

At River Valley we believe in the Response to Intervention/Instruction (RTI) model: A multi-tiered approach that is used to help students in their learning. RTI is the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals, and applying child response data to important educational decisions" (Batsche et al., 2005).

### 8 Core Principles of RTI:

1. We can effectively teach all children.
2. We will intervene early.
3. We will use a multi-tiered model of service delivery.
4. We will use a problem-solving model to make decisions within a multi-tiered model.
5. We will use scientific, research-based, validated intervention and instruction to the extent available.
6. We will monitor student progress to inform instruction.
7. We will use data to make decisions.
8. We will use assessment for screening, diagnosis, and progress monitoring.

### Universal interventions

80-90% of the classroom population require preventive and proactive instructional program that occurs in classrooms for all students including the differentiation of instruction to meet student needs. Teaching programs are based on research and evidence based instructional strategies and behaviour management.

### Secondary Intervention

5 – 10% of the classroom population may require a group documented plan or Teaching and Learning Adjustment (TALA) or documented plan to address specific areas of achievement. Tier 2 (Targeted): The instructional program that provides supplemental support to students who struggle in the classroom or Tier 1 setting. Whenever possible Tier 2 interventions should be classroom based, but may include small group settings. The interventions are more targeted, intense and focused with a definitive timeline and frequent measurement of student progress.

### Tertiary Interventions

1-5% of the classroom population may require a specialised and individualised learning program. Represents a highly specialized, long-term and intense level of intervention for individual students whose needs are significant and require interventions from an extended team. Tier 3 interventions are implemented when Tier 1 and Tier 2 strategies are not effective on their own.

## STUDENTS AT EDUCATIONAL RISK

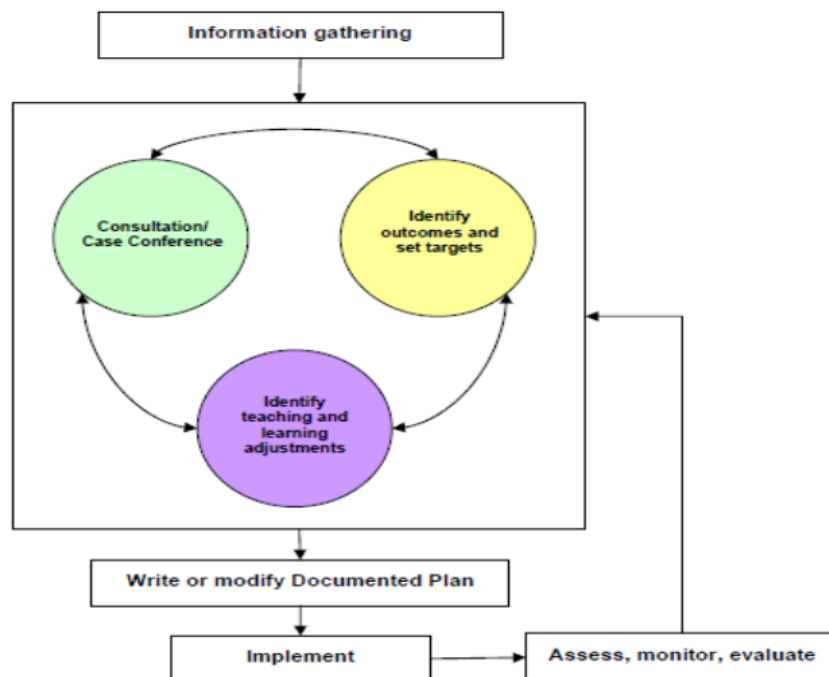
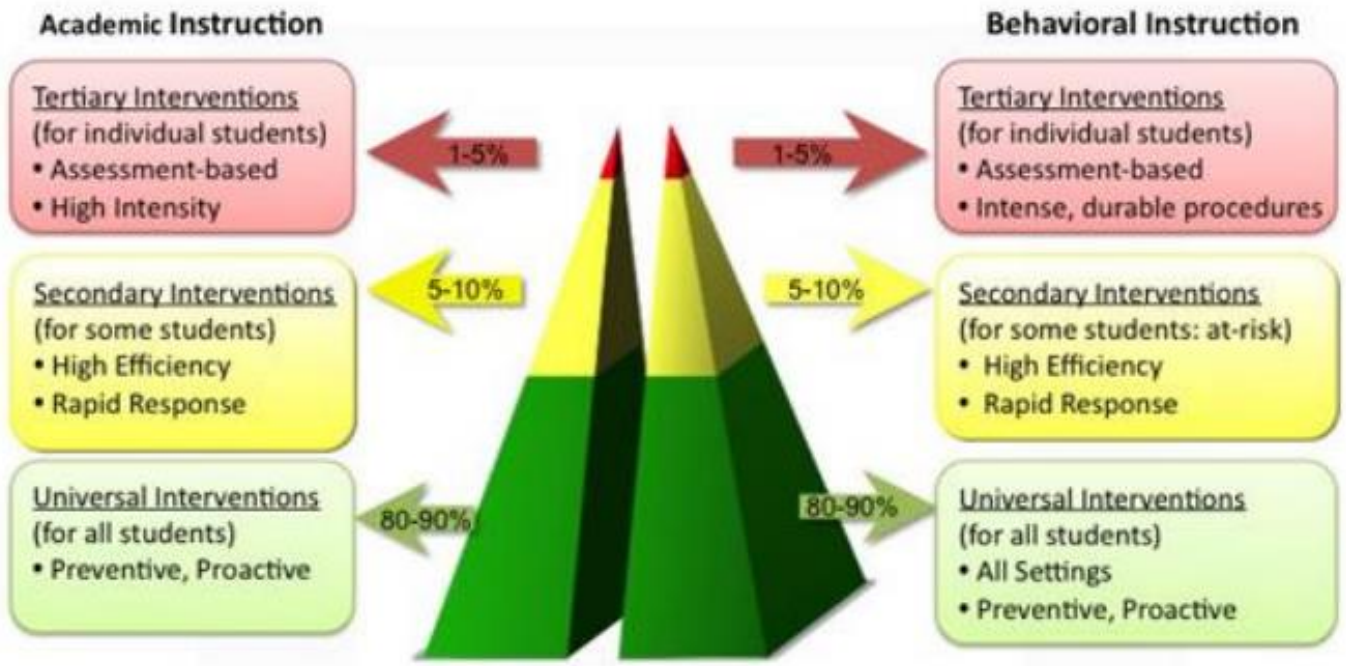
Students at educational risk are those:

- ❖ **Whose academic, social and/or emotional attributes are a barrier to engagement** with the **content and standards** defined in the Western Australian Curriculum.
- ❖ Who require academic extension in all or some areas of the curriculum.
- ❖ With **significant behavioural needs** who require an individualised management program.
- ❖ Whose **attendance** requires an individualised approach.
- ❖ With **disabilities** who are eligible for or are receiving supplementary resource provision.
- ❖ In the care of the **Department of Family and Children Services**.
- ❖ With **chronic, long term or significant health care needs** will often require a Documented Plan to address their academic and social needs in addition to a Health Care Authorisation.

## TEACHERS ARE RESPONSIBLE FOR

- ❖ Developing and delivering a quality curriculum which is responsive to the individual needs of students.
- ❖ Using performance data and intended educational outcomes as the key elements of planning for students.
- ❖ Planning educational programs through the consultation with the parents, caregivers or relevant professionals.
- ❖ Reporting on educational progress of students to the principal, parent, caregiver and students themselves.
- ❖ Communicating to the principal, their own professional development requirements to assist in meeting the needs of the students

## PROCESS FOR MANAGING STUDENTS AT EDUCATIONAL RISK



## DOCUMENTED PLANNING

Documented Plans enable schools to demonstrate their obligation to:

- ❖ Be accountable for providing an appropriate educational program for all students as required by the *School Education Act 1999*; and
- ❖ Plan for and provide teaching and learning adjustments for students with disabilities as required by the *Disability Discrimination Act 1992* and *Disability Standards for Education 2005*.

### Critical Information

- ❖ Documented Plans (individual/group) detail how the curriculum is differentiated to cater for individual needs.
- ❖ Individual Plans need to be developed and in place *before* students can be referred to the School Psychologist (*Tertiary Intervention*)
- ❖ Teachers utilise SEN planning within Reporting to Parents to create, monitor and adjust Documented Plans allowing for:
  - Consistency of format and appearance
  - Centrally stored and easily rolled over to following Semester
  - Utilisation of the ABLES WA resource to assist with the ensuring targeted interventions
  - Can be utilised to formally report to parents in lieu of a regular report where an alternate Curriculum has been followed.
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- ❖ Once completed Documented Plans *must be signed* by parents/carers.

### WHO writes Documented Plans?

- ❖ Individual Plans are to be *written in collaboration with parents/carers*.
- ❖ Teachers are encouraged to seek assistance from the appropriate Curriculum Coordinator when needed.

### WHEN do we write Documented Plans?

- ❖ Documented Plans are produced at the commencement of each term.

### WHAT is included in Documented Plans?

- ❖ The student's name and year level.
- ❖ The name and role of those responsible for implementing the plan.
- ❖ Any specific factors to be taken into account, eg: using an interpreter to communicate with parents and carers.
- ❖ Long term goals or vision for the future based on current observations.
- ❖ Links to specific outcomes for the individual/small group.
- ❖ Short term specific, achievable and measurable targets.
- ❖ Teaching and learning adjustments:
  - key implementation Strategies;
  - specific resources or equipment;
  - assessment tasks and monitoring criteria.
- ❖ Negotiated contributions to be made at home or by other service providers eg: Speech Therapist.

### SUMMARY of timelines in assessing, monitoring and evaluating Documented Plans.

- ❖ Each Term – Individual/Group (signed) Documented Plans must be reviewed, evaluated and annotated to reflect the student's progress, achievement and on-going needs.
- ❖ Every 5 weeks – Documented Plans should be reviewed by the teacher to:
  1. Ensure that the students are on track to meet the targets set.
  2. That the targets set are "SMART" targets.
  3. Update, modify or change progress, observations if needed.
  4. Implement self-reflection on the plan:
    - Am I carrying what I have said I would be doing?
    - Have I got the resource in my room? Etc.

## SECONDARY INTERVENTION

5-10% of the classroom population may require a Group Documented Plan (GDP) or Teaching and Learning Adjustment (TALA) or Documented Plan to address specific areas of achievement.

These students may:

- ❖ Demonstrate skills that are *below* the expected standard for their year level.
- ❖ Have not *value added* to previous progress. This may include TAGs students or students on Documented Plans who have not moved forward.
- ❖ Have 5 or more behavioural office referrals (in class or playground).

**Interventions for these students will be the responsibility of the classroom teacher who will need to demonstrate plans and outcomes to literacy, numeracy, behaviour coordinators and line managers.**

## CRITICAL QUESTIONS AND SUMMARY CHECKLISTS

### Critical Questions

- ❖ What can the student/s do independently?
- ❖ What can the student/s do with additional prompts, structures or adjustments?
- ❖ What are we working towards as priorities, focus areas or prerequisites for longer term outcomes or goals?
- ❖ What is needed either to move on, or to lay foundation for new learning?
- ❖ What is manageable in the class, school or at home at this time?
- ❖ What might have an impact on implementing this plan?

### Summary Checklist

1. Are there supportive, predictable routines in place?
2. Does the child have a means to communicate?
3. Is the child given choices across the day?
4. Have the child's triggers been identified and strategies put in place?
5. Does the child have a means to anticipate change?
6. Are sensory difficulties identified and managed?
7. Does the child have access to their comfort items and special interests?
8. Does the child have contact everyday with someone who cares about him?
9. Are the task demands appropriate for the child?
10. Does the child have any protective behaviour issues? ie. boundary issues, unsafe risk taking, personal space

## CRITICAL ASSESSMENTS / DATA GATHERING

### Academics

- |  |   |
|--|---|
| ❖ P-10 Analysis System                   | ❖ Letters and Sounds  |
| ❖ Previous IDP/GDP and Formal Report     | ❖ Acadience   |
| ❖ NAPLAN results                         | ❖ Westwood  |
| ❖ Kindergarten Assessment Tool (KAT)     | ❖ Oxford Assessments  |
| ❖ On Entry Assessment Individual Profile | ❖ On-Entry Mathematics task - PP to Year 2 available                        |
| ❖ Speech and Language Referrals          | ❖ Paul Swan – Starting Point Mathematics                                    |
| ❖ PAT Assessments                        | ❖ First Steps – Diagnostic Tasks (Number, Measurement, Space & Chance/Data) |
| ❖ Heggerty                               | ❖ Words Their Way   |
| ❖ Brightpath                             |   |
| ❖ Letters and Sounds                     |   |

### Behaviour

- |  |  |
|--|--|
| ❖ Observations   | ❖ Escalation profile, motivational assessment scales   |
| ❖ ABEs on previous year's report   | ❖ Strategies, Managing Abuse Related Trauma - SMART PRACTICE   |
| ❖ SIS records and data   | ❖ <b>Explicit teaching of Social skills and strategies</b> to manage emotional regulation – Friendly Schools, Zone of regulations, PBS Stop Walk Talk, Challenges and Choices. |
| ❖ Parent/Teacher interactions  |  |
| ❖ CICO – Check In Check Out  |  |
| ❖ Motivational Assessment Scales   |  |
| ❖ Functional Behaviour Problem Solving – ABC of behaviour to determine the function. |  |

### Social and Emotional

- |  |   |
|--|---|
| ❖ Strengths and Difficulties Questionnaire | ❖ Health Nurse and Interagency support – see appendix |
| ❖ KAT                                      | ❖ Strength and Difficulties Questionnaire             |

## TERTIARY INTERVENTIONS

1-5% of the classroom population may require a specialised and individualised learning program. These students may:

- ❖ Demonstrate skill that are *significantly below* the expected standard for their year level, ie, May be achieving Ds or Es on reports.
- ❖ Qualifies for Individual Disability Resourcing Allocation 1\*
- ❖ Under the care of Department of Child Protection (DCFS)\*
- ❖ Have been identified with specific behaviours or conditions which may or may not be coupled with a formal diagnosis or Individual Disability Resourcing.
- ❖ Demonstrate behaviours (social/emotional/cognitive) that are *significantly* different from their peers.
- ❖ Have been formally assessed by a school psychologist.

**Interventions for these students will be supported the Principal and external agencies. ALL staff should be informed.**

#### WHO

- ❖ Principal
- ❖ Class Teacher

#### Other Stakeholders?

- ❖ School Chaplain
- ❖ School Psychologist
- ❖ School Nurse
- ❖ Other Interagency Services

#### WHAT is the Student Services Team's Role?

- ❖ Manage Tertiary Interventions
- ❖ Coordinate teacher/psych/parent/interagency meetings
- ❖ Schools Plus applications
- ❖ School psych referrals
- ❖ Interagency liaison
- ❖ Liaise with Manager Corporate Services on allocation of special needs Education Assistants

#### WHEN do they meet?

- ❖ As required and at an agreed time.

#### WHAT do I do if I have a student that meets the criteria for Tertiary Intervention?

- ❖ Gather relevant data via observations and assessments as outlined on page four of this document
- ❖ Collaborative meeting to be held
- ❖ Liaise with relevant personnel
- ❖ Further action will occur as a result of meeting
- ❖ Email/contact Principal requesting teacher/team meeting

