Treatment Planning for Children and Adolescents Long and Short Term Treatment Goals SMHP Program, Updated 8.17.16

COMAR Reminders:

- The Suicide Risk Assessment must be completed at intake, every 6 months in conjunction with the treatment planning process, and as clinically indicated.
- Please use the suggested goals provided but make sure you....
 - o include a baseline (NO PERCENTAGES)
 - o goal is measurable
 - o note how the goal will be tracked (ex. per teacher/guardian/pt report, on behavior chart, by report card, clinician observation, etc.)
- If the Pt does not have an identified Pediatrician/Primary Care Physician then obtaining one MUST become a treatment goal in the ITP.
- If the Pt answers "Yes" to 2 or more questions on the CRAFT then a substance abuse goal MUST be included in the ITP.
- Please see attached for Stages of change information. Clinicians should use this framwork to help guide care.

GOALS MUST BE SMART

Specific: concrete, detailed, and well defined.

Measurable: numeric or descriptive, quantity, quality or comparative

Achievable: feasible, attainable, actionable

Realistic: considers resources, barriers, strengths, can be achieved

Time Specific: identifies target dates, includes interim steps to monitor progress and defines a

time line in which objectives are to be achieved

TREATMENT PLANNING FORMULA:

Pt will (increase/decrease) *behavior* from X times per (day/week/month) to X times per (day/week/month) as evidenced by teacher report, parent report, pt report, clinical observation, behavior chart, etc.

<u>Problem</u>

Treatment Goals

Academic Issues	Patient will be promoted to the next grade level by end of school year.
Lana Tama	Patient will be appropriately evaluated and placed in special education if indicated.
Long Term	Patient will increase school attendace.
	Patient will increase time spent in the classroom.
	Patient will increase grades from a (e.g. "c") average to a (e.g., "b") average in all classes (or in specific class).
	Patient will increase grades from passing out of classes to passing out of classes at next report card/end of year. (Amend to your pt's report card)
Short Term	Guardian will attend out of school meetings as requested by school staff and/or clinician.
	Pt will increase school attendance from days per week to days per week.
	Pt will arrive to school on time fromdays to days per week.
	Patient will increase the times he/she attends coach classes/tutoring from times per week totimes per week.
	Patient will increase the times he/she turns in homework from times per week to times per week.
	Teacher reports of student effort will show improvement from current level of to (using academic feedback chart/form).
	Pt will increase completion of classwork assignments from(e.g. 1) assignment(s) per day to(e.g. 3) assignments per day.
Aggression	Patient will decrease suspensions.

Long Term	Patient will decrease the times he/she has a negative encounter with the police. Patient will decrease verbal and physical aggression. (physical and verbal may also be used separately)
Long Term	Patient will resolve the core issues that are the source of aggression.
	Patient will improve ability to express anger in a healthy manner.
	Patient will decrease the intensity and frequency of physical aggression with classmates.
	Patient will reduce frequency of physical fights from to times per week.
	Patient will decrease office referrals from per month to per month.
Short Term	Patient will increase the time he/she demonstrates skills to walk away from and/or avoid conflict from times per week to times per week.
Short Term	Patient will increase the times he/she demonstrates positive coping skills from times per week to times per week when frustrated in classroom
	Patient will role-play conflict resolution skills at least time per month in session (currently role-playing times per month).
	Patient will role-play how to use words instead of actions in a conflictual situation in session times per month (currently role-playing times per month).
	Pt will learn and implement new coping strategies per month (currently know and implement coping strategies per month).
	Pt will utilize calming/coping strateiges out of times that s/he feels angry as evidenced by pt/parent/teacher report/behavior chart/etc.
Anger	Patient will improve ability to express anger in a healthy manner.
Long Term	Patient will learn and utilize anger management skills.

Short Term	Patient will identifytriggers to angry/upset feelings per session increased from identifying triggers per session
Short Term	Patient will discuss instances of conflict in session at least times per month, including response, outcome, and role in conflict (currently discussing times in session per month).
	Pt will increase ability to implement coping strategies from to times per day when feeling angry as evidenced by pt/parent/teacher report/etc.
	Pt will reduce involvement in conflictual situations from to times per month.
	Patient will be able to verbalize connections between thoughts/feelings and behavior times per month, increased from times per month.
	Patient will identify various feeling states and physical cues when prompted in out of sessions. (Currently patient is able to identify orfeeling states).
	Patient will learn/implement at least coping strategies independently in class when feeling angry increased from coping strategies.
Anxiety	Patient will identify and resolve issues that are the source of anxiety.
Long Term	Patient will no longer exhibit a particular phobia.
	Patient's anxiety will no longer be at a clinical level and will demonstrate improved functioning.
	Patient will verbally identify fears, concerns and anxiety at leasttimes per session, increased fromtimes per session.
	Patient will be able to verbalize connections between thoughts/feelings and behavior at leasttimes per month increased fromtimes per month.
Short Term	Patient will identify various feeling states and physical cues when prompted from totimes per session.

	Patient will learn/implement at leastcoping strategies independently in class when feeling anxious/worried, increased fromcoping strategies. Patient will show a reduction of anxiety on the (SPENCE/SCARED) scale from current level of to by the end of the school year OR by next treatment plan. Patient will demonstrate positive self-talk at least times per session, increased from times per session. Patient will increase engagement in relaxation techniques from times to times per week. Patient will increase ability to identify precipitants/triggers to anxiety in session from to times per session. Patient will increase ability to use thought-stopping techniques from to times per week. Patient will implement coping strategies times per day when feeling anxious, increased from times per day. Patient will learn and practice new coping strategies in session times per month. (Currently practicing coping strategies
	per month).
Attendance	Patient will increase school attendace.
Long Term	Patient will decrease school tardiness.
	Pat ient will increase classes attendance. Patient will increase attendance from to days per week.
	Patient will be on time for schooldays per week, increased from days per week.
Short Term	Patient will identify reasons behind attendance issues and will problem solve about how to resolve at least in session times per month.
	Patient will increase class attendance from attending classes to classes per week.

	Patient will attend at least out of therapy appointments
	per month.
Body Image	Patient will eat in a healthy manner.
Long Term	Patient will have a realistic view of his or her body size.
Long Term	Patient will not engage in any binges or purging.
	Patient will be able to gain insight into issues behind his or her disorted body image.
	Patient will improve self esteem and become more forgiving and accepting of his or her body.
	Patient will identify two positive physical attributes at least one time per session, increased from times per session
Short Term	Patient will discuss eating habits and healthy eating at least one time per session increased from times from session
	Patient will express thoughts/feelings related to body image at least one time per session, increased from times per session.
Depression	Patient will decrease depressive symptoms.
Long Term	Patient will not exhibit any suicidal actions or gestures.
zong renn	Patient's depression will no longer be at a clinical level and he or she will demonstrate improved functioning.
	Patient will identify and gain insight into sources contributing to depression and will demonstrate improved mood.
	Patient's <u>CDI/CES-DC</u> (or other depression scale) score will decrease from to
	Patient will be able to identify negative self-talk at leasttime per session, increased fromtimes per session.
Short Term	Patient will report that he or she was able to verbalize sadness to family or peer at least per week, increased fromtimes per week.
	Patient will increase number of positive self-statements/affirmations in session from to
	Patient will increase involvement in enjoyable activities fromtotimes per week.

Patient will learn/implement at leastcoping strategies independently in class when feeling sad/depressed, increasedcoping strategies. Patient will increase ability to implement coping strategies we experiencing feelings of sadness from to times per increased from times per week.	vhen er day.
Disruptive Classroom Patient will decrease disruptive behavior in the classroom.	
Behavior Long Term Patient will follow teacher directions in the classroom.	
Patient will increase the times he/she is in seat when expected from to per day. Patient will say nice thing(s) to a classmate per day in the classroom increased from nice thing(s) per day. Patient will raise hand appropriately at least time per day class, increased/maintained from times per day. Patient will have appropriate materials on desk at least during the school day increased from times per day. Patient will remain quiet unless otherwise directed with reminder per class, decreased from reminders class. Clinician will observe decrease in (Agression calling out/ getting out of seat/ etc.) from to in a 3 minute period in the classroom setting. Patient will receive "Satisfactory" mark for "Stays on task" of card (Currently receiving "Unsatisfactory"). *Customize for student's current report card Patient will identify various feeling states and physical cues	ne ny in times per on/ 0 on report

	sessions.
	Patient will learn/implement coping strategies independently in class, increased from coping strategies.
	Patient will identify and demonstrate positive attention-seeking behavior times per day, increased from times per day.
	Guardian/Teacher will matain/increase completion of DBD Scale, every to (monthly, quarterly, etc).
	Total symptom score on the <u>DBD Scale</u> scores will decrease fromto
Family Conflict	The family will demonstrate improved communication skills.
Long Term	The family will display improved problem solving skills.
Zong Term	The family will handle upsets without resorting to violence or verbal aggression.
	The family will learn to respect each other's strengths and work together to deal with problems.
	Patient will verbalize feelings related to family conflicts in session times per month (Currently verbalizing times per month).
Short Term	Patient will participate in family session times per month, increased fromtimes per month.
	Patient will increase ability to express feelings/thoughts by using "I" statements in family session from to times per family session.
	Patient will accept responsibility for own role in conflicts times per session increased from times per session.
	Family will increase participation in attending family sessions from to time(s) per month.
	Family will have increase in family meetings from to time(s) per week and report on each meeting during family session.
	Patient will increase family engagement frompositive activity/ies to positive activities per week.

	Guardians will increase skill set by participating in parent/guardian
	training times per month (Currently participating times
	per month).
Focus/Attention	Patient will increase his/her focus and time on-task in the classroom.
Long Term	Patient will demonstrate improved functioning with a decrease in ADHD-C symptoms.
	Pt will be evaluated by psychiatrist for medication efficacy 1x per
	month, maintained from 1x per month.
Short Term	month, mantanea nom 1x per month.
Short 1crm	Patient will increase the times he/she is in seat when expected to be
	from times per day totimes per day.
	monitimes per day totimes per day.
	Patient will have appropriate materials on desk at least times during the school day increased from times per day.
	Patient will remain quiet unless otherwise directed withreminder per class, decreased fromreminders per class.
	Clinician will observe decrease in(Agression/calling out/getting out of seat/etc.) fromto in a 30 minute period in the classroom setting.
	Patient will receive "Satisfactory" mark for "Stays on task" on report card (Currently receiving "Unsatisfactory"). *Customize for student's current report card
	Patient will identify various feeling states and physical cues when prompted inout of sessions, increased from out of sessions.
	Patient will learn/implementcoping strategies independently in class when feeling hyper/distracted, increased fromcoping strategies (currently).
	Guardian/Teacher will matain/increase completion of Vanderbilt Scale, every to (monthly, quarterly, etc).
	Total symptom score on the <u>Parent/Teacher</u> <u>Vanderbilt Scale</u> score will decrease fromto
Grief/Loss	Patient will decrease symptons associate with grief and loss.

Long Term	Patient will learn, discuss, and apply coping skills (to symptoms associated with grief/loss - sadness, anger, irritability etc).
	Patient will learn and discuss the 5 steps of Grief- (DABDA.) Currently understandsstep; Goal steps
Short Term	Patient will learn and apply negative thought stopping techniques surrounding feelings of anxiousness in out of applicable instances. (Currenlty applying out of instances).
	Patient will decrease crying spells from to times a week.
	Patient will decrease the number of anger outbursts fromtimes a week totimes a week.
	Patient will increase use of coping skills from to times per day.
	Patient will increase participation is social activities fromtimes per week totimes per week.
	Patient will enage in journaling activitytime per week, increased from times per week.
	Patient will develop and implement appropriate rituals to remember and honor, increased from rituals.
Impulsivity	Patient will be able to regularly maintain patience and process thoughts and feelings before acting.
Long Term	Patient will learn necessary skills to problem-solve before acting on
	first impulse.
	Patient will identifytriggers for impulsivity in session times per month, increased from triggers.
Short Term	Patient will identify consequences of impulsivity in session times per month (Currently identifying consequences per month).
	Patient will increase ability to appropriately wait for his or her turn in an activity from to times during activity in session.
	Patient will increase the time he/she raises his/her hand during group sessions without callinig out from times per group to times per group.

	Patient will identify various feeling states and physical cues when prompted in out of sessions, increased from out of sessions. Patient will learn/implement coping strategies independently in class when feeling hyper/distracted, increased from coping strategies.
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Lying	Patient will reduce lying and be able to discuss consequences of lying.
Long Term	Patient will gain insight into the consequences of lying and will resolve sources behind his or her lying.
	Patient will reduce lying fromtimes per day totimes
	Patient will be able to verbalize the negative impacts of lying once per month, increased fromtimes per month.
Short Term	Patient will decrease lying in session from to times per session.
	Guardian/Teacher reports of lying will decrease fromtimes per week to times per week.
	Patient will take responsibility and ownership for lying when confrontedtime per week, increased from times per week.
	Patient will identify and demonstrate positive attention-seeking behaviortimes per day, increased fromtime per day.
	Patient will increase telling the truth the first time asked from to times per week as evidenced by <u>Guardian/Teacher</u> report.
Medication	Patient will take medication consistantly.
Management	
Long Term	Patient will take medication at health suite every day.
	Pt will be evaluated for medication management needs
Short Term	Patient will increase ability to go to health suite to take medication before the nurse needs to remind him/her from to times
Long Term Short Term	· · ·

	Guardian will meet with Psychiatrist 1x per month to discuss patient, maintained from 1x time per month.
	Guardian will give medication to Patient days per week, increased from days per week.
Oppositionality	Patient will show a reduction of negative interactions with adults/authority figures.
	Patient will increase compliance with rules in classroom.
Long Term	Patient will increase compliance with home/school rules.
	Patient will gain insight into anger behind oppositionality and will resolve source of this upset.
	Patient will show an increase in positive interactions with adult authority figures.
	Patient will gain respect and consideration for adult authority figures.
	Patient will decrease suspensions from times per month/quarter to times per month/quarter per school report.
Short Term	Patient will decrease office referrals from times per week/month to times per week/month per school report.
Short Term	Patient will engage in at least one positive interactions with a teacher or administrator each day, increased frompositive interactions per day.
	Patient will say at least one nice thing to another group member during each session, increased fromnice things per session.
Pediatrician/Primary	
Care Physician	Patient and/or Guardian will identify and arrange care with a
Long Term	Primary Care Physician (PCP).
Dong Term	Patient and family will obtain list of local pediatricians and contact
	information, information which family is currently unaware.
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Short Term	Patient and/or Guardian will schedule an appointment for an initial visit/physical with a PCP within weeks, at this time no
Short 10m	appointments are scheduled.
	Patient/Guardian will provide clinician with PCP contact

	information withinweeks, at this time Patent/Guardian does not have a PCP.
	Patient will be referred to the school health clinicfor PCP services and initial physical (currently not referred).
Poor Social Skills/Peer issues	Patient will be able to establish and maintain appropriate friendships.
Long Term	Patient will be able to interact with peers at an age appropriate level.
	Patient will be accepted by peers and will have the necessary skills to handle common social situations.
	Patient will use problem-solving strategies to manage conflict situations.
	Patient will engage in social skillbuilding sessions from to week/month.
	Patient will initiate at leastpositive social interaction(s) with peers in group, increased from positive social interactions per group session.
Short Term	Patient will increase positive social interactions in class from to per day/week/month.
	Patient will verbalize how their behavior impacts others at leasttime per session, increased from times per session.
	Patient will be able to verbalize connections between thoughts/feelings and behavior at least time per session, increased from times per session.
	Patient will discuss response, outcome, and role in conflict in session from to times per week/month.
	Patient will role play positive social interactions in session times per week/month (Currently roly playing times per week/month).
Relationships	Patient will be able to form a healthy relationship with another
Long Term	Patient will be willing to end unhealthy relationships and to expect positive treatment from others.

Patient will gain insight into issues that may be the sour problems in his or her relationships.				
	Patient will use problem-solving strategies to manage conflict situations.			
	Patient will engage in healthy relationships.			
	Patient will engage in healthy relationships and effectively manage unhealthy relationships.			
	Patient will be able to identify positive traits that they expect in a partner (or friend)time per month, increased fromtimes per month.			
Short Term	Patient will increase ability to verbalize their feelings/thoughts related to relationships from to times per session.			
Short Term	Patient will role-play solutions to problems in relationships in session times week/month (Currenlty role-playing times per week/month).			
	Patient will engage in healthy and safe dating practices and be able to verbalize them per month, increased from times per month.			
	Patient will identify and demonstrate positive attention-seeking behaviortime per week, increased fromtimes per week.			
	Patient will discuss instances of conflict in session timesper month, including response, outcome, and role in conflict, increased fromtimes per month.			
Self-Esteem	Patient will gain an improved sense of self and the confidence			
	needed to function well at home and school.			
Long Term	Patient will increase self esteem.			
	Patient will decrease negative self statements			
	Pt will increase acceptance of strengths and weaknesses.			
	Patient will increase positive self-statements from to per session.			
	Patient will identify and discuss personal strengths times a			

GI . T	month, increased from times per month.				
Short Term	Patient will show improvement on a standardized self-esteem measure from a score of to				
Sexual/Physical Abuse	Patient will be able to verbalize thoughts and feelings related to the abuse.				
Long Term	Patient will be able to establish healthy relationships with others.				
	Patient will be able to create appropriate boundaries with others.				
	Patient will identify ways to maintain personal safety.				
	Patient will be able to verbalize thoughts and feelings related to the abuse to move forward in own recovery.				
	Patient will be able to verbalize his/her feelings and thoughts connected to the abuse time per month, increased fromtime per month.				
Short Term	Patient will create a safety plans (Currently no plan exists).				
	Patient will identify triggers that are connected to memories of the abuse and discusstime per month increased fromtimes per month.				
	Patient's nightmares will decrease from to times per week/month.				
	Patient will show a reduction in trauma related symptoms including (avoidance, numbess, etc.) from times to per month.				
	Patient's total symptom score on the UCLA PTSD Index will decrease from to				
Substance Use/Abuse	Patient will no longer abuse substances.				
	Patient will be able to gain insight into his or her addiction and will recognize patterns that lead to abuse.				
Long Term	Patient will develop friendships and relationships that support sobriety.				
	Patient will develop and enhance problem solving and coping skills necessary to maintain a drug-free existence.				

	Patient will demonstrate a reduction in reported substance usage fromtimes totimes per week. Patient will identify and role-play positive coping skills in session from to per session.			
Short Term	Patient will increase ability to identify precipitants/triggers to drug usage and discuss in session per week/month (Currently identifying precipitants/triggers).			
	Patient will attend drug treatment or support groupstime per week, increased from time per week.			
	Patient will identify negative consequences of usage in sessiontime per month, increased fromtimes per month.			
	Patient will identify replacement behavior(s) in place of substance abuse per session (Currently identifying).			
Tantrums	Patient will no longer exhibit tantrums.			
Long Term	Patient will be able to express upsetting feelings in a healthier manner and will develop positive coping skills.			
Short Term	Patient will practice deescalating techniquestime(s) per session, increased fromtimes per session.			
Short Term	Patient will reduce number of tantrums in classroom fromtotototo			
	Patient will reduce time spent in tantrums fromminutes to minutes per tantrum.			
	Patient will be able to identify precipitants/triggers to tantrumstime per week, increased fromtime per week.			
	Patient will role play positive coping skills in session time per month, increased fromtimes per month.			
	Guardian will participate in parent/guardian trainingtimes a month to learn skills to address tantrums, increased from times per month.			
	Patient will increase use of coping skills from to times			

	per day/week/month.			
Withdrawal	Patient will increase positive connections with peers			
Long Term	Patient will increase communication with family, school staff and/or peers			
	Patient will not avoid others and will engage in social activities on a regular basis.			
	Patient will actively participate in group counselingtimes per month, increased fromtimes per month.			
Short Term	Patient will increase participating in class from totimes per day/week.			
	Patient will joinafterschool activity by the end of the quarter, (Currenlty not participating).			
	Patient will verbalize thoughts and feelings related to withdrawal from otherstime per session, incresaed fromtimes per session.			
	Patient will sit with peers at lunchtimes per week, increased fromtimes per week.			
	Patient will talk to peers times per day, increased fromtimes per day.			
	Patient will go outside after school with parent permission and interact with peers times per week, increased fromtimes per week.			

Mentally healthy children are more successful in school and life. Good mental health is critical to children's success in school and life. Research demonstrates that students who receive social—emotional and mental and behavioral health support achieve better academically. School climate, classroom behavior, engagement in learning, and students' sense of connectedness and well-being all improve as well. Mental health is not simply the absence of mental illness but also encompasses wellness promotion; social, emotional, and behavioral health; and the ability to cope with life's challenges. Left unmet, mental health problems are linked to costly negative outcomes such as academic and behavior problems, dropping out, and delinquency. Mental and behavioral health problems not only affect students' short-term classroom engagement, but also interfere with long-term development of positive relationships and work-related skills.

There is a growing and unmet need for mental and behavioral health services for children and youth.

According to the U.S. Department of Health and Human Services, one in five children and adolescents experience a mental health problem during their school years. Examples include stress, anxiety, bullying, family problems, depression, learning disability, and alcohol and substance abuse. Serious mental health problems, such as self-injurious behaviors and suicide, are on the rise, particularly among youth. Unfortunately, many children and youth do not

receive the help they need, and disparities in access to care exist among low-income communities and minoritized youth. Among the 3.8 million adolescents ages 12–17 who reported a major depressive episode in the past year, nearly 60% did not receive any treatment, according to a 2019 report by the Substance Abuse and Mental Health Services Administration. Of the adolescents who do get help, nearly two thirds do so only in school.

All services provided in schools should be appropriate to the learning environment. School psychologists' unique expertise lies in how mental and behavioral health, learning, teaching, family life, and the school context interact to shape students' healthy development.

Schools are an ideal place to provide mental and behavioral health services to children and youth. Schools provide an ideal context for prevention, intervention, positive development, and regular communication between school and families. Schools also offer caring relationships and regular, consistent connections between students and staff both in person and virtually. School-employed mental health professionals (i.e., school psychologists, school counselors, school social workers, and school nurses) know the students, parents, and other staff, which contributes to accessibility of services. Research shows that students are more likely to seek counseling when services are available in schools. In some cases, such as rural areas, schools provide the *only* mental health services in the community. Comprehensive, culturally responsive school mental health services can help address inequities in access and help reduce the stigma associated with receiving mental health services by making it part of the fabric of the school system.

Comprehensive school mental and behavioral health services support the mission and purpose of schools: learning. All services provided in schools should be appropriate to the learning environment; those that are not risk being ineffective or even counterproductive. Just as children are not simply small adults, schools are not merely private clinics with white boards. Being trained to work within the school culture is essential to being effective (and cost-effective). School psychologists have specialized training in child development, mental health, learning, diversity, culturally responsive services, and school systems and law. Their unique expertise lies in how these elements interact to shape children's behavior, learning, and overall adjustment.

Comprehensive school mental health services are essential to creating and sustaining safe schools.

Increased access to mental health services in schools is vital to improving the physical and psychological safety of our students and schools, as well as academic performance and problem-solving skills. Culturally responsive school mental health supports that encompass social—emotional learning, mental wellness, behavioral health, resilience, and positive connections between students and adults are essential to creating a school culture in which students feel safe and

Mental and Behavioral Health

empowered to report safety concerns, which is proven to be among the most effective school safety strategies. Additionally, in the aftermath of a crisis, school-employed mental health professionals provide supports that facilitate a return to normalcy, are sustainable, and can help to identify and work with students with more intense or ongoing needs.

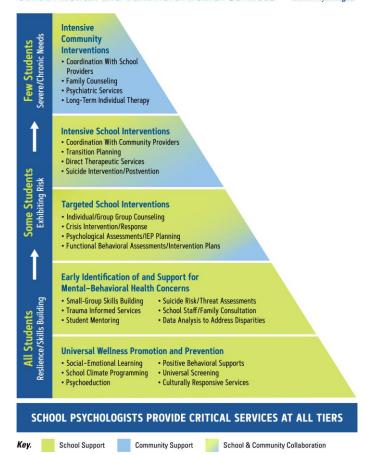
Providing a continuum of school mental and behavioral health services is critical to effectively addressing the breadth of students' needs. Comprehensive mental health services are most effective when provided through a multitiered system of supports (MTSS). MTSS encompasses the continuum of need, enabling schools to promote mental wellness for all students, identify and address problems before they escalate or become chronic, and provide increasingly intensive, data-driven services for individual students as needed. Access to adequate staffing of school-employed mental health professionals, like school psychologists, is essential to the quality and effectiveness of these services.

School psychologists provide a continuum of services that connect mental health, behavior and learning, school and home, and school and **community services.** Meeting the full continuum of student needs requires collaboration and coordination. Typically, community providers offer supplementary or intensive services that go beyond school capacities. An MTSS approach facilitates collaboration while ensuring that services provided in school are appropriate to the learning context and those that are provided after school hours are appropriately linked to and supported in the school setting. Partnerships are most effective when they are coordinated by schoolemployed mental health professionals, are defined by clear memoranda of understanding, and reinforce an appreciation for the unique contribution each group makes to creating more seamless and comprehensive service delivery. This not only reduces gaps, redundancy, and conflict, it also reduces stress on families and supports their roles as primary caregivers and decision makers regarding their child's development.

School psychologists are part of a team of school-employed mental health professionals who provide these services. Improving staffing ratios for these professionals is critical to adequately supporting students' mental and behavioral health. For more information on school-based mental health services and the role of school psychologists, visit www.nasponline.org.

School Psychologists Role in Comprehensive School Mental and Behavioral Health Services





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Mental and Behavioral Health 2

Accommodations Guide

Student: B

Teacher: Jayden Kensinger

Subject: American History

The purpose of this guide is to assist educators in selecting and evaluating instructional and testing accommodations for students with specific needs in the general education classroom.

Accommodations are changes to <u>how</u> academic content is presented or assessed. An important distinction is that accommodations do not change what the student is expected to master; the lesson or test objectives remain intact. *Modifications* are changes in <u>what</u> is being taught, such as the use of an alternate curriculum and revised/reduced assignments or tests.

Accommodations help remove barriers to learning and assessment caused by the student's specific needs. Appropriate accommodations are those that are selected to address the student's needs and allow the student to access content and demonstrate knowledge. Teachers should use an individualized process to select accommodations that are based on a student's needs. A student may need more than one accommodation. If so, all necessary accommodations should be provided; however, the effectiveness of accommodations should be evaluated one at a time for effectiveness and necessity.

Accommodations used for instruction may inform accommodations used in testing. Accommodations that are found to be effective during instruction should be considered for use during testing. The student should have experience with the accommodation prior to test day.

Accommodations Guide Worksheet

1. Gather Materials.

- Up to three samples of student work demonstrating frequent errors or low grades
- Student Support Plan (if applicable)
- Current student grade within the class (i.e. percentage across assignments, tests, classwork)

2. Identify Broad Problem Areas.

What are the general indicators of concern? Check all that apply.

Academic	Attention/Behavioral		
Reading	 Following Directions 		
 Math 	 Easily Distracted 		
 Writing 	 Sustaining Attention/Effort 		
	 Attention to Detail 		
	 Planning & Time Management 		
	 Test Anxiety 		

3. Identify accommodations matched to student need.

Based on the broad areas of student need identified in Step 1, choose at least one corresponding accommodation which you are willing and able to implement. A glossary of accommodations can be found on page 6.

<u> </u>			
Academic Concerns			
Rea	nding		
Type of Problem Suggested Accommodations			
Difficulty reading fluently	Read materials out loud		
Difficulty with reading comprehension	 Read materials out loud Use highlighted textbook Added by AH for Chromebooks: Text to speech Google Chrome Extensions (ReadWrite for example) 		
 Reads slowly 	Extended time		
Math			
Type of Problem	Suggested Accommodations		

 Unable to rapidly access math facts 	CalculatorFact tableExtended time
Difficulty manipulating numbersTransposes numbers	 Manipulative devices Visual organizers (e.g., graph paper) Self-monitoring list to double check work Extended time
 Difficulty with converting word problems to mathematical expressions 	Graphic organizerProvide math expressions or formulas
Reading difficulties that impede understanding or word problems	 Minimize distracting information in word problems Read word problems aloud Use graphic organizer Extended time

Writing			
Type of Problem	Suggested Accommodations		
Motor skill deficits	 Provide pen/pencil grip Use word processor for drafts and final copy Dictate work into audio recording device Use dictation program Extended time 		
Difficulty with spelling	 Use spelling and grammar assistive devices (e.g., Spell Check) Teacher or peer proofreading Allow for re-submission of work after feedback Extended time 		
Difficulty organizing writing	 Use graphic organizers Chunk large assignments into smaller tasks Provide model of completed writing task 		

Behavioral Concerns

Following Directions

Suggested Accommodations

- Read directions out loud
- Have student repeat directions back
- Simplify number of instructions on page
- Reword instructions using simpler language
- · Highlight or bold font key directions

Easily Distracted/Sustaining Effort/Attention to Detail

Suggested Accommodations

- Give short and simple directions
- Highlight key words in directions and text
- Use highlighted textbook (no textbooks used in this example, supplemental materials provided instead)
- Check in frequently with the student
- Assign a peer partner
- Use graphic organizers
- Provide guided notes
- Plan hands-on activities
- Frequent breaks (use private signal teacher taps on desk while circulating was used)
- Cue with a device (e.g., sports watch, timer) to stay on task
- Self-monitoring sheet for on-task behavior
- Self-monitoring sheet/rubric for task completion
- Limit length of sustained effort (e.g., reading, reasoning) by providing breaks or assistance
- Chunk large assignments into smaller tasks
- Change seat to reduce distractions

Planning and Time Management

Suggested Accommodations

- Provide start-up assistance and frequent feedback
- Chunk large assignments into smaller tasks
- Use graphic organizers
- Use self-monitoring sheet/rubric for task completion
- Use self-monitoring sheets for organization

Test Anxiety

Suggested Accommodations

- Chunk similar test items together (e., chunk all multiple choice together, all true/false together)
- Divide test into smaller segments (e.g., fewer problems per page)
- Use graphic organizers
- Allow student to choose seat where he/she feels most comfortable
- Allow student to choose preferred way to respond to test questions

4. Coordinate accommodation.

List the accommodations selected from pages 2 and 3.

Next, review the accommodations listed in the student's support plan (if applicable). List accommodations from the support plan. Circle any overlap.

**If student does not have a student support plan, only list suggested accommodations.

Accommodations Suggested by the Guide	Accommodations on Student Support Plan
Highlight key words in directions and text	N/A
Use highlighted textbook (no textbooks used in this example, supplemental materials provided instead)	N/A
Check in frequently with the student	N/A
Plan hands-on activities	N/A
Frequent breaks (use private signal - teacher taps on desk while circulating was used)	N/A
Self-monitoring sheet/rubric for task completion	N/A
Change seat to reduce distractions	N/A
Read materials out loud	N/A

5. Meet with the student for input and preferences. Write any notes in the box below.

- Meet with the student to discuss the academic or behavioral concerns. Examine the permanent products during the discussion, if helpful.
- Describe the accommodations that were recommended by the Accommodations Guide and those currently identified in the Student Support Plan (If applicable).

N/A

- Ask the student for his/her input regarding accommodations he/she thinks may be helpful.
 - Student Input: The student believes highlighted words in the instructions will be helpful and wants to use the teacher check-ins for help with word context in directions if necessary. The student is also open to being closer to the teacher so they can ask questions easily rather than being embarrassed to walk up to the teacher's desk or have the teacher frequently come back to theirs. The student plans to utilize the supplemental materials for reinforcement of concepts at home if they get lost with assignments and plans to use the text to speech google chrome extension for longer reading assignments.
- Discuss specific assignments, conditions (e.g., independent work), and frequency of the accommodations. Some accommodations may not be necessary for all circumstances.
 For typical practice assignments, a rubric may not always be provided and the student is aware that they are to use their frequent check-ins to ask questions they may have about expectations. For projects, a rubric will always be used for student self-assessment prior to submission. All other accommodations can/will be utilized on a regular basis.
- Encourage the student to share his/her thoughts about the accommodation.
 The student was thankful the teacher was willing to help this student out and identified the student's need. The student even apologized for being a distraction in the class and promised to do better to ensure they are not a distraction in the future by taking advantage of this opportunity.

6. List accommodations to be implemented and evaluated.

- Create a single list of accommodations to be evaluated for effectiveness. **Prioritize** and number based on student input and teacher preference. List in the order accommodations will be implemented and tested.
- Determine if the accommodation will be used during instruction for classroom teaching activities and assignments or for testing. It is possible to use an accommodation for both purposes.
- Define and describe the conditions under which the accommodation will be provided for the student (see below).

	Accommodatio n	Instruction or Testing	Activity	Description
		X Instruction	Independent seat work	Time and a half
2	Extended Time	X Testing	Unit tests Quizzes requiring written responses	Time and a half
1	Graphic Organizer	X Instruction	Group, pair, or independent writing tasks	Teacher-created or pre-made organizers (e.g., story maps, writing scaffolds)
		 Testing 		
3	Read materials out loud/text-to-speec h extension	• Instruction	-Independent work	-Teacher reads instructions out loud to class -Teacher/Instructional Coach shows student how to use text-to-speech extension on Chromebook

		• Testing	N/A	N/A
	Highlight key-words in directions & text	• Instruction	-Independent Practice -Group Practice	-Teacher will highlight/identify key-words with/to student individually for readings -Teacher will identify key words to whole class in directions
		• Testing	-Same words will be utilized in independent practice, but they will not be highlighted on tests	-N/A
8	Provide supplemental materials for student access outside of class	 Instruction 	-Supplemental materials (videos) will be uploaded to Canvas relating to each topic discussed to help reinforce information and deepen understanding/comprehe nsion of content	-Teacher uploads videos to Canvas (can be small lecture chunks or pre-made videos)
		• Testing	-N/A	-N/A
1	Frequent check-ins	• Instruction	-Independent practice -Group practice	-Teacher will circulate room every 5-10 minutes to check in on all students, but paying special attention to student B
1		• Testing	-Tests & quizzes	-Teacher will circulate room every 5-10 minutes to check in on all students, but paying special attention to student B
6	Plan hands-on activities	• Instruction	-Project based learning -Movement activities included in independent & group work	-Teacher will ensure there are at least 2 hands-on activities per unit, ideally 1 per week to appeal to different learning styles
		• Testing	N/A	N/A
5	Frequent breaks	 Instruction 	-Independent practice	-Teacher will circulate & tap on students desk if

			-Group practice	teacher deems a break is needed -Student will nod to door if they need a break
		• Testing	-Tests & quizzes	-Break halfway through test/quiz (phone must be face down on desk if classroom is left)
7	Self-monitoring sheet/rubric for task completion	• Instruction	-Projects	-Rubric will be provided for projects for student self-assessment
,	task completion	• Testing	N/A	N/A
2	Change seat to reduce distractions	 Instruction 	Consistent	Student's seat will be changed to be closer to the teacher for instruction and questions
		• Testing	Consistent	Same as above

^{*}Plan to evaluate the effectiveness of each accommodation one at a time to determine the most beneficial accommodations for the student. If specific accommodations are already in place and effective, continue providing the accommodation as usual and test additional accommodations one at a time to determine if student outcomes are enhanced.

7. Teach the accommodations(s).

- Teach the student how to access and use the accommodation using curricular materials and in authentic settings, if possible. Ensure the student understands how to use the accommodation correctly.
- Be sure the student has a clear understanding of how to request the accommodation if it is not provided. Model and role-play how to appropriately request the accommodation.
- Multiple opportunities for practice may be necessary.

Accommodation: Frequent Check-Ins

Date Accommodation Taught: 10/7 Duration of Lesson: 15 minutes

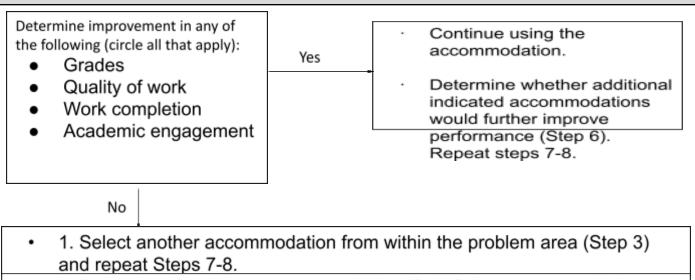
How comfortable do you feel that the student understood the accommodation and use. (Please rate from 0 to 10. Circle your response.)

0 3 1 4 5 6 7 8 9 10 (Not at all (Somewhat (Very comfortable) comfortable) comfortable)

8. (IN PROGRESS) Examine at least three samples of student work/tests to determine if there is change in performance trend:

- After the student can use the accommodation independently, or
- Within 4-6 weeks of implementation

(Assignments should be comparable in quantity, level of difficulty, and type as the initial assignments in Step 1.)



- 2. Determine if problem area was misidentified. Select accommodation from another problem area (Step 2). (For example, a student who was thought to have difficulty with math calculation may actually be struggling with sustaining attention. Repeat Steps 3-8).
- 3. Determine if alternative accommodations are needed.
- 4. Suggest the school team consider additional supports to the general education curriculum.

ACCOMMODATIONS TREATMENT INTEGRITY FORM

Teacher:	Kensinger	Observer: Hitz
	Name of Accom	modationdation Introduced to Student

Student: **B**

Date: 11/10/21

<u>Instructions:</u> Observe for duration of class or activity in which the above accommodation is to be provided. Identify treatment integrity by selecting <u>ONE</u> of the following options:

Accommodation Integrity - Teacher		N
1. The teacher did not provide the accommodation and the student did not request it. (0%)	0	0
	0	0
	0	0
	0	0
	0	0
Student requested the accommodation but the teacher did not provide it. (0%)		
3. The teacher provided the accommodation, but missed one or more key components <u>and</u> missed one or more opportunities to provide the accommodation. (25%)		
4. The teacher provided the accommodation for every opportunity, but missed one or more key components. (50%)		

^{**}see above**

5. The teacher provided all the key components of the accommodation, but missed one or more opportunities to	
provide the accommodation. (75%)	
6. The teacher provided all key components of the accommodation	
for all opportunities. (100%)	

If integrity does not reach **100**% booster session indicated:

Booster Session indicated: Y N	If indicated, date booster session completed:

<u>Instructions:</u> Observe for duration of class or activity in which the above accommodation is to be provided. Identify treatment utility by selecting <u>ONE</u> of the following options:

Treatment Utility - Student (does not factor into integrity)		N
The teacher provided the accommodation, and/but:		
The student did not use the accommodation for the class/activity. (0%)	0	0
2. The student used the accommodation for part of the class/activity. (50%)	0	0
3. The student used the accommodation for all of the class/activity. (100%)	0	0
Treatment Utility		%

Glossary

Source: Thompson, S., Morse, A., Sharpe, M., & Hall, S. (2005). Accommodations manual: How to select, administer, and evaluate use of accommodations for instructions and assessment of students with disabilities (2nd ed.) Washington, D.C.: Council of Chief State School Officers.

Accommodati	Definition
on	
Calculator	Calculation devices (e.g., calculators) may be appropriate to compensate for a student's disability in calculation. It is important to know the goal of instruction and assessment before making decisions about the use of calculation devices. For example, if students are learning subtraction with regrouping, using a calculator would not give a student an opportunity to show regrouping. If students are learning problem solving skills (e.g., bargain shopping for items of a better value), then the use of a calculator may remove the calculation barrier and allow the student to demonstrate his or her reasoning skills.
Extended time	Extended time is a specific, pre-determined amount of extra time to complete assignments, projects, and assessments with no grading penalty. For timed tests, a standard extension may be time and one half. This means that a student is allowed 90 minutes to take a test that normally has a 60-minute limit. Double time may also be allowed. The amount of extended time may be determined on a case-by-case basis by a student's IEP team. Usually, "unlimited" time is not appropriate or feasible. Students who have too much time may lose interest and motivation to do their best work.
Fact table	Multiplication fact grid or other tool to help students readily access basic computation facts.
Graphic organizers	Graphic organizers help students arrange information in order to organize their work, stay focused on the content, and recognize connections and patterns.

	Venn diagrams, story maps, and time lines are
	examples of graphic organizers. A wide variety of
	organizers are available for free download from the
	Internet at http://freeology.com/graphicorgs/ .
	Teachers can make their own graphic organizers to
	meet specific instructional needs. Students should be
	encouraged to create their own graphic organizers or
	re-create organizers they find helpful.
Guided notes	Handout that outlines the lecture with blanks for
	important ideas (e.g., key concepts, definitions, facts).
	Student fills in the blanks as the lecture is presented.
Highlighted	Textbook with key words and information
textbook	pre-highlighted by a teacher or student with good
	study skills. Highlighted texts can be provided to the
	student for use during class or at home.
Manipulative	Physical objects (e.g., counters, blocks, paper chips,
devices	buttons, play money) students can arrange to better
	understand 1:1 correspondence, ratios, or other
	relationships.
Multiple or	Breaks given at pre-determined intervals or after
frequent	completion of assignment, tests, or activities.
breaks	Sometimes a student may be allowed to take breaks
	when individually needed. For example, the student
	becomes angry or frustrated and asks to leave the
	classroom, or the teacher recognizes cues in the
	student's behavior that signals a need for time away
	from the assignment or classroom.
Read	Teacher or other qualified person reads text
materials	word-for-word orally to students. This may also
aloud	include the use of books on tape and audio versions
	of written materials. During testing, readers should
	use an even inflection so that the student does not
	receive any clues by the way the information is read.
	Furthermore, readers may not clarify, elaborate, or
	provide assistance to students during testing
	situations. A student should have the option of asking
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

	the reader to slow down or repeat text; therefore,
	readers should orally present text to one student at a
	time rather than in a group format.
Self-monitorin	Student follows a sequential checklist to complete a
g checklist	task or follow a strategy. The checklist may also be
	paired with a rubric for self-evaluation of task
	completion against teacher expectations. RubiStar is
	a free tool to create rubrics,
	http://rubistar.4teachers.org/.
Spelling and	Pocket spell checkers of word processor spelling and
grammar	grammar check programs may be an appropriate
assistive	accommodation to help students communicate more
devices	effectively during writing assignments.
Visual	Graph paper, highlighters, place markers, scratch
organizers	paper, and templates.

Staff Name		FFSD CI		n Observation I Date)OI		
Observer				Location		-	Subject		(T
TEACHER F	PDP GOAL:									
Classroom Co	Classroom Context Observations: (5 min)					Obs. Y/N	Evidence Statements/Tally			
1. Student Engagement 1.2 Cognitive Engagement	Student opport	unities to respond	(out of	total students)			Whole Group	Partner	Individual
2. Classroom Expectations	•		•	vith school-wide expe nd teacher's canvas p						•
5.2 Classroom Management		nd/or rules are reg encourage and corr		red to by the teacher tor.	o pre-co	orrect				
3. Classroom Procedures and Routines	Consistent rou module format	, etc.).	on are evide	ent (posted, agenda, o						
5.2 Classroom Management		sistent procedures on the sistent procedure of the sistent procedures on the sistent procedure of t		ved for getting teach	er's atte	ention				
4. Encouraging Expected Behavior	Teacher uses a behaviors (PBI		ystem to ac	cknowledge appropria	te stude	ent				
5.3 Classroom Culture	Communication etc.)	Communication: personal connections; (calling students by name, calls home, etc.)								
5. Active Supervision	Teacher uses f	requent scanning	& interacti	ing						
5.3 Classroom Culture	Teacher uses s	strategies for refocu	ıs							
Teacher Mana	gement/Enga	gement (5 min	utes) (Ho	ow planning for and bu	uilding re	elationshi	ps/conne	ections with	students 4:1)	
Instructions: Make a t			type of statem	nent that occurs during the o	observatio	n session.				
Whole (•	Small Group T	eacher	Small Group Pee	er I	(One on O	ne	In	dependent
		itive - Correct behavior						- Behavior erro		•
		ic Positive edback	Nor	n-Specific Positive Feedback	Spe	ecific Corre	ective Fee	dback		ecific Corrective eedback
Evidence statements										
Total (tally)	(a)		(b)		(c)			(0	d)	
Goal 4:1	(a+b)				(c+d)					

FFSD Classroom Observation Data Collection Tool

Curriculum Observations: 5 mins	Obs. Y/N	Evidence Statements
Lesson purpose is posted (board, canvas, homeslide, etc) in student friendly terms.		
Learning activity is aligned to grade level content standard and the district curriculum pacing guide.		
Various activities throughout the class period provide students the opportunity to achieve the learning goal/purpose/standard.		
Evidence of formative assessment is present (exit ticket, white boards, self reflection, nearpod quizzes, chats, etc)		
Opportunities to Respond		
Individual Partner		Whole Group
Behavior Specific Praise +/-		
+		

OBSERVATION NOTES:

FFSD 6 Steps to Effective Feedback/Coaching

Current Reality Teacher performance data Quantitative/Qualitative Evidence/Impact	
Praise: One or two pieces of precise praise from your observation ideally connected to teacher's action steps	
Probe: Open-ended questions about core issue; Questions to deepen teacher's understanding of content, standard or practice	
ID Problem: Identify the problem	
Action Step: State a clear, measurable, observable action step that will address this problem	
Practice: Role-play or simulate how	
Plan Ahead: Review the next lesson where action can be implemented. Be clear about what you are looking for and what you will give feedback around next observation	
Set timeline for follow-up: When will action be accomplished & when will you go back to see it?	

Performance Matters Course

Course Title: FFSD Area 2 Leadership Professional Learning Series

Instructors: Lisa Hazel & Lisa Powers

Course Description: The purpose of this professional learning series is to orient building leaders and coaches to a virtual feedback tool. The tool is a systematic, consistent approach for conducting brief classroom observations focused on effective classroom practices. The tool is designed to provide classroom teachers with a data-based snapshot of effective classroom practices evidenced during a 10-15 minute observation period. The tool can be used by administrators, coaches and/or classroom teachers. Data from the tool is useful for individual classroom level, grade or department level, and school level action planning.

During this learning series a description of the virtual feedback tool will be provided. Participants will become familiar with the tool and practice collecting data during classroom observations and using short video clips from classrooms. Finally, example uses of data will be discussed. There will be 5 one hour professional learning sessions offered with this series with 2 hours of eight 15 minute observations per week to become fluent with the tool.

Learning Series Outcomes: (include in Notes or course description)

- Participants will explore the critical features of a FeedbackTool.
- Participants will practice **application** of the tool as part of regular classroom observations.
- Participants will **create** a plan to apply the Feedback Tool as part of their larger implementation efforts toward effective classroom practices, observations and feedback.
- Participants will determine next steps to apply the Feedback Tool in their work supporting teacher development.

Session	Objective	Outcome
Session 1	Introduction/Overview	Understand protocols/tools used to provide feedback
Session 2	Understand Obs Tool	Calibrate tool/ w as & admin team (8-10 obs.)
Session 3	Calibrate performance feedback (PPGP activity)	Calibrate w/ partner with 90% accuracy (8-10 obs) Identify patterns and trends
Session 4	Practice collecting & organizing data	Utilize tool focusing on quantitative and qualitative data (8-10 obs)
Session 5	Using performance data with 6 steps to effective feedback	8-10 observations w/ 1 feedback video
Session 6	Develop plan to share with teachers	Date and time to share w/ teachers

Session Audience: Administrators and Building Instructional Support Leaders

Zoom Link:

Attendance: See last page of document

Session 1 Title: Area 2 Leadership Professional Learning Series

Date Time

Presenter/s: Lisa Hazel

Objectives:

Introduction to coaching protocols and tools

Observation Tool

- Leverage Leadership Chapter 2 Observations & Feedback
- 6 Steps to Effective Feedback

Session 2 Title: Area 2 Leadership Professional Learning Series

Date Time

Presenters: Lisa Hazel & Lisa Powers

Objectives:

- Explore the critical features of the Virtual Feedback Tool
- Utilize a consistent approach for observations & feedback
- · Become fluent in collecting teacher performance data
- Provide teachers specific, consistent feedback for growth

Attachments:

- Area 2 Leadership Series Session 1 Presentation
- Virtual Observations Tool
- In-Person Observation Tool
- Pre-Training Survey

Session 3 Title: Area 2 Leadership Professional Learning Series, 11/13/20

Date Time

Facilitators: Lisa Hazel & Lisa Powers

Objectives:

- Reflect on use of the Feedback Tool during observations this week (post reflections in the chat).
- On a scale from 1-5, are the 3 areas we are focusing on in the classroom setting the "right" areas?
- Become fluent in collecting teacher performance data and do 10 observations using tool
- · Provide teachers specific, consistent feedback for growth

Session 4 Title: Area 2 Leadership Professional Learning Series, 11/20/20

Date Time

Facilitators: Lisa Hazel, & Lisa Powers

Objectives:

- Reflect on use of the Feedback Tool during observations this week
- Become fluent in collecting teacher performance with a calibration rate of 90% or above with video
- Provide teachers specific, consistent feedback for growth

Session 5 Title: Area 2 Leadership Professional Learning Series 12/4/20

8:30-9:30 am

Facilitators: Lisa Hazel

Objectives:

· Provide teachers specific, consistent feedback for growth

- Watch teacher performance feedback video with 4 guiding questions
 - How did the principal/coach use quantitative and qualitative data?
 - How did the teacher respond when data was used?
 - How did the principal/coach use the rationale to support the teacher?
 - In the virtual environment, how did the principal support practice/role play step?
- Reflection
 - From observing this performance feedback session, what did you observe that is something you want to replicate or include in your coaching practices? Please share your thoughts in the chat.

Session 6 Title: Area 2 Leadership Professional Learning Series, 12/11/20

Date: Time:

Facilitators: Lisa Hazel

Objectives:

- Using data to identify building trends
- · Communication with teachers regarding virtual expectations 2nd semester
- Video tape self giving feedback

Attachments:

Post Training Survey: Area 2 Post Professional Learning Survey Link

Attendance:

Performance Matters #	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6

CHAPTER 7: SELF-MONITORING

LEARNER OUTCOMES

At the conclusion of this chapter, you will be able to:

- ▶ Describe students who are most likely to benefit from the Self-Monitoring intervention.
- ► Tell main findings of research associated with Self-Monitoring.
- ► Identify implementation components of Self-Monitoring.
- ▶ Design and implement Self-Monitoring as a Tier 2 intervention that is contextually relevant for your students and school but adheres to implementation of critical features.
- ▶ Deliver implementation training according to audience needs (i.e., full staff, participating teachers, students, and families).
- ▶ Determine how student data will be collected and graphed.
- ▶ Monitor progress and make decisions for students who participate in a Self-Monitoring Intervention.
- ► Create a process for fading intervention supports.
- ▶ Determine criteria for exiting the intervention.
- ▶ Adapt or modify Self-Monitoring as a fading procedure for other Tier 2 interventions (CICO, Social Skills Intervention Groups, etc.), as well as a classroom support for all students.

Introduction and Purpose

Self-Monitoring is the practice of observing and recording one's own actions and behavior. In general, it is designed to teach students to change or maintain their own behavior (Shapiro and Cole, 1994). Using a checklist to ensure the completion of all the steps of a process, or crossing items off a "to-do" list to guarantee needed tasks have been finished are examples of Self-Monitoring. The practice of Self-Monitoring falls under the broader category of self-management. Self-management also includes goal setting (creating a behavior target), self-instruction (the use of self-talk or statements to direct behavior), self-evaluation (assessing target behavior against a set standard), and strategy instruction (following a series of steps to complete a task autonomously). In order for Self-Monitoring to occur, two conditions must be present:

- 1. The participant must have the skill in their repertoire.
- 2. The participant must be able to discriminate the occurrence of the skill.

The purpose of Self-Monitoring is to increase the frequency of a desired behavior/skill, or to ensure the accurate completion of a task. The act of monitoring a behavior forces the participant to increase focus and awareness of the desired outcome. This awareness, has been shown to increase the occurrence of desired results. Self-Monitoring may be applied to a wide range of skills, and has been found to be effective with student participants of all ages.

Research Base

Self-Monitoring has been used effectively to improve both academic and behavioral skills (Shapiro and Cole, 1994). Studies have shown Self-Monitoring to be effective with children as young as preschool (Connell, Carta, and Baer, 1993). It has been paired with class meetings where students are part of the problem solving process to improve behavior in the classroom (Carr and Punzo, 1993). It has also been used with students with a variety of disabilities as well as typically developing students (Bruhn, McDaniel, and Kreigh, 2015). It is viewed as less invasive than teacher managed strategies (Fantuzzo, Polite, and Cook, 1988) because it puts the locus of control with the student so requires less teacher time and attention. It may be more effective than teacher managed strategies for some students (Shapiro, DuPaul and Bradley-Klug, 1998), particularly those whose function of behavior is NOT teacher attention.

Self-Monitoring contributes to the acquisition of self-regulation, which is the crossover skill between academics and behavior (Wery and Nietfeld, 2010). Self-regulated learners are motivated, value personal progress, are willing to attempt difficult tasks to develop new skills, and view mistakes as a chance to learn. Learners who self-monitor have some control over their learning process, and are engaged in evaluating their work. If students develop the ability to self-monitor successfully, the practice may be applied to other behaviors and academic skills, allowing the student to become more independent.

STUDENTS MOST LIKELY TO BENEFIT

Self-Monitoring is best used with students who have escape maintained function of behavior, meaning their problem behavior is related to avoiding attention, task, or stimuli. Self-Monitoring could be considered to match other functions if reinforcement for attaining goal is manipulated. Research tells us Self-Monitoring can be effective for a wide range of ages, disabilities, and skills.

Intervention Overview

Self-Monitoring may be used as an individual support, or with a group of students. It may be applied to a variety of behaviors or academic skills. However the practice is used, the implementation steps remain consistent.

- 1. Identify target behavior
- 2. Define the target behavior
- 3. Collect baseline data
- 4. Design procedure and materials
- 5. Teach student to self-monitor
- 6. Monitor progress
- 7. Follow up and fade

UNDERSTANDING THE IMPLEMENTATION COMPONENTS

- 1. IDENTIFY TARGET BEHAVIOR Typically, a student will be identified for support because they are exhibiting a problem behavior. The team will determine a target replacement behavior for the student to perform instead. The target behavior should be connected to the schoolwide expected behaviors for all students.
- 2. DEFINE THE TARGET BEHAVIOR The replacement behavior should be defined so it is observable and measureable—meaning it may be recognized and recorded when it is performed. The parameters of the expected performance of the behavior should be clearly communicated, with examples and non-examples discussed so there is no confusion as to when to count the behavior as accomplished. If there are steps associated with the behavior or skill, these should be listed and practiced.

Examples of Defined Behaviors:

- ► Respect others = Use good words, keep hands and feet to self, and ask to use other people's belongings.
- ▶ Be responsible = Go to class on time, bring needed items, and put your things away when done.
- ► Follow directions = Listen to what you are being asked to do, ask questions if needed, begin the task.

Examples of Academic skills:

- ► Recite/write times tables 1 10 by Jan. 15th.
- ▶ Read 5 books a week at the 3.0 level or above, and complete comprehension questions at 80% or above.

DISCUSSION

Think about a skill or behavior you would like to improve. Write it on a piece of paper or share it with an elbow partner.

3. COLLECT BASELINE DATA – Baseline data is collected so it may be compared to performance of the target behavior after the intervention has been implemented. This allows improvement in the target skill to be seen. It is desirable to graph the baseline data, and then insert a vertical line, or phase change line, indicating when the intervention has started. Graphing daily progress allows a quick visual determination if the behavior is improving compared to baseline. Graphing progress is considered best practice.

DISCUSSION

Do you have past records associated with your skill that allows you to collect baseline? What would be an appropriate way of collecting baseline? Frequency counts?

4. DESIGN PROCEDURE AND MATERIALS – Developing intervention procedures and materials that are specific to your building and meet the needs of your students is the next step. The intervention procedures include when and where the student will be self-monitoring. Will the student only self-monitor during the most problematic times of the day or will the entire day be included? How will the student be prompted or reminded to record their use of the skill? Behaviors such as staying on task need frequent monitoring, so a cueing system should be created for skills needing frequent monitoring. A variety of timing devices are available, from simple timers to incorporating student's personal technology. A small device called a "Motivator" is an example of a useful tool. It is small enough to clip onto the belt, and will vibrate at set intervals. Other behaviors may only need to be recorded at the end of a class period such as the use of social skills or the number of tasks completed.

Materials for implementing the intervention include the method to remind the student to monitor as discussed above, the chart for Self-Monitoring (the Daily Progress Report or DPR), and the reward for attaining goal. The DPR should specifically list the target behavior, with any steps associated, space for the student to record performance of the skill, a place to record the day's total, and the student's goal for the day. A code or number should be agreed upon to indicate if the skill was performed accurately. If the skill is either accomplished or not (such as being on task), only two symbols are needed to indicate yes or no. Other skills may have more variance so a three-point scale may be needed (i.e. 0 indicates the skill was not done, 1 indicates the skill was attempted but not all steps completed, and a 2 indicates the skill was accomplished to criteria). The number of possible time frames multiplied by the number points possible in each determines the possible total points for the day. Points earned out of points possible can then be converted to a percentage and graphed.

A reasonable goal should be set daily. The goal should be challenging, yet attainable for the student. Determining a goal is easiest when baseline data is available. The goal should be increased as the student consistently attains goal until a final goal is set at 80-85%. Reinforcement for attaining goal should tie into the universal school recognition program, and match the function of the student's behavior.

Examples of Daily Progress Reports follow. DPRs may follow the same format as those for CICO or SSIG, but may need to be customized based on the goal.

EXAMPLE

Tier 2/Self-Monitoring Daily Progress Report

Student Name	Date	

3 = 0-1 reminder 2 = 2 reminders 1 = 3+ reminders

	Be Safe Keep hands and feet to self	Teacher Check	Be Respectful Follow directions	Teacher Check	Be Responsible Use materials appropriately	Teacher Check
8:30 to Morning Break	3 2 1		3 2 1		3 2 1	
Morning Break to Lunch	3 2 1		3 2 1		3 2 1	
Lunch to Afternoon Break	3 2 1		3 2 1		3 2 1	
Afternoon Break to Dismissal	3 2 1		3 2 1		3 2 1	

Total for the day	·	/36
-------------------	---	-----

Parent/Guardian Signature	

I'm proud of you today because:

EXAMPLE

Daily Progress Report

0 1 37	~
Student Name	Date

3 = 0-1 reminder 2 = 2 reminders 1 = 3+ reminders

	Be Safe Avoid aggression	Be Respectful Use polite language	Be a Learner Follow directions first time asked	Be Your Best Complete and turn in required work on time	Teacher Initials
Period 1	3 2 1	3 2 1	3 2 1	3 2 1	
Period 2	3 2 1	3 2 1	3 2 1	3 2 1	
Period 3	3 2 1	3 2 1	3 2 1	3 2 1	
Period 4	3 2 1	3 2 1	3 2 1	3 2 1	
Period 5	3 2 1	3 2 1	3 2 1	3 2 1	
Period 6	3 2 1	3 2 1	3 2 1	3 2 1	
Period 7	3 2 1	3 2 1	3 2 1	3 2 1	

Parent/Guardian Signature

Congratulations for:

EXAMPLE

Self-Monitoring Daily Progress Report

l	Tasks Completed Friday				
	Ck	Out of	Out of	Out of	Out of
Date	Tasks Completed Thursday				
	Ck	Out of	Out of	Out of	Out of
	Tasks Completed Wed				
	Ck	Out of	Out of	Out of	Out of
	Tasks Completed Tuesday				
	Ck	Out of	Out of	Out of	Out of
	Tasks Completed Monday				
	Ck	Out of	Out of	Out of	Out of
Student Name _		Reading	Math	Social Studies	Science

e day/ Goal	Parent/Guardian Signature	I'm proud of you today because
Total for the day	Parent/Guar	I'm proud of

EXAMPLE

Writing Assignment Checklist

Place a check next to the items completed.

ne	Class	Date
All sentences begin with a capital letter.		
All sentences have correct punctuation at the	end.	
All sentences have a subject and a verb (are c	omplete sentences)	
The first word of the paragraph is indented	ed	
The paragraph has a topic sentence		
All sentences in the paragraph are on the	same topic	
I followed instructions for the assignment	t	
I completed all parts of the assignment		



How often will you monitor your skill? Design a simple chart you would use to monitor. Make sure it lists needed steps. Determine a goal. How often and how will you be reminded to chart your behavior? Share with an elbow partner.

- 5. TEACH STUDENTS TO SELF-MONITOR Students must be taught how to self-monitor. Reviewing and recognizing the target behavior is essential (remember the skill must be one they already know how to perform). Situations in which the student will be expected to perform the behavior may be role played with the student, with guidance provided in completing the DPR. Non-examples should be discussed as well, and the student should demonstrate completing the DPR under each circumstance. Progress toward accurately completing the DPR should be monitored each time until the student is accurate at least 80% of the time for a week. At this stage accuracy is the focus, so praise should be given for accurate completion and any discrepancy in recording should be discussed. The adult checks are then faded until the student is independently completing the chart with adult checks on a 1/5 average. If accuracy begins to slip, the adult should increase the frequency of checks. The adult interaction and involvement as well as tangible reinforcement of the target behavior should be faded. For many students, seeing progress and completing the chart is reinforcement enough.
- 6. MONITOR PROGRESS Determining how well the student is responding to the intervention is a crucial step in the process. Each student's DPR score should be converted to a percentage and charted on a graph. Basic graphing conventions should be followed; goal line indicated, vertical line between baseline and intervention data applied to indicate when the intervention began or when a change was made in the intervention, daily or weekly progress designated. The Advanced Tier Spreadsheet is available for this purpose on the pbismissouri.org site. These data should then be used to make decisions to; a) continue the

intervention as designed, b) make changes to the intervention based on questionable or poor performance or c) begin the fading process and graduate.

7. FOLLOW UP AND FADE – Once the student has successfully met his or her goals for a period of time and have reached the Tier 2 Team's criteria for fading, they may be faded from the intervention. Students who begin the fading and graduating process should still be monitored intermittently to make sure the student maintains performance of the target behavior. Students may be encouraged to continue the Self-Monitoring process without adult involvement.

Resources Needed

Intervention Coordinator: As with any intervention, it is recommended to have a Coordinator to supervise the fidelity of implementation. The Coordinator would also organize materials, and help orient the student to the intervention. The Coordinator will notify parents of the student's involvement with the intervention, and support teachers in their implementation of the intervention. The Coordinator communicates with the Tier 2 Team regarding how many students are involved in the intervention, and what progress is being made. He or she may also be the data person – the one to enter individual student progress in the Advanced Tier Spreadsheet or other Excel document.

Teachers who have students in the intervention are expected to help train the student in completion of the DPR by checking each time the student marks their chart for the first week, or until the student is accurate in assessing their target skill at least 80% of the time. The teacher checks are then faded until random checks (around 1/5) occur. The teacher will then turn the chart in to the Coordinator or data person for data entry at least weekly. Students should have the opportunity to view their data on a regular basis so they can easily see their progress. The student can be engaged in entering their daily progress onto a graph so they can view overall progress in the intervention.

DISCUSSION



Who in your building will be the coordinator of this intervention? Who and when will the staff be trained as to their role in this intervention?

STEPS FOR EFFECTIVE IMPLEMENTATION

- 1. Identify a Coordinator and train them in the parameters of the intervention.
- 2. Identify eligible students by using data decision rules (ODR, minor discipline data, or teacher nomination). Gather enough additional information (Tier 2 Adapted FACTS) to determine possible function of behavior and appropriateness for this intervention.
- 3. Notify parents of student participation.
- 4. Follow the seven steps for implementing with students.

Self-Monitoring Intervention Features and Goals

FEATURE	GOAL
1. Identify Target Behavior	 State in positive terms Consider where and when the behavior occurs Identify possible function of the behavior
2. Define the Target Behavior	 Use the OMPUA guidelines to help you Observable, measureable, positively stated, understandable, always applicable The skill must be in the student's repertoire
3. Collect Baseline Data	 Frequency counts – record each time behavior occurs or look at permanent products Time sampling – observing the occurrence or non-occurrence of the target behavior during a fixed amount of time 3-5 data points Graph analysis for visual evaluation.
4. Design Procedure and Materials	 Determine when the student will self-monitor. How will student be cued to do so? Create age appropriate Self-Monitoring Daily Progress Report. List the target behavior and any steps needed to complete the skill.
5. Teach Student to Self-Monitor	 Discuss target behavior with student. Use examples and non-examples. Explain why the behavior is important. Determine when and where the student will monitor behavior and what will be used to cue student to complete DPR. Teach use of DPR and have student practice. Set a goal – allow for student input
6. Monitor Progress	 Positive feedback given for student accurately assessing and recording until teacher and student agree at least 80% of the time Teacher check of accuracy is faded to periodic checks (1/5 average) Adult provides specific verbal feedback when target skill is displayed.
7. Follow Up and Fade	 Reteach or review skills as needed Review progress and celebrate success Having student graph progress allows for quick visual evaluation and may increase student rate of improvement (Harris, Graham, 1994) When student is consistently using skill and attaining goal, reduce the times per week that student monitors Periodically check for maintenance

Training for Staff, Students, and Families

It is beneficial to train all staff regarding their involvement in the intervention so they will be prepared when one of their students is selected. After piloting the intervention and deciding to fully implement, it is much quicker to begin the intervention if each staff member does not need individual training prior to each student starting. If all staff has a clear understanding of the basic structure and use of Self-Monitoring, an email would suffice in reminding them of their role in the intervention along with information about the method to cue the student to complete their chart and the schedule. Staff training should consist of practicing how to monitor students as they complete their chart and appropriate ways to give praise for accuracy, praise for skill attainment, as well as corrective feedback if student is not accurate in their self-assessment. Staff should understand the importance of frequent checks and feedback as the student begins the intervention, and how to slowly fade to intermittent checks (on an average of 1/5).

Students must be oriented to the intervention and clearly taught how to carry out their responsibilities. Initial training will take about 30 minutes in order to review the target skill and have the student practice with a sufficient amount of examples that they understand how and when to complete the DPR. Examples and non-examples of accurate recording and variations of the skill should be included.

Families also will benefit from knowing skills that will be taught, how the DPR is used to monitor student performance, and how often they will receive data about their child's progress in the group.

Variations in Self-Monitoring Use

SELF-MONITORING AS A CICO VARIATION

CICO is most appropriate for students who seek adult attention. The students are reinforced by the frequent teacher feedback, and teacher rating on the DPR. However, some students find teacher attention aversive. For those students, Self-Monitoring may be effective, particularly when reinforcement for attaining goal is matched to their function of behavior.

The steps for implementation would be the same. Simply use the same CICO monitoring form used for other students participating in CICO, but teach students to self-monitor.

SELF-MONITORING AS A GENERALIZATION STRAGEGY FOR SOCIAL SKILLS INTERVENTION GROUPS

Generalization of social skills is viewed by leading researchers, such as Gresham (1998, author of Social Skills Improvement System - SSIS), as a need area associated with that intervention. Students are capable of demonstrating the target social skills within the controlled training situation, but fail to demonstrate those same skills in other environments.

Childs (2011) conducted a study using five elementary students who had completed at least one semester of social skills training, but continued to have social skills problems in other areas of the school. Minor discipline data and teacher ratings were used as baseline and again six weeks after implementation of Self-Monitoring. All five students showed improvement in their targeted skills with an effect size of .58 to 1.95

(effect size of .5 is considered moderate according to Cohen's ratings (1992).

To add Self-Monitoring to the SSIG intervention, simply create the chart or use the same daily chart teachers are using to rate the student on the social skills being taught. Teach students how to self-monitor following the same steps as outlined.

SELF-MONITORING AS A FADING PROCEDURE

Self-Monitoring has been discussed as a fading procedure for other interventions presented in this workbook. It is a good transition from teacher led intervention to student autonomy. Students are slowly transitioned from having the teacher complete a chart or progress report (DPR) to completing it independently. Periodic teacher checks at random intervals ensures the student is accurately recording performance, and maintaining the target skills.

USING SELF-MONITORING AS A CLASSROOM SUPPORT FOR ALL STUDENTS

This intervention may easily be adapted to use with all students in the classroom to either work on one agreed upon skill, or for each student to work on an individual skill.

If each student is monitoring an individual skill, a teaching session should be conducted to discuss how to choose an appropriate skill to improve and how to set appropriate goals. (Or the teacher discusses with each student a skill of focus based on baseline data such as spelling test scores, minor discipline data, etc.) The teacher would then lead students in defining the skill, determining the frequency of charting, designing their individual DPR, and setting a goal. Students could be paired with a buddy to help check accuracy of DPR completion with the teacher randomly double checking. This can be highly effective as a tool for improving individual academic progress.

Self-Monitoring is a great way to motivate students to improve on a collective skill. This skill may be determined through class meetings or by the teacher.

Example:

A teacher is frustrated with the amount of student tardiness to class. They discuss with the class the importance of being on time (replacement behavior). Being on time must be clearly defined (is it toe in the door or sitting in seat). The class discusses barriers to being on time and problem solve for each. The teacher shares baseline data with the class by posting the graph in a prominent place showing the number of students on time to class the last five days. Two students can be asked to monitor the chart/graph each day immediately after the bell rings by counting the number of students on time and indicating the number on the graph. A goal is set and reinforcement for meeting goal determined. Because two students have been selected, they may double check accuracy so teacher involvement is minimal. The teacher would only need to provide the reward or reinforcement for attaining goal on the agreed upon schedule. For older students, weekly is sufficient. Younger students may need daily reinforcement. This method of using entire class Self-Monitoring is effective for a variety of classroom behaviors such as; coming prepared to class, completing homework, monitoring students getting along with each other, to name a few.

On-Going Monitoring of the Intervention

Once an intervention is developed and fully implemented, several aspects will need to be monitored, including:

- ► Monitoring Fidelity of Intervention Implementation
- ► Monitoring Social Validity of Intervention
- ► Monitoring Intervention Outcomes

FIDELITY OF IMPLEMENTATION

Fidelity of implementation refers to how well an intervention is applied in the way that it was designed. Fidelity checks for any intervention should be designed and conducted as part of the Tier 2 Team's regular routine. Two common methods for assessing fidelity include permanent product review and observation or interviews.

Permanent product review means looking at documentation to determine implementation. The easiest way to check fidelity of implementation is to look at the DPR. Is it completed using the designated time intervals? Has the teacher observed the student completing the chart and have they periodically checked accuracy?

Teachers or another adult may need to observe the student Self-Monitoring to determine if they are following the schedule.

It may be necessary to interview the teacher and/or student to determine any problems associated with implementation.

SOCIAL VALIDITY

Social validity is also referred to as treatment acceptability. It focuses on whether the goals, the intervention elements, and the anticipated outcomes are acceptable, socially relevant, and useful to the individual and to those who care about the individual.

Typically, social validity is measured through the use of structured interviews or rating scale questionnaires. Rating forms created to measure other interventions may be appropriate. Questions for the interview or completed as a questionnaire center on how clear and easy the intervention was to implement and if the results were worth the effort or made the intended improvements in behavior.

MONITORING INTERVENTION OUTCOMES

All school interventions should be periodically evaluated to determine the value added to students' school success. One possible format is to count the number of students who participated in each intervention and then those who had positive outcomes or graduated from the intervention.

Chapter 4 shows one simple format, which would provide this basic information. Schools that choose to apply for MO SW-PBS recognition at the Silver or Gold Levels will submit data in this format.

Self-Monitoring Intervention Development Checklist

The skills and products pivotal to Self-Monitoring intervention development are identified below and organized by components. Use this document as a roadmap of what should be in place for maximizing effects of the intervention. Mark items in the "Completed" column as final decisions are made.

PR	ROGRAM DESIGN	
		Completed
1.	An intervention coordinator is identified.	
2.	A name for the Self-Monitoring Intervention has been determined for your school.	

DAILY PROGRESS REPORT (DPR)	
	Completed
1. The positively stated behavioral expectations that will be listed on the DPR have been determined.	
2. A method for identifying target behaviors necessary for meeting expectations included on the DPR is in place (if applicable).	
3. The DPR consists of a minimum of 4 rating periods with scoring intervals no longer than 75 minutes.	
4. A range of scores to be listed on the DPR for rating behavioral performance has been determined (e.g., 1, 2, 3).	
5. Specific criteria to define how points are earned has been determined (e.g., never, sometimes, often). *Note – it is helpful to have the rating "key" documented on the DPR as a reminder of how points are awarded.	
6. Adaptations have been made (if applicable) so that the DPR is age appropriate for all students you serve (e.g., use of pictures; start and end time for class periods).	
7. The DPR includes space for total points earned, percentage of points, and the student's daily goal.	
8. A process for daily DPR data to be shared with families has been determined (e.g., send DPR home or make a separate parent reporting sheet).	
9. A process for parents respond to indicate they have seen and discussed DPR data with their child has been determined.	

IDENTIFYING PARTICIPANTS	
	Completed
1. Criteria have been set for accepting students into the intervention.	
2. A process for acquiring parental consent for a child's participation in the intervention is in place (if applicable).	
3. A process for considering students who transfer into the school is in place.	
4. Criteria for determining whether some students will begin a school year by participating in the program have been established.	

DATA MANAGEMENT	
	Completed
1. A process for storing, graphing and reviewing student data is in place (e.g., SWIS, Excel, by hand).	
2. Someone has been assigned to examine student data and review it regularly (minimum is twice per month).	
3. Someone has been assigned to summarize student data and bring it to the team meeting.	
4. A process for sharing data with parents, participating classroom teachers, and the full staff has been determined.	

PLANS FOR FADING, GRADUATION, AND MAINTENANCE	
	Completed
1. Criteria for when students are to begin fading the intervention have been established.	
2. The process for fading has been clearly defined.	
3. A flowchart that describes plans for gradually fading out use of the Self-management and daily data intervention components is developed.	
4. Criteria for the graduation process have been determined and a plan for how graduations be celebrated is in place.	
5. A plan for providing supports for students after graduating from the intervention is in place.	
6. A process for monitoring student data after the DPR is no longer being implemented has been established.	

TEACHING STAFF TO IMPLEMENT THE PROGRAM	
	Completed
1. A plan for providing instruction to classroom and specialist teachers for implementing the intervention is in place and includes:	
 Eligibility for participation Baseline data collection procedures Providing positive and corrective feedback statements Cueing students to record data Monitoring student rating on DPR Initiating interactions with students Response to major or minor referrals 	
2. A process to provide teachers with coaching and implementation feedback has been established.	
3. A process for re-teaching staff is in place for components that are not implemented correctly.	
4. A plan and timeline for providing booster sessions for full staff about the purpose and key features of implementing the program is in place.	

TEACHING STUDENTS TO PARTICIPATE IN THE PROGRAM		
	Completed	
1. A plan for providing instruction to students participating in the intervention is in place and includes:		
 Purposes of the intervention (e.g., positive, time-limited, goal of self-management) Behavioral expectations Earning points and point goals Getting feedback from teachers Role play for accepting positive and corrective feedback Menu of reinforcers How to handle disappointment if goal is not met Plans for fading, graduation, and maintenance 		
2. A plan for providing information about the intervention program to other children		
(if applicable) is in place.		

TEACHING PARENTS TO PARTICIPATE IN THE PROGRAM		
	Completed	
1. A plan for introducing parents to the program is developed and includes procedures for providing feedback to the child.		

EVALUATE PROGRAM OUTCOMES	
	Completed
1. A plan for monitoring fidelity of intervention implementation is developed that includes tools to be used and a monitoring schedule.	
2. A plan for monitoring social validity of intervention is developed and includes tools to be used and a monitoring schedule.	
3. A plan for monitoring intervention outcomes is developed and includes:	
Number of students who participated	
 Number of students that graduated 	
 Number of students that required more intensive support 	
4. An Intervention Essential Features document is completed that includes clear descriptions of intervention components.	

Intervention Essential Features

As your team has developed and piloted the Self-Monitoring Intervention, the following document, Intervention Essential Features, provides a template for describing important attributes of the supports you provide for students in your setting. Complete the template according to details relevant to your site. Then, use this as a tool for communicating with team members, staff and other important stakeholders. See the following for an example of Self-Monitoring Intervention Essential Features.

SELF-MONITORING INTERVENTION ESSENTIAL FEATURES EXAMPLE

Intervention Essential Features

- Academic or social behavioral interventions are strategies or techniques applied to instruction in order to teach a new skill, build fluency in a skill, or encourage application of an existing skill to a new situation.
- Interventions require a targeted assessment, planning and data collection. Interventions should be researched-based and monitored regularly (progress monitoring) to determine student growth and to inform instruction.

School Name: Best Element	ary
Intervention ☐ Check-In, C	1
Name of Intervention	Self-Monitoring
Description of intervention that includes function addressed: ○ Obtain Avoid/Escape_task and/or addressed: ★ Avoid/Escape_task and/or addressed:	behavior (defined operationally) of focus. The behavior is reviewed, including context it is used, examples and non-examples. Student is taught how to self-monitor, how they will be cued, and the form
2. Intervention coordinator and/or facilitator(s) identified	Coordinator (one of the Tier 2 Team members) assists in setting up the intervention. Teachers of the participating student implement intervention. Coordinator: Special Education Teacher Responsible for prioritizing which students will be discussed during team meetings and ensuring resources are available for Mentors/Facilitators. Mentors/Facilitators: Classroom Teachers, School Counselor, Para-Professionals. Work directly with participants and families.

3. List at least two sources of data used to identify students for intervention: Existing school data Teacher/parent nomination Emotional-behavioral screening process Other	Multiple strategies are used to identify students for Tier 2 support. Refer to the Student Identification Plan in our Tier 2 Staff Handbook for details.	
4. Description of system to determine	Data is collected and compiled through the Tier 2 Adapted FACTS	
function of student behavior that includes both:	Part A to determine the function of the behavior. The Tier 2 Adapted FACTS Part A includes a records review and context analysis. The Self-Monitoring Intervention is designed to provide structure for	
Records Review Context Analysis	students who engage in problem behavior to avoid/escape work tasks	
5. Description of documented procedures for introducing/orienting new participants to the intervention for: ☐ Students ☐ Teachers ☐ Families	• Coordinator will assist orientating teachers by providing the forms, cueing system, and behavior of focus (determined by Tier 2 Adapted FACTS Part A)	
	They will also discuss the teacher's role in checking student accuracy, giving feedback at the end of the day, collecting the DPR, and setting goals.	
	 Teacher or counselor will contact families to describe the student's participation in the intervention and agree on how the parent will receive regular progress updates. Coordinator or counselor will orient student by reviewing the target behavior, having the student practice completing the monitoring form, discussing examples and non-examples, cueing system to be used, and setting goals/receiving rewards. 	
6. Description of data-based system for monitoring student progress in	DPR will be collected by the classroom teacher at the end of the day and turned into the coordinator.	
intervention (daily/weekly progress report ratings and monitoring with data decisions applied at least monthly)	The coordinator will enter the score into the Advanced Tier Spreadsheet (ATS). The teacher may also be willing to enter scores or have the student enter their scores into the ATS which could be housed as a Google Doc so coordinator would have access. ATS will be reviewed at monthly Tier 2 meetings to determine if student is making adequate progress.	
	A data-based system is in place to graph daily/weekly behavior ratings; student progress is evaluated and data decisions applied at least monthly; and weekly monitoring of student progress in the intervention takes place.	
7. Documented fading process that includes decision rules, description of process and graduation from intervention	Student should demonstrate approximately 4 weeks of 80% or above before fading begins	
	Reteach or review skills as needed	
	Review progress and celebrate success	
	When student is consistently using skill and attaining goal, reduce	
	the times per week that student monitors	
	Periodically check for maintenance	
	If student is not accurately monitoring skill, review of skill or monitoring procedure may be needed	

8. Description of documented strategies for promoting generalization and maintenance of skills across settings and over time that are linked to schoolwide expectations

During the Self-Monitoring Intervention, as well as during the fading and follow-up process, the students are directed back to the three major schoolwide expectations so that they can evaluate whether they are continuing to make better choices.

Before fading, you may want to change the location or time period of monitoring to ensure generalization to other areas. Self-Monitoring may be reinstated if maintenance checks determine the need.

Student will be faded from Self-Monitoring by slowly fading the teacher checks, the goal setting, and the rewards for attaining goal. Student will be encouraged to use the skills learned in Self-Monitoring for other goals the student wishes to achieve. Student ODR and Minor discipline data will be reviewed periodically by the Tier 2 Team to assure they are still demonstrating appropriate behavior.

9. Description of documented strategies for weekly family communication/ feedback regarding intervention

Intervention facilitators communicate with home regarding the Self-Monitoring intervention in the following ways:

- sharing the daily and/or weekly ratings; extra points are earned if the DPR is signed and returned the next day
- emailing and/or calling families to discuss student progress

Teachers also email and/or call families regarding the progress they are seeing in their classrooms

10. Description of documented strategies for weekly communication/feedback with participating classroom teachers

At the beginning of each school year, all faculty receive annual Self-Monitoring training.

Once the student is identified to participate in the program, the designated intervention coordinator works with applicable teachers to provide information about the collection of baseline data.

After the Tier 2 Team reviews baseline data and a goal for the student has been set, a Tier 2 member meets with applicable teachers to demonstrate use of the DPR and effective feedback strategies.

During the first week of intervention participation, the facilitator checks in with applicable teachers 3 days to demonstrate effective feedback, provide support for awarding student points, and answer questions.

The facilitator provides a copy of each student's weekly graph to all participating teachers. Prior to Tier 2 Team meetings, the intervention coordinator sends notifications to applicable staff members that their student's data will be discussed. It is highly recommended that the classroom teachers of the student attend the portion of the meeting during which their student's data is reviewed.

11. Description of documented strategies At monthly staff meetings, the intervention coordinator provides a brief update about the intervention to all staff members. This update for regular (at least quarterly) updates to full staff regarding intervention or students includes the number of students: involved in intervention Who have participated to date Are currently enrolled in the program Who graduated from the program Who required additional and/or more intensive intervention Monthly staff meetings will include time to report how many students are participating in the intervention and how many of those are making adequate progress. 12. Description of documented system for During the first week of implementation, for each student, the intervention coordinator will observe all school-based components monitoring fidelity of implementation of of the intervention (observing students with their use of Selfintervention process when student data indicates a questionable or poor response Monitoring) using a fidelity checklist. After each observation, the coordinator will provide verbal and/or written feedback to participating staff members. When each participating staff member achieves 100% fidelity for 3 consecutive observations, the intervention coordinator will teach those staff members to complete and submit a weekly fidelity self-assessment of the intervention components implemented. The intervention coordinator reviews staff member self-assessments regularly and provides additional teaching and support for areas lacking fidelity. During Tier 2 Team meetings, if a student's data indicates response to the intervention is questionable or poor, a review of one week's DPRs will be completed. In addition, fidelity checklists and teacher self-assessments will be examined so the team can evaluate the extent to which the intervention has been implemented with fidelity prior to making decisions about modifying, intensifying, or discontinuing student participation in the program. If teacher checks student accuracy and does not agree with the student rating, they should discuss the discrepancy and check accuracy more frequently than the recommended 1/5 average until student accuracy improves to at least 80%. 13. Description of documented system Social validity will be checked by the student and teacher within the first two weeks of beginning the intervention. For each student that for regularly assessing social validity of intervention graduates or discontinues the intervention, a brief social validity survey is completed by the student, the family, and the participating teachers. The intervention facilitator assists students and families as needed. The intervention coordinator collects and aggregates social validity data annually; the Tier 2 Team reviews the data and modifies the intervention as needed. This information is shared with full staff. The intervention coordinator produces an annual report that 14. Description of documented system for annually evaluating intervention outcomes includes the total number of students who participated, students who that includes: graduated, those who were referred for more intensive support, and academic and behavioral data for the intervention participants. # Students Participating

Student, teacher, and parent are surveyed quarterly or when student

graduates as to satisfaction with the intervention process and results

Students Graduating

Support

Students Needing More Intensive

Next Steps

Below are some next steps to consider as you develop Tier 2. Some of the steps involve active staff input. Be sure to build your action plan with that in mind.

See Tier 2 Team Action Plan - Plan and Implement Small Group Interventions

- 1. Select one small group intervention that will be developed in your setting (e.g., Self-Monitoring)
 - A. Plan and implement the selected intervention
 - Use the Intervention Development Checklist
- 2. Pilot the intervention with a small number of staff, students, and families.
- 3. Identify and train additional Intervention Facilitators as needed so that the intervention can be provided for greater numbers of students and sustained over time.
- 4. Document interventions that are regularly available in your setting.
 - A. Provide a written description of each intervention.
 - Use the Blank Intervention Essential Features Template



Adapted from Classroom-Based Intervention Manual

Center for Adolescent Research in Schools



The Center for Adolescent Research in Schools Classroom-Based Interventions Manual

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Implementation Procedures Accommodations

Materials

Accommodations Guide

Teachers should provide:

- Student Individualized Education Plan (IEP), if applicable
- Up to 3 samples of student work illustrating poor performance

Procedures

The purpose of the accommodation guideline is to facilitate selection of one or more accommodations that are matched to the student's specific academic or behavioral needs. This guideline was developed because accommodations are generally arbitrarily selected and are not always matched to student needs. The intent of the guideline is to increase the match between a particular student's difficulty and an appropriate accommodation.

Accommodations indicate changes to <u>how</u> the content is taught, made accessible, and/or assessed. The term "accommodation" may be used to describe an alteration of environment, curriculum format, or equipment that allows an individual with a disability to gain access to content and/or complete assigned tasks. They allow students with disabilities to pursue a regular course of study in the general education curriculum. Accommodations do not change what the student is expected to master. The objectives of the lesson remain intact. Since accommodations do not alter what is being taught, instructors should be able to implement the same grading scale for students with disabilities as they do for students without disabilities.

Assumptions

- The accommodation should compensate for the student's disability by increasing accessibility and allowing him or her to demonstrate knowledge.
- The accommodation should allow the student to earn a valid score, not necessarily an optimal score.
- The accommodation should produce a differential boost. That is, it should produce a greater gain score for a student with a disability than it would for a student without a disability. For example, allowing a student who is easily distracted to work in an environment free of distractions should allow him or her to produce better work, while it should not improve the work of a student who is not easily distracted.
- A single accommodation is not valid or beneficial for all students. Teachers should use an individualized process to select student accommodations that are based on their specific skills and deficits. The accommodation should be selected based on the individual student's needs, and not the student's disability label (See table below).
- Testing accommodations and academic accommodations should be similar. That is, if
 instructional accommodations are needed, it is likely that similar accommodations will be
 beneficial during testing (See table below). Often, accommodations are only presented to
 students during classroom tests or standardized testing. Accommodations provided during
 tests should be practiced during instruction, prior to the testing situation. Check the
 accommodations policies on state standardized tests with your state's department of education
 for allowable accommodations for students with disabilities.
- A student may need more than one accommodation. If so, all necessary accommodations should be in place.

Accommodations differ from modifications. Modifications are used to describe a change in the curriculum and are made for students with disabilities who are unable to comprehend all of the content an instructor is teaching. For example, assignments might be reduced in number and modified significantly for a student with cognitive impairments that limit his/her ability to understand the content in general education class in which they are included.

Modifications refer to changes in **what** is being taught.

- The student is expected to learn something different than the general education standard.
- The instructional level or general education benchmarks or number of key concepts to be mastered are changed.
- Changing, lowering, or reducing learning expectations:
 - Requiring a student to learn less material (e.g., fewer objectives, shorter units or lessons, fewer pages or problems)
 - Reducing assignments and tests so that a student only needs to complete the easiest problems or items.
 - Revising assignments or tests to make them easier (e.g., crossing out half of the response choices on a multiple-choice test so that a student only has to pick from 2 options instead of 4).
 - o Giving a student hints or clues to correct responses on assignments and tests.

SPECIAL NOTES:

- All of the student's general and special education teachers should be made aware of any
 instructional or testing accommodations. The student's case manager should ensure that the
 student has access to and/or is prompted to use the accommodations selected especially for
 the student.
- Teachers and IEP teams should evaluate the effectiveness and appropriateness of accommodations on at least an annual basis as determined by progress notes and present levels of academic functioning.
- Selection of accommodations should be based on student need, not on what teachers think is acceptable or feasible.

Accommodations Guide				
Student:				
Teacher:				
Subject:				
The purpose of this guide is to assist general and speinstructional and testing accommodations for studen who are included in the general education classroom	ts with emotional and/or behavioral difficulties			
Accommodations are changes to how academ important distinction is that accommodations do not of the lesson or test objectives remain intact. Modification the use of an alternate curriculum and revised/reduced	change what the student is excepted to master; ons are changes in what is being taught, such as			
Accommodations help remove barriers to lear student's disability. Appropriate accommodations student's specific needs and allow the student to accertachers should use an individualized process to sele needs. A student may need more than one accommod should be provided; however, the effectiveness of accertachers.	are those that are selected to address the ess content and demonstrate knowledge. ct accommodations that are based on a student's lation. If so, all necessary accommodations			
Accommodations used for instruction may info Accommodations that are found to be effective during testing. The student should have experience with the a	instruction should be considered for use during			
Assammadations	Puido Warkshoot			
Accommodations G	iulue worksheet			
1. Gather Materials.				
Three samples of student work demonstratingStudent Individualized Education Program (IEP)				
2. Identify Broad Problem Areas.				
What are the general indicators of concern? Check all Academic A Reading Math Writing	that apply. Attention/Behavioral Following Directions Easily Distracted Sustaining Attention/Effort Attention to Detail Planning & Time Management Test Anxiety			

3. Identify accommodations matched to student need.

Based on the broad areas of student need identified in Step 1, choose at least one corresponding accommodation which you are willing and able to implement. A glossary of accommodations can be found on page 6.

Academic Concerns Reading Type of Problem Suggested Accommodations Difficulty reading fluently Read materials out loud Read materials out loud Difficulty with reading comprehension Use highlighted textbook □ Reads slowly □ Extended time Math Type of Problem Suggested Accommodations ☐ Calculator ☐ Unable to rapidly access math facts □ Fact table ☐ Extended time Manipulative devices Difficulty manipulating numbers Visual organizers (e.g., graph paper) ☐ Transposes numbers Self-monitoring list to double check work □ Extended time ☐ Graphic organizer ☐ Difficulty with converting word problems to mathematical expressions Provide math expressions or formulas ☐ Minimize distracting information in word problems Reading difficulties that impede Read word problems aloud understanding or word problems Use graphic organizer Extended time Writing Type of Problem Suggested Accommodations

☐ Motor skill deficits	 Provide pen/pencil grip Use word processor for drafts and final copy Dictate work into audio recording device Use dictation program Extended time
Difficulty with spelling	 Use spelling and grammar assistive devices (e.g., Spell Check) Teacher or peer proofreading Allow for re-submission of work after feedback Extended time
☐ Difficulty organizing writing	 Use graphic organizers Chunk large assignments into smaller tasks Provide model of completed writing task

Behavioral Concerns
Following Directions
Suggested Accommodations
 Read directions out loud Have student repeat directions back Simplify number of instructions on page Reword instructions using simpler language Highlight or bold font key directions
Easily Distracted/Sustaining Effort/Attention to Detail
Suggested Accommodations
Give short and simple directions Highlight key words in directions and text Use highlighted textbook Check in frequently with the student Assign a peer partner Use graphic organizers Provide guided notes Plan hands-on activities Frequent breaks (use private signal) Cue with a device (e.g., sports watch, timer) to stay on task Self-monitoring sheet for on-task behavior Self-monitoring sheet/rubric for task completion Limit length of sustained effort (e.g., reading, reasoning) by providing breaks or assistance Chunk large assignments into smaller tasks Change seat to reduce distractions
Planning and Time Management
Suggested Accommodations
 Provide start-up assistance and frequent feedback Chunk large assignments into smaller tasks Use graphic organizers Use self-monitoring sheet/rubric for task completion Use self-monitoring sheets for organization

Test Anxiety		
Suggested Accommodations		
 Chunk similar test items together (e., chunk all multiple choice together, all true/false together) Divide test into smaller segments (e.g., fewer problems per page) Use graphic organizers Allow student to choose seat where he/she feels most comfortable Allow student to choose preferred way to respond to test questions 		
4. Coordinate accommodation.		
List the accommodations selected from pages 2 and Next, review the accommodations listed in the stude any overlap.		
Accommodations Suggested by the Guide	Accommodations on IEP	

5.	Meet with the student for input and preferences. Write any notes in the box below.
•	Meet with the student to discuss the academic or behavioral concerns. Examine the permanent products during the discussion, if helpful.
•	Describe the accommodations that were recommended by the Accommodations Guide and those currently identified in the IEP.
•	Ask the student for his/her input regarding accommodations he/she thinks may be helpful.
•	Discuss specific assignments, conditions (e.g., independent work), and frequency of the accommodations. Some accommodations may not be necessary for all circumstances.
•	Encourage the student to share his/her thoughts about the accommodation.

6. List accommodations to be implemented and evaluated.

- Create a single list of accommodations to be evaluated for effectiveness. Prioritize and number based on student input and teacher preference. List in the order accommodations will be tested.
- Determine if the accommodation will be used during instruction for classroom teaching activities and assignments or for testing. It is possible to use an accommodation for both purposes.
- Define and describe the conditions under which the accommodation will be provided for the student (see below).

	Accommodation	Instruction or	Activity	Description
	Accommodation	Testing	Activity	Description
			Independent seat work	Time and a half
2	Extended Time		Unit tests Quizzes requiring written responses	Time and a half
1	Graphic Organizer		Group, pair, or independent writing tasks	Teacher-created or pre-made organizers (e.g., story maps, writing scaffolds)
		Testing		
		☐ Instruction		
		☐ Testing		
		☐ Instruction		
		☐ Testing		
		☐ Instruction		
		☐ Testing		

	☐ Instruction	
	Testing	
	☐ Instruction	
	Testing	
	☐ Instruction	
	☐ Testing	
	☐ Instruction	
	Testing	

^{*}Plan to evaluate the effectiveness of each accommodation one at a time to determine the most beneficial accommodations for the student. If specific accommodations are already in place and effective, continue providing the accommodation as usual and test additional accommodations one at a time to determine if student outcomes are enhanced.

	7.	Teach	the	accommodations(s	s)
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- Teach the student how to access and use the accommodation using curricular materials and in authentic settings, if possible. Ensure the student understands how to use the accommodation correctly.
- Be sure the student has a clear understanding of how to request the accommodation if it is not provided. Model and role-play how to appropriately request the accommodation.
- Multiple opportunities for practice may be necessary.

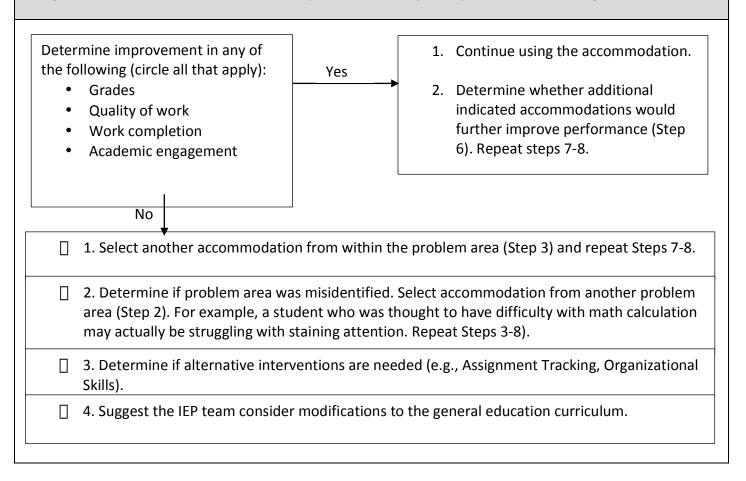
Date Taught:	Duration of Lesson:	

How comfortable do you feel that the student understood the accommodation and use. (Please rate from 0 to 10. Circle your response.)

0 1 2 3 4 5 6 7 8 9 10

- 8. Examine at least three samples of student work/tests to determine if there is change in performance trend:
 - · After the student can use the accommodation independently, or
 - Within 4-6 weeks of implementation

(Assignments should be comparable in quantity, level of difficulty, and type as the initial assignments in Step 1.)



ACCOMMODATIONS TREATMENT INTEGRITY FORM

Student:	Date:		
Teacher:	Observer:		
	Name of Accommodation		
	Date Accommodation Introduced to Student		
	ns: Observe for duration of class or activity in which the above activity in which the above activity in which the following of the following		tion is
Accommodati	on Integrity - Teacher	Υ	N
	her did not provide the accommodation and the student did est it. (0%)		
2. Student it. (0%)	requested the accommodation but the teacher did not provide		
compone	her provided the accommodation, but missed one or more key ents <u>and</u> missed one or more opportunities to provide the odation. (25%)		
	her provided the accommodation for every opportunity, but one or more key components. (50%)		
	her provided all the key components of the accommodation, ed one or more opportunities to provide the accommodation.		
	her provided all key components of the accommodation for all hities. (100%)		
If integrity	does not reach 100% booster session indicated:		
Booster Sessior	n indicated: Y N If indicated, date booster se	ession com	pleted:

<u>Instructions:</u> Observe for duration of class or activity in which the above accommodation is to be provided. Identify treatment utility by selecting <u>ONE</u> of the following options:

Treatment Utility - Student (does not factor into integrity)	Υ	N
The teacher provided the accommodation, and/but:		
1. The student did not use the accommodation for the class/activity. (0%)		
The student used the accommodation for part of the class/activity.(50%)		
3. The student used the accommodation for all of the class/activity. (100%)		0
Treatment Utility		%

Glossary

Source: Thompson, S., Morse, A., Sharpe, M., & Hall, S. (2005). *Accommodations manual: How to select, administer, and evaluate use of accommodations for instructions and assessment of students with disabilities* (2nd ed.) Washington, D.C.: Council of Chief State School Officers.

Accommodation	Definition
Calculator	Calculation devices (e.g., calculators) may be
	appropriate to compensate for a student's disability in
	calculation. It is important to know the goal of
	instruction and assessment before making decisions
	about the use of calculation devices. For example, if
	students are learning subtraction with regrouping, using
	a calculator would not give a student an opportunity to
	show regrouping. If students are learning problem
	solving skills (e.g., bargain shopping for items of a
	better value), then the use of a calculator may remove
	the calculation barrier and allow the student to
	demonstrate his or her reasoning skills.
Extended time	Extended time is a specific, pre-determined amount of
	extra time to complete assignments, projects, and
	assessments with no grading penalty. For timed tests, a
	standard extension may be time and one half. This
	means that a student is allowed 90 minutes to take a
	test that normally has a 60-minute limit. Double time
	may also be allowed. The amount of extended time may
	be determined on a case-by-case basis by a student's IEP team. Usually, "unlimited" time is not appropriate or
	feasible. Students who have too much time may lose
	interest and motivation to do their best work.
Fact table	Multiplication fact grid or other tool to help students
	readily access basic computation facts.
Graphic	Graphic organizers help students arrange information in
organizers	order to organize their work, stay focused on the
	content, and recognize connections and patterns. Venn
	diagrams, story maps, and time lines are examples of
	graphic organizers. A wide variety of organizers are

	available for free download from the Internet at http://freeology.com/graphicorgs/ . Teachers can make their own graphic organizers to meet specific instructional needs. Students should be encouraged to create their own graphic organizers or recreate organizers they find helpful.
Guided notes	Handout that outlines the lecture with blanks for important ideas (e.g., key concepts, definitions, facts). Student fills in the blanks as the lecture is presented.
Highlighted textbook	Textbook with key words and information pre- highlighted by a teacher or student with good study skills. Highlighted texts can be provided to the student for use during class or at home.
Manipulative devices	Physical objects (e.g., counters, blocks, paper chips, buttons, play money) students can arrange to better understand 1:1 correspondence, ratios, or other relationships.
Multiple or frequent breaks	Breaks given at pre-determined intervals or after completion of assignment, tests, or activities. Sometimes a student may be allowed to take breaks when individually needed. For example, the student becomes angry or frustrated and asks to leave the classroom, or the teacher recognizes cues in the student's behavior that signals a need for time away from the assignment or classroom.
Read materials aloud	Teacher or other qualified person reads text word-forword orally to students. This may also include the use of books on tape and audio versions of written materials. During testing, readers should use an even inflection so that the student does not receive any clues by the way the information is read. Furthermore, readers may not clarify, elaborate, or provide assistance to students during testing situations. A student should have the option of asking the reader to slow down or repeat text; therefore, readers should orally present text to one

	student at a time rather than in a group format.
Self-monitoring	Student follows a sequential checklist to complete a
checklist	task or follow a strategy. The checklist may also be
	paired with a rubric for self-evaluation of task
	completion against teacher expectations. RubiStar is a
	free tool to create rubrics,
	http://rubistar.4teachers.org/.
Spelling and	Pocket spell checkers of word processor spelling and
grammar assistive	grammar check programs may be an appropriate
devices	accommodation to help students communicate more
	effectively during writing assignments.
Visual organizers	Graph paper, highlighters, place markers, scratch
	paper, and templates.