





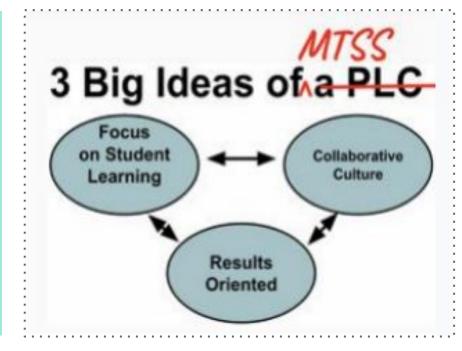
≥ 23-24 EXPECTATIONS <

- Each school will hold MTSS meetings monthly
- Meeting norms and team roles should be established
- Teams will use an agenda to guide meetings
- The district MTSS flowchart is a tool that will be used to guide decision making during the meeting
- An intervention plan will be created and shared with the MTSS team (See <u>example intervention plan</u>)
- All staff will have a clear understanding of the tiers for MTSS



→ MTSS... THE WHY? <

- MTSS aligns with our PLC culture.
- Its success depends on the collaborative team.
- Its purpose is to address student needs down to the individual level.
- It's student centered and can identify and build strengths.





WHAT MTSS IS...AND WHAT IT IS NOT

What MTSS Is	s What MTSS Is Not	
what MI33 Is		
A prevention framework for school improvement made up of core components and features	A program or curriculum	
For <i>all</i> students, including those students in need of enrichment	Just for struggling students or students with disabilities	
Flexible for schools and districts to customize to meet their unique circumstances	A one-size-fits-all prescriptive model	
Collaborative and incorporates a team-based approach of representative stakeholders	The responsibility of one teacher or one specialist	
Data driven, using multiple valid and reliable data sources	Based on assumptions or unreliable data	
A framework that can be used to assist with special education decisions	Pre-referral process for special education	



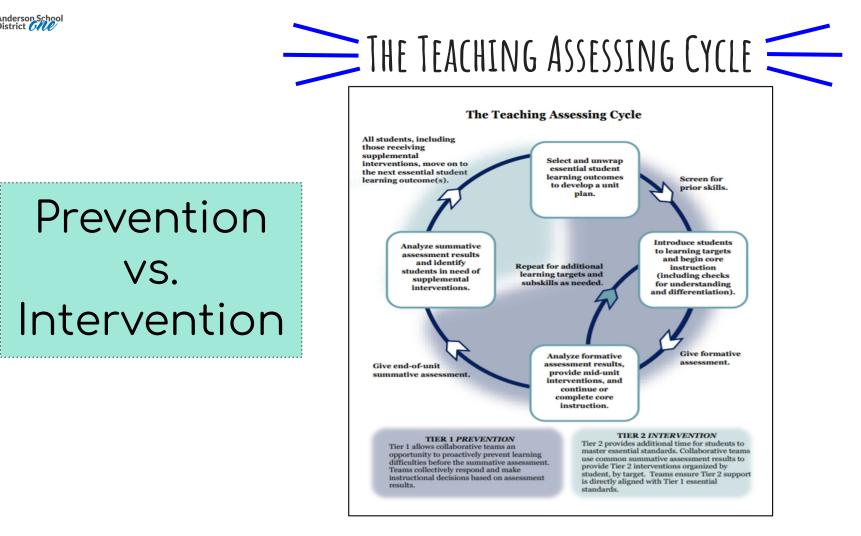
THREE TIERS OF INTERVENTION

Tier 1	Tier 2	Tier 3
(Prevention~80% of students)	(Intervention~15% of students)	(Remediation~5% of students)
 On grade level instruction/essential curriculum All students receive it Provided by teachers within the classroom Reteaching of pre-determined learning targets based on CFA data before summative assessment is administered 	 Supplemental interventions/reteaching after the summative assessment (small group instruction) Interventions should be timely, targeted, flexible and based on evidence of mastery Provided by teachers within the classroom This is IN ADDITION TO Tier 1 instruction 	 Intensive interventions and instruction Individualized or small group Provided by highly trained staff within the schedule 4-5 times per week Multiple year gap on universal skills This is IN ADDITION TO Tier 1 and Tier 2 instruction

Track data continuously through progress monitoring within all three tiers.



Prevention VS. Intervention

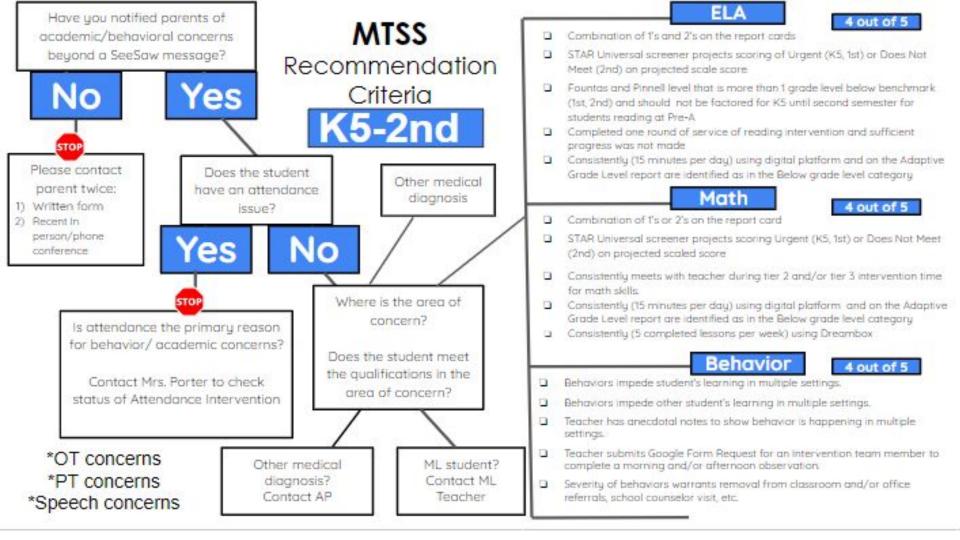


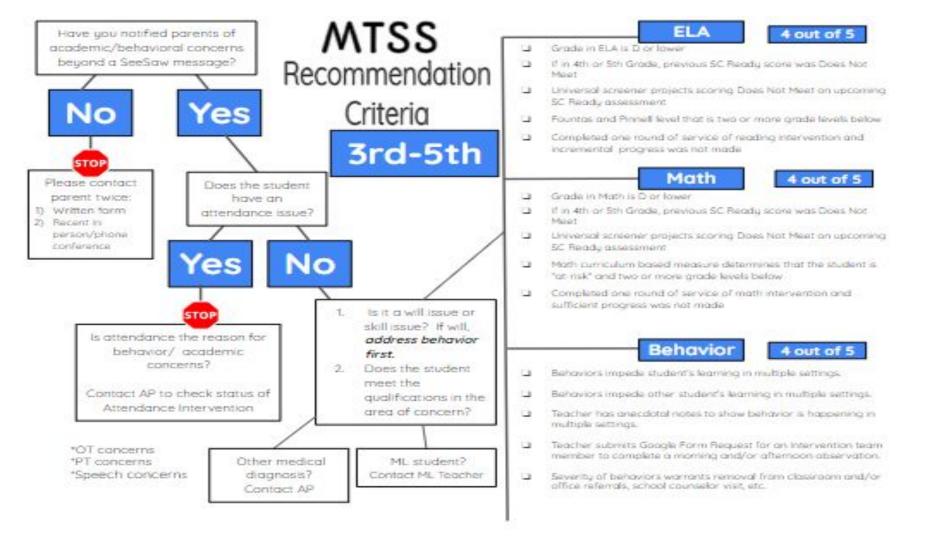


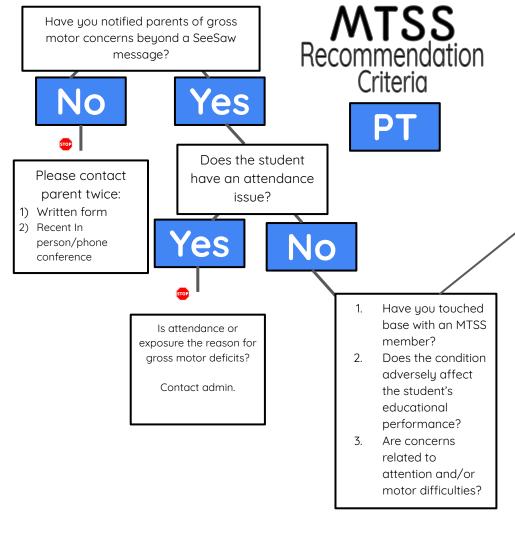


It's as easy as 1, 2, 3...

- 1. Identify a student who is working far below grade level expectations.
- 2. Follow the <u>Flow Chart</u> linked in the Hunt Hub to determine if your student qualifies. (If he/she does not, discuss with Mary Beth)
- 3. Sign up for an MTSS meeting using the Google form linked in the Flow Chart.







Gross Motor

Movement Safety: (if EITHER of these are present, <u>please refer</u> to the physical therapist to observe and teacher documents frequency)

- □ Falls frequently (after age 4 OR where student does not show protection with arms to prevent hitting head)
- □ Safety due to lack of balance (stairs, playground equipment, and/or bus steps)

Functional Mobility (At least 2 of the following 3 present and affect ability to complete emergency movement needs, keep up with peers while walking in line, change positions within the classroom while managing manipulatives/carrying items, etc.):

- Gait interferes with mobility around the school environment (speed, stop/start appropriately)
- Difficulty managing stairs, playground ladders, or other climbing needs
- Cannot complete transitions between positions in a timely manner or needs assistance (cannot get up from the floor/chair, exit the building in a timely manner for a fire drill etc.)

Body Awareness/Motor planning: (4 of 6 and may overlap with OT)

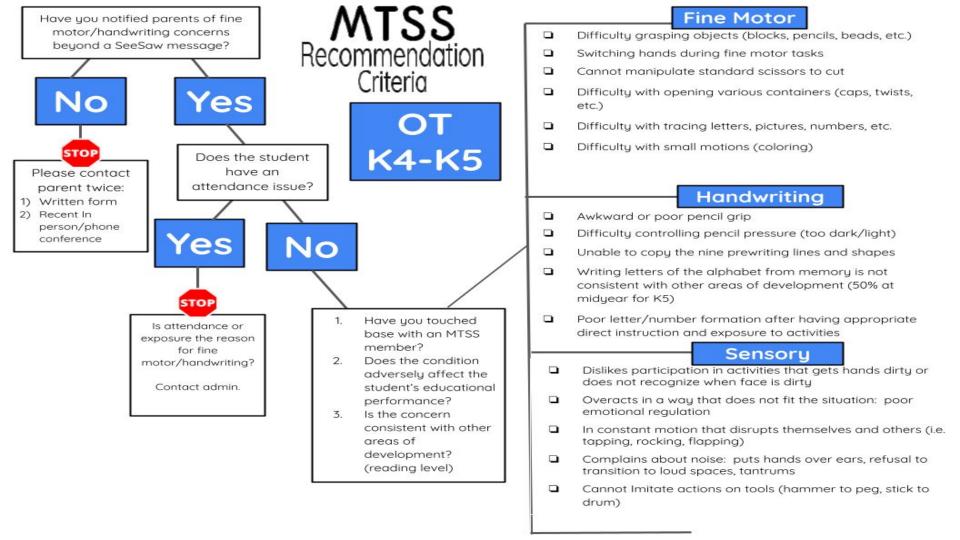
- Does not maintain consistent upright position during table top activities to the point that fine motor output is affected
- Difficulty sitting upright on carpet in provided space- affects other students ability to attend to teacher or this student's ability to attend and participate
- Difficulty sitting on cafeteria stool, art stools, other types of seating- requiring a hand to assist with balance
- **G** Falls out of classroom chair that is appropriate height and at appropriate desk height

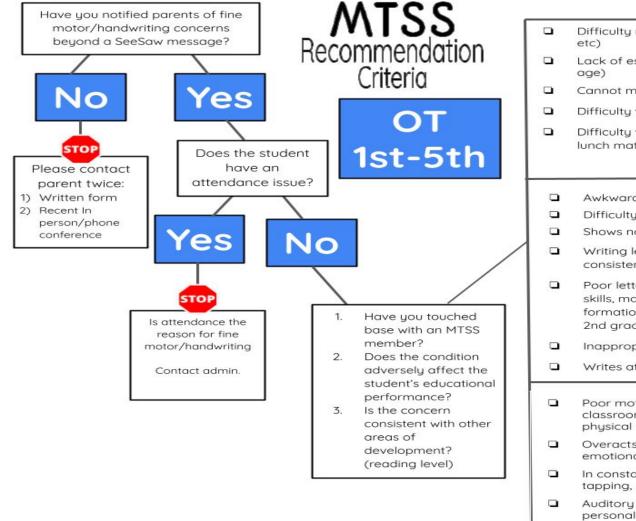
 Bumps into objects or people when navigating crowded settings (not due to poor attention)

Unable to organize the body to complete a task or move through a sequence (clumsy, jerky, etc.)

Gross Motor skill impairments- if noted, please refer

• PE skills - Gross motor deficits are severely impacting participation with gen ed peers (not lack of participation, decreased effort, interfering behaviors)





Fine Motor

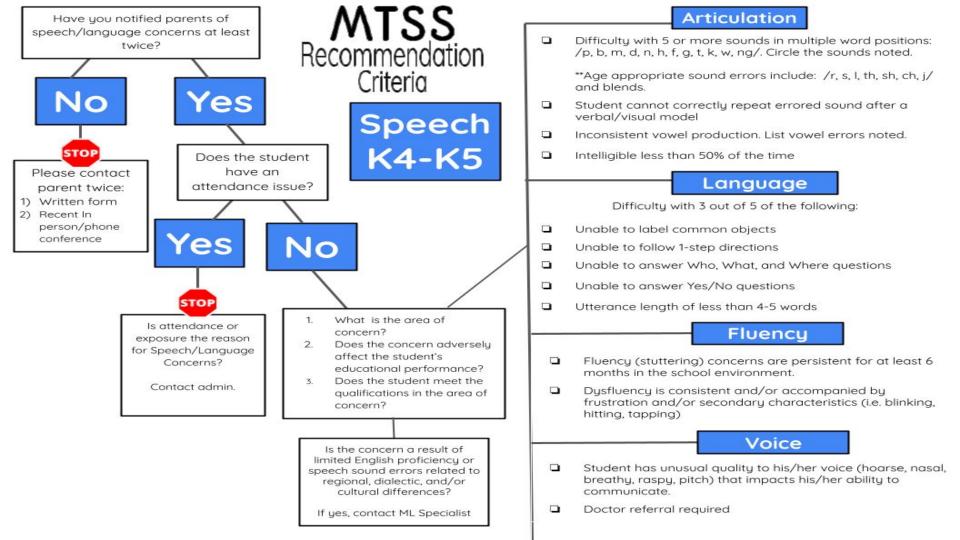
- Difficulty manipulating classroom objects (blocks, puzzles, etc)
- Lack of established hand dominance (past six years of age)
- Cannot manipulate standard scissors to cut
- Difficulty with cutting accurately or manipulating fasteners.
- Difficulty with opening various containers (caps, twists, lunch materials, etc.)

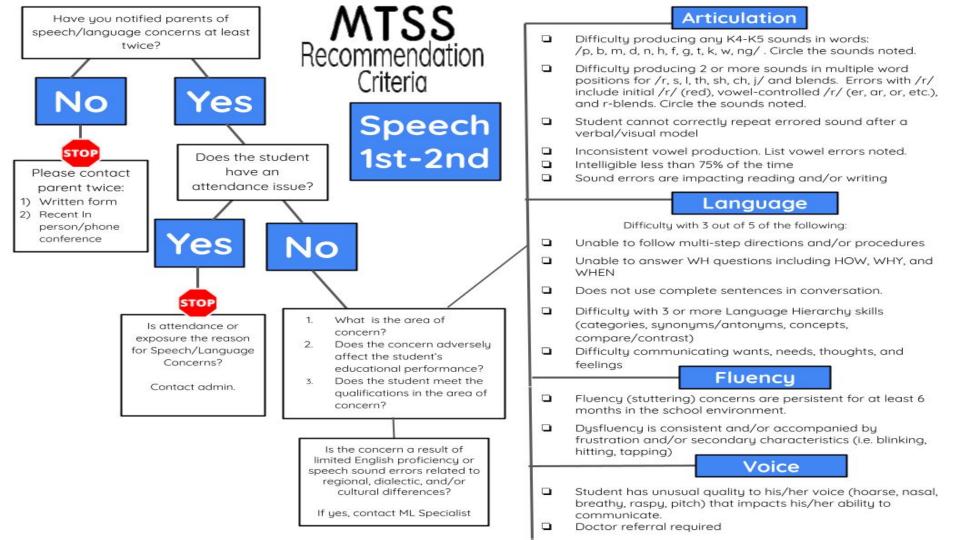
Handwriting

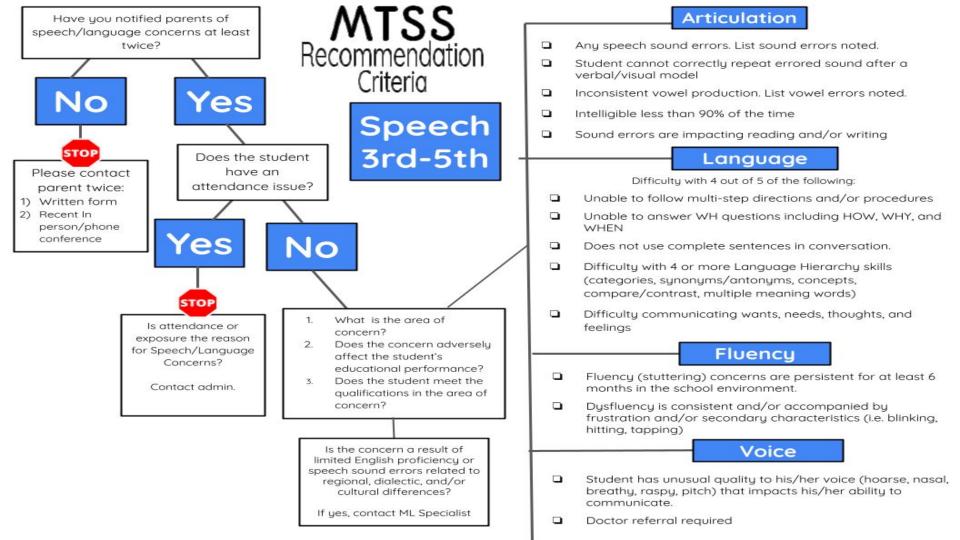
- Awkward or poor pencil grip
- Difficulty controlling pencil pressure (too dark/light)
- Shows no regard for paper margins
- Writing letters of the alphabet from memory is not consistent with other areas of development
- Poor letter/number formation given the student's cognitive skills, maturity level, and exposure to activities (bottom up formation, segmentation, mixed casing, reversals (after 2nd grade) etc.)
- Inappropriate size and spacing of letters/words
- Writes at a decreased speed in comparison to peers

Sensory

- Poor motor planning that affects organizational skills with classroom materials, sequencing multi-step directions, and physical movements (appearing clumsy).
- Overacts in a way that does not fit the situation: poor emotional regulation
- In constant motion that disrupts themselves and others (i.e. tapping, rocking, flapping, wandering)
- Auditory discrepancies: sensitive to noise, unaware of personal voice volume, difficulty following verbal directions











September 21

October 23 (Monday)

November 29

January 31

February 28

March 27

April 24