

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 Teams 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, Beth Bernardone, Sarah Hough, Christine Miller, Stephanie Pelcher and Angelo Tubolino.

In addition to those listed above, contributors to previous STARS forms and resources have included: Carol Carpenter, Jay Coates, Beth Croll-MacKenzie, Jessica DeLing, Kathleen Dertinger, Joanne Downes, Laura Foody, Judy Garlow, Sue Grosso, John Guba, Tricia Hamlin, Sheila Johnson, Katie Keough, Dave Lochner, Kate O'Donnell, Deb Pasho, Sally Strough and Jennifer Tousley.

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

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Special thanks to Angelo Tubolino, our intrepid editor!

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
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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:	



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

Support **MIDDLE SCHOOL CUM FOLDER REVIEW FORM**



ew

Team for SCHOOL: _____
 At STUDENT: _____
 Risk REVIEWED BY: _____
 Students DATE: ____ / ____ / 20__

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? : IF SO, WHAT GRADE(S) ?:

SUPPORT THE STUDENT IS RECEIVING OR HAS RECEIVED (INDICATE YEAR)

AIS:

SPECIAL ED:

COUNSELING:

AFTER SCHOOL PROGRAMS:

OTHER:

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

REFERRALS	SOURCE: e.g.: Classroom, Gym, Library, Lunchroom, Specials
Number of Office Referrals to Date:	
Number of ISS Days to Date:	
Number of OSS Days to Date:	
Health Concerns:	Medications:

NOTES:

PLEASE ATTACH MOST RECENT REPORT CARD AND ENROLLMENT HISTORY



STARS: Support Team for At-Risk Students

Student Referral Form

 Syracuse (NY) City Schools

STARS: Student At-Risk Referral Form

General Information

Student Name: _____

Grade: _____ Rm. _____

Referring Teacher(s): _____

Parent/Guardian: _____

To be completed at meeting

ID Number: _____

Date of Birth: _____

Referral Date: _____

Address: _____

Phone: _____

How and when was parent notified of referral: _____

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. _____

Parent/Guardian Contact Prior to Referral

_____ Phone Call _____ Note Home _____ Conference _____ Home Visit

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? _____

What would be the best day(s)/time(s) for someone to observe the student having the difficulties that you describe above? (Please attach a copy of the student's daily schedule, if available):

Please provide any additional pertinent information such as this student's most current report card, schedule and attendance record and return with referral.



STARS: Support Team for At-Risk Students

MEETING MINUTES FORM

 Syracuse (NY) City Schools

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cc

Syracuse City School District
Middle School Intervention Program

INITIAL MEETING MINUTES

School: _____ School Year: 20 / _____

Student: _____ Grade/Room: _____ / _____

Referring Teacher: _____

Meeting Date: _____ / _____ / 20 _____ Time: _____ :

Meeting Location: _____

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

Welcome to this initial STARS (Support Team for At Risk Students) meeting. We are meeting with you today to discuss concerns that you have about: _____

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 ***Recorder*** today will be _____

The ***Case Liaison*** for this student 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/guardians(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/guardians(s) and the building administrator.

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

Does anyone have any questions?

Support Team for At Risk Students (STARS) Consultative Process

The Initial Meeting



Review Teacher Concerns (5 minutes)

- Review information from the referral form and data packet
- Allow teacher to discuss major referral concerns

Select Target Behaviors (10 minutes)

- Review baseline data collected prior to initial meeting
- Define the top 1-2 teacher concerns in easily observable, measurable terms



Inventory Students Strengths and Talents (5 minutes)

- Discuss areas of strength
- Record incentives that motivate the student

Set Goals (5 minutes)

- Using baseline data as a guide, goals should be:
 - Observable
 - Measurable
 - Determine at least two ways to monitor progress
 - Realistic



Design the Intervention Plan (25 minutes)

- Identify **WHAT** the intervention is
- Identify **WHERE & WHEN** it will take place
- **WHO** is responsible for implementing & monitoring student progress

Parent Contact (5 minutes)

- Determine who will contact the parent or guardian
- Update parent contact information (name, address, telephone, etc.)
- Share the intervention plan and invite parent(s) to a follow up meeting



Review the Intervention Plan (5 minutes)

- Make sure all parties understand the intervention plan
- Set follow-up meeting date
- Complete debriefing form

For more information, please contact:

Stephanie Pelcher, SBIT/STARS Coordinator
 725 Harrison Street, Syracuse NY 13210
 Syracuse City Schools
 (315) 435-4236 spelcher@verizon.net

SELECT 1-2 TARGET TEACHER CONCERNS

Define the top 1-2 concerns in observable terms

(5-10 minutes)

Current Attendance: Absent: days — Tardy: days to: / /20

Teacher Concern #1:

Behavioral	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"/> Other:
<input type="checkbox"/> Seeks access to privileges, rewards	<input type="checkbox"/> Other:
<input type="checkbox"/> Seeks sensory stimulation (ex, playing with objects)	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Teacher Concern #2:

Behavioral	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"/> Other:
<input type="checkbox"/> Seeks access to privileges, rewards	<input type="checkbox"/> Other:
<input type="checkbox"/> Seeks sensory stimulation (ex, playing with objects)	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Inventory Student Strengths, Talents & Reinforcers: (5 minutes)

•
•
•

SET GOALS



OBSERVABLE, MEASURABLE & REALISTIC GOALS

BEHAVIORAL GOALS

(5-10 Minutes)

Teacher Behavioral Report Card (TBRC)

The student was rated on the following disruptive or otherwise problematic behavior(s)	frequency	percentage	point rating
1.			
2.			
3.			

The average teacher rating at baseline for this/these behavior(s) was: 1. _____ 2. _____ 3. _____

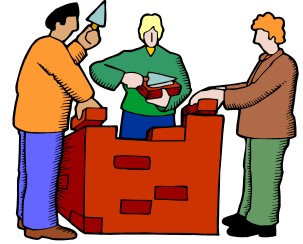
TBRC Outcome Goals: By the next STARS meeting on: / /20	Increase to:	Decrease to:
the average teacher rating for problem 1 will:		
the average teacher rating for problem 2 will:		
the average teacher rating for problem 3 will:		

B.O.S.S. DATA: points, percentage, frequency

	Baseline	Decrease	Increase	Goal
Actively Engaged				
Passively Engaged				
Off-Task Verbal				
Off-Task Passive				
Off-Task Motor				

BUILD AN INTERVENTION PLAN

Concern Two



(15-20 Minutes)

Concern 2:

Blank lines for writing the concern.

Describe the intervention and any resources necessary for its implementation.

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

Multiple blank lines for describing the intervention and resources.

Plan Implementation: When? Where? Who?

When will the intervention(s) start?:

Where will the intervention take place?:

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

When will the **Case Liaison** check-in with the teacher about this intervention?:

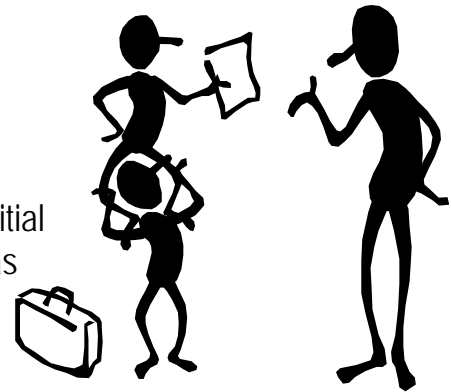
What (*if any*) special instructional or behavioral program materials/resources or training is needed for this intervention plan? (*please be specific*)

Blank lines for describing special instructional or behavioral program materials/resources or training.

How acceptable is this intervention to the classroom teacher?

1 2 3 4 5
Low Medium High

Support Team for At Risk Students (STARS) Meeting Debriefing Form



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

(5-10 minutes)

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

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



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STARS Initial Meeting Summary

Student:	Initial Meeting: / / 20
Case Liaison:	Follow-up Meeting: / / 20
School:	Teacher/Team:
Person contacting parent/guardian:	

Summary

Targeted Behavior:
Intervention Plan:

Reinforcers:
Consequences:

Materials Needed	Person Responsible

Monitoring Plan:	Who	How	When
Intervention:			
Implementation:			
Progress:			
Implementation Length:			
Difficulties encountered:			

STUDENT PROGRESS

Baseline	Goal	Outcome

STARS



Support
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Syracuse City School District
Middle School Intervention Program

FOLLOW-UP MEETING MINUTES FORMS

School: _____ School Year: 20__ / ____

Student: _____ Grade/Room: ____ / ____

Referring Teacher: _____

Meeting Date: ____ / ____ / 20__ Time: ____ : ____

Meeting Location: _____ Intervention Began: ____ / ____ / 20__

Support Team for At Risk Students (STARS) Consultative Process

The Follow Up Meeting



Evaluate Implementation Integrity (5 minutes)

- Was the plan carried out as intended?
- Did the case liaison check in with the referring teacher?
- Were there any difficulties that interfered with implementation & monitoring?



Evaluate Student Progress (5 minutes)

- Review baseline data
- Review goals
- Determine the outcome

Evaluate Plan Effectiveness (5 minutes)

- Using the students' progress as a guide, determine the following:
 - Was the plan implemented for six weeks/12 sessions?
 - Was the plan implemented with 80% integrity?
 - Was the progress monitored at least one time per week?



Modify/Design the intervention Plan (15 minutes)

- Identify **WHAT** the intervention is
- Identify **WHERE & WHEN** it will take place
- **WHO** is responsible for implementing & monitoring student progress



Parent Contact (5 minutes)

- Determine who will contact the parent or guardian
- Update parent contact information (name, address, telephone, etc.)
- Share the intervention plan and invite parent(s) to the next meeting

Review the intervention plan (5 minutes)

- Make sure all parties understand the intervention

Guidelines for Follow-Up STARS Meeting



Welcome to this follow-up STARS (Support Team for At Risk Students) meeting.

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.

Facilitator:
Recorder:
Case Liaison:
Time Keeper:

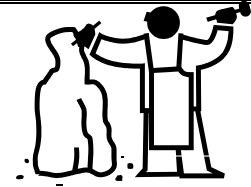
You can expect this meeting to last about ____ minutes

By the time you leave, we should have made a decision whether to:

- a) Maintain or adjust the current intervention plan.
- b) Refer student to PST or other avenue other than STARS.
- c) Close the STARS case.

NOTES:

STARS Follow-up Meeting Minutes



Date: / / 20 Time: :

Student:	Grade:
	Homeroom:

Referring Teacher:

How was Parent/Guardian contacted regarding today's meeting? U.S. Mail Conference Phone Call
 Contacted by:

Date meeting summary mailed: / / 20 By whom?:

Follow-up Meeting Members and Supporters


Team Roles:	Area of Content Grade Level
Case Liaison:	
Facilitator:	
Recorder:	
Time-Keeper:	
Others Attending:	

Follow-Up: Review Performance and Adjust Intervention

(5-10 minutes)

Current Attendance

Absent: days — Tardy: days to: / / 20



Teacher Concern # 1:

Area of Content: ORF (oral reading fluency), Math, Writing	Baseline	Goal	Outcome	New Goal

Teacher Concern # 2:

Area of Content: ORF (oral reading fluency), Math, Writing	Baseline	Goal	Outcome	New Goal

UPDATE GOALS

OBSERVABLE, MEASURABLE & REALISTIC GOALS



(5-10 Minutes)

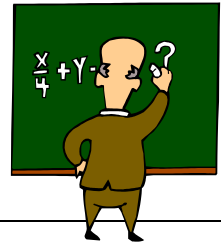
Updated Academic Goals					
Category	Latest Grades	Data Baseline	Goal	Outcome	NEW GOAL
Math:					
English:					
Social Studies:					
Science:					
Reading:					
Language:					
Other:					
Other:					
Other:					
Other:					

Updated Behavioral Goals				
Describe Behavioral Concerns	Method of Monitoring			
	Baseline	Goal	Outcome	New Goal
Teacher Behavior Report Cards	Baseline	Goal	Outcome	New Goal
Concern 1				
Concern 2				
Concern 3				
Concern 4				

B.O.S.S. DATA				
	Baseline	Goal	Outcome	New Goal
Actively Engaged				
Passively Engaged				
Off-Task Verbal				
Off-Task Passive				
Off-Task Motor				

CHANGES TO CURRENT INTERVENTION PLAN

Concern ONE



(15-20 Minutes)

Concern 1:

Describe the intervention and any resources necessary for its implementation.

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

Plan Implementation: When-Where-Who

When will the intervention(s) start?

Where will the intervention take place?

Who will be responsible for carrying out this intervention plan?

When will the **Case Liaison** check-in with the teacher about this intervention?

What (*if any*) special instructional or behavioral program materials/resources or training is needed for this intervention plan? (*please be specific*)

How acceptable is this intervention to the classroom teacher?

1 2 3 4 5
Low Medium High

STARS *Review the intervention & monitoring plans* (5 minutes)



- **At the close of the meeting, follow any of these steps as needed:**

The recorder reviews the main points of the intervention & monitoring plans with the team.

- The team selects a meeting date and time for the next follow-up STARS meeting:
Please note: date should be selected 4-8 weeks from today.

Next meeting date & time: _____

- A person is selected to share meeting information with the student's parent(s):
A summary of the meeting will be sent to the parent(s)

Parent contact person: _____

- The case liaison reviews the agreed-upon time within the next school week to meet with the referring teacher.

Outcome of meeting:

Next Step:



Support
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STARS F/U Meeting Summary

Student:	Follow-up Meeting: / / 20
Case Liaison:	2 nd Follow-up Meeting: / / 20
School:	Teacher/Team:
Person Contacting Parent/Guardian:	

Summary and Changes to Plan

Targeted Behavior:
Intervention Plan:

Reinforcers:
Consequences:

Materials Needed	Person Responsible

Monitoring Plan:	Who	How	When
Intervention:			
Implementation:			
Progress:			
Implementation Length:			
Difficulties encountered:			

STUDENT PROGRESS

Baseline	Goal	Outcome