



Support
Team for
At
Risk
Students

**Syracuse City School District
Middle School Intervention Program**

Meeting Forms and Related Resources

Foreword

This booklet contains the meeting forms and related resources used by the Syracuse (NY) City Schools Support for At-Risk Students (STARS) Project.

The following people served on the team that authored or provided feedback about these resources (listed in alphabetical order): Emily Bajish, Jay Coates, Jessica DeLing, Joanne Downes, Laura Foody, Sue Grosso, John Guba, Sheila Johnson, Dave Lochner, Christine Miller, Stephanie Pelcher, Jessica Tousley.

In addition to those listed above, contributors to previous STARS forms and resources have included: Carol Carpenter, Beth Croll-MacKenzie, Kathleen Dertinger, Judy Garlow, Tricia Hamlin, Katie Keough, Deb Pasho, Sally Strough.

Those wishing for more information about the STARS Project should contact:

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STARS 06-07 Guidelines

Timeline of Implementation:

October to January 2007	(suggested caseload 3-5 students)
Site Feedback/Evaluation	End of January 2007
Review by Committee	February 2007
Revisions	March 2007
Final Program Evaluation	May/June 2007

Total Suggested Caseload for year 7-15 students

Remember, you want to do this right-get your team process down tight!



Target Student Population for Year 6th grade students

Getting Started/First Steps:

- ↗ Schools should initially expect to have 6-8 staff members commit to weekly involvement in the STARS program.
- ↗ These members should be a mixture of staff including general education teachers, special educators, related services staff, support personnel, etc.
- ↗ Having the involvement of teachers across grade areas, as well as involvement of area specialists is a good idea.
- ↗ **Establish** a clear team process and meeting procedures.
- ↗ **Publicize** your team and the services it offers to your faculty, staff members, and parents.
- ↗ **Inventory** the many resources that your building has which could be used by your STARS Team.
- ↗ **Practice** STARS team roles and meeting procedures at least twice in actual meetings before scheduling your first teacher referral.

See "Checklist for Getting Started" for further explanation.

Who should refer?

Any teacher, group of teachers/team or staff member with an appropriate concern about a student should refer the student to STARS.

Which students should be referred?

Any regular or special education student who demonstrates a behavior or skill deficit that interferes with the student's academic progress may be referred.

What concerns are appropriate for referral?

Concerns referred to STARS should be ones that can be addressed during the school day. In general, the behaviors and skills that are best addressed through STARS are focused and specific. Such concerns might include:

- Attendance/Tardiness
- Homework/classwork completion
- Specific academic concerns or skill deficit (i.e. learning long division)
- Classroom behavior that interferes with the student's learning



Where do intervention teams fit?

Strategies for motivating reluctant teachers and promoting the STARS program in your building.

(Information taken from www.interventioncentral.org)

- Regularly distribute intervention tips in teacher mailboxes. You may want to attach a cover note inviting teachers to refer student to the intervention team
- Sponsor teacher workshops on common academic or behavioral concerns. During workshops have referral forms on hand and invite teachers to refer students to the intervention team
- Compile a list of your buildings resources that may be offered to a struggling teacher. (E.g., a physical education teacher may offer to give high energy extra gym time)
- Invite a 'reluctant teacher' to provide 'moral support' to a colleague by accompanying him or her to an intervention meeting.
- Organize a team-sponsored monthly school contest, in which teachers and other school staff are invited to submit academic or behavior interventions tips. Publicize the winners' names and distribute the list of tips on intervention-team letterhead. Later invite winners to join the team or refer a student to the team.
- Ask a referring teacher who had a good experience with your intervention team if they would be willing to encourage a colleague to refer a student to the team.
- Use administrative support to your team's benefit. Have higher-level building or district administrators make supportive comments about you team at faculty meetings or workshops.



STARS: Support Team for At-Risk Students

*Inventory of Building
Resources*

Syracuse (NY) City Schools



Support
 Team for
 At
 Risk
 Students

Inventory of Building Resources

Our building STARS Team is compiling resources for effective interventions. In doing so we are requesting that you complete this survey so that we may inventory our building resources.

I could support a referred student in one of the following ways:

(Please specify days and times)

Mentor/Tutor one of my students as a reward.	
Come to my class to use educational software programs on the computer.	
Meet with me regularly to work on a specific academic skill.	
Read with me regularly.	
Run errands or do classroom chores/work for me.	

Mentor a student myself	
“Loan” my classroom for a tutoring or mentoring space when I do not have a class	
Give a student a small reward and praise each day it is earned	
Greet a student each morning	
Serve as a consultant to the team & attend a meeting to share my special area of expertise.	

Area:	
Have students from my class serve as peer tutors	
Help a referred student get organized before going home	
Periodically check in on a referred student	
Other:	

Curricular materials that I could loan:

Computer software for the following content areas:

_____ Reading Specific Skill? _____ Level? _____
 _____ Math Specific Skill? _____ Level? _____
 _____ Spelling Specific Skill? _____ Level? _____
 _____ Other Specific Skill? _____ Level? _____

Educational Games:

_____ Reading Specific Skill? _____ Level? _____
 _____ Math Specific Skill? _____ Level? _____
 _____ Spelling Specific Skill? _____ Level? _____
 _____ Other Specific Skill? _____ Level? _____

Other materials/resources:

Other ways that I could support staff in implementing and monitoring interventions are:

The STARS team will contact you with details prior to starting the assistance offered.

Thank you for your continued support!
Your Building STARS Team



STARS: Support Team for At-Risk Students

Steps to Pre-Screening Meeting

Syracuse (NY) City Schools

Support Team for At Risk Students (STARS) Consultative Process

The Pre-Screening Team



The following steps may be taken during a Pre-Screening Meeting in an effort to prepare for, and save time during, the initial meeting

Step 1: Review the referral – Is it complete?

Was the parent notified of the referral?

Assign a case liaison

Start a STARS file or folder for the student

Step 2: Review the teachers concerns

Decide if the concerns are specific enough

Decide if the referral is appropriate for the STARS Program

If more information is needed, decide WHO will collect the appropriate information?

Review the cum folder as a team

Record data on the cum folder review sheet

Step 3: Decide what baseline data needs to be collected

WHO will collect the data?

WHEN will the data be collected

Review the cum folder and record the data on the cum folder review form

Step 4: Decide if there are any other people that the team would like to invite to the meeting (e.g. building reading or math specialist, other teachers on the team, guidance counselor, social worker)

Step 5: Determine WHO will contact the parent or guardian to notify them the initial meeting date and update the contact information (e.g. phone number, address)

Step 6: Begin to research interventions related to the specific concerns of the teacher



STARS: Support Team for At-Risk Students

*Cumulative Folder Review
Form*

Syracuse (NY) City Schools

MIDDLE SCHOOL CUMULATIVE FOLDER REVIEW

FORM



Support Team for
At
Risk
Students

STUDENT _____

REVIEWED BY _____

DATE _____

ATTENDANCE	5 th Grade	6 th Grade	7 th Grade	8 th Grade
	(Indicate tardy/absent out of total days)			
TARDY				
ABSENT				

HAS THE STUDENT BEEN RETAINED? WHAT GRADES?	IF SO,
--	---------------

SUPPORT THE STUDENT IS RECEIVING OR HAS RECEIVED (INDICATE YEAR)			
AIS PROGRAMS	SPECIAL ED	COUNSELING	AFTER SCHOOL
OTHER			

NYS TESTS	4 TH Grade	5 TH Grade	6 TH Grade	7 TH Grade	8 TH Grade
ELA					
MATH					

NUMBER OF OFFICE REFERRALS TO DATE:	SOURCE: CLASSROOM, STUDY HALL, LUNCH, OTHER
NUMBER OF ISS DAYS TO DATE:	NUMBER OF OSS DAYS TO DATE:

PLEASE ATTACH MOST RECENT REPORT CARD AND ENROLLMENT HISTORY



STARS: Support Team for At-Risk Students

Student Referral Form

Syracuse (NY) City Schools

Student At-Risk Referral Form

General Information

Student

Name: _____

Referring Teacher(s):

Parent/Guardian:

To be completed at meeting

ID Number: _____ DOB: _____

Referral Date:

Address:

Phone:

Parent/Guardian Contact Prior to Referral

_____ Phone Call _____ Note Home _____ Conference

_____ Home Visit

How and when was parent notified of referral to STARS?

Reason for Referral (Primary Concern):

_____ Academic _____ Behavioral _____ Emotional

_____ Medical

*Please describe the **specific** concerns prompting this referral. What makes this student difficult to teach? List any academic, social, emotional or medical factors that negatively impact the student's performance.*

How do this student's academic skills compare to those of an average student in your classroom?

*In what settings/situations does the problem occur **most** often?*

*In what settings/situations does the problem occur **least** often?*

What are the student's strengths, talents or specific interests?

1.

2.

3.

Interventions

1. Begin date _____ End date _____

Person(s) responsible _____

What have you tried to do to resolve this problem?

How did it work?

2. Begin date _____ End date _____

Person(s) responsible _____

What have you tried to do to resolve this problem?

How did it work?

3. Begin date _____ End date _____

Person(s) responsible _____

What have you tried to do to resolve this problem?

How did it work?

**Please attach any additional information you feel is pertinent
to this referral.**



STARS: Support Team for At-Risk Students

***MEETING MINUTES
FORM***

Syracuse (NY) City Schools



Support
 Team for
 At
 Risk
 Students

Meeting Minutes Form

Meeting Information:

Student: _____ Grade/Room: _____

Meeting Date: _____ Start Time: _____

**Follow Up Meeting Date: _____ *2nd Followup_____*

Team Roles:

Facilitator: _____ Recorder: _____

Time-Keeper: _____ Case Liaison: _____

Others Attending Initial Meeting _____

**Follow up Meeting_____*

Date parent was contact about referral: _____

Who will contact parent about interventions?: _____

Case Notes

Introductory Script: Share With Referring Teacher @ Start of Initial Meeting

Welcome to this initial Support Team for At Risk Students meeting. We are meeting with you today to discuss concerns that you have about a student, _____.

The purpose of this meeting is for us all to work together to come up with practical ideas to help this student to be more successful in school. I am the facilitator for today's meeting. The person taking notes during the meeting will be _____. The case liaison for this meeting is _____. The time keeper is _____.

You can expect this meeting to last about ____ minutes.

By the time you leave, we should have a complete student intervention plan put together to help address your concerns. Our team and you have a lot to do today and only limited time in which to do it. To help us to work efficiently and not waste your time, we will follow a structured problem-solving model that goes through several stages. Together, our team and you will:

- Assess your major concerns about the student
- Help you to pick the one or two most important student concerns for us to work on today
- Set specific student goals for improvement
- Design an intervention plan with strategies to help that student improve, and decide how to share information about this plan with the student's parent(s) As the student's teacher, you are the most important participant in this meeting. Please let us know at any time if you disagree with, or have questions about, our suggestions.

Our meeting will not be a success unless *you* feel that the intervention ideas that we offer will address the student's difficulties and are feasible for you to do.

Our meeting notes will document the student's referral concerns and the intervention plan that we come up with. These notes may be shared with others who are not here today, including child's parent(s) and the building administrator.

However, we ask that everyone here keep the *conversations* that take place at this meeting confidential.

Do you have any questions?

Review Teacher Concerns: 5 minutes

The case liaison and/or facilitator reviews information from the Referral Sheet, including:

- Teacher Concerns
- Data Packet

****Follow up meeting***

Evaluate Implementation Integrity: 5 minutes

Through discussion with the teacher and team, evaluate how closely the actual intervention was carried out when compared with how it had originally been designed:

Did the case liaison check in with the teacher about this intervention after the last meeting?

Y N

Comments: _____

Were there difficulties that substantially interfered with carrying out this intervention? Y N

If yes, what difficulties came up?:

Frequency of implementation:

Accuracy of implementation:

Select Target Teacher Concerns: 5-10 minutes

Define the top 1-2 concerns in observable terms (top 1-2 difficulties that most interfere with the student's functioning in the classroom):

Teacher Concern # 1.

Reasons/Functions for Behavior – If checking more than one, please rate/prioritize according to perceived impact

<input type="checkbox"/> Behavioral	<input type="checkbox"/> Academic
<input type="checkbox"/> Lacks necessary skills	<input type="checkbox"/> Lacks necessary skills
<input type="checkbox"/> Has limited motivation	<input type="checkbox"/> Has limited motivation
<input type="checkbox"/> Seeks attention from adults	<input type="checkbox"/> Struggling academically in current instructional placement
<input type="checkbox"/> Seeks attention from peers	<input type="checkbox"/> Needs drill & practice
<input type="checkbox"/> Reacting to teasing/bullying	<input type="checkbox"/> Other:
<input type="checkbox"/> Tries to escape from work demands or setting	
<input type="checkbox"/> Seeks access to privileges, rewards	
<input type="checkbox"/> Seeks sensory stimulation (e.g., playing with objects)	
<input type="checkbox"/> Other:	

Teacher Concern # 2

Reasons/Functions for Behavior -If checking more than one, please rate/prioritize according to perceived impact

<input type="checkbox"/> Behavioral	<input type="checkbox"/> Academic
<input type="checkbox"/> Lacks necessary skills	<input type="checkbox"/> Lacks necessary skills
<input type="checkbox"/> Has limited motivation	<input type="checkbox"/> Has limited motivation
<input type="checkbox"/> Seeks attention from adults	<input type="checkbox"/> Struggling academically in current instructional placement
<input type="checkbox"/> Seeks attention from peers	<input type="checkbox"/> Needs drill & practice
<input type="checkbox"/> Reacting to teasing/bullying	<input type="checkbox"/> Other:
<input type="checkbox"/> Tries to escape from work demands or setting	
<input type="checkbox"/> Seeks access to privileges, rewards	
<input type="checkbox"/> Seeks sensory stimulation (e.g., playing with objects)	
<input type="checkbox"/> Other:	

Inventory Student Strengths, Talents & Reinforcers: 5 minutes

List student strengths, talents, and/or positive incentives that the student finds motivating.

Set Goals Part 1: Set observable, measurable, & realistic goals for Academic change: 5-10 minutes
*(*At Follow up meeting evaluate progress)*

Grades	Baseline	Goal	*Outcome	*New Goal
Math				
English				
Social Studies				
Science				
Reading				
Other				

Other Academics:

	Baseline	Goal	*Outcome	*New Goal
<i>Math Measure</i> (_____) (Measure used) (____ Level)				
Standardized Reading Inventory (_____) (Measure used) (____ Level)				
Monitoring Basic Skills Practice (Pro Ed., Inc.) (Level____)				

**Set observable, measurable, & realistic goals for
Behavior change: 5-10 minutes**

Teacher Behavior Report Cards	Frequencies, Percentages, or Points	Average Rating @ Baseline	Increase or Decrease to	*Outcome	*New Goal
Problem 1					
Problem 2					

Office Referrals	Baseline	Goal	*Outcome	*New Goal

Attendance	Baseline	Goal	*Outcome	*New Goal
Last year				
This year				

B.O.S.S Data	Baseline	Increase to	*Outcome	Baseline	Decrease to	*Outcome	*New Goal
	AET _____ %			OFT-M _____ %			
	PET _____ %			OFT-V _____ %			
				OFT-P _____ %			
Total	On task _____ %			Off task _____ %			

Design an Intervention Plan: 15-20 minutes

Concern(s) _____

Describe the intervention and any resources necessary for the implementation.

Note: With treatment integrity in mind, **be specific and provide as much detail as possible.**

When will the intervention(s) start? _____

Where will the intervention take place? _____

Who will be responsible for carrying out this intervention plan? _____

At what time and date will the case liaison check in with the teacher about the intervention?

What (if any) special instructional or behavioral program materials/resources or training is needed for this intervention? (Please specify):

How acceptable is the intervention to the classroom teacher?

1 2 3 4 5
Low Medium High

*At the Follow up Meeting:
Evaluate Plan Effectiveness: 5-10 minutes

Look at the data in Step 2. For each goal, use the data to decide how successful the student was in meeting the behavioral/academic goal(s) of the intervention plan:

<i>Met or exceeded the goal:</i>	Select a new behavior and/or academic goal and create a new intervention to meet that new goal (or raise the current goal).
	Create a plan to discontinue the present intervention because all goals have been achieved. Discuss strategies to help the student to generalize gains to other activities or settings. Decide how to 'fade' (gradually reduce) the intervention while maintaining student gains.
	Continue with the present intervention without changes. Schedule a follow-up meeting later in the year to ensure that the student continues to make gains.
	Continue with the present intervention with minor changes. Schedule another follow-up meeting within several weeks.
Showned promising progress but did not meet the goal	Continue with the present intervention with minor goal. Schedule another follow-up meeting within several weeks.
	Substantially revise or replace the present intervention. Schedule another follow-up meeting in several weeks. (Continue through the steps of this intervention-planning form to revise the intervention.)
<i>Showned only minor progress</i>	Substantially revise or replace the present intervention. Schedule another follow-up meeting in several weeks. (Continue through the steps of this intervention-planning form to revise the intervention.)
	Refer the student to the Pupil Services Team for discussion-because the student has failed to make meaningful progress <i>despite several well-implemented and monitored interventions.</i>

**Modify Intervention Plan (as needed)*

Concern(s) _____

When will the intervention(s) start? _____

Where will the intervention take place? _____

Who will be responsible for carrying out this intervention plan? _____

At what time and date will the case liaison check in with the teacher about the intervention? _____

What (if any) special instructional or behavioral program materials/resources or training is needed for this intervention? (Please specify):

Plan how to share meeting information with the student's parent(s): 5 minutes

Who will share initial meeting information with the student's parent(s)?

Follow up meeting information? _____

Review the intervention & monitoring plan: 5 minutes

At the close of the meeting:

- The recorder reviews the main points of the intervention & monitoring plans with the team.
- The team selects a meeting date and time for the follow-up STARS meeting:
Next meeting date & time: _____
- The case liaison reviews the agreed-upon time within the next school week to meet with the referring teachers.
- The team completes the debriefing form.

**Additional Follow up meeting if necessary*
Date _____

Support Team for At Risk Students Meeting Debriefing Form

Directions: As a Team, rate your group's performance at today's initial Support Team for At Risk Students meeting on the items below. If your group rates any of the items as "No" or "Partly", take a moment to discuss what factors led to this rating.

	Yes	Partly	No
1. 1. Were the target behavioral and/or academic concern(s) <i>clearly defined in observable terms</i> (Step3)?			
2. Did the team come up with possible <i>reasons/functions</i> that support or help to explain the presenting student concerns (Step 3)?			
3. Were ambitious but realistic goals for improvement clearly specified in measurable terms (Step 4)?			
4. Did the team come up with at least one method to <i>track student progress</i> for each of the referral concerns (Step 4)?			
5. Were the intervention plan(s) clearly and specifically defined (e.g., persons responsible, when, where, how often) (Step 5)?			
6. Does the Team feel that overall it closely followed the 7 steps of the initial meeting format?			

(Optional) What are some additional ideas that the group has for helping this particular teacher to successfully carry out the intervention plan?



Support

Team for

At

Risk

Students

MEETING SUMMARY SHEET

Student _____ Initial Meeting _____

Case Liaison _____ Follow up Meeting _____

School _____ Teacher/Team _____

Targeted Behavior:

Intervention Plan:

Reinforcers

Consequences

Materials Needed

Person Responsible

Monitoring Plan:

Who

How

When

Intervention: _____

Implementation: _____

Progress: _____

Length of Implementation: _____

Difficulties encountered: _____

Student Progress:

Baseline

Goal

Outcome

Person contacting parent/guardian: _____



STARS: Support Team for At-Risk Students

Team Invitation Letter

Syracuse (NY) City Schools



Support
Team for
At
Risk
Students
**(Your) Middle School
Intervention Team**

To:

From:

Date:

Re: 2006-2007 (Your School) STARS Team

We would like to take this opportunity to invite you to become a member of the 2006-2007 (Your School) STARS Team. Some of you are veteran members and others will be new to the group; we look forward to working with all of you.

The **Support Team for At Risk Students (STARS)** is a problem-solving model for the middle school level that was developed during the 2004-06 school years with the support of the New York State Education Department Special Education Quality Assurance Inclusion Implementation Grant.

The STARS team will meet weekly to share suggestions and create intervention plans for referred students. If you would like to accept this invitation to become a member of our team, please detach the bottom portion of this memo and give it to _____ by (date).

Thank You!

2006-2007 (Your) Middle School STARS Team

Name: _____