results.

Parent/guardian signature _____

**NATCHITOCHEs PARISH SCHOOL BOARD
PARENTAL NOTICE OF MEETING
PARENTAL CONSENT TO CONDUCT 504 EVALUATION**

Date of Notice: _____ Student: _____
TO: _____ D.O.B.: _____
From: _____ Student ID#: _____
School: _____ Grade: _____

Dear Parent/Guardian:

At the request of _____, the above named student has been referred to the Student Assistance Team (SAT). Your consent is required to initiate an evaluation to determine if this student is eligible for classroom accommodation in order to be more successful in school. You are invited to attend the SAT meeting concerning this student which is scheduled for:

Date	Time	Place
------	------	-------

This student is being referred for the following reasons:

- Behavioral Medical Academic Other

Explain:

Attached for your review is a copy of the procedural safeguards which are designed to protect the rights of you and your child.

- I have received a copy of 504 procedural safeguards.
 I give my permission to conduct an initial evaluation for determination of 504 eligibility.
 I do not want my child evaluated for 504 eligibility.
 I plan to attend the SAT meeting as scheduled.
 I am unable to attend the meeting as scheduled. A better day/time for me is:

Parental Signature: _____ Date: _____

Received by SAT Chairperson: _____ Date: _____

If you have any questions regarding any portion of this letter you may call the school and request the SAT chairperson listed above to return your call. You may also contact Diana Laroux at (318) 352-2358 ext. 1184.

NATCHTIOCHES PARISH SCHOOL SYSTEM
Section 504 Evaluation/Re-Evaluation Report

Date Initiated: _____ Initial _____ Reevaluation Date Evaluation/Report Completed: _____

Student: _____ DOB: _____ Grade: _____

Student ID: _____ School: _____

1. Define the impairment
- | | |
|--|--|
| <p style="text-align: center;">Physical</p> <p>_____ Characteristics of ADD/ADHD</p> <p>_____ Neurological</p> <p>_____ Musculoskeletal</p> <p>_____ Special Sense Organs</p> <p>_____ Reproductive</p> <p>_____ Respiratory</p> <p>_____ Digestive</p> <p>_____ Genitourinary</p> <p>_____ Hemica & Lymphatic</p> <p>_____ Skin</p> <p>_____ Endocrine</p> <p>_____ Cosmetic</p> <p>_____ Anatomical Loss</p> <p>_____ Other (Specify): _____</p> | <p style="text-align: center;">Mental</p> <p>_____ Mental Disability</p> <p>_____ Organic Brain Syndrome</p> <p>_____ Emotional or Mental Illness</p> <p>_____ Learning Disability</p> <p>Specify: _____</p> <p>_____ Characteristics of Dyslexia</p> <p>Attach Checklist</p> <p>Other (Specify Below)</p> |
|--|--|

2. Identify Major Life Activities which are substantially Impacted:
- | | | |
|----------------|-------------------------------|-----------------|
| _____ Learning | _____ Caring for oneself | _____ Breathing |
| _____ Walking | _____ Performing Manual Tasks | _____ Seeing |
| _____ Hearing | _____ Other (Specify) _____ | |

3. Identify Nature of Substantial Limitations:
- _____ Interferes with physical/environmental self=sustenance (adaptive skills)
- _____ Inhibits social interaction
- _____ Diminishes self-concept/self esteem and/or perception of self by others
- _____ Interferes with the student's ability to progress in the educational curriculum

4. Basis for determination of impairment:
- | | |
|---|-------------------------------|
| _____ Medical Assessment | _____ Psychiatric Assessment |
| _____ Psychological Assessment | _____ School Based Assessment |
| _____ Other Assessment (specify): _____ | |

• NOTE: All assessment information shall be maintained in the student's 504 evaluation file.

5. Committee Decision (must include principal or designee, committee chairman, referring teacher)
- | | |
|-------------------------------------|---|
| _____ Meets Section 504 Eligibility | _____ Does Not Meet Section 504 Eligibility |
|-------------------------------------|---|

Signatures	Position	Date
_____	_____	Agree/Disagree _____

Parent/Student Rights

- _____ I received a written notice of my rights under Section 504
- _____ I received notice of the Section 504 staffing and eligibility meeting
- _____ I agree with the Section 504 eligibility decision
- _____ I understand that if I disagree with the decision, I have the right to ask for a Section 504 review meeting or impartial hearing by filing a written request with the District Section 504 Coordinator.

Parent/Guardian Date

Student Signature Date

**SECTION 504
INDIVIDUAL ACCOMMODATION PLAN (IAP)**

Local Education Agency (LEA)

Student _____ ID # _____ DOB _____ Grade _____
School _____ 504 Chairperson _____
Date of Annual IAP _____ Date of Most Recent Section 504 Evaluation (within 3 years) _____

Part A. Section 504 Disability (Check all that apply): Identified impairment that *substantially limits* one or more major life activities: (More than one source of supporting data needed)

- Characteristics of Dyslexia (*Bulletin 1903*) **Supporting Data** _____
- Characteristics of ADHD **Supporting Data** _____
(Attach *Behavior Intervention Plan* if appropriate)
- Social/Emotional _____ **Supporting Data** _____
(Attach *Behavior Intervention Plan* if appropriate)
- Medical: _____ **Supporting Data** _____
(Attach *Individual Health Plan* if appropriate)
- Other: _____ **Supporting Data** _____

Part B. Area(s) Where IAP is Needed: (*Teachers responsible for the subjects checked must receive a copy of this IAP.*)

- Math Art/Music Computer Lab Vocational Electives Other _____
- Reading Spelling Physical Education Library _____
- Composition Science Health Field Trips _____
- English Social Studies Gifted/Talented _____

Part C. Accommodations for Environment

- (1) Assign preferential seating (7) Reduce/minimize distractions
- (2) Alter physical room environment (8) Provide home/school communication
- (3) Use alternative/flexible/special purpose grouping directions/redirecting (9) Stand near student when giving
- (4) Use notebook for assignment/materials/homework (10) Small Group/Individualized Instruction
- (5) Allow student to move (11) Small group/Individual Testing
- (6) Assign peer tutors/work buddies/note takers (12) Other: _____

Part D. Accommodations for Teaching Strategies

- (1) Use graphic organizers as teaching/learning tools (11) Use verbal and visual cues to reinforce instruction
- (2) Outline notes/key sections of text to emphasize main ideas (12) Use teacher-initiated signal to redirect attention
- (3) Use cooperative learning strategies (13) Provide photocopies of teacher/peer notes
- (4) Modify assignments (vary length, limit items) (14) Break tasks and procedures into sequential steps
- (5) Use hands on activities/manipulatives (15) Provide practice activities and immediate feedback
- (6) use rehearsal mnemonic device (16) Teach concrete concepts before abstract concepts
- (7) Limit number of concepts introduced at one time (17) Assignments/tests read aloud
- (8) Do not count off for spelling when grading content (18) Alternative projects
- (9) Provide options for student to obtain information and demonstrate knowledge through use of: (19) Other: _____
- (10) Assistive Technology (Specify) _____

Part E. Accommodations for Materials

- (1) Alter format of materials on page (e.g., font/highlight) (3) Other: _____
- (2) Alter format of assignments/assessment (e.g., multiple choice/essay)

Part F. Accommodations for Time Demands

- (1) Provide cues and prepare for transitions in daily activities (4) Extended time for assignments and/or tests
- (2) Provide timelines for completing tasks in chunks (5) Adjusted/extended time _____
- (3) Allow breaks during work periods or between tasks (6) Other: _____

**SECTION 504
INDIVIDUAL ACCOMMODATION PLAN (IAP)**

Local Educational Agency (LEA)

Student _____ I.D. # _____ School _____

Part G. Accommodations for Behavior Concerns

- (1) Assure curriculum is appropriate and needed accommodations have been implemented
- (2) Establish procedures and routines to assist student in completing activities
- (3) Reinforce appropriate behavior (6) Use token economy reinforcement strategies
- (4) Determine reason for behavior and teach replacement skills (7) Offer systematic program to increase self-esteem
- (5) Develop and implement a structured behavior intervention Plan (BIP) (8) Other: _____

Part H. Compensatory Services (Specify)

- (1) Multisensory Structured Language Program (s) (*Bulletin 1903 Guidelines*) (Specify) _____
- (2) Title I Services _____
- (3) Remediation/Tutoring _____
- (4) 3-Tier Intervention Model _____
- (5) Other: _____

Part I. Standardized Testing Accommodations (Specify need for accommodation)

- Check the appropriate assessment: iLEAP LEAP GEE 21 ELDA
- (00) None (Student does not need standardized testing accommodations or has completed all required testing)
 - (68) Braille _____
 - (69) Large Print _____
 - (70) Answers Recorded _____
 - (71) Transferred Answers _____
 - (72) Adjusted Time _____
 - (73) Extended Time _____
 - (74) Individual Administration _____
 - (75) Small Group Administration _____
 - (76) Assistive Technology _____
 - (77) Test(s) Read Aloud _____
(Exception: Reading and Responding)
 - (78) Communication Assistance for Hearing Impaired Only _____
(Exception: Reading and Responding)
 - (79) Other: _____

(Accommodation listed must be appropriate and must not subvert the purpose of the test or violate test security. Check with Section 504 District Coordinator, School Test Coordinator, and/or District Test Coordinator for appropriateness of other accommodations not previously listed).

Part J. Signatures of 504SBLC Member Participating in the Individual Accommodation Plan (x Required Signatures)

X Teacher/Date

Parent(s)/Date

Principal/Designee/Date

504/SBLC Member/Date

X 504/SBLC Chairperson/Date

Student/Date

x Sch. Test Coordinator/Date
Signature required if student requires accommodations for standardized assessment.

x LEA 504 Coordinator/Date
Signature required if student requires accommodations for standardized

The Louisiana Department of Education and the Local Educational Agency are public service agencies that do not discriminate in employment or educational services on the basis of race, sex, religion, age, disability, or national origin.

Section 504 Re-Evaluation
Data Worksheet

Student Name: _____ School: _____ Grade: _____

Homeroom Teacher: _____ Date: _____

Previous Disability Classification under Section 504: _____

1. Does this disability still apply to this student? _____
2. Is there a continued need for 504 plan or accommodations? _____
3. Is there another disability that would apply to this student? _____

(Please justify your response in questions 2 & 3. e.g., test grades, school performance, standardized testing results, attendance, behavior reports, doctor's diagnosis, teacher observations, etc.).

Signature of teacher completing questions 1-2: _____

SAT Team basis for determining eligibility (copies attached)

- | | |
|---|----------------------------------|
| _____ Current report card grades | _____ ITBS/LEAP scores |
| _____ Behavior report
(Psychiatric Assessment) | _____ Medical Assessment |
| _____ Attendance records | _____ Ret./Prom. Records |
| _____ Psychological Assessment | _____ Other SAT screenings _____ |

The SAT committee agrees/disagrees that the above student does/does not continue to meet qualifications under Section 504 federal mandate.

This disability is _____.

_____ Re-evaluation is due by _____.

_____ No further re-evaluations are necessary.

*Attach to 504 re-evaluation report.

504 Accommodations

Student: _____

Attached is the 504 Plan for the above named student. Accommodations and modifications are to be implemented in the classroom as indicated on the plan. Each teacher is responsible for maintaining the integrity of this plan. Information regarding this student's handicapping condition is confidential, as is the accommodation plan.

Your signature indicates that you have received this plan and understand your responsibilities as teacher to implement this plan. If as the student's teacher you feel that additional accommodations are necessary you should contact the 504 Chairman to arrange for a review of the plan with the parent.

The success of every child you teach is an awesome responsibility. Implementing this plan will help you reach your goal as a teacher as well as providing this student with an equal opportunity to be successful in your class.

Teacher: _____ Date: _____

504 Chairperson: _____ Date: _____

**Attach original to the current 504 plan. Provide a copy to the teacher and the principal.

**Teacher Notice
of IAP Accommodations**

**Natchitoches Parish School Board
310 Royal Street
Natchitoches, LA 71457
Phone: 318-352-2358 Fax 318-354-9719**

School: _____

Dear _____,

Attached you will find classroom accommodations to be implemented as a result of the 504/SAT Committee findings regarding the following student: _____.

It is imperative that these accommodations be implemented in every classroom so that we are in compliance with Section 504, a federal law which protects the rights of students with disabilities.

Failure to comply with the law regarding classroom accommodations can result in an investigation and ruling by the Office of Civil Rights. Such a ruling can result in loss of all district funds as well as personal civil rights suits against district employees who fail to comply with the law.

Confidentiality and sensitivity dictate that the disabling condition and the modifications be discussed and implemented privately between teacher and student without making others in the classroom aware of either condition or accommodation. In some instances it will be impossible for others in the room not to be aware of certain accommodations. However, please handle as discreetly as possible to protect the disabled student's rights to confidentiality.

Please keep a copy of this letter for your records and sign below and return a copy to me.

Sincerely,

SAT Chairman
Section 504 Coordinator

I have a copy of the IAP and will provide the accommodations in my class(es).

Signature

Date

Section 504
Manifestation Determination

- A. A manifestation determination must be conducted by SAT prior to any disciplinary hearing where expulsion is being considered as a disciplinary action.

- B. The SAT must determine if the behavior subject to removal is a manifestation of the student's handicapping condition using the Manifestation Determination form.
 - 1. If the behavior under consideration **is** a manifestation of the student's handicap then any disciplinary change of placement shall be withdrawn.

 - 2. If the behavior under consideration **is not** a manifestation of the student's handicap then the student may be disciplined in the same manner as a non-handicapped student.

**NATCHTIOCHES PARISH SCHOOL BOARD
SECTION 504 MANIFESTATION DETERMINATION**

Student Name: _____ Student #: _____
School: _____ Grade: _____

Date of Current 504 Evaluation: _____ Date of Current IAP: _____ 504 Handicap: _____

Date of Manifestation Determination: _____

Describe the behavior or incident that is subject to disciplinary action:

List sources of information and diagnostic information used to describe the student's handicap?

What accommodations or services are indicated on the current 504 Plan?

Check the following statements that the 504 Team determines to be true:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The 504 Team has reviewed and considered all of the above information. |
| <input type="checkbox"/> | <input type="checkbox"/> | The 504 Plan is appropriate and current for the student. |
| <input type="checkbox"/> | <input type="checkbox"/> | All of the accommodations on the 504 Plan have been provided, |
| <input type="checkbox"/> | <input type="checkbox"/> | The student's handicap does not impair his/her ability to control the misbehavior. |
| <input type="checkbox"/> | <input type="checkbox"/> | The student's handicap does not impair his/her ability to understand the consequences of the misbehavior |

All the boxes must be checked "Yes" in order for it to not be a manifestation. If any answer is checked "No" the student's behavior is a manifestation.

Check the following statement that the 504 Team determines to be true"

_____ The current behavior under consideration **IS** a manifestation of the student's handicap and any disciplinary change of placement shall be withdrawn.

_____ The current behavior under consider **IS NOT** a manifestation of the student's handicap and the student may be disciplined in the same manner as a non-disabled student.

504 Team Participants

One copy and documentation must be sent
to Supervisor of Child Welfare and Attendance
504-8 (Rev. 01/04)

Natchitoches Parish Schools

Section 504 – Functional Behavioral Assessment Worksheet

Student: _____ DOB: _____ SSN: _____ Date of Meeting: _____

School: _____ Grade: _____ Identified 504 Handicap _____

Placement (check one) Regular Classroom Redirection Options PREP Homebound

Does student have a Behavior Plan in place? Yes No If yes, rate the effectiveness of the existing plan:

1 – not at all 2 – a little 3 – fairly effective 4 – effective 5 – very effective

Participant in Functional Behavior Assessment:

Name/Position

Name/Position

Name/Position

I. Target Behavior: Adult Relations Peer Relations Class Behavior School Rules Intrapersonal Concerns Other

Specific description of behavior: _____

II. Setting: Where does /did the behavior(s) occur?

Place/Subject area: _____

Time: _____

Person(s): _____

III. Antecedent: What occurs prior to “trigger” behavior? Consider internal and/or external factors.

IV. Consequences: What does the student gain from people and/or the environment after engaging in the behavior?

V. Function: What appears to be the function of the behavior?

VI. Modification: What accommodations and/or modifications have been attempted to address behavior?

VII. Alternative Behavior: What more appropriate behaviors or behavioral approximations would you like the student to demonstrate?

Date of Meeting _____

FUNCTIONAL BEHAVIORAL ASSESSMENT (FBA)

Student _____ Birth Date _____

School _____ Grade _____ Disability (ies) _____

Sources of Data Used to Analyze Behavior

- | | |
|--|---|
| <input type="checkbox"/> Targeted Intervention Documentation | <input type="checkbox"/> Previous FBA/BIP |
| <input type="checkbox"/> Observations | <input type="checkbox"/> Psychological/Psychiatric |
| <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Information from administrator |
| <input type="checkbox"/> School History | <input type="checkbox"/> Information from student |
| <input type="checkbox"/> Cumulative Folder Records | <input type="checkbox"/> Information from parent |
| <input type="checkbox"/> ADHD Rating | <input type="checkbox"/> Information from teacher |
| <input type="checkbox"/> Academic Grades | <input type="checkbox"/> Health/Medication Records |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Attendance Records | |
| <input type="checkbox"/> IEP/504 Plan (circle one) | |
| <input type="checkbox"/> Evaluation Report/Recommendations | |

Recent Changes in School or Home Environment

- | | |
|--|--|
| <input type="checkbox"/> Moved to NPSB from another district | <input type="checkbox"/> Stressors at home |
| <input type="checkbox"/> Changed schools within Sabine Parish | <input type="checkbox"/> Changes in guardian/caretaker |
| <input type="checkbox"/> Death | |
| <input type="checkbox"/> Illness in family (including student) | <input type="checkbox"/> Teacher Change |
| <input type="checkbox"/> Placement Change | <input type="checkbox"/> Other _____ |

Explain all areas checked above: _____

Positive Skills Demonstrated by Student

- Has formed relationships with peer(s)
- Has formed relationships with staff
- Exhibits adequate personal care behavior at school and home
- Has satisfactory attendance
- Has satisfactory grades
- Participates in extracurricular activities
- Other _____

Current Positive Behavior Support Provided in Setting

- | | | |
|--|--|--|
| <input type="checkbox"/> Classroom Management Plan | <input type="checkbox"/> Recognition | <input type="checkbox"/> Food/drink |
| <input type="checkbox"/> Tangibles | <input type="checkbox"/> Academic accommodation/assistance | <input type="checkbox"/> Praise |
| <input type="checkbox"/> Helping Teacher | <input type="checkbox"/> Attention from Peers | <input type="checkbox"/> Reward System |
| <input type="checkbox"/> Helping Peers | <input type="checkbox"/> Running errands | <input type="checkbox"/> Sports |

Preferred Rewards/Activities of Student:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Praise | <input type="checkbox"/> Helping Teacher | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Attention from Peers | <input type="checkbox"/> Helping Peers | <input type="checkbox"/> Food/drinks |
| <input type="checkbox"/> Running errands | <input type="checkbox"/> Tangibles | |
| <input type="checkbox"/> Other _____ | | |

**Directions: Check ONE behavior. (One behavior at a time will be examined)
Additional behaviors will be addressed by completing copies of this page.**

Behavior of Concern:

- | | | |
|---|---|--|
| <input type="checkbox"/> Self injury | <input type="checkbox"/> Talking out | <input type="checkbox"/> Tardy |
| <input type="checkbox"/> Destruction of property | <input type="checkbox"/> Yelling/noise making | <input type="checkbox"/> Task refusal |
| <input type="checkbox"/> Throwing objects | <input type="checkbox"/> Profanity | <input type="checkbox"/> Sleeping/shutting down |
| <input type="checkbox"/> Weapons/drugs | <input type="checkbox"/> Crying | <input type="checkbox"/> Self-stimulating behavior |
| <input type="checkbox"/> Threatening | <input type="checkbox"/> Teasing | <input type="checkbox"/> Absences |
| <input type="checkbox"/> Ignoring directions | <input type="checkbox"/> Arguing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pushing/shoving/poking/pinching/kicking/biting/tripping/fighting | | |

Data Concerning Identified Behavior:

Frequency – How often does behavior occur?

The behavior occurs _____ time during the (day, week, month, year)

Duration – How long does the behavior last (each occurrence)?

The behavior lasts _____ (second(s), minute(s), hour(s), all day)

Antecedents: _____

What time(s) does the behavior occur?

Before school Morning Lunch Afternoon After school
 Monday Tuesday Wednesday Thursday Friday

In what setting(s) does the behavior occur?

<input type="checkbox"/> Classroom	<input type="checkbox"/> P.E.	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Administrator's office
<input type="checkbox"/> Hallway	<input type="checkbox"/> Related Services	<input type="checkbox"/> Nurse's Office	<input type="checkbox"/> Library
<input type="checkbox"/> Recess	<input type="checkbox"/> Restroom	<input type="checkbox"/> Bus	<input type="checkbox"/> Other

What adult was supervising?

Teacher Aide Substitute Administrator Other

Student's Name _____

Date _____

Other factors relevant to behavior:

- ___ Current physical condition (tired, sleepy, sick, and hungry)
- ___ Psychiatric diagnosis _____
- ___ Not taking/change in medications
- ___ Setting demands _____
- ___ Academic skill deficits
- ___ Behavioral deficits
- ___ Lack of knowledge of expectations
- ___ Curriculum demands _____
- ___ Medical diagnosis _____
- ___ Medications prescribed _____

Current Consequences of the behavior:

- | | |
|------------------------------------|-----------------------------------|
| ___ Reprimand | ___ Confrontation/argument |
| ___ Timeout | ___ Removal from setting to _____ |
| ___ Loss of privileges | ___ Counseling/consultation |
| ___ Corporal punishment | ___ Parent involvement |
| ___ Comments/attention from peers' | ___ Suspension |
| ___ Other _____ | |

The functions that maintain the behavior of concern:

To obtain:

- | | |
|--------------------------------|---------------------------|
| ___ Attention from peers/staff | ___ A preferred activity |
| ___ Movement/self-stimulation | ___ Revenge |
| ___ Tangible items | ___ Acceptance from peers |
| ___ Power/control | ___ Other _____ |

To escape:

- | | |
|-----------------|-------------------|
| ___ Work | ___ Environment |
| ___ Class(es) | ___ Boredom |
| ___ School | ___ Embarrassment |
| ___ Staff/peers | ___ Frustration |
| ___ Other _____ | |

Student Report Form

Name _____

Date _____

Teacher _____

Class _____

1. What was your behavior? _____

2. What did you want? (Check at least one).

- I wanted attention from others.
- I wanted to be in control of the situation.
- I wanted to challenge the teacher's authority.
- I wanted to avoid doing my work.
- I wanted to be sent home,
- I wanted to cause problems because I am miserable inside.
- I wanted to cause others problems because I am miserable inside.
- I wanted to cause others problems because they don't like me.
- I wanted revenge.
- I wanted

3. Did you get what you wanted? _____

Why? _____

4. What could you do differently? _____

5. Will you be able to do it appropriately next time? _____

Student Signature

STUDENT INTERVIEW FOR FBA

Student: _____ School: _____

Date: ___/___/___ Grade: _____ DOB: _____

1. What do you like about school? _____

If answer is nothing then why: _____

2. What do you not like about school? _____

3. What are your easiest subjects? _____

4. What are your hardest subjects? _____

5. Who helps you most with your work? _____

6. Do you think that you get enough help at school? _____

7. Do you need noticed when you do a good job? _____ By whom? _____

8. What did you do to get in trouble at school? _____

9. Do you know why you got into trouble? _____

10. Have you been in trouble in school before? _____ For what? _____

11. When & where do you get into trouble the most? _____

12. What can you do to avoid getting into trouble? _____

13. How can the teachers and staff help you to avoid your getting into trouble? _____

14. Would you like to be noticed more for the good things you do? _____

What are they? _____

How would you like to be noticed? _____

Is there anything else that will help us know how to help you better? _____

TEACHER INTERVIEW FOR FBA

Student: _____
 Date: ____/____/____

Teacher: _____
 Subject: _____

Please rate the above named student as one of the following in each row. ***POOR RATING** requires explanation

Activity	Poor	Below Average	Average	Above Average	Comments
Likes School					
Participates in class					
Has materials for class					
Responds appropriately to correction					
Works without disturbing others					
Attends to group lessons					
Works independently					
Follows directions					
Completes assignments					
Returns homework					
Gets along with other students					
Respects authority figures					
Accepts consequences of behavior					
Seeks attention appropriately					
Waits turn					
Appropriate behavior out of class					
Self Concept					
Attendance					
Other					

This Section MUST be completed:

Attitude:

Behavior Strengths:

Behavior Weakness:

When, where, and with whom does inappropriate behavior occur:

School Performance Strengths:

School Performance Weaknesses:

Interventions attempted by you to improve weaknesses: (Use back of sheet if necessary)

PARENT/GUARDIAN INTERVIEW FOR FBA

**Based on interview by school personnel and/or behavioral consultants.

Student: _____ DOB: _____ Grade: _____

Date: _____ School: _____ Person Completing Form: _____

Parent/Guardian Name(s): _____

What inappropriate behavior occurred at school?

Why do you think that behavior occurred?

Has similar behavior occurred previously at school or at home? _____

How often has it happened? _____

What did you do when your child did this at home?

How well did it work?

Were there any unusual circumstances or recent changes in the child's life at the time of the behavior? _____ What? _____

What behavior do you want your child to display to school?

Is he able to display that type behavior at home/other settings?

What does your child do well?

What do you like most about your child?

What things does your child have trouble doing?

What does your child like to do in his/her free time?

What rewards/activities might your child behave appropriately to get?

What does your child like about school?

Is there anything your child does not like about school?

Does your child have any problems getting along with anyone at school? If so, who?

Who helps your child most when they have a problem? How does this person help?

What would you like to see changed at your child's school that would help with his/her behavior or performance?

Answer the following regarding the child's history:

	YES	NO	If Yes, Briefly Describe
Important health history?			
Current health problems?			
Taking Medication?			
Difficulty Sleeping?			
Poor Eating Habits?			
Home behavior problems?			
Problems paying attention?			
Problems sitting still?			
Parent-child problems?			
Other family Problems/stresses?			
Peer relationship problems?			
Substance use/abuse?			
History of Abuse/Neglect/			
Court Involvement?			
Counseling services?			
Psychiatric Diagnosis?			
Other Agency Involvement?			

Other information:

Behavior Intervention Plan

Behavior(s) of concern _____

Expected behavior(s) (specific in positive language)

Needed changes in antecedents (specify interventions and settings in which they will occur):

_____ Academic assistance

_____ Modify task _____

_____ Seating change (near teacher, away from distractions) _____

_____ Class/teacher change _____

_____ Increase supervision _____

_____ Give medication as prescribed and monitor effectiveness _____

_____ Monitor and intervene quickly in off-task behavior and _____

_____ Other predicating behaviors

_____ Change classroom routine/schedule _____

_____ Change classroom management plan _____

Reward/positive consequences for expected behavior (specify what, when provided, and by whom):

_____ Tangible (food, drink, objects) _____

_____ Teacher praise _____

_____ School recognition _____

_____ Feedback to parent _____

_____ Privileges _____

_____ Activities _____

Other interventions/services considered:

- _____ Counseling
- _____ Medical assessment/intervention
- _____ Psychological assessment/intervention
- _____ Other agency services

Consequences for repetition of behavior of concern (specify what, when provided, and by whom):

- _____ Conference
- _____ _____
Time out/cool off
- _____ _____
Loss of privilege
- _____ _____
Parent contact
- _____ _____
Corporal punishment
- _____ _____
In-school suspension
- _____ _____
Suspension
- _____ _____
Other
- _____ _____

This behavior plan will be implemented until _____
A review meeting will be held on _____

We agree with the above assessment of the behavior of concern. We also agree to accept our assigned responsibilities in implementing the above behavior interventions.

Student _____
Parent _____
Principal _____
Counselor _____
Pupil Appraisal Leader _____

Teacher _____
Teacher _____
Paraprofessional _____
Bus Driver _____
Other _____

Collaboration with the School Nurse

The SAT Chair is responsible for requesting a health screening by the school nurse if, "... through history, observation, and other procedures, health problems are noted."

The school nurse contacts the parents, secures any required permissions, contact all appropriate medical providers, conducts a health screening, and provides a copy of the findings to the Chair. The school nurse will immediately inform/educate appropriate school personnel (including teachers) of the nature of the information acquired warrants. The Chair arranges SAT meeting, as needed.

The SAT will review all information (including the health screening (and meet to determine any type of accommodation, modification, intervention, assessment, procedure, referral, and/or other action needed. The Chair is responsible for inviting all SAT participants, including the school nurse.

If a decision is made for referral for a Section 504 evaluation/reevaluation the health screening/assessment may become a port of the Individual Accommodation Plan (IAP).

Prior to referral for a IDEA evaluation (or if needed for reevaluation purposes) a health screening must be completed and if the screening indicates the student, "...has a condition requiring health technology, management or treatments including a special diet or medication that the student needs assistance with activities of daily living," the Pupil Appraisal (PA) will request the school nurse to conduct the health assessment, develop an Individualized Healthcare Plan (IHP) if appropriate, and become part of the multidisciplinary team. The IHP information will be included in the evaluation/reevaluation and will become part of the Individualized Educational Program (IEP). The Pupil Appraisal Team leader will provide the school nurse a copy of any health information received during the evaluation/reevaluation process and will immediately notify the school nurse if the information appears critical.

All medical and/or mental health records are to be regarded with confidentiality. All medical and/or mental health records are to be sent directly to the Pupil Appraisal Coordinator. All medical and/or mental health records are forwarded to the appropriate school nurse and assigned Pupil Appraisal liaison by the Pupil Appraisal Coordinator. All confidential records should be stored in a locked file.

Official Release of Information Forms shall be used to collect medical and mental health records. Some outside agencies require specific forms. A collection of forms is provided for you.

Please notify Pupil Appraisal and the school nurse when you obtain any new outside agency specific forms. These forms will be distributed to SAT Chairs as they are made available to the Natchitoches Parish School Board staff.

NATCHITOCHE PARISH SCHOOLS
SPECIAL EDUCATION DEPARTMENT

P. O. Box 16
Natchitoches, LA 71457
Phone: 318-352-2358
Fax: 318-354-9719

PUPIL APPRAISAL SERVICES
RELEASE OF INFORMATION

School: _____

Date: _____

To Whom It May Concern:

I hereby authorize

to release to:

NPSB Pupil Appraisal Services
P. O. BOX 16
NATCHITOCHE, LA. 71458-0016
Attention: Diana Laroux

any or all medical, social, psychological and educational information in your records on:

_____, _____, _____
(Student Name) (Date of Birth) (Social Security Number)

Please be informed that this permission is valid for only 60 days and you have the right to withdraw permission at any time.

Signature: _____

Address: _____

Phone: _____

Natchitoches Parish School Board

310 Royal Street P.O. Box 16
Natchitoches, Louisiana 71458-0016
(318) 352-2358 FAX (318) 354-9719

DR. DERWOOD DUKE
Superintendent

CHERYL JOHNSON
Director of Special Education

DATE: _____

Re: _____

DOB: _____

Dear Dr. _____:

We are in the process of updating medical records for the above named student in order to meet any special health care needs in the school setting. These needs may range from modifications/accommodations to specialized procedures necessary within the student's school day. Medical information is required in order for us to develop federally mandated health assessments and/or health care plans for students who have health issues that may interfere with the student's ability to perform in the educational setting. This information will be used *for educational purposes only* and will be maintained in the student's confidential file.

A release of information signed by the parent/guardian is enclosed. Your assistance in this matter is greatly appreciated. Please complete the physician's statement on the back and return it to:

Diana Laroux
Printed Name

Pupil Appraisal Team Leader
Position

Natchitoches Parish School Board
P. O. Box 16
Natchitoches, LA 71457
Address

318-352-2358 ext. 1184
Phone

Sincerely

**Natchitoches Parish Schools
Pupil Appraisal Services**

Physician's Medical Statement

Student's Name: _____ **DOB:** _____

Medical Diagnosis: _____

Current medical status: _____

Prognosis: _____

Is the student seen on a regular basis: yes no **Date of last visit:** _____

Date of next visit: _____

Current prescribed medications, dosage, amount, time, etc.:

Side effects or precautions related to the medications taken that could affect health, academic performance or behavior: (e.g., sedation, headaches, nausea, CNS stimulation, etc.): _____

Are there any modifications, limitations, or restrictions in activities necessary in classroom or physical education? _____

What effect could this medical condition have upon educational achievement and/or school functioning: _____

Physician's Signature _____ **Date:** _____

**NATCHITOCHE PARISH SCHOOL BOARD
P. O. BOX 16, NATCHITOCHE, LOUISIANA 71458-0016
(318) 352-2358**

PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION

WHENEVER POSSIBLE, SCHEDULE MEDICATION AT TIMES OTHER THAN SCHOOL HOURS.

THE ONLY MEDICATIONS TO BE GIVEN AT SCHOOL ARE: (1) ORAL, (2) INHALANT BY PRE-MEASURED AEROSOL, (3) TOPICAL OINTMENT FOR DIAPER RASH, (4) EMERGENCY MEDICATIONS.

ALL MEDICATION ORDERS MUST BE RENEWED AT THE BEGINNING OF EACH SCHOOL YEAR.

THE USE OF UNIT DOSE PACKAGING IS STRONGLY ENCOURAGED

NAME OF PHYSICIAN	ADDRESS	TELEPHONE		
STUDENT	DATE OF BIRTH	DIAGNOSIS		
MEDICATION	STRENGTH	DOSE	TIME	ROUTE

POSSIBLE SIDE EFFECTS/ADVERSE REACTIONS: _____

CONTRAINDICATIONS: _____

ANY SPECIFIC DIRECTIONS: _____

OTHER MEDICATION TAKEN BY STUDENT: _____

DATE OF NEXT SCHEDULED VISIT: _____

PHYSICIAN'S CONSENT FOR LICENSED AND NON-MEDICAL UNLICENSED TRAINED PERSONNEL TO ADMINISTER MEDICATION AT SCHOOL

PHYSICIAN'S SIGNATURE	DATE OF ORDER	DATE TO DISCONTINUE
-----------------------	---------------	---------------------

MEDICATION MAY BE OMITTED ON ONE-DAY FIELD TRIP IF NECESSARY

PHYSICIAN'S SIGNATURE	DATE
-----------------------	------

SELF ADMINISTRATION OF MEDICATION: (ex: asthma inhaler: epi-pen, medicine for migraine headaches) Provided School Nurse determines it is safe/appropriate; student has been adequately instructed by you or your staff and has demonstrated competency.

SELF-ADMINISTER ONLY ON FIELD TRIP: YES: _____ NO: _____

MAY CARRY MEDICINE ON PERSON AT ALL TIMES: YES: _____ NO: _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

NAME OF STUDENT: _____ DATE OF BIRTH: _____ SEX: _____

SCHOOL: _____ GRADE: _____ TEACHER: _____

NAME OF PARENT/GUARDIAN (please print): _____

TELEPHONE NUMBER (HOME)

TELEPHONE NUMBER (WORK)

TELEPHONE (EMERGENCY)

ALL MEDICATION STUDENT IS TAKING INCLUDING MEDICATION GIVEN AT SCHOOL.

1. _____ 2. _____ 3. _____

ALLERGIES (FOOD/DRUGS): _____ OTHER ALLERGIES _____

1. I give permission for school nurse or designated unlicensed trained school employee to administer medication to my child as prescribed by his/her physician for school use.
2. I give permission for school nurse to do health assessment on my child in school setting as required by State Law regarding administration of Medication.
3. I give permission for school nurse to consult with my child's physician and to share with school personnel information relative to medication administration as necessary.
4. I understand that I am to remove unused, contaminated, discontinued, or out-of-date medication from school and that medicine will be destroyed if it is not picked up within two weeks following termination of order or last day of current school year.
5. I have administered the initial dose ordered at home and have allowed at least twelve hours observation for adverse reactions.
6. I give permission for medication to be omitted on **ONE-DAY FIELD TRIP** PROVIDING Physician order is obtained.

SIGNATURE OF PARENT

DATE

CONSENT FOR SELF-ADMINISTRATION OF MEDICATION, SUCH AS AN ASTHMA INHALER/ EPI-PEN:

I give permission for my child to self-administer medication if the school nurse determines it is safe and appropriate. I feel my child is sufficiently responsible and informed to administer his/her own medication.

I assume responsibility for my child's actions in his/her self-management of medication at school.

SIGNATURE OF PARENT/GUARDIAN

DATE

Release for the following agencies provided under attached cover:

1. Brentwood – Consent to Disclosure of Medical Record Information Waiver of Confidentiality
2. Shriners Hospitals for Children – Authorization for Disclosure of Health Information
3. Louisiana Department of Health and Hospitals – Authorization to Release or Obtain Health Information
4. Louisiana State University Health Sciences Center – Consent to Release of Information Waiver of Confidentiality
5. State of Louisiana – Inter-Agency Eye Report for the Visually Handicapped
6. Children’s Hospital – Authorization for Release of Confidential Information
7. Eye Doctor’s Report
8. Cenla Neurology Clinic

NEW STUDENT REVIEW OF RECORDS

- A. Transfer from within Natchitoches Parish
 - 1. **Special Education Student** – notify special education lead teacher in your school to request transfer of special education brown file through the special education department.
 - 2. Section 504 Student – notify the SAT Chairman to request the student’s 504 records from the previous school.

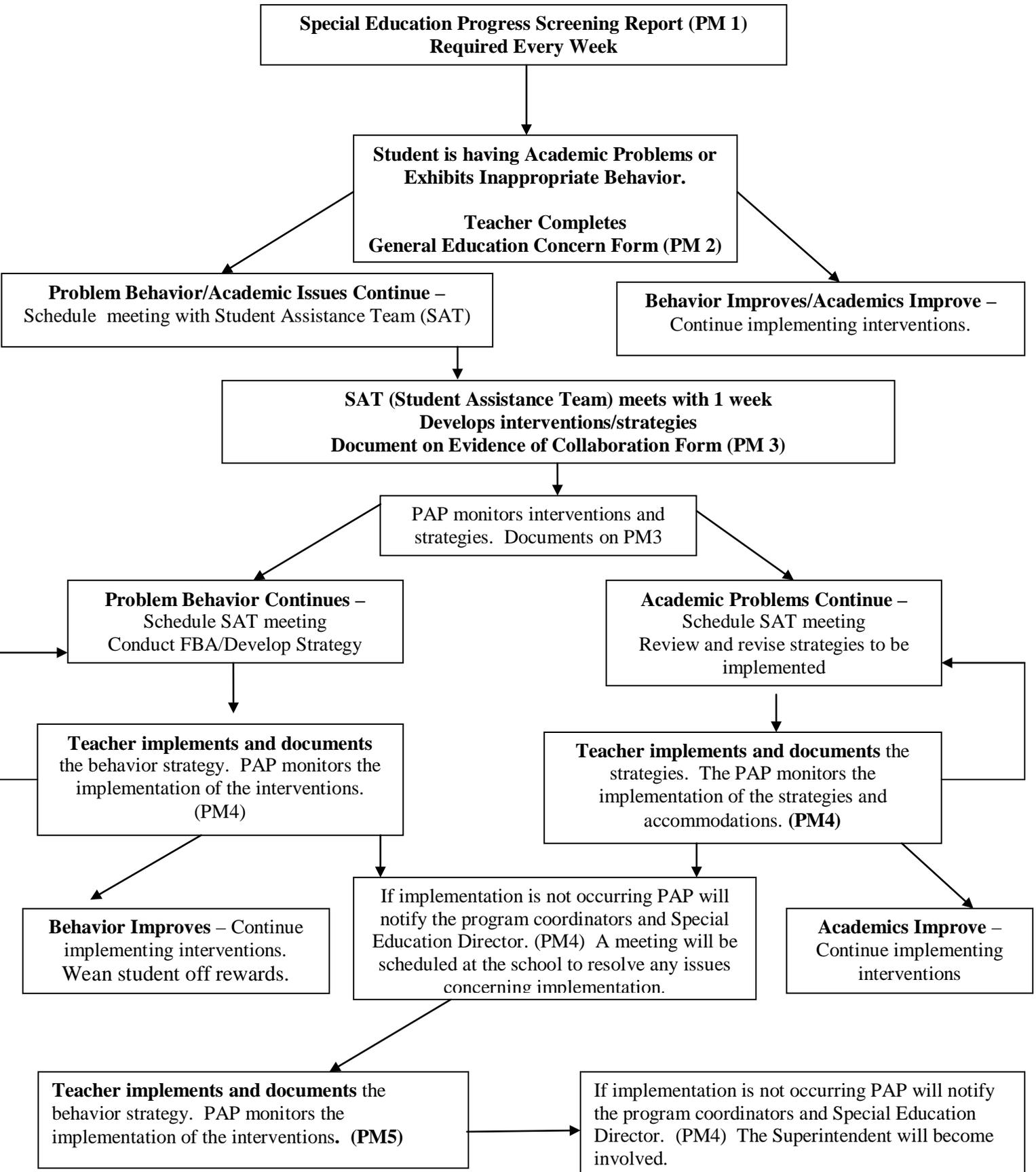
- B. Transfer from with Louisiana
 - 1. Special Education Student – notify the special education department. Records will be requested directly from the previous school system by the special education department.
 - 2. Section 504 student – records may be directly requested from school to school. Contact the District 504 Coordinator if further assistance is required to obtain current records from the previous school system.

- C. Transfer from Out-of-State
 - 1. Special Education Student
 - a. Obtain prior school address, phone number, and fax number if possible.
 - b. Obtain parental consent for release of records.
 - c. Forward signed release of information to Pupil Appraisal Coordinator.
 - d. Contact Pupil Appraisal Coordinator for any questions regarding placement pending receipt of records or any other concerns regarding new student.
 - 2. Section 504 Student – records may be requested directly from school to school. Contact the District 504 Coordinator if further assistance is required to obtain current records from the previous school system.

Progress Monitoring Procedures for Special Education Student's With Academic & Challenging Behaviors in General Education

1. Special education teacher will supply general education teacher with a Special Education Progress Screening Report form (PM1) for all special education students. This is to be completed by general education teachers each week. Purpose is for early identification of academic or behavior concerns.
 - a. If there is an academic or behavior problem identified on PM1 for any student, the general education teacher will complete the General Education Concern Form (PM2).
 - b. The PM1 and PM2 forms will be turned in to special education teacher at the end of the day on Friday of each week.
2. The special education teacher will schedule a SAT (Student Assistance Team) meeting within 5 days to discuss academic or behavior problems of individual students. Committee should include: Administrator, Master teacher, Regular Education and Special Education teacher and others as needed. Notification will be given to support staff as needed.
 - a. At this meeting the Evidence of Student Assistance Team Collaboration Form (PM3) will be completed and decisions will be made concerning supports and strategies to be implemented. Principals must sign this form at the end of the meeting.
3. Copies of the Collaboration form (PM3) will be given to pupil appraisal, and forwarded to special education program coordinators, and special education director. One copy will be filed in the Student's IEP folder.
4. The pupil appraisal person assigned to the school will observe the student in his/her classroom the week following the meeting to ensure the strategies and supports are appropriate and being implemented. Non-compliance of procedures will be reported to school principal, and special education program coordinators and the special education director. (PM4)
5. Special Education Coordinators will schedule a meeting at the school with principal, and teachers involved to discuss the compliance issues addressed on the PM4. A report of this meeting will be provided to the special education director.
6. Pupil Appraisal will revisit the classroom (within a week) to monitor progress on interventions in the classroom listed on PM3. If the non-compliance continues the Special Education Director and the Superintendent will be notified using the Progress Monitoring Non-Compliance form (PM5).
7. The Principal, Special Education Director and the Superintendent will resolve the issues at this point.
8. Special Education teachers will be responsible for disseminating copies and filing them in the appropriate folders and notebooks.

Progress Monitoring Flow Chart



General Education Concern Form (PM2)

School _____ Student _____ Special Ed. Teacher _____ Date _____

Gen. Ed. Teacher Name _____	Current Grade Average	Student is having academic difficulty with: (Be specific)	Student is exhibiting the following behavior: (Be specific)	REQUIRED Interventions/Strategies Implemented:
Subject:				
Subject:				
Scheduled Tests: Dates: _____ _____		Assignments: _____ Date Due _____ _____ _____ (include projects, reports, etc.)		Student is: (circle all that apply) Completing Assignments/Not completing Doing/Not doing homework Participating/Not participating in class

Circle all Materials Reviewed: IEP Accommodations/Modifications, IEP Goals, Report Card, Progress Reports, BIP/FBA, Student test results, DIBELS/Progress Monitoring, Grade Book, Study Guides, Charting, Other

Number of office referrals: _____ Number of Suspensions: _____

Comments:

Date SAT Meeting Scheduled: ___/___/___ Time: _____ Pupil Appraisal: _____ Date

Received: _____
 (Should be within the week)

Place 1 copy in Pupil Appraisal Folder
 File 1 copy in Special Ed. Classroom Notebook

cc: Special Education Director

Evidence of Student Assistance Team Collaboration (PM3)

Date: _____ **Student:** _____ **School:** _____

Persons at the meeting / Indicate position of each person:

Purpose of this meeting is to discuss the student's academic and/or behavior problems. Brainstorm solutions that are available or needed and determine the best actions to take to help the student so that he/she can be more successful in school.

(Check and Explain)

___ Student is failing/having difficulty in _____

➤ Suspected reasons for failure/difficulty: _____

___ Student has been referred to the office _____ times for _____

___ Student has been excluded for: _____

➤ Total of number of days student has been excluded from school this year: _____

This committee determined that the following actions must be implemented to assist this student with the above problems: **(Explain Action Taken)**

___ Implement IEP accommodations _____

___ Implement IEP modifications _____

___ Implement instructional strategy/intervention _____

___ Implement PBS behavior strategy/intervention _____

___ Assign a mentor to the student who will meet with him/her every morning and/or afternoon.

➤ The mentor will work with this student on: _____

___ Change teacher / class schedule: _____

___ Add school counseling services: provided by: _____

___ Schedule IEP Reconvene _____

___ Other: _____

Approved by: Principal's Signature _____ Date _____

Pupil Appraisal Signature _____ Date _____

Pupil Appraisal visited class on: ___/___/___

Interventions Implemented See PM4

Pupil Appraisal visited class on: ___/___/___

Interventions Implemented See PM5

**-----File this completed form in student's IEP folder-----
File 1 copy in the Sp.Ed. classroom notebook and 1 copy in PAP Folder**

cc: Program Coordinators, Special Education Director

Progress Monitoring Non Compliance (PM 4)

School: _____ Principal: _____

Today I reviewed the records for (student) _____ and found failure to implement:

- ___ Special Education teacher, _____, is not disseminating the Progress Screening Form (PM1) to student's general education teachers before school on Monday morning.
- ___ General Education teacher(s), _____, is/are **not** completing the Progress Screening Form (PM1) and returning it to Special Education teacher at the end of the day of Friday.
- ___ SAT (Student Assistance Team) is not meeting to discuss student problems and are not documenting decisions made concerning students on the Evidence of Student Assistance Team Collaboration (PM3).
- ___ Meeting to discuss student problems was not held during the week after it was reported.
- ___ Interventions/Strategies developed at the SAT (Student Assistance Team) meeting are not being implemented.
- ___ Behavior Management Plan is not being properly implemented by _____.
- ___ Behavior Management Plan is not being properly documented by _____.

Monitored By: _____ Date: _____
(Pupil Appraisal Member)

Principal Signature: _____ Date: _____

cc: Principal, Program Coordinators, Special Education Director

.....

Meeting to discuss above issues is scheduled for ____/____/____ with the Principal, and all involved school personnel.

The scheduled meeting was held and the following decisions were made to resolve the above issues:

Pupil Appraisal Signature _____ Date Received _____

Cc: Special Education Director; Pupil Appraisal at School

Progress Monitoring Non Compliance (PM 5)

Date: _____ **Student** _____
School: _____ **Principal:** _____
Special Education Teacher _____

A meeting to discuss issues concerning the implementation of interventions for this student was held on _____, with a program coordinator, the school principal and involved school staff. A plan was developed to ensure the services would be provided to this student.

Today I visited the classroom and found that the plan was still not being implemented as needed. The following areas are in question:

- ___ Special Education teacher, _____, is not disseminating the Progress Screening Form (PM1) to student’s general education teachers before school on Monday morning.
- ___ General Education teacher(s), _____, is/are **not** completing the Progress Screening Form (PM1) and returning it to Special Education teacher at the end of the day of Friday.
- ___ SAT (Student Assistance Team) is not meeting to discuss student problems and are not documenting decisions made concerning students on the Evidence of Student Assistance Team Collaboration (PM3).
- ___ Meeting to discuss student problems was not held during the week after it was reported.
- ___ Interventions/Strategies developed at the SAT (Student Assistance Team) meeting are not being implemented.
- ___ Behavior Management Plan is not being properly implemented by _____.
- ___ Behavior Management Plan is not being properly documented by _____.

Monitored By: _____ Date: _____
(Pupil Appraisal Member)

Principal Signature: _____ Date: _____

cc: Principal, Program Coordinators, Special Education Director, Superintendent

RECORD KEEPING

**LOUISIANA STATE DEPARTMENT OF EDUCATION
SECTION 504 STANDARIZED ASSESSMENT DATA VALIDATION FORM for K-12
STUDENTS WITH DISABILITIES (Section 504 Eligible)**

Instructions: This form must be completed and submitted to LDE before providing accommodations to Section 504 students for statewide assessment. It must accompany the original individual Accommodation Plan for Students with Disabilities (Section 504 Eligible). Information obtained from this form will be used to gather statistical data for research-based initiatives, data validation of Students receiving accommodations for standardized statewide assessment, training and/or technical assistance purposes.

School District: _____ School: _____ School code: _____ Principal: _____

SBLC/504 Facilitator: _____ District Section 504 Coordinator: _____ Date: _____

Total # of 504 Students Receiving Test Accommodations in School: _____ Total # of 504 students on site: _____

Alphabetically list students identified under Section 504 who are receiving testing accommodations.

Student's Name	Last 4 digits of student's SS#	Grade	Qualifying Disability	Standardized Assessment	Accommodations Needed for Assessment (Codes may be used) ex. #68-Braille

NATCHITOCHE PARISH STUDENT ASSISTANCE TEAM – CASE STATUS LOG

SCHOOL _____ CHAIRPERSON _____

Page ____ of ____

Date of Initial Report	Student Name	Referring Source	Date(s) of SAT meeting(s)	Reason for Referral: Academic, Behavioral, Other (specify)	Type of Early Intervening Services			Action/Date(s)	No Further Action	Continued Classroom Intervention	504 Evaluation	Pupil Appraisal Evaluation	Comments
					Professional Development	Educational Services & Support	Behavioral Services & Support						
	Grade: Race:												
	Grade: Race:												
	Grade: Race:												
	Grade: Race:												
	Grade: Race:												
	Grade: Race:												
	Grade: Race:												
	Grade: Race:												

REPORT OF PROVISION OF EARLY INTERVENING SERVICES

Academic Year: _____

School: _____

1. Instructions: Provide an unduplicated count of children who received intervention through SAT. Only count students without IEPs (not Special Education Student). Count should be taken from the SAT Case Log. Count should be completed after the final SAT meeting of the school year.

Grade	American Indian or Alaska Native	Asian or Pacific Islander	Black (not Hispanic)	Hispanic	White (not Hispanic)	Total (rows)
K						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Total (columns)						

NATCHITOCHEs PARISH SCHOOL BOARD
K-3 BULLETIN 1903 SCREENING

STUDENT'S NAME _____ **DOB** _____

KINDERGARTEN: SCHOOL _____ **TEACHER** _____

Brigance Screening: Score _____ Satisfactory _____ Unsatisfactory _____ Date _____
Chicago Early Assess: Score _____ Satisfactory _____ Unsatisfactory _____ Date _____
End of Year Checklist: _____ Satisfactory _____ Unsatisfactory _____ Date _____
Writing Across Curriculum: _____ Satisfactory _____ Unsatisfactory _____ Date _____
Referred to SAT: Yea _____ Reason _____ No _____ Date _____
Referred to School Screening Specialist: Yes _____ No _____ Date _____
Comments: _____
_____ Date _____

FIRST GRADE: SCHOOL _____ **TEACHER** _____

Checklist for ADD/ADHD: _____ Satisfactory _____ Unsatisfactory _____ Date _____
DRA: Score _____ Below Grade Level _____ On/Above Grade Level _____ Date _____
Yopp Singer (Below level only): Score _____ Satisfactory _____ Unsatisfactory _____ Date _____
Math Review GLE: _____ Satisfactory _____ Unsatisfactory _____ Date _____
Writing Across Curriculum: _____ Satisfactory _____ Unsatisfactory _____ Date _____
Referred to SAT: Yes _____ Reason _____ No _____ Date _____
Referred to School Screening Specialist: Yes _____ No _____ Date _____
Comments: _____
_____ Date _____

SECOND GRADE: SCHOOL _____ **TEACHER** _____

Dyslexia Screening: _____ Satisfactory _____ Unsatisfactory _____ Date _____
DRA: Score _____ Below/Grade Level _____ On/Above Grade Level _____ Date _____
Yopp Singer (Below level only): Score _____ Satisfactory _____ Unsatisfactory _____ Date _____
Math Review GLE: _____ Satisfactory _____ Unsatisfactory _____ Date _____
Writing Across Curriculum: _____ Satisfactory _____ Unsatisfactory _____ Date _____
Referred to SAT: Yes _____ Reason _____ No _____ Date _____
Referred to School Screening Specialist: Yes _____ No _____ Date _____
Comments: _____
_____ Date _____

THIRD GRADE: SCHOOL _____ **TEACHER** _____

Social/Emotional Checklist: _____ Satisfactory _____ Unsatisfactory _____ Date _____
DRA: Score _____ Below/Grade Level _____ On/Above Grade Level _____ Date _____
Yopp Singer (Below level only): Score _____ Satisfactory _____ Unsatisfactory _____ Date _____
Math Review GLE: _____ Satisfactory _____ Unsatisfactory _____ Date _____
Writing Across Curriculum: _____ Satisfactory _____ Unsatisfactory _____ Date _____
Referred to SAT: Yes _____ Reason _____ No _____ Date _____
Referred to School Screening Specialist: Yes _____ No _____ Date _____
Comments: _____
_____ Date _____

FOR STUDENTS NOT PREVIOUSLY SCREENED:

SCHOOL _____ **TEACHER** _____

Checklist for ADD/ADHD: _____ Satisfactory _____ Unsatisfactory _____ Date _____
Dyslexia Screening: _____ Satisfactory _____ Unsatisfactory _____ Date _____
Social/Emotional Checklist: _____ Satisfactory _____ Unsatisfactory _____ Date _____
Referred to SAT: Yes _____ Reason _____ No _____ Date _____
Referred to School Screening Specialist: Yes _____ No _____ Date _____
Comments: _____
_____ Date _____

NATCHITOCHE PARISH SCHOOL BOARD
K – 3 BULLETIN 1903 SCREENING TIMELINE

Each child is to be screened for dyslexia, ADD/ADHD, and social-emotional at risk factors during the appropriate year until each has been screened **AT LEAST ONCE** in each of the three areas addressed before the student exits the third grade. This timeline applies only to R. S. 17:392.1 and 17.392.3 mandates and does not take the place of any other testing done within the parish.

KINDERGARTEN	Brigance Screening Chicago Early Assessment End of Year Checklist Writing Across Curriculum	Beginning of Year Beginning of Year End of Year Ongoing
FIRST GRADE	DRA/DIBELS Checklist for ADD/ADHD Yopp Singer (Below Level) Math Review GLE Writing Across Curriculum	End of Year End of 1 st Semester End of Year End of Year Ongoing
SECOND GRADE	DRA/DIBELS Dyslexia Screening Yopp Singer (Below Level) Math Review GLE Writing Across Curriculum	Begin/End of Year End of 1 st Semester End of Year End of Year Ongoing
THIRD GRADE	DRA/DIBELS Social/Emotional Checklist Math Review GLE Yopp Singer (Below level) Checklist for ADD/ADHD* Dyslexia Screening * Writing Across Curriculum	Begin/End of Year End of 1 st Semester End of Year End of Year End of 1 st 9 weeks End of 1 st Semester Ongoing

*For those students not previously screened.

**ANY STUDENT MAY BE SCREENED AT ANY TIME THE STUDENT IS
 SUSPECTED TO BE “AT RISK.”**

ADDITIONAL COMMENTS:

KINDERGARTEN: _____

FIRST: _____

SECOND: _____

THIRD: _____

RESOURCES

Reading Intervention Documentation K-3rd Grade

Student: _____ DOB: _____ Grade: _____
School: _____ Teacher: _____

Interventionist: _____

Data gained from administering the *Dynamic Indicators of Basic Early Literacy Skills* (DIBELS), dated _____, indicated concerns in (*Please complete those that apply to your student*):

Initial Sound Fluency, (pre-school – mid kindergarten) producing _____ sounds per minute. Benchmark is _____ sounds per minutes.

Intervention: Participation in the _____ reading program which focused on skills remediation. Small group of _____ students for _____ minutes five days a week. **Note to Teachers:** What exactly did the interventionist do, how it was done? and for how long? (Use the lines below to describe intervention, how it was presented or done, and how many weeks it was used.)

Weekly progress monitoring revealed that progress was above/below at targeted aim line. DIBELS benchmarking in _____ revealed _____ sound per minute.

Letter Naming Fluency, (kindergarten – first grade) named _____ letters correctly in one minute. **Note to Teacher:** What exactly did the interventionist do, how was it done, and for how long? (Use the lines below to describe intervention, how it was presented or done, and how many weeks it was used).

Phoneme Segmentation Fluency, (mid kindergarten – 1st grade) correctly unidentified _____ phonemes within one minute. Benchmark is _____ per minute. **Not to Teachers:** What exactly did the interventionist do, how was it done, and for how long? (Use the lines below to describe intervention, how it was presented or done, and how many weeks it was used).

Nonsense Word Fluency, (mid kindergarten – mid 2nd grade) _____ sounds per minute. Student then place in _____ reading program focusing on skill remediation at the _____ level. Weekly progress monitoring indicated _____ sounds, words, and phonemes per minute, an improvement of _____% or a lack of progress. **Note to Teachers:** What exactly did the interventionist do, how was it done, and for how long? (Use the lines below to describe intervention, how it was presented or done, and how many weeks it used).

Oral Reading Fluency (mid 1st grade – end of 3rd grade) _____ of correct words per minute. Benchmark is _____ words per minute. **Note to Teachers:** What exactly did the interventionist do, how was it done, and for how long? (Use the lines below to describe intervention, how it was presented or done, and how many weeks it was used for each intervention).

If lack of progress in any area or below targeted aim line, then use the following to describe further interventions: Student was placed in _____ reading programs, which focused on skills remediation. Name the intervention used, describe how it was done and for how many weeks.

Final Results:

- _____ Successful interventions return to regular classroom
- _____ Continue intervention as student showed some progress
- _____ Student did not show sufficient progress so referral made for evaluation

Reading Intervention Documentation 4th Grade or Higher

Student: _____ DOB: _____
Grade: _____ School: _____ Teacher: _____

Interventionist: _____

Reading program for _____ minutes _____ days per week.
What intervention was used? _____

How was it administered? _____

Rate of progress or lack of progress: state this in percentage. _____

If further remediation was needed then what was done? _____
Reading Program for _____ minutes _____ days per week.

What intervention was used? _____

How was it administered? _____

Rate of Progress or lack of Progress: state this in percentages _____

Final Results:

- _____ Successful in interventions return to regular classroom
- _____ Continue intervention as student showed progress
- _____ Student did not show sufficient progress so referral made for evaluation.

Please attach graphs and any other documentation you have to this form.

Math Intervention Documentation

Student: _____ DOB: _____
Grade: _____ School: _____ Teacher: _____

Interventionist: _____

Area of Support Need: Math Calculations

Basic Facts

- Counting Numeral Recognition Numeral Writing
- Basic Addition Basic Subtraction Addition with Regrouping
- Long Division Subtraction with Regrouping Fractions
- Decimals Percentages
- Other (explain) _____

Intervention used: _____ Math Program _____ minutes per day _____ days per week.

What was the intervention? _____

How was it done? _____

How many weeks was it used? _____
Rate of progress: (state in percentages) _____

If lack of progress in area, use the following? Student placed in _____ Math program for _____ minutes _____ days per week.

What was the intervention? _____

How was it done? _____

How many weeks was it used? _____
Rate of Progress: (state in percentages) _____

Final Results:

- _____ Successful interventions return to regular classroom
- _____ Continue intervention as student showed some progress
- _____ Student did not show sufficient progress so referral made for evaluation

Please attach graphs and any other documentation you have to this form.

TARGETED INTERVENTION MONITORING

Student: _____ School: _____ Week of: _____

Behavioral Expectation: _____ Specify the targeted intervention _____

Rate Scale: 1 = Poor 2 = Fair 3 = Good

Teacher/Subject	Monday	Tuesday	Wednesday	Thursday	Friday
	1 2 3 Comment:				
	1 2 3 Comment:				
	1 2 3 Comment:				
	1 2 3 Comment:				
	1 2 3 Comment:				
	1 2 3 Comment:				
	1 2 3 Comment:				
	1 2 3 Comment:				
Parent Signature					