

Problem Identification Teacher Request for Assistance

Student Information

Student: _____ Date: _____
 School: _____ Grade: _____

Teacher Information

Teacher: _____ Best time to meet: _____
 Contacted parents on: _____ by phone e-mail note conference
 Results of contact: supports intervention other:

Area of concern: Reading Math Behavior Writing Other:

Why is this an area of concern?(Recent CBM, Slope, & Goal Slope):

Student Strengths:

Interventions Attempted (Description, Start and End Date, Monitoring Data):

Document(s) attached Yes No

Cumulative Folder Review

Health Information:
 Vision Concern Other Diagnosis:
 Hearing Concern
 ADHD

Previous School/Services:
 Out of District Other:
 SPED Evaluation
 Retained

Attendance
 # Days absent last year: _____
 # Days absent current year: _____

Grades	Math	Reading	Writing
Above			
Meets			
Below			

Other Concerns (GPA, Discipline Referral History, Other):

Document(s) attached Yes No

	<h2 style="margin: 0;">Problem Identification Teacher Request for Assistance</h2>
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Interview Summary

Parent:	Student:	Teacher:
Date:	Date:	Date:
Notes:	Notes:	Notes:
Form(s) attached [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Form(s) attached [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Form(s) attached [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No

Classroom Observation

Date: _____	By: _____	Type: _____
Notes:		
Document(s) attached [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No		

Testing Records

Include any relevant test scores (GOM, CBM, AIMS, MAP, MCA, BST):
Document(s) attached [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No

Problem Identification Summary

Prioritized Area of Concern: Discrepancy Statement (Grade Target - Student Score = Discrepancy): At least two sources of convergent data to support this discrepancy:

Attach additional Documentation (forms, notes, graphs)

Review Teacher Request for Assistance Form with PST representative and complete Instructional Planning Form

Problem Identification
Instructional Planning Form

Student Information

Student: _____ Date: _____ Grade: _____ Subject: _____

Teacher: _____ School: _____

Focus or Skill	Activity Teaching Strategy	Materials	Arrangements	Time	Motivational Strategies

Problem Analysis

ICEL/RIOT

Student: _____ Grade: _____ Date: _____ Teacher: _____

	Hypothesis	Review	Interview	Observe	Test
Instruction	1) 2) 3)				
Curriculum	1) 2) 3)				
Environment	1) 2) 3)				
Learner	1) 2) 3)				

Hypotheses are supported by convergent data (at least two) (at least one is quantitative)

* Use with information from the Teacher Request for Assistance form **Indicate selected hypothesis (number for intervention) ***Update or use new form for subsequent interventions

	Standard Treatment Protocol
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Team Meeting Date: _____

Area of Concern _____

Student: _____

Intervention: _____

Problem Identification

List the data reviewed by the team for selection of students (at least two converging sources):

List the criteria determined for inclusion in the group intervention:

Brief Problem Analysis

Describe the common instructional need identified among this group of students:

Plan Development

Goal:

Intervention

Brief description:

Description of needed materials:

Intervention Implementor:

When: _____

Where: _____

How often: _____

Measurement

Data collection system: _____

Data collector: _____

What will be recorded: _____

Frequency monitoring: _____

When will data be collected: _____

Decision Making Rule

Consecutive Data Point Rule Level of Performance Slope/Trend Analysis

Start Date: _____

Review Date: _____

Time: _____

Intervention Observer: _____
(The person to complete the integrity check)

Plan Development Intervention Plan

Student Information

Student: _____

Date: _____

Intervention Name: _____

Intervention #: [] 1 [] 2 [] 3 [] 4 _____

Area of concern: [] Reading [] Math [] Behavior [] Writing [] Other: _____

Goal: _____

Intervention

Brief description: _____

Description of needed materials: _____

Intervention Implementor: _____

When: _____ Where: _____

How often: _____

Measurement

Data collection system: _____

Data collector: _____

What will be recorded: _____

Frequency monitoring: _____

When will data be collected: _____

Decision Making Rule

[] Consecutive Data Point Rule [] Level of Performance [] Slope/Trend Analysis

Start Date: _____

Review Date: _____

Time: _____

Place: _____

Case Manager: _____

(The person to manage Problem Solving paperwork)

Intervention Observer: _____

(The person to complete the integrity check)

	Plan Implementation Review
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Student: _____ Date: _____

Intervention #: []1 []2 []3 []____ Area of Concern: _____

Intervention Protocol Review

Team agrees that the written intervention script fully matched the implemented intervention from the initial observation.

(OR)

Team agrees that the written intervention script **did not** fully match the implemented intervention from the initial observation.

Describe all revisions/corrections made to the intervention script:

Team agrees that the written intervention script fully matched the implemented intervention after revisions/corrections were made documenting intervention integrity.

(AND)

Attached is the completed, dated intervention script observation form documenting intervention integrity.

Plan Logistics Integrity

Team agrees that the intervention occurred for the number and duration of sessions as designed on the Standard Treatment Protocol or Plan Development form.

(OR)

Team agrees that the intervention **did not** occur for the number and duration of sessions as designed on the Standard Treatment Protocol or Plan Development form.

Describe differences between planned and actual intervention session number and length:

	<h1 style="margin: 0;">Plan Evaluation</h1>
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Student: _____ Intervention #: _____
 Date: _____ Area of Concern: _____

Mid-Intervention Checks Resulting in No Change of Plan

Date	Next Check	Data Points	Comments

Plan Evaluation

Intervention Start Date: _____ and End Date: _____

Total # of sessions received: _____ Total # data points being considered: _____

- Intervention lasted 7 weeks w/ 12 data points.
- Student progress monitoring graph is attached.

1. As a result of this intervention implementation:

- Goal was met
- Trend line shows student on track to meet **or** exceed goal
- Consecutive data points show student on track to meet **or** exceed goal
- Trend line shows student is **not** on track to meet **or** exceed goal

2. For **K-12 academic** concern for which student is **not** on track : (**others skip to item 3**)

- Trend line shows student making at least one year's growth in one year's time
- Consecutive data points show growth, with data points not far from aim line
- Trend line shows student making less than one year's growth in one year's time
- Consecutive data points show scores far below aim line with very flat growth

3. Optional comments regarding plan evaluation decision:

4. The next steps for the team will be to:

- Discontinue intervention - goal met
- Maintain or generalize current plan
- Select a new problem (**New Problem Identification Form**)
- Select a new hypothesis for the same problem (**New Problem Analysis Form**)
- Retain current hypothesis, but modify the intervention plan (**New Intervention Plan Form**)

5. Is a referral for a special education evaluation being considered at this time?

- Yes
- No