



Peterborough Victoria
Northumberland and Clarington
Catholic District School Board

TIERED STUDENT SUPPORT - INTERVENTION CHECKLIST

Student: _____ Age: _____ D.O.B. _____
(mm/dd/yyyy)

OEN: _____ Grade: _____ Teacher(s): _____

School: _____

Parent(s)/Guardian(s): _____

Address: _____ City: _____ Postal Code: _____

Home Phone #: _____ Work Phone #: _____

Specialized Equipment: No Yes, _____

Exceptionality:
Placement:
The pupil is to be placed in:

SIP: Yes

Date of Last IPRC: _____

IEP: Yes No

Checklist Initiation Date: _____

Tier One - GOOD FOR ALL: Classroom Teacher Intervention:

1. Create a Student Profile:

Record Concerns:

Background (may include)

- Review OSR (possibly including folder cover, report cards, assessments, IEPs, court orders)
- Discuss with former teachers
- Discuss with parent/guardian
- Explore any salient medical information (e.g. vision, hearing, physical) and consult itinerant teacher of blind/low vision or deaf/hard-of-hearing if applicable immediately

Gather information/collect data such as:

- achievement of curriculum/program expectations
- demonstrated work habits, study skills
- demonstrated work habits, study skills
- behavioural concerns, including antecedents, consequences, possible motivations
- demonstrated work habits, study skills
- Other (please specify) _____

Record area(s) of strengths and needs (be specific)

Record strategies/resources that have been helpful in the past

Consult the Special Education Resource Teacher

In consultation with parent(s)/guardian(s), Resource and possibly Guidance, develop action plan. Include timelines. Possible interventions may included:

- Provide differentiated instruction, differentiated assessment
- Accommodate (environmental, academic, behavioural, socio-emotional) for learning style (eg. visual, auditory, kinesthetic)
- Provide targeted supports (small group instruction in classroom, individual instruction, as appropriate)
- Provide additional supports (self-regulation strategies, assistive devices, technology)
- Adjust timetable
- Other (please specify) _____

Implement plan

Evaluate outcome of action plan

If student is progressing, continue or revise plan as appropriate. If concerns persist, record perceived needs and teaching strategies already attempted, and proceed to Stage Two. SEOS Form #1: School Resource Team Report, or Maplewood, are two possible venues for sharing data.

Tier Two - GOOD FOR SOME: School Resource/Student Success Team Intervention:

In consultation with parent/guardian,

Refer student to School-based Resource/Student Success Team (SRT/SST) meeting; fill out SEOS Form #1: School Resource Team Report to record perceived needs and teaching strategies already attempted

Date: _____

Present outcome of classroom action plan from Stage One

Collect additional data (may include):

- | | |
|--|--------------------|
| OSR | Date: _____ |
| Student Work samples (literacy, numeracy) | Search Date: _____ |
| Behaviour tracking | Date: _____ |
| Observation by: _____ | Date: _____ |
| Observation by: _____ | Date: _____ |
| Observation by: _____
<small>(e.g. school resource personnel, Special Education Consultant, ESL teacher, Social Worker)</small> | Date: _____ |
| Is there a previous Psychological Assessment | Date: _____ |
| Is there a previous Language assessment
<small>(If no, complete Language Observation Rating Scale)</small> | Date: _____ |
| Is there a previous OT assessment | Date: _____ |
| Is there a previous PT assessment | Date: _____ |
| ELL/ELD student referral process completed | Date: _____ |

SEOS Form #1: School Resource Team Report, or Maplewood, are two possible venues for recording perceived needs and teaching strategies already attempted.

Implement plan

Evaluate outcome of Stage Two

If student is progressing, continue or revise plan as appropriate.

If concerns, persist, proceed to Stage Three.

Tier Three - GOOD FOR THE FEW: Central Special Education/School-Based Collaborative Team

In consultation with parent/guardian,

- Special Educational Consultant Date: _____
- Psychologist/Psychometrist Date: _____
- Speech-Language Pathologist Date: _____
- Social Worker Date: _____
- Special Education Support Staff Supervisor Date: _____
- Mental Health Lead Date: _____
- Itinerant Teacher to Support ASD Date: _____
- Attendance Counsellor Date: _____
- Teacher of Deaf, Hard of Hearing Date: _____
- Teacher of Blind, Visually Impaired Date: _____

Outcome of discussion (may include)

- Referral to appropriate central Special Education staff Date: _____
- Referral to Safe Schools New Leaf team Date: _____
- Referral to Itinerant Special Education Support Staff Date: _____
- Referral to Safe Schools Social Worker Date: _____
- Case conference Date: _____
- Refer to external agencies, medical personnel (MD, OT, PT, etc.)
 - 1. _____ Date: _____
 - 2. _____ Date: _____
 - 3. _____ Date: _____
- Formal assessment(s)
 - 1. _____ Date: _____
 - 2. _____ Date: _____
 - 3. _____ Date: _____
- IEP* Date: _____
- IPRC Date: _____
- Other Date: _____

*IEPs must be assessment based.

N.B. For students new to Board, coming with third party formal assessments, schools (with consultation with central Special Education staff) may go directly to the development of an IEP or to the IPRC process.