Child Find
Response to Intervention
Preschool Toolkit Update

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Child Find/Kentucky System of Intervention Preschool Toolkit

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Child Find/Response to Intervention Preschool Toolkit

Introduction

PURPOSE

This guide is a framework for providing systematic, comprehensive services to address instructional and behavioral needs for all preschool children. The purpose of this toolkit is to provide information for the implementation of effective Child Find practices for preschool-age children served by Kentucky public schools. The Kentucky Early Childhood Regional Training Centers and the Kentucky Department of Education's School Readiness Branch have updated this guide as a companion document to the updated *A Guide to the Kentucky System of Interventions* published by the Kentucky Department of Education in July 2017.

In creating this document, many thanks are extended to the authors of two national publications, Recognition & Response Implementation Guide (2008, Chapel Hill: The University of North Carolina, FPG Child Development Institute) and Roadmap to Pre-K RTI: Applying Response to Intervention in Preschool Settings (2009, National Center For Learning Disabilities, Inc.). This body of information largely guided the contents of the Child Find/Kentucky System of Intervention Preschool Toolkit.

This guide is organized according to the essential components of a Response to Intervention (RTI) approach to instruction and provides guidance for meeting the requirements of the Kentucky Administrative Regulations for Child Find (707 KAR 1:300, Section 3) page 13.

As new legislation arrived in the form of Senate Bill 1 in May 2017, the Kentucky Department of Education recognizes that state funded preschool programs are not required under this legislative action to provide intervention services that are similar to K-3 intervention.

KRS 158.305 amended as follows:
Notwithstanding any other statute or administrative regulation to the contrary, the Kentucky Board of Education shall promulgate administrative regulations for district-wide use of a response-to-intervention system for students in kindergarten through grade three (3), that includes a tiered continuum of interventions with varying levels of intensity and duration and which connects general, compensatory, and special education programs to provide interventions implemented with fidelity to scientifically based research and matched to individual student strengths and needs.

KDE reminds districts of their responsibility to provide quality, researched based interventions to students they suspect may have a developmental delay or disability before referring those students for special education evaluation, as pursuit to IDEA Child Find and Preschool Programming regulations.

IDEA Part B and Kentucky Child Find Regulation

Section 1. Child Find Requirements.

(1) An LEA shall have in effect policies and procedures that plan and implement a child find system to locate, identify, and evaluate each child:

(a) Whose age is three (3) to twenty-one (21);

(b) Who resides in a home, facility, or residence within the LEA's geographical boundaries, including children with disabilities who attend private schools located within the LEA boundaries, children who are highly mobile such as migrant children, homeless children as described in 704 KAR 7:090, children who are wards of the state or are in state custody, and students who are advancing grade to grade resulting from passing a grade but who still may have a disability;

(c) Who is either in or out of school; and

(d) Who may need special education and related services.

(2) For preschool age children with disabilities, an LEA must ensure a smooth and effective transition from the early intervention program to preschool.

(3) Each LEA shall participate in transition planning conferences for children with disabilities served by early intervention programs.

Section 3. Referral System.

(1) An LEA shall have a referral system that explains how referrals from district or non-district sources will be accepted and acted upon in a timely manner.

(2) The referral system shall be conducted in such a manner as to prevent inappropriate **over identification** or **disproportionate representation** by race and ethnicity of children in special education by ensuring that each child has been provided appropriate instruction and intervention services prior to referral.

(3) The LEA shall ensure that:

(a) **Prior to, or as a part of the referral process, the child is provided appropriate, relevant research-based instruction and intervention services in regular education settings, with the instruction provided by qualified personnel; and**

(b) Data-based documentation of repeated assessments of achievement or measures of behavior is collected and evaluated at reasonable intervals, reflecting systematic assessment of student progress during instruction, the results of which were provided to the child's parents.

(4) If the child has not made adequate progress after an appropriate period of time during which the conditions in subsection (3) of this section have been implemented, a referral for an evaluation to determine if the child needs special education and related services shall be considered.

Preschool Regulation (704 KAR 3:410),

For children served in the Kentucky state-funded preschool program, preschool education program for four (4) year old children, requires that instruction and interventions are developmentally appropriate. These regulations are based on best practices for children in any early childhood setting. Districts must be in compliance with the preschool regulations as applicable when implementing Child Find activities.

LEADERSHIP AND SUPPORT

For preschool-age children, Child Find activities encompass a variety of settings, including public school preschool, Head Start, child care and homes. Leadership at the district level is critical to the effective implementation of Child Find and compliance with regulations.

District administration is responsible for ensuring that the preschool coordinator and director of special education work effectively together to implement the Child Find and Kentucky Preschool regulations. It is through joint leadership that meaningful collaboration occurs and results in effective instruction for all learners. District-level administrators must understand the essential components and supports needed to effectively implement the Child Find regulations. Administrators must prioritize resource allocation to support the effort and support the professional development of preschool staff on the philosophical underpinnings of the regulations as well as ongoing implementation strategies. Additionally, administrators must guide the implementation by developing leadership roles and expectations for the district preschool program. Because of the broad impact of the Child Find system, significant systemic changes will need to occur to execute implementation with fidelity. These changes must be monitored by leaders at all levels.

Screening

Screening is a common Child Find activity for the purpose of determining which children have reached certain broad benchmarks and which children have not reached the same benchmarks. These can be instructional content benchmarks or developmental milestones. Screening procedures typically include mass screening events as well as opportunities for screening an individual child as needed during the school year.

There are different types of screening, each with specific purposes:

Type of Screening	Purpose(s)
Developmental/Pre-Enrollment	• to identify the comprehensive developmental status of children • to identify areas of concern that may warrant further assessment • to determine the presence of a disability or medical condition, as documented by a medical doctor
Universal (Classroom Instruction)	• to identify specific areas of learning such as language, literacy, behavior and others that need intentional and more intensive instruction or intervention

"Screening tools must be selected carefully, with consideration of the tool's psychometric properties. Psychometric properties include the tool's validity (e.g., Does the tool actually measure what it says it measures?) and reliability (e.g., Does the tool consistently measure the

phenomena over time and among evaluators?), as well as its sensitivity and specificity. The *sensitivity* of a tool refers to its ability to correctly identify those children who need additional evaluation; *specificity* refers to its ability to accurately identify those who do not need further evaluation. Screening tools can vary across a number of dimensions, including administration format, target population (e.g., child's age), and level of expertise required for administration." (National Professional Development Center on Autism Spectrum Disorders, 2008, Session 3: Assessment for ASD).

DEVELOPMENTAL SCREENING

Developmental screening provides a "snapshot" of a child's status. The purpose of the screening is to determine which children may need diagnostic assessment that may result in an educational diagnosis of a disability or developmental delay. The diagnosis may lead to eligibility for special education services and/or preschool services.

The Kentucky state-funded preschool program requires that a developmental screening be conducted for each enrolled child screened within 30 days of enrollment [704 KAR 3:410 Section 6 (7)(d)]. Head Start also requires developmental screening but allows 45 days from enrollment for completion [45 CFR Part 1304.21 (b)]. Below are the screening components for each program.

Developmental Screening Components	
State-Funded Preschool	**Head Start**
Health Screen: • Vision • Hearing • Immunization Status • General Health Status • Dental Exam	Health Screen • Vision • Hearing • Immunization Status • General Health Status • Dental Exam • Lead Test (If not done at 24 Months) • Nutrition History
Gross/Fine Motor	Motor
Cognitive	Cognitive and Perceptual
Communication	Language
Self-Help	
Social-Emotional	Social, Emotional and Behavioral

Universal / Instructional Screening

Under a Response to Intervention or RTI model, screening is a brief assessment procedure designed to identify children who should receive more intentional or direct instruction and is referred to as *universal screening*. Results of universal screening are used in the decision-making (problem-solving) process to increase the frequency and intensity of instruction to address learning concerns.

Universal screening is a process in which all children are assessed to determine their level of performance and whether they are making progress at expected rates. Universal screening can be conducted with all children in a class or school to recognize those who are at risk as learners and who could benefit from additional instruction and supports. Universal screening is frequently cited as an essential component of an RTI model.

Universal screening is:

- used for instructional planning
- administered in a quick and easy way
- intended to be re-administered repeatedly
- correlated with long-term educational goals
- designed to provide data on level and rate of growth.

Kentucky's *Continuous Assessment Guide* was written prior to implementation of RTI/KSI-Child Find and therefore only addresses the use of developmental screening.

Effective Practices for Screening

- Choose developmental screening instruments from the recommended list in *Kentucky's Continuous Assessment Guide* that provide a "best fit" with the population the district serves.
- Choose a screening instrument that is culturally and linguistically sensitive for the population being screened.
- Thoroughly train staff and volunteers that administer and score the screening instrument. Re-train staff on a regular basis, especially if turnover rate is high.
- Develop a data-based tracking system that indicates dates and results of all screening, progress with instructional activities and interventions, referrals to special education and results of those referrals. Analyze screening data regularly to pinpoint effectiveness of screening tools and procedures.
- Collaborate with Head Start and other community early childhood partners — hold joint screening events, agree to use the same instrument and conduct joint training of staff and volunteers.
- Train staff on communicating screening results with families. **Screening is a snapshot of development – it is not a diagnostic procedure. Be sure that staff understands this, and do not convey misinformation to parents.**

Please see Appendix for flow chart regarding Best Practice for Interpreting Screening Results.

ISSUES AND RESPONSES CONCERNING SCREENING IN PRESCHOOL

- **Issue:** Screening identifies very few or too many children as needing instruction or interventions.
    - **Response:** The district should re-evaluate the selected instrument carefully. If the instrument is commercially available, review sections of the technical manual, paying close attention to the construction, validity and reliability reported by the developers. Look at the population used for norming the instrument to see if these match the district's population. A different instrument may more appropriately match the district's population. Cut scores for decision-making may need to be adjusted to better fit the population in the community. Training staff and volunteers is another way to improve the identification process. Make sure that the screeners meet the qualifications that the screening instrument identifies. To ensure that all administrators are scoring alike and interpreting child performance correctly, hold group-training sessions and practice scoring. Encourage screeners to participate in professional development on child development and observation techniques. A good understanding of the parameters of typical development and good observation skills while administering the instrument can greatly enhance accurate scoring.
- **Issue:** Child is referred from First Steps — does the district screen this child?
    - **Response:** The review of relevant records from First Steps may be sufficient, and depending upon the comprehensiveness of those records, there may not be a need for the administration of a screening instrument. If your program is blended with Head Start or other local agency, please be aware of their regulations regarding screening students that are transitioning from First Steps.
- **Issue:** The district establishes a policy that no referral to special education can be made until 30 days of pre-referral or early intervening strategies are implemented.
    - **Response**: The policy described above would be illegal. Parents have the right to refer their children for special education without a waiting period. If district personnel suspect that a disability is present, then the district can proceed with a special education evaluation with parent consent. The evaluation procedures must include multiple sessions of research-based instruction and/or interventions if there is no documentation available indicating that the child has already received those services. If the district personnel do not suspect the presence of a disability,

then the district must provide the family with a notice of action refused and their due process rights.

- **Issue:** Parents come to the district with medical records indicating a child has a diagnosis that is commonly associated with special education.
    - **Response:** Child find regulations require districts to include documentation of relevant, research-based instruction and/or interventions and progress during instruction either before or as a part of the referral process. This regulation applies to all children, even those with medical diagnoses. Children who transition from First Steps or private early intervention services may have this documentation readily available. Children who do not have this documentation must participate in instructional opportunities before the determination of eligibility for special education can occur. Districts have two options:
        - Provide multiple, structured instructional sessions as part of the evaluation for special education. These must be provided within the 60 school-day timeline for evaluation.
        - Provide, with parent consent, instructional sessions that the child attends in order to gather data about how the child responds to instruction **before** making the decision to refer to special education for an evaluation. These may be provided in small groups or individually. Children who participate in this type of program are not enrolled in the state-funded preschool program or under the protections of a special education evaluation.
- **Issue:** Referrals for special education evaluations from Head Start and other early childhood services providers have little or no information about the interventions implemented in those settings.
    - **Response:** While the district is responsible for Child Find, all parties in the early childhood community have roles to fulfill. Develop a referral process that identifies the research-based instruction and interventions and the progress monitoring results with Head Start and child care providers. Jointly determine how districts can be assured that instruction and interventions provided through Head Start and child care are implemented with fidelity. Hold joint trainings on screening instruments and procedures. Helping early childhood community partners gain a clearer picture of appropriate referrals will assist districts in their use of resources.

- **Issue:** The district conducts an annual mass screening in the spring. Preschool enrollment is part of the screening, and in the past, children who failed screening were referred to special education. How do the Child Find regulations change this practice?

    - **Response**: Children who perform poorly on the developmental screening are not automatically referred for special education. Districts must first determine if the child in question has previously received relevant, research-based instruction/interventions and if data is available that demonstrates systematic evaluation of the progress the child made. If that data is not available, the district will need to provide multiple instructional sessions that include progress monitoring prior to a referral for special education. In rare situations, the multiple instructional sessions may be included as part of the evaluation plan. This would be used only in cases where the district suspects or has evidence of a disability. See the flow charts in the Appendix for more information.

- **Issue:** What about children who have articulation as the only concern after screening?

    - **Response:** The Child Find regulations do not include exemptions for specific disabilities. Districts must provide relevant, research-based instruction and interventions to children suspected of an articulation disability, either prior to or as a part of the referral to special education. District speech pathologists are a good resource to develop instructional strategies that can be implemented by teachers, paraeducators and parents in a variety of settings.

- **Issue:** Preschool regulations require that all enrolled children receive developmental screening. Does the district also need to conduct universal screening in the preschool program?

    - **Response:** Universal screening is not required by regulation. Districts may choose to add universal screening to their instructional programs. Classroom teachers must be able to determine if their instruction is effective for all children in the class. There are a limited number of commercially available universal scre**e**ners for academic content areas (specifically for early literacy and math; see *Kentucky Early Childhood Continuous Assessment Guide*). Some districts have developed checklists to use as a type of universal screening measurement, but these are not scientifically designed to ensure valid measurement. Other districts are using a developmental screening tool that allows periodic administration for this purpose.

- **Issue:** Can classroom instructional instruments be used as universal screening?

    - **Response:** A classroom instructional instrument is not a screening tool; it is a comprehensive assessment tool used to guide instruction. It does not meet the screening criteria of "quick and easy to administer." Districts have developed checklists from the classroom instructional assessment instrument item pool that

are used like a universal screener. This practice may cease once other more valid and reliable tools are available.

Instruction/Intervention

Preschool-aged children come to school districts for services with wide variations in experiences and abilities. The Child Find regulations require that children who have a lack of experience or instruction be determined from those children who have an educational disability that impedes learning. By identifying those children whose poor performance is due to lack of instruction rather than due to a disability, districts are avoiding misidentification of disability.

High-quality instruction is the foundation for the implementation of the Child Find regulations. Instruction/intervention may be provided in group settings (i.e., classrooms, play groups) or individually. Both delivery methods require a planned scope and sequence of developmentally appropriate content that is aligned with the early childhood standards.

In group settings, Core Instruction, also called the core or universal curriculum, refers to the content and composition of the preschool program, including all daily activities, transitions and routines that impact the children's physical, social/emotional and intellectual development. In Kentucky, core instruction includes appropriate experiences in the areas of social-emotional, cognitive, communication, physical and creative expression for ***all*** children in early childhood environments. When choosing a core curriculum for a preschool program, the following criteria should be considered:

Recommended Core Instruction Criteria
• meets definition of a developmentally appropriate program as outlined in Kentucky preschool regulations • research-based/evidence-based • aligned with Kentucky Early Childhood Standards

CRITERIA FOR SELECTION

The first criteria to consider when choosing appropriate curriculum is its compatibility with all Kentucky preschool regulations. "Developmentally appropriate preschool program" means a program as defined by 704 KAR 3:410. The program includes scheduling and routines that are appropriate for preschoolers with a balance of activities (indoor/outdoor, child/adult guided, structured/spontaneous, large/small group, group/individual, quiet/active). It also addresses diversity and family partnerships. The program shall utilize developmentally appropriate materials and equipment. Furniture, equipment and materials shall be of sufficient quantity, quality and variety to meet the needs of the children and shall be arranged in a way to facilitate learning, assure a balanced program of spontaneous and structured activities, and encourage self-reliance in the children.

****Test sheets, workbooks and ditto sheets shall not be used for preschool children****

The preschool program is to include developmentally appropriate experiences in all areas of child development: cognition, communication, social, physical and emotional development as well as creative expression. Specifically, the program must assist young children in their interpersonal skills and in maximizing self-management and independence. The educational component as required in regulation outlines the curriculum framework for preschoolers and promotes development of skills in the following ways:

- Cognition and Communication
  - encouraging children to explore and learn by doing (concrete experiential learning)
  - encouraging language understanding and use among children as well as between children and adults
  - integrating skills across content areas into activities targeted toward the interests of children (integrated curriculum)
  - providing a balance of activities (indoor/outdoor, child/staff-initiated, structured/spontaneous, large/small group, group/individual, quiet/active)
  - encouraging children to develop problem-solving and critical thinking skills such as cause and effect relationships
- Social and Emotional Development
  - providing an environment of acceptance to help develop a positive self- concept
  - providing positive guidance for self-regulation of behavior
  - providing positive adult and peer role models with appropriate adult-child and child-child interactions
  - having a curriculum that is relevant, enhances his or her individual strengths and builds ethnic pride
- Physical Development
  - providing developmentally appropriate information on nutrition
  - involving children in snack and meal preparation where feasible
  - working with children during meals to develop language and problem-solving
  - providing appropriate indoor and outdoor space with materials and equipment designed to increase physical skills
  - providing developmentally appropriate instruction in health and safety procedures

The second characteristic to consider when choosing a core curriculum is that it should be research or evidence based, clearly demonstrating how it uses the theory and general principles derived from research as the foundation for the experiences provided for the children (2008, *Response & Recognition Implementation Guide*). Evidence based instruction increases the likelihood that the supports and services provided will benefit the child. Within early childhood education, there is a solid foundation of evidence-based curricula, instructional methods and service delivery models that can be used to respond to the academic, social and behavioral needs of young children. Furthermore, these curricula have been evaluated directly through scientific research and found to be effective for supporting children's development and learning.

Lastly, the core curriculum must be comprehensive, covering all developmental domains and/or content areas as aligned with the Kentucky Early Childhood Standards. "By definition, good teaching means knowing what to teach (content) and how to do it (process). Effective teachers must know when to target specific content areas and how to gauge the amount of support children will need to learn a new skill. The integrated nature of young children's development and the wide range of abilities present in pre-k can make these tasks seem particularly daunting to early childhood professionals. Teachers work hard to create rich environments and stimulating experiences that promote children's early learning across domains without isolating skill areas" (2008, *Response & Recognition Implementation Guide,* p.27).

FIDELITY

All instruction, as well as the classroom/instructional assessment, and interventions ***MUST*** be implemented with fidelity. It is the responsibility of administrators, teachers, specialists and others serving preschool children to hold each other accountable for providing the curriculum and instruction the way these were intended to be implemented for maximum effectiveness. Leaders must consider perceived and actual effectiveness. "Without ensuring that instruction was delivered in a way that research has shown it to be most effective, it is impossible to know the reason for a child's lack of progress – whether the lack of progress has something to do with the child or that the intervention was not implemented as planned" (*Recognition & Response Implementation Guide,* 2008, p.23). "Fidelity of implementation, or the degree to which a practice is used as it was intended, is fundamental to any new educational initiative. Fidelity clearly outlines expectations by defining what a practice should look like when it is being implemented" (Coleman, Roth & West, 2009, p.7). Several preschool curricula publish a corresponding tool that measures the quality of curriculum implementation. Check with individual publishers for availability.

INSTRUCTIONAL PRACTICES

High-quality instruction for preschool-age children is based on intentional teaching. ***Intentional teaching*** is a strongly recommended teaching practice in the implementation of the core curriculum. In defining intentional teaching, Ann Epstein says, *"To be intentional is to act purposefully, with a goal in mind and a plan for accomplishing it…"* (*The Intentional Teacher*, 2007, p.4). Teachers who use intentional teaching purposely organize the environment and learning experiences with the goal of enhancing children's development and learning. Intentional teachers also take advantage of opportunities during child-guided learning experiences to extend children's understanding, knowledge and skills (*Recognition & Response Implementation Guide*, 2008, p.8). A variety of instructional strategies are used to provide children with multiple opportunities to practice skills in the natural environments in which they typically participate (i.e., home, child care, classroom).

Developmentally Appropriate Practice, 3rd edition recommends a wide range of teaching strategies. The book continues to identify ten strategies that are evidence based and may be utilized across a continuum of adult-guided and child-guided experiences. These include acknowledging behaviors; encouraging persistence and effort; giving specific feedback; modeling activities; demonstrating a correct behavior; creating or reducing challenge; asking questions that provoke thinking; giving assistance; providing information; and giving effective directions. Teachers using these strategies in any combination will discover a flexible continuum easily flowing from and between adult-guided and child-guided experiences.

The Child Find/KSI system is intentional: adults target areas of concern and provide instruction to meet children's needs with the goal of moving them to higher levels of performance aligned with the Kentucky Early Childhood Standards and benchmarks. Preschool children spend their time in a variety of settings. Districts are challenged to design Child Find activities in the various settings where children spend their time. Districts must consider activities appropriate for the home environment, as well as other settings that are not under the supervision of the school. Instruction is only one piece of this challenge; progress monitoring data collection (which is addressed later in this document) adds to the challenge faced by the district.

CLASSROOM INTERVENTIONS

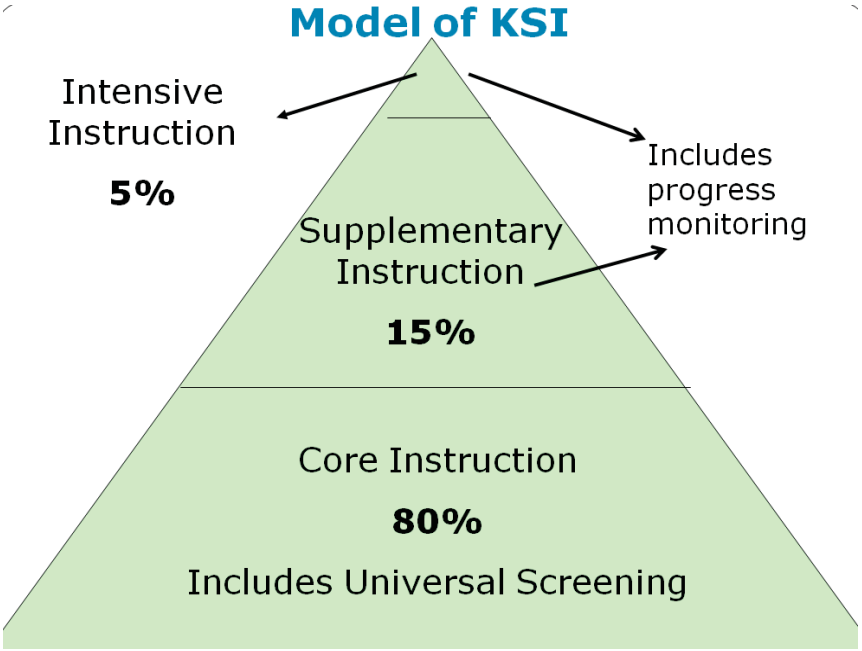
Instruction in a classroom (i.e., state-funded preschool, Head Start, private preschool, childcare) is guided by a research-based curriculum that is aligned with the Kentucky Early Childhood Standards. This is the global or universal core curriculum for all children. Implementing a tiered approach as the framework for the curriculum allows the intensity of supports and services to increase as the child's needs increase (Coleman, Roth & West, 2009, p.6). Interventions are based upon ongoing universal screening and assessment that indicate the child's current level. Children who move into Tiers 2 or 3 level of intervention demonstrate need for explicit instruction in the area of concern. An intervention team matches intervention to the child's specific need. The team will determine what explicit interventions and embedded activities are appropriate for use with the child in the classroom setting. Classroom intervention considerations include:

- Routines of the classroom—does the intervention disrupt routines? Can the intervention be implemented given the constraints of specific routines? For example, an intervention requires several minutes to complete. Adults are assisting children with preparing for outside time. Can the intervention be implemented with fidelity when the adults have limited time to assist an individual child?
- Is there adequate classroom staff to implement the intervention? Preschool children need more adult supervision and assistance than older students. Therefore, adult time away from supervising the group must be addressed by the intervention team.
- Is the selected intervention developmentally appropriate for preschool-age children? If the intervention contains ditto sheets or flash cards, even though the intervention is

research-based, these instructional strategies are not considered developmentally appropriate and **cannot be used** in Kentucky state-funded preschool classrooms.

The following segment outlines an example of a delivery model for children participating in a classroom setting defined by Kentucky preschool regulations.

The structure of preschool RTI/Child Find can be a tiered approach to meeting the needs of children. Tiered approaches are strategic because the intensity of time, effort and resources matches the intensity of specific needs shown by the child. The most widely used RTI model for supports and services includes three tiers.



Tier 1 consists of Core Instruction, implemented with fidelity for all preschool children participating in a classroom setting. Continuous assessment is used to monitor progress of all children. Districts are required to determine checkpoints and cut-off scores on universal screenings or continuous assessment data to determine whether adequate progress has been met before determining any further level of intervention. Seventy-five to eighty percent of the child population will progress at expected rates upon receiving core instruction.

Decisions regarding the developmental domains addressed within Tiers 2 and 3 should be made based on the areas of need identified by the universal screening. Priority should be given to one to two of the areas that have the greatest potential impact on the child's functioning if screening results indicate multiple areas of concern.

Tier 2 provides explicit, supplemental interventions in a small group setting for those children who have not made adequate progress, according to progress monitoring, toward expected learning objectives in Tier 1 based upon the district's procedures and cut-off points.

Explicit interventions typically occur within small groups and are structured, sequenced and teacher-directed to help children acquire targeted skills. The rationale for this approach is that children at risk for learning difficulties require repeated and systematic opportunities to develop skills and concepts. "Teachers should use multiple methods to address skills that research shows are linked to future school success. A variety of instructional and intervention strategies can be used to help preschool children learn. This system offers explicit, targeted interventions as well as embedded activities and individualized strategies. *In both the early math and language/literacy areas, it is critical to recognize that removing concepts from a meaningful social context to address them through drill and practice methods makes them inaccessible to children"* (Landry, 2005, as cited in *Recognition & Response Implementation Guide,* 2008, p. 29). Approximately 15 to 25 percent of the total child population will meet the criteria for Tier 2.

Tier 3 provides explicit, intensive, research-based interventions provided on an individual basis for children who have not made adequate progress, based on progress monitoring, in Tiers 1 and 2 based upon the district's procedures and cut-off points.

Teachers should vary degree of support in this tier based on level of response by child to the intervention. Interventions from Tier 2 can and should be used in Tier 3 with increased frequency and duration. Approximately five percent of the total child population will meet the criteria for Tier 3.

NON-CLASSROOM INTERVENTIONS

Not all preschool children are in a classroom setting. Consequently, districts need service delivery options for Child Find that can be implemented outside of a preschool classroom (i.e. home, playgroups, childcare). Children who are not in classrooms may receive Child Find activities through a one-on-one approach because a tiered approach may not be applicable. When interventions are provided through a one-on-one approach, the intensity and frequency of the intervention is set by the intervention team. ***Interventions provided under this model must still be research-based and developmentally appropriate.***

Questions or issues about non-classroom intervention considerations may include:

- *Who will implement the interventions?*
    - Districts identify the implementers, who can include parents or school staff. Consideration must be given to the knowledge of the implementer — does he/she know how to implement the intervention plan and collect the data?
- *How will the district ensure fidelity of implementation when non-district personnel are used as implementers?*
    - What will your training be for non-classroom intervention implementers?

- *Where will the intervention be provided?*
    - Districts identify the location and should consider the desired outcome for the intervention when making this decision. Potential settings include home, play groups at the school, child care or other community settings.

Progress Monitoring: Planning and Evaluating Instruction

KSI is based upon knowing how each student responds to the instruction provided. The National Center on Student Progress Monitoring (http://www.studentprogress.org/progresmon.asp#1) defines progress monitoring as "a scientifically based practice that is used to assess students' academic performance and evaluate the effectiveness of instruction." Progress monitoring can be implemented with individual students or an entire class.

Assessing Progress and Instruction

A student's current levels of performance are determined through formative assessment, and learning goals are identified for a period of time. Performance is then measured on a periodic basis (weekly or monthly). Progress toward meeting the goals is measured by comparing expected and actual rates of learning. Based on these measurements, teaching is adjusted as needed. The practice of progress monitoring provides an efficient way to monitor the student's progress and evaluate the effectiveness of instruction. Progress monitoring results are the basis for instructional decision making.

For preschoolers, progress monitoring includes work samples, portfolio collections, video clips of students at work, observations and anecdotal notes. Preschoolers who participate in group settings such as classrooms may be assessed through classroom instructional assessments. This formative assessment is required in the state-funded preschool program [704 KAR 3:410 Section 6 (18)]. Districts must use approved classroom instructional assessments (for list, see *Kentucky's Continuous Assessment Guide at http://www.education.ky.gov/NR/rdonlyres/5BCCEAF4-F3E7-4888-A821-96AB3F936D40/0/AssessmentGuide93008changes.pdf).* *FIX HYPERLINKS*

Preschool programs implementing one of the approved classroom instructional instruments typically set data collection points three times per academic year (fall, winter, spring). Individual children who are not in group settings and are receiving instruction for Child Find purposes will have periodic measurement of progress reflecting targeted teaching and learning. This data can be collected in a variety of ways (e.g., checklists, frequency counts, work samples) tailored to best fit with instruction. A sample progress monitoring form is included in the Appendix of this document.

Characteristics of Measuring Progress

Progress monitoring can result in more appropriately targeted instructional techniques and goals, which together move all students to faster attainment of important early childhood benchmarks and standards. Criteria for measuring progress:

Characteristics of Measuring Progress
• The problem is defined in objective and measurable terms. • The problem can be measured in terms of frequency, rate, duration, latency and/or intensity. • The measurement procedures are sensitive to changes in the instructional environment. • The measurement procedures produce reliable and valid results for describing the problem. *Adapted from the Nebraska Department Education, RtI Technical Assistance Guidelines*

Results of progress monitoring are the basis for instructional decisions. For effective decision-making, the data must be collected regularly and completely.

PROGRESS MONITORING IMPLEMENTATION STEPS

Regular, periodic progress monitoring is implemented at both the group and individual levels. Establishing a progress monitoring system that is efficient requires careful design. The following steps help guide this process:

1. Identify the goals for instruction.
    - early childhood standards/benchmarks
    - curriculum goals

2. Establish baseline of skill or knowledge for each child.

3. Provide relevant, research-based instruction to students.
    - Developmentally appropriate teaching practices are implemented.
    - Data is used for planning instruction.
    - Intentional teaching addresses curriculum goals and is aligned to early childhood standards.

4. Develop a method for periodically measuring children's progress.
    - universal/instructional screening
    - formative assessment: approved classroom/instructional assessment

5. Identify students who are not making expected progress towards the goals.
    - Organize problem-solving team that meets regularly to review progress data.
    - Establish decision-making rules for moving children through levels of intensity and/or changing interventions.

6. Develop and implement targeted, intentional instructional activities with those students identified as struggling learners.
    - Train implementers on instruction plan, data collection and assessment of progress.
    - Establish reasonable length of time for instruction/intervention to be provided.
    - Develop and establish methods of progress data collection.
    - Conduct repeated assessments of progress at regular intervals.

7. Analysis of Data
    - Match learning need to instruction or intervention.
    - Identify intensity and frequency of instruction.
    - Establish when to make a referral for special education.

Progress monitoring is a continual cycle. Adjustments to instruction are made based upon the skills and knowledge gained by students. Teachers must reflect on monitoring to better meet the needs of their students.

Family Partnerships

Families and parents are critical partners in the Child Find process. For many families, the district's communication and interactions with families concerning this process sets the tone for future interactions with the public school system. The district has an opportunity to establish an effective and seamless partnership with families and other stakeholders during this time.

Communication with families should be clear and concise, honest, respectful and two-way and establish roles and responsibilities. Districts should develop a communication plan/process that includes the following:

- clear explanation of eligibility requirements for preschool and for special education (i.e., initial screening results, proposed district responses, reference to Child Find regulations)
- assessment results and progress monitoring
- community resources

Families as Interventionists

All families and parents must have access to information, training and resources. If parents or family members are the primary interventionists, then additional, more intensive training may be necessary for fidelity of implementation. In some cases, transportation to training should be provided, and follow-up support to the training is recommended. The district also must develop procedures to provide support to parents as they implement the interventions. Fidelity includes not only the interventions, but the collection of data as well. Suggested resources for families include:

- Kentucky's *Building a Strong Foundation Early Childhood Standards* http://education.ky.gov/curriculum/conpro/prim-pre/Documents/KYECS-KYCAS%20ELA%20Alignment.pdf
- Kentucky Governor's Office of Early Childhood http://kidsnow.ky.gov/Improving-Early-Care/Pages/Tools-and-Resources.aspx
- National Center for Family and Communities (http://www.sedl.org/connections/
- National Center for Family Literacy http://www.famlit.org/
- Parents as Teachers http://parentsasteachers.org/
- Health and Family Services http://chfs.ky.gov/
- Kentucky Department of Education Division of Early Childhood Development http://education.ky.gov/curriculum/conpro/prim-pre/Pages/Early-Childhood-Resources.aspx
- *The Missing Piece of the Proficiency Puzzle*

http://education.ky.gov/CommOfEd/adv/Documents/PACtheMissingPiecev2.pdf

- *Roadmap to Pre-KRTI: Applying Response to Intervention in Preschool Settings* *http://www.rtinetwork.org/images/roadmaptoprekrti.pdf*

ISSUES AND RESPONSES IN FAMILY PARTNERSHIPS

- **Issue:** Upon review of the data that parents provide after implementing interventions for several weeks, the district discovers that the progress data is incomplete. Parents are unsure how to do the interventions. How can the district help with this?
    - **Response:** After the initial training on how to conduct the interventions, districts can institute follow-up phone calls to discuss implementation issues with the parents. Two-way communication via e-mail also may be used. Training DVDs can be made inexpensively and given to the parents, or a secured Web page can be set up that has training video clips for the parents to view. Districts may partner with the Family Resource/Youth Services Center (FRYSC) or other parent outreach groups to provide support.

- **Issue:** does the district do if a parent does not implement the interventions?
    - **Response:** Child Find activities are the responsibility of the district. If parents choose not be the implementer(s), the district must identify the implementer.

    - **Response:** Districts that use parents as the implementers of Child Find activities must develop alternative implementation plans that can be called to action when needed.

- **Issue:** What if parents refuse Child Find activities and demand an evaluation for special education?
    - **Response:** Parents have the right to request a special education evaluation. Districts make the determination if an evaluation is warranted. If the district does not suspect a disability, the district provides the parents with a Notice of Action Refused. This notice gives the parent written reasons why the district is not evaluating the child and informs the parents that if they disagree, they have the right to due process. Parents do not have the right to demand that the district bypass Child Find regulations and perform an evaluation. With this in mind, if questions arise, please seek advice from your districts special education coordinator and follow your districts special education process in regards to parent requests evaluations.

    - **Response:** If the district agrees to move forward with an evaluation, it must include multiple instructional opportunities and collect progress data in the evaluation plan. If parents refuse to participate in the evaluation as planned and do not produce the child for the evaluation, the district may be excused from the 60-day evaluation timeline [707 KAR 1:320 Section 2 (5)(b)]. Parents need to understand that no special education services may be provided until the child is determined eligible and an IEP developed. Districts must clearly document this type of situation.

Working With Early Care and Education Community Partners

Working with partners to develop community Child Find strategies will help make the process of identifying children with disabilities more efficient. Community referral resources must understand how to refer a child with a suspected disability and what information is needed by the district. It is critical that districts work with Head Start and First Steps to establish effective referral systems since these two programs are primary referral sources. Area child care providers also must be aware of the referral system so that children in child care have timely access to the services and supports they need.

Working together, districts and partners can identify common elements of information that districts need for referral such as:

- What, if any, research- based instructional services has the child received in the referring setting?
- Who implemented the instruction?
- How long was the instruction provided?
- Is there progress data that is specific (start date, end date, periodic review or assessment of progress)?

Research-based instruction/interventions may be implemented by individuals other than district personnel. This provides much flexibility and opportunity for districts to collaborate with other agencies to gather the data needed to document prior instruction. Creative partnerships such as working with the family outreach staff at the FRYSC to implement a research-based parent education program is an effective collaboration used by some districts. Other partnerships include districts and child care staff implementing a common, agreed-upon research-based curriculum and instructional strategies. All providers learn how to document progress so that if a child is referred, the district receives the necessary data for making decisions to refer to special education or not and move forward without delay.

Examples of partners include:

- Early Childhood Regional Training Centers (RTCs)
- Child Care Resource and Referral agencies (CC R&Rs)
- Special Education Cooperatives
- First Steps (This does not supersede established referral/transition from Part C to B – Continuing eligibility must be determined by ARC.)
- Head Start
- Kentucky Department of Education (KDE)

- family literacy programs
- child care
- private preschools
- Community Early Childhood Councils
- health departments
- HANDS (voluntary home visitation program for first time parents)
- higher education
- Strong Start
- mental health agencies
- District Early Intervention Committees (DEIC)

WORKING WITH FIRST STEPS (See First Steps Flowchart in Appendix)
First Steps is required to provide research-based early intervention services. Progress monitoring also is required. Documentation should be available that can be used by the district as proof of prior instruction. Some information may be obtained from the service coordinator, but more detailed information may be available from the early intervention provider who served the child.

Once a First Steps child has been referred to the district for special education eligibility determination, the evaluation team determines the need for instruction and interventions. If the team decides that there is no documentation that the child received instruction and interventions while in First Steps that meets the standard of the regulation, then the evaluation team will develop an evaluation plan that includes the provision of instruction and interventions for a portion of the 60 school day timeline allowed for evaluation. That same team will decide what the instruction and interventions are, who will implement the activities and where the instruction and interventions will be implemented. The team must consider the settings in which the child already participates and what district resources will be used to provide the instruction and interventions.

WORKING WITH HEAD START (See Head Start Flowchart in the Appendix)
Head Start is another entity that is required to implement research-based instruction and progress monitoring. The level of documentation that is readily available from Head Start for a specific child may vary greatly from program to program. By working together, districts and Head Start can develop referral processes that work for both programs. Joint training on research-based interventions and data collection is another area for collaboration.

Once a Head Start child has been referred to the district for special education eligibility determination, the evaluation team determines if there is reason to suspect a disability and if there is a need for instruction and interventions. The more complete the information from Head

Start that accompanies the referral, the easier this step is for the district. The district may determine that there is no reason to suspect a disability and provide the parent with a Notice of Action Refused and a list of parent's rights. The district may determine that the child is in need of instruction/interventions for a period of time. There are two options:

- Head Start staff implements the instruction/interventions.
- District staff implements the instruction/interventions.

This is an opportunity for collaboration — Head Start staff can be the implementers of the instruction/interventions. The district must provide support for this implementation by providing necessary training to Head Start staff for both the implementation of the instruction and documentation of progress.

If the team decides that there is a need to evaluate the child but there is no documentation that the child received instruction and interventions while in Head Start that meets the standard of the regulation, then the evaluation team may develop an evaluation plan that includes multiple opportunities for the provision of instruction and interventions during the 60 school day timeline allowed for evaluation.

WORKING WITH CHILD CARE (See Income and Non-Income Eligible Flowcharts in the Appendix)

Some child care providers implement research-based instruction and interventions, but many do not. Districts must explore the programming offered at child care centers to determine if they meet the regulatory standards of Child Find. Once a child has been referred to the district for special education eligibility determination, the evaluation team determines if there is reason to suspect a disability and if there is a need for instruction and interventions. The district may determine that there is no reason to suspect a disability and provides the parent with a Notice of Action Refused and their parent's rights. The district may determine that the child is in need of instruction/interventions for a period of time. There are two options:

- Child care staff implements the instruction/interventions (district provides necessary training and support).
- District staff implements the instruction/interventions.

If the team decides that there is a need to evaluate the child but there is no documentation that the child received instruction and interventions while in child care that meets the standard of the regulation, then the evaluation team may develop an evaluation plan that includes multiple opportunities for the provision of instruction and interventions during the 60 school day timeline allowed for evaluation.

Interagency Collaboration

Districts must foster and sustain relationships through a variety of methods and strategies, such as interagency agreements. Effective problem-solving requires collaborative input and teamwork. Interagency agreements may include specific roles and responsibilities for Child Find, including the provision and documentation of research-based instruction. The development of a community referral form that has a section for documenting prior services in sufficient detail to assist the district with processing the referral will help with timely processing. It also may reduce duplication of services. Cross-agency training that addresses research-based instruction and interventions is another collaborative endeavor that will improve the quality of all participating settings. When developing agreements, partners should take into account the following:

- clearly defined district and agency roles and responsibilities
- goals and objectives
- budget and finance (cost sharing)
- relevant state and federal statutes and regulations
- timelines
- contact information

Interagency agreements between agencies are living documents, needing systematic review and updates. Districts should have planned opportunities to ensure the agreements viably reflect the needs of young children, families and communities.

Issues and answers in Working with Community Partners

- ***What does a district do if staff from other agencies don't agree to implement Child Find activities?***

  The responsibility for Child Find rests with the district. If, after efforts to collaborate, other agency staff doesn't agree to implement the Child Find activities, district staff must implement the activities.

- ***What if the progress monitoring data is incomplete?***

  All implementers need to understand the importance of fidelity. This includes the recording of data. Districts cannot accept incomplete data or make decisions based on inadequately provided instruction/interventions. When situations like this occur, the district must develop strategies to obtain the necessary data. Options include:
  - continue instruction/interventions with renewed commitment to implementation and documentation
  - continue instruction/interventions with different implementers (but not district staff)
  - continue instruction/interventions with district staff

- ***What if the child care provider does not allow district staff to implement Child Find activities at the child care?***

  If the Child Find activities cannot be implemented at the child care or at home, the district must work with the family to identify an appropriate setting for implementation. If a setting cannot be worked out reasonably, the family is refusing Child Find activities. The district must document its efforts to implement Child Find.

Professional Learning Opportunities

KDE Professional Development Framework

It is necessary for early childhood practitioners to have the specific knowledge and skills needed to implement appropriate curriculum, assessments and interventions. Effective professional development should be consistent with the Kentucky Board of Education Professional Development Framework. The framework includes the following recommendations for professional development:

- practice-oriented and content-specific
- aligned with Kentucky's Early Childhood Standards and the district's chosen preschool curriculum and assessment(s)
- intensive and sustained over time
- include guidance, feedback and administrative support for implementation

The KDE Professional Development Framework document may be found at the following link: http://www.education.ky.gov/KDE/Instructional+Resources/Early+Childhood+Development/Professional+Development.htm.

Issues and Answers in Professional Development

- **Issue:** Who needs professional development?
  - This will vary from district to district but may include the following:

  - **Administrators** must have the knowledge necessary to provide leadership to clarify staff roles, support community partnerships, provide resources and ensure that the Child Find plan is implemented.

  - **Instructional and related support staff** may require professional development and support to implement the core curriculum with fidelity, to utilize instructional strategies correctly and to gather and interpret ongoing progress data.

- **Family and community partners** involved in the process may require training to understand the process itself and additional training if they are involved as implementers.

- **Issue:** What topics should be addressed?
  - Again, this will vary from district to district and from individual to individual based upon prior experience and learning opportunities. It is important to remember that new or recent additions to the staff may need professional development on a topic, even though the district has already provided it for the majority of the staff. Among the topics that may need to be addressed are the following:
  - **Administrative issues** – these may be similar to those listed above.
  - **Assessment** and interpretation of assessment results -- This includes the use of test instruments designed for developmental screening, classroom/instructional assessments for continuous progress monitoring, diagnostic assessment instruments and instruments used for "universal screening".
  - **Curriculum --** The curriculum chosen as the core curriculum for the district or program must be implemented with fidelity, and instructional staff may need professional development to do so.
  - **Using specific instructional strategies** to target identified areas of concern -- These research-based strategies must be used correctly, and all staff may not be familiar with specific strategies. Families must be appropriately trained if they are implementers.
  - **Data collection** techniques may vary among intervention strategies, and staff must know how to collect and interpret this information. Again, families must be appropriately trained if they are implementers.

SOURCES OF PROFESSIONAL DEVELOPMENT

- **Professional Learning Communities**

  A knowledgeable and skilled group of professionals will be essential to develop and implement the district's Child Find plan. The concept of a professional learning community (PLC) meshes well with the process of implementing the new Child Find regulation and may be an effective form of professional development to support staff in the implementation process. The term *professional learning community* is used to describe a group of administrators, teachers and other school staff who work as colleagues to improve student learning. They share a vision, work and learn collaboratively and participate in making group decisions. This approach has been found by many to be among the most effective forms of professional development, as well as a

successful strategy for creating institutional change and improvement. A PLC typically addresses the following types of questions in a timely manner:

Since implementing the Child Find process will require answering these same types of questions, one might expect a PLC process to be an effective form of professional development.

- **Other In-District Sources**
  Most districts have a wide variety of highly trained individuals who may be able to provide specific types of professional development to colleagues. If a district's Child Find plan includes a *student support team/collaborative problem solving team*, that team may, collectively, have the expertise to train its colleagues, community partners and families in knowledge about early child development, how to use specific instructional strategies, data collection and data interpretation.

- **Sources from Outside the District**
  - **Leadership Cadres:** The Early Childhood Regional Training Centers and the Special Education Cooperatives jointly host Leadership Cadres consisting of both preschool coordinators and directors of special education.

  - **Early Childhood Regional Training Centers** (RTCs) are available to provide consultation, technical assistance and professional development to districts. This may be done through a variety of methods including but not limited to face-to-face on-site, regional or multi-district training, Web-based training and more. These offerings are typically customized to meet the specific needs of the participants.

  - **Special Education Cooperatives**, either alone, or in collaboration with the RTCs, may offer similar training, although their focus is not exclusively early childhood.

  - **Kentucky Early Childhood Transition Project** provides training and technical assistance related to transition.

  - **Community Early Childhood Councils** may offer professional development that will assist school and community partners in implementing Child Find procedures.

- **Research Reports, Publications, Public Policy Updates, Position Papers**
  - National Association for the Education of Young Children (NAEYC)
    www.**naeyc**.org

  - Division of Exceptional Children (DEC)
    www.**dec**-sped.org

- **Other Considerations:**
  - *Time:* Regardless of the type or source of professional development, it is essential that staff have adequate time for learning new skills.
  - *Follow-up support:* "One shot" training is often ineffective, and without ongoing support, staff revert to familiar and comfortable habits.
  - One size does NOT fit all. Professional development should be focused and targeted to address the specific identified need of the individual or group with predetermined, measureable outcomes expected.

Finally, programs must be results oriented and data driven. Professionals must be willing to monitor and reflect upon their own performance, hold themselves accountable, make revisions when necessary and systematically set new improvement goals. This process involves hard work and requires strong leadership to maintain the commitment that will yield outstanding results.

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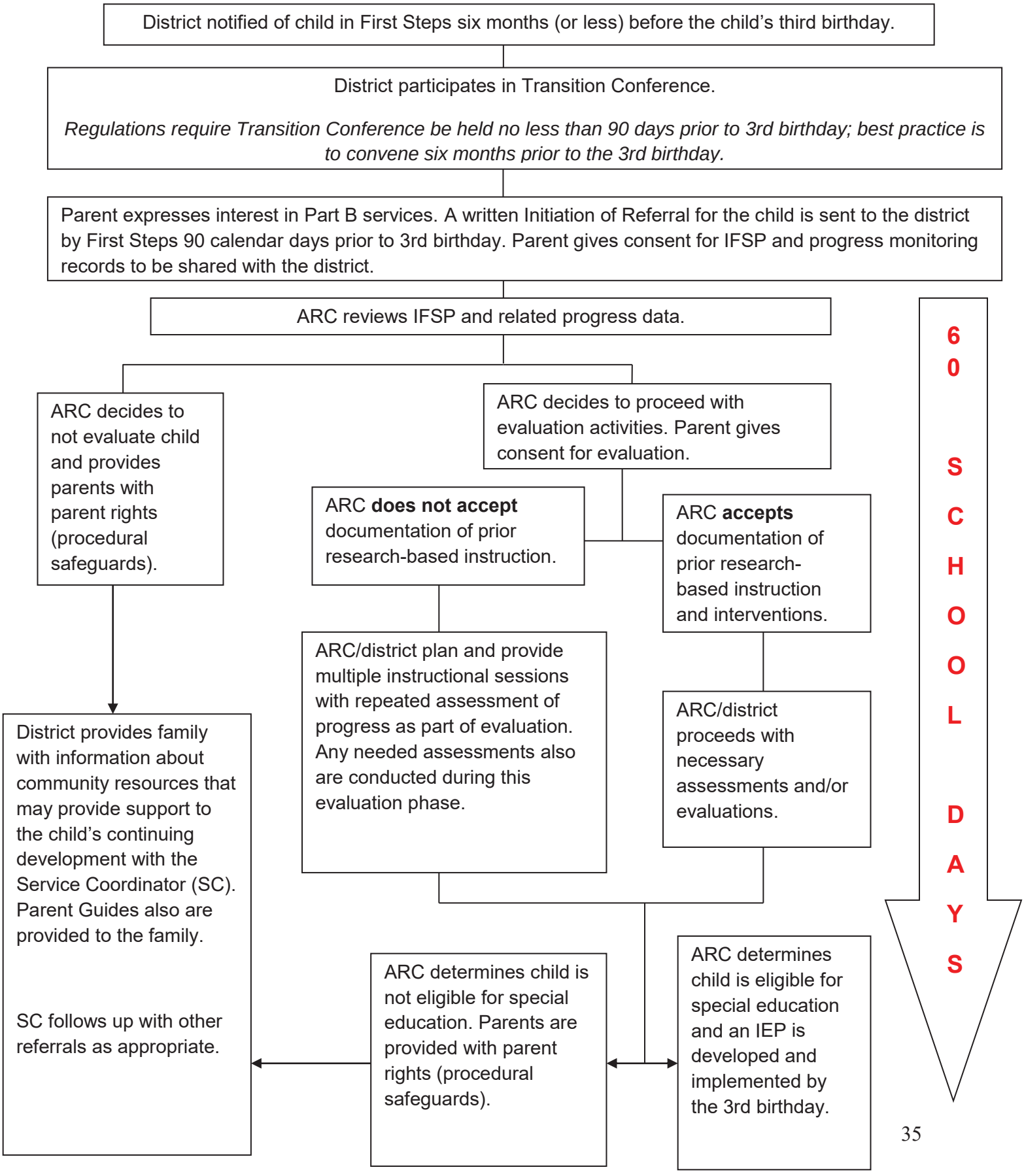
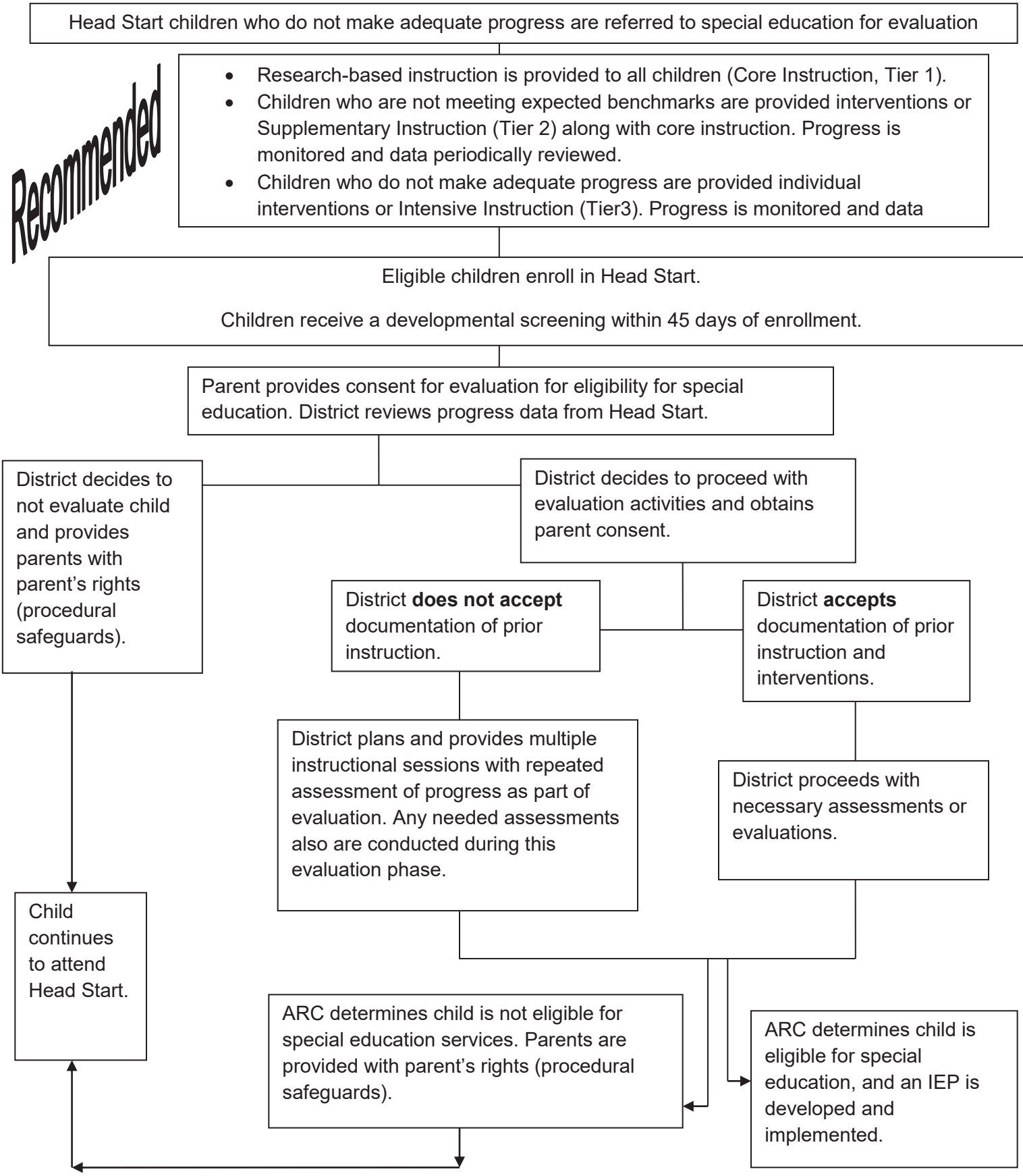
APPENDIX

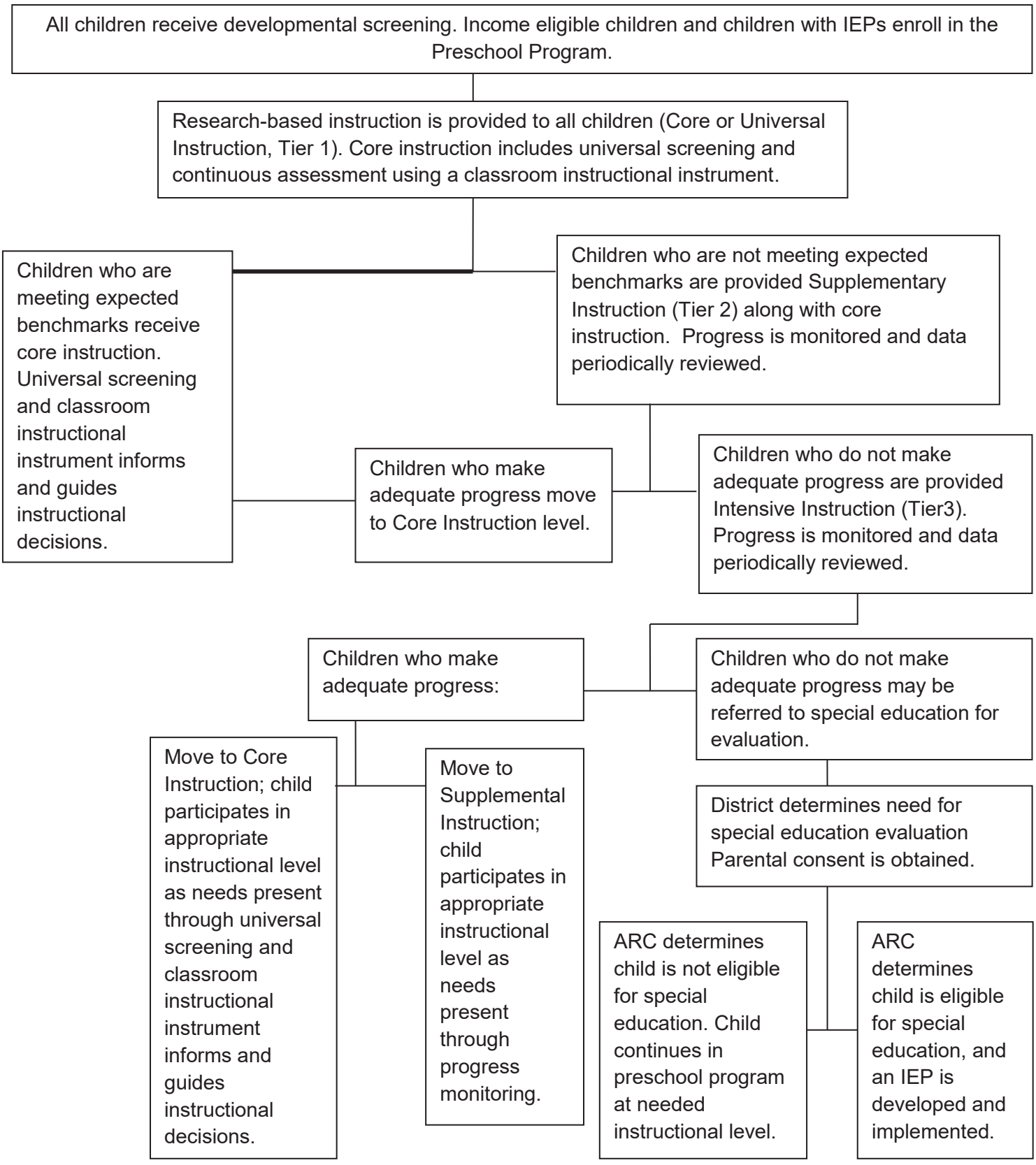
Child Find Process for Children Transitioning from First Steps



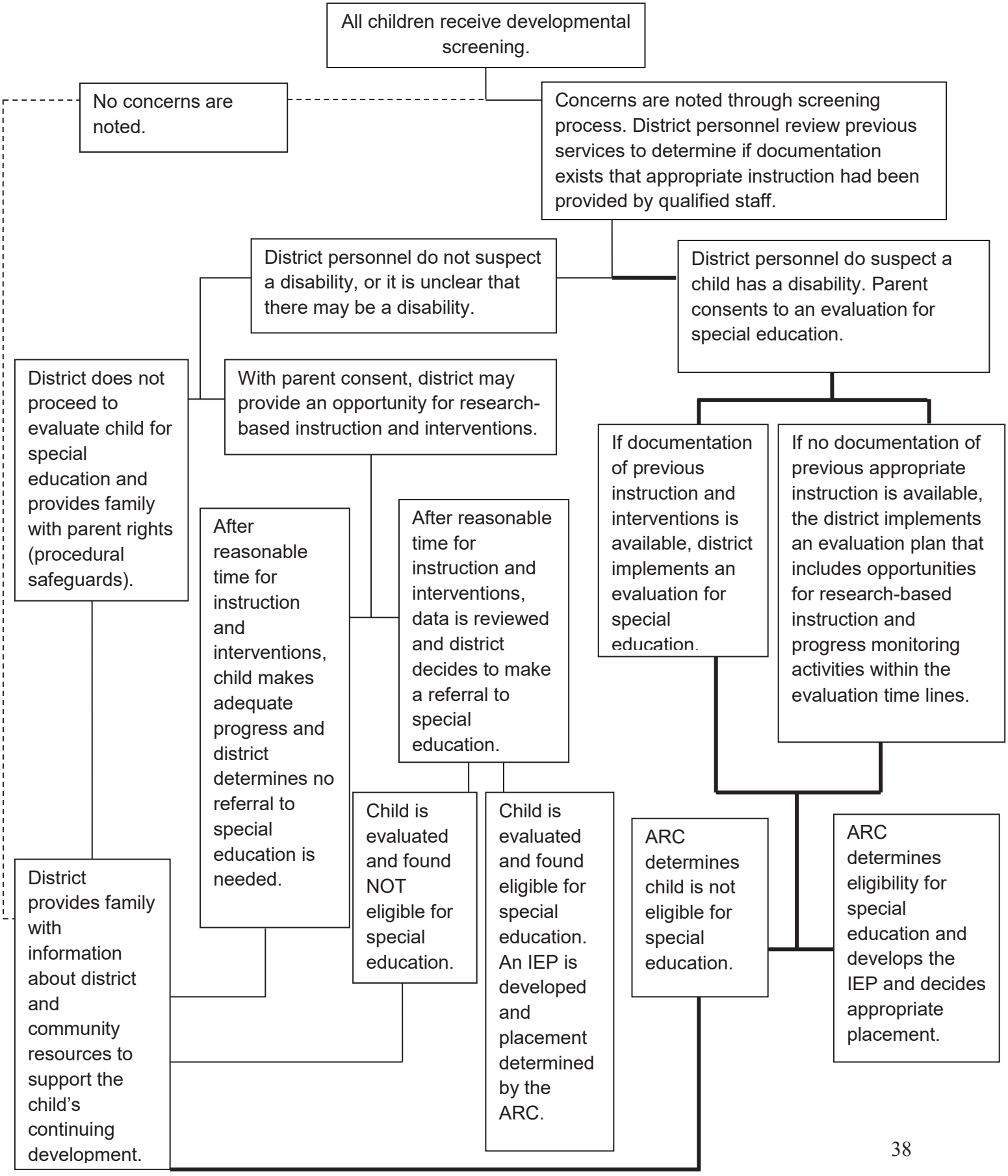
Child Find Process for Children Enrolled in Head Start



Child Find Process for Income Eligible 4 Year Old Children



Child Find Process for Not-Income-Eligible 4-Year-Olds & Potentially Eligible 3-Year-Olds



SAMPLE PROGRESS MONITORING FORM

Child's name:	Indicate when the instruction began and ended. Length of time must be reasonable.	**Start Date**	**End Date**

Tier I—CORE INSTRUCTION

Instruction/intervention:

Use research-based instruction and curriculum. Use appropriate strategies for all students.

Baseline Data	
Universal Screening: **Date:**	
Areas of Concern	

Tier II: Targeted instruction

Instruction/Intervention:

Use research-based instruction and interventions. Target relevant areas of concern and use appropriate strategies.

How the instruction is measured and the data collected must be recorded. A legend can be helpful for recording purposes — just be sure everyone knows what the "shorthand" means. Schedule data points frequently enough to show trends but far enough apart to allow for the learning to occur.

Progress Record	
Measurement:	
Areas of Concern	

Legend:

Tier III: Intensive instruction

Instruction/Intervention:

Use research-based instruction and interventions. Target relevant areas of concern and use appropriate strategies.

Progress Record

Measurement:

Date	

Legend:

Progress Graph

Comments:

Graphing the data provi
a quick, easy to underst
visual of the data.

Record the implementer of the instruction/interventions. This person is responsible for the fidelity of implementation.

Implementer:

Dates shared with parents:

Indicate when the progress data was shared with parents.

Lawrence County RTI Data Collection Form

Student RTI Plan

Student Name:	
Teacher:	
DOB:	
RTI Team Meeting Date:	
Referral Source:	
Area/s of Concern (articulation, language, fine motor, gross motor, social emotional, cognitive, adaptive, self-help, reading comp, basic reading, phonics, phonemic awareness, written language, math calculation, math reasoning, numeracy, etc…)	
How has the parent been involved?	
Describe the baseline data:	
Describe the Universal Screening Results:	
Describe the Progress Monitoring Results:	
What level of Intervention will the RTI Team plan for today based on data above?	Tier I Tier II Tier III n/a
List specific interventions to be used:	
Who will provide the interventions?	
What progress monitoring tool will be used to collect data? What data will be collected?	

What is the frequency of the intervention in minutes?	
What is the duration of the intervention in days/weeks?	
What is the timeline for progress monitoring in days/weeks?	
Location of intervention services.	
What date will the RTI Team will meet again to review progress monitoring data.	

Woodford County data collection form

Student Name: **DOB:**

Home Address: **Contact:** **H:**

M:

Parent/Guardian Name(s): **W:**

Intervention Data Form

SCREENING

Area of Evaluation	Assessment Tool	Results	Additional Notes
Vision	DIAL-4	☐**Pass** ☐**Fail**	
Hearing	DIAL-4	☐**Pass** ☐**Fail**	
Motor	DIAL-4	☐**Pass** ☐**Fail**	
Speech	DIAL-4	☐**Pass** ☐**Fail**	
Language	DIAL-4	☐**Pass** ☐**Fail**	
Cognitive	DIAL-4	☐**Pass** ☐**Fail**	
Adaptive	DIAL-4	☐**Pass** ☐**Fail**	
Social-Emotional	DIAL-4	☐**Pass** ☐**Fail**	

OUTCOMES/RECOMMENDATION

Student Name: **DOB:**

Home Address: **Contact:** **H:**

M:

Parent/Guardian Name(s): **W:**

☐ No Suspected Delay ☐ No Recommendations at this time ☐ Other: _____

☐ At-Risk for Delay ☐ Discuss Preschool Options ☐ Provide Interventions at Home and ReEvaluate at a Later Time

☐ Suspected Delay ☐ Enroll in Preschool and Begin RtI

TARGET AREAS FOR INTERVENTION

☐ Cognitive/Readiness ☐ Language ☐ Speech Sounds ☐ Social-Emotional

☐ Adaptive/Self-Help ☐ Fine Motor ☐ Gross Motor ☐ Other:_____

CONTACT LOG

Date and Time	Contact Person	Notes

Student Name: **DOB:**

Home Address: **Contact: H:**

M:

Parent/Guardian Name(s): **W:**

IMPORTANT DATES

☐ RtI Program ☐ NA		☐ Referral for Evaluation ☐ NA			
Start	**End**	**Referral**	**Permission**	**Due**	**Enrollment**

Initial Meeting

Meeting Date: _____

Student Name: **DOB:**

Home Address: **Contact:** **H:**

M:

Parent/Guardian Name(s): **W:**

Notes: _____

RtI Team Member Signatures:

Chairperson	**Occupational Therapist**
Classroom Teacher	**Physical Therapist**
Special Education Teacher	**Speech and Language Pathologist**
School Psychologist	**Other**

Student Name: **DOB:**

Home Address: **Contact:** **H:**

M:

Parent/Guardian Name(s): **W:**

Parent **Other**

Team Recommendation:

☐ **Develop Intervention Plan**

☐ **Revise Intervention Plan**

☐ **Interventions Not Necessary at This Time, Reconsider at Another Time**

☐ **Other: _____**

Follow-Up Meeting

Meeting Date: _____

Student Name: **DOB:**

Home Address: **Contact:** **H:**

M:

Parent/Guardian Name(s): **W:**

Notes: _____

RtI Team Member Signatures:

Chairperson	**Occupational Therapist**
Classroom Teacher	**Physical Therapist**
Special Education Teacher	**Speech and Language Pathologist**
School Psychologist	**Other**

Student Name: **DOB:**

Home Address: **Contact:** **H:**

M:

Parent/Guardian Name(s): **W:**

Parent **Other**

Team Recommendation:

☐ **Interventions were effective:** ☐ **Continue interventions** ☐ **Release from RtI**

☐ **Intervention data is inconclusive:** ☐ **Continue interventions** ☐ **Revise interventions**

☐ **Interventions were ineffective: Modify interventions**

☐ **Interventions were ineffective: Make referral to ARC**

☐ **If released from RtI, discussed options for income-based and fee-pay enrollment.**

Student: **School:**
Person Responsible for Interventions:

Intervention Plan

Identify each area of concern noted on the Intervention Data Form and then subsequently discussed by the school level RtI team. Mark and design an intervention plan for each area of concern recommended for intervention.

Mark Area of Concern

☐ Speech Sound Production ☐ Adaptive/Self-Help ☐ Gross/Fine Motor
☐ Language ☐ Social-Emotional ☐ Cognitive/Readiness

Describe Targeted Skill(s) and Desired Outcome or Goal

Identify Corresponding Teaching Strategies GOLD or Brigance Indicator(s)

List Intervention(s)

#1: Date: **Tier** ☐ **1** ☐ **2** ☐ **3**
#2: Date: **Tier** ☐ **1** ☐ **2** ☐ **3**
#3: Date: **Tier** ☐ **1** ☐ **2** ☐ **3**
#4: Date: **Tier** ☐ **1** ☐ **2** ☐ **3**
#5: Date: **Tier** ☐ **1** ☐ **2** ☐ **3**
#6: Date: **Tier** ☐ **1** ☐ **2** ☐ **3**

Data Collection by Intervention: + Met — Not Met ✓Worked On

Date																
#1																
#2																
#3																
#4																
#5																
#6																

Review Date 1: Review Date 2: Review Date 3:

I certify that the interventions listed above were implemented as designed and that the progress monitoring data on this form is an accurate description of the child's performance on that date.

Interventionist **Date**

Anecdotal Notes

Notes:

Glossary of Terms

Assessment:

- ***Classroom/instructional assessment****:* an ongoing process of observing and documenting a child's current competencies across all developmental domains.
- ***Continuous Assessment System:*** an assessment process that:
    - includes both formal and informal assessments that are conducted on a regular basis
    - is integrated with instruction at various times
    - improves learning and helps guide and direct the teaching-learning process
    - informs every aspect of instruction and curriculum
- ***Curriculum-based assessment:*** curricular activities are provided for each assessment item and used as direct means for identifying a child's entry point within an educational program and for refining and readjusting instruction. Assessment and curricular content are coordinated to address same skills and abilities. Repeated testing occurs over time to measure child's progress on these skills.
- ***Formative assessment:*** a systematic process to continuously gather evidence about learning. The data are used to identify a student's current level of learning and to adapt lessons to help the student reach the desired learning goal.
- ***Norm-referenced assessment:*** provides information on how a child is developing in relation to a larger group of children of the same chronological age. Items are chosen based on statistical criteria, such as percentage of children who master a particular skill at a certain age or whether the item correlates well with the total test.
- ***Standardized assessment:*** a specific set of standardized tasks presented to a child to determine how well a child performs on the tasks presented. Standardization includes four components: standard materials, administrative procedures, scoring procedures and score interpretation.
- ***Summative assessments:*** given periodically to determine at a particular point in time what students know and do not know.

Benchmarks: specified levels of expected achievement for educational outcomes that provide a basis for measuring learning outcomes.

Curriculum: the content and composition of the preschool program, including all daily activities, transitions and routines which impact the child's physical, social, emotional and intellectual development.

- ***Universal:*** curricula that addresses all domains of development and content areas; also referred to as core curriculum.

- ***Domain Specific:*** curricula that covers a specific developmental domain or content area.

Developmental Domain: term used by professionals to describe areas of a child's development. Areas of development and learning include:

- **Cognitive/Intellectual:** literacy (phonological awareness, alphabet knowledge, print awareness), early math concepts (counting, one-to-one correspondence, ordinal and cardinal counting, measurement, geometry), problem solving (classifying, sorting, comparing, probability)
- **Communication:** vocabulary, receptive and expressive language, grammar, listening, comprehension
- **Physical:** fine and gross motor skills
- **Self-Help/Adaptive:** skills necessary to increase independence across environments
- **Social-Emotional:** relationships with others, self-understanding, ability to understand and regulate emotions

Developmentally Appropriate Services: The Kentucky preschool regulations define "developmentally appropriate preschool program" as a program that focuses on the physical, intellectual, social and emotional development of young children. The preschool program will help children with their interpersonal and socialization skills.

Eligible Preschool Students in Kentucky:

- 4-year-old children whose family income is no more than 150% of poverty
- All 3- and 4-year-old children with developmental delays and disabilities, regardless of income
- Other 4-year- old children as placements are available based on district decisions and funding

Explicit Instruction: typically occurs within small groups and are structured, sequenced and teacher-directed to help children acquire targeted skills. The rationale for this approach is that children at-risk for learning difficulties require repeated and systematic opportunities to develop skills and concepts.

Fidelity of Implementation: assurance that instructional materials, methods and intervention strategies are used exactly as intended over time.

Intentional Teaching: purposeful organization of the environment and learning experiences with the goal of enhancing children's development and learning.

Intervention: changes made to instruction based on assessment results to support children's developmental progress. Changes in the intensity can be made in the areas of program, time and/or grouping.

- ***Duration:*** length of intervention period (number of weeks for intervention)
- ***Frequency:*** how often interventions are implemented
- ***Length:*** how long an intervention session lasts (number of minutes)

Kentucky's Early Childhood Standards: document of statements that identify what children from birth through 4 years of age should know and be able to do; designed to reflect the range of developmental abilities typical of young children at different ages and to represent the expectations for the skills and levels of knowledge that children are able to achieve; is not a comprehensive list of every skill or piece of knowledge that a particular child may exhibit. Rather, the critical knowledge and skills learned in the early years are included. The content for learning established here is intended to support parents and early care and education professionals in planning experiences to promote either a particular child's or a group of children's progress towards achieving the next level of development. The document is not intended to serve as a curriculum guide or as an assessment tool of children's performance.

Learning Rate: comparison of a child's acquisition of knowledge and skills over time to same-age peers.

Screening: the use of a brief procedure or instrument designed to identify, from within a large population of children, those who may need further assessment to verify developmental and/or health risks.

- ***Developmental Screening:*** provides a "snapshot" of a child's status; used to determine which children need diagnostic assessment that may result in a medical or educational diagnosis. Kentucky's preschool education program for 4–year-old children requires child developmental screening of gross and fine motor skills, cognitive functioning, communication skills, self-help skills and social-emotional skills (704 KAR 3:410).
- ***Universal Screening:*** type of assessment that is characterized by the administration of quick, low-cost, repeatable testing of age-appropriate skills to all students — a process of reviewing student performance through formal and/or informal assessment measures to determine progress in relation to student benchmarks; related directly to student learning standards.

Progress Monitoring: a scientifically based practice used to assess students' academic performance and evaluate the effectiveness of instruction; results are the basis for instructional decision making. Progress monitoring can be implemented with individual students or an entire class. For preschoolers, progress monitoring includes work samples, portfolio collections, video clips of students at work, observations and anecdotal notes; also the process used to monitor implementation of specific interventions.

Qualified Staff: persons sufficiently trained to deliver the selected instruction as intended, i.e., with fidelity to design. Individual districts identify qualified staff in implementation of KSI-Child Find.

Research-Based and Evidence-based Instruction:

- **Scientifically Based Research:** defined by the federal No Child Left Behind (NCLB) Act (2002) as "research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs."

- **Evidence Based Instruction:** the integration of professional wisdom with the best available empirical evidence in making decisions about how to deliver instruction.

Response to Intervention: a process that emphasizes how well students respond to changes in instruction. The essential elements of an RTI approach are:

- the provision of scientific, research-based instruction and interventions in general education
- monitoring and measurement of student progress in response to the instruction and interventions
- use of these measures of student progress to shape instruction and make educational decisions

RTI Levels of Intervention:

Level Description	**RTI**	**KSI**
This level is instruction for all children, incorporating universal design. Eighty percent of the students should make progress with this intensity of instruction. Teachers monitor progress through screening.	Tier 1 or Universal	Core Instruction
Based upon the analysis of student progress in Tier 1/Core Instruction, some children may have a need for more intensive, intentional instruction on specific elements. This is in addition to the core program/curriculum. Small groups	Tier 2 Targeted Small Group	Supplementary Instruction

are provided these adaptations and modifications to the Tier 1/Core instruction in order to address their learning needs. Data is collected on the progress or lack of progress students make. This is usually 15 percent of the learners.	Interventions	
About five percent of the students will need very intensive individualized interventions. The interventions used are ones that have been proven effective. Students who continue to not show improvement (respond) to the interventions are then referred to special education. The data from the interventions is used to assist with the determination of specific learning disabilities.	Tier 3 Intensive, Individualized Interventions	Intensive Instruction

Scaffolding: methods that support and guide children from their current performance to the next level of learning. These methods include individualized strategies (e.g. prompting, modeling, repeated guided practice) that vary in intensity.

Universal Design for Learning (UDL): process of designing instruction that is accessible by all students; UDL includes multiple means of representation, multiple means of expression and multiple means of engagement; the focus in creation of UDL curricula is on technology and materials.