

## Mason County Verification of SPL/MTSS Instruction Report

Student: \_\_\_\_\_ WVEIS: \_\_\_\_\_ School Year: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

This form will be verified by the **school administrator** as part of the SAT process **for an individual student** when the student is referred for multidisciplinary evaluation. It is to be completed by the general education teacher and/or interventionist. This form may also be used to track the student's provision of tiered instruction without a referral for evaluation. Progress monitoring is recommended every 2-3 weeks for Targeted and every 1-2 weeks for Intensive Support. You may attach reports in lieu of completing this section. It is recommended to include at least **6 data points** from the same progress monitoring tool in a specific targeted area. **Referrals may be made at any time when the team suspects a qualifying disability.**

<b>Core Instruction:</b>		
<ul style="list-style-type: none"> <li>▪ Student was provided differentiated grade appropriate core instruction based on screenings/assessment.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ Core reading instruction included the five essential components of reading</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ Assessment data was collected and reviewed by the PLC three times per year (i.e., benchmark testing in reading and mathematics); <b>Attach</b> student's benchmarks and core curriculum reports (i.e., DIBELS, EasyCBM, etc.).</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Parent Review Dates:</b> (SAT Meetings, Parent Conference, etc.)		
<ul style="list-style-type: none"> <li>▪ The general education core curriculum succeeded in bringing a high percentage of students to mastery. After Benchmarking: Percentage at mastery (Educator's Class): _____ % Data reviewed to make this determination (i.e. DIBELS, mCLASS, etc.): _____</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Targeted Instruction</b>		
<ul style="list-style-type: none"> <li>▪ Targeted instruction was delivered in addition to core instruction for at least one nine week period with progress monitoring every 2-3 weeks. – <i>Suggested</i></li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ Intervention programs, targeted skills, and progress monitoring data points are listed below <u>or</u> attached to this report.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>_____ → Indicate specific skill to be addressed through Targeted Instruction. Reading and/or Math Skill</p> <p>_____ → Indicate frequency and intensity of instruction.</p> <p>_____ → Indicate the Intervention Program utilized (i.e., Sounding Words Program, Successmaker, etc.)</p> <p>_____ → Indicate the progress monitoring tool that will be utilized to determine if the student is responding to the instruction. (i.e., DIBELS, mCLASS, EasyCBM, etc.)</p> <p>_____ → Select <u>one</u> specific skill to measure (i.e. LNF, PSF, ORF, Counting, Missing Number, etc.) based on the Targeted Skill being addressed. Record the date collected and progress monitoring score for that skill. Example:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 50%;">Date:</th> <th style="width: 50%;">Score:</th> </tr> <tr> <td>10/8/14</td> <td>14</td> </tr> <tr> <td>10/22/14</td> <td>21</td> </tr> </table> <p>*3 data points is the minimum for effective decision making.</p>	Date:	Score:	10/8/14	14	10/22/14	21	<p><b>Reading Targeted Skill</b> (i.e., Phonemic Awareness, Vocabulary, Reading Comprehension, Fluency, etc.)</p> <p>_____</p> <p>Number of Sessions per week: _____ Length of Sessions: _____ minutes Dates (Beginning and Ending): _____ Intervention Program: _____ Interventionist: _____ PM Tool: _____ Benchmark Scores (Goals): Beg.: _____ Middle _____ End _____</p>	<p><b>Math Targeted Skill</b> (i.e., Math Computation, Math Problem-Solving, Math Fluency, etc.):</p> <p>_____</p> <p>Number of Sessions per week: _____ Length of Sessions: _____ minutes Dates (Beginning and Ending): _____ Intervention Program: _____ Interventionist: _____ PM Tool: _____ Benchmark Scores (Goals): Beg.: _____ Middle _____ End _____</p>																																						
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**Intensive Instruction**

- Suggested: At least one round of Intensive Instruction (~9 weeks) was provided **AND**  Yes  No
- Suggested: Progress Monitoring occurred every 1-2 weeks. Intervention programs, targeted skills, and progress monitoring data points are listed below **or** attached to this report. Data includes at least 3 data points using the same progress monitoring tool within the targeted skill area. **OR**  Yes  No
- A referral for special education is being initiated *simultaneously with the implementation* of Intensive Instruction **AND**  Yes  No
- Intervention frequency, duration, and content **will be documented and available** for review by the SAT, MDET, and Eligibility Committee  Yes  No

\_\_\_\_\_ →  
Indicate specific skill to be addressed through Targeted Instruction.

\_\_\_\_\_ →  
Indicate frequency and intensity of instruction.

\_\_\_\_\_ →  
Indicate the Intervention Program utilized (i.e., Sounding Words Program, Successmaker, etc.)

\_\_\_\_\_ →  
Indicate the progress monitoring tool that will be utilized to determine if the student is responding to the instruction. (i.e., DIBELS, mCLASS, EasyCBM, etc.)

\_\_\_\_\_ →  
Select one specific skill to measure (i.e. LNF, PSF, ORF, Counting, Missing Number, etc.) based on the Targeted Skill being addressed.

In order to move from Targeted to Intensive Intervention either a change in intervention programs, intensity of the intervention, or frequency of the intervention must be considered.

\*3 data points is the minimum for effective decision making.

**Reading Targeted Skill**  
(i.e., Phonemic Awareness, Vocabulary, Reading Comprehension, Fluency, etc.)

\_\_\_\_\_

Number of Sessions per week: \_\_\_\_\_

Length of Sessions: \_\_\_\_\_ minutes

Dates (Beginning and Ending): \_\_\_\_\_

Intervention Program: \_\_\_\_\_

Interventionist: \_\_\_\_\_

PM Tool: \_\_\_\_\_

Benchmark Scores (Goals):  
Beg.: \_\_\_\_\_ Middle \_\_\_\_\_ End \_\_\_\_\_

Date:	Score:
*	
*	
*	

**Math Targeted Skill**  
(i.e., Math Computation, Math Problem-Solving, Math Fluency, etc.):

\_\_\_\_\_

Number of Sessions per week: \_\_\_\_\_

Length of Sessions: \_\_\_\_\_ minutes

Dates (Beginning and Ending): \_\_\_\_\_

Intervention Program: \_\_\_\_\_

Interventionist: \_\_\_\_\_

PM Tool: \_\_\_\_\_

Benchmark Scores (Goals):  
Beg.: \_\_\_\_\_ Middle \_\_\_\_\_ End \_\_\_\_\_

Date:	Score:
*	
*	
*	

Attendance Logs are available for review by the MDET.  Yes  No

Location of data/person(s) to contact for review: \_\_\_\_\_

**When making a referral for multidisciplinary evaluations, this form must be signed by the school administrator:**

Signature of **administrator** verifying above information: \_\_\_\_\_ Date: \_\_\_\_\_