

# Spurring Up Success At SPS



Sutton Public Schools  
Sutton, NE



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# The Sutton MTSS Team



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Elementary Principal



**Kristi Ladehoff**  
5th Grade



**Michelle Kreutzer**  
Speech & Language  
Pathologist



**Robin Greiss**  
Title I



**Taylor Roth**  
Kindergarten



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ESU 9 MTSS Facilitator



# Agenda

1

Where we  
started, and  
how we knew  
we needed a  
change

2

Student  
Supports  
Team & Log

3

Current  
Status

4

Resources  
& Questions

Our team has spent the last year creating a thought out and thorough process that we will share with you today.

This is currently in our **implementation stage** at Sutton, and we will continue to let data drive any adjustments necessary.



**Where we started, and  
how we knew we  
needed a change**

# S

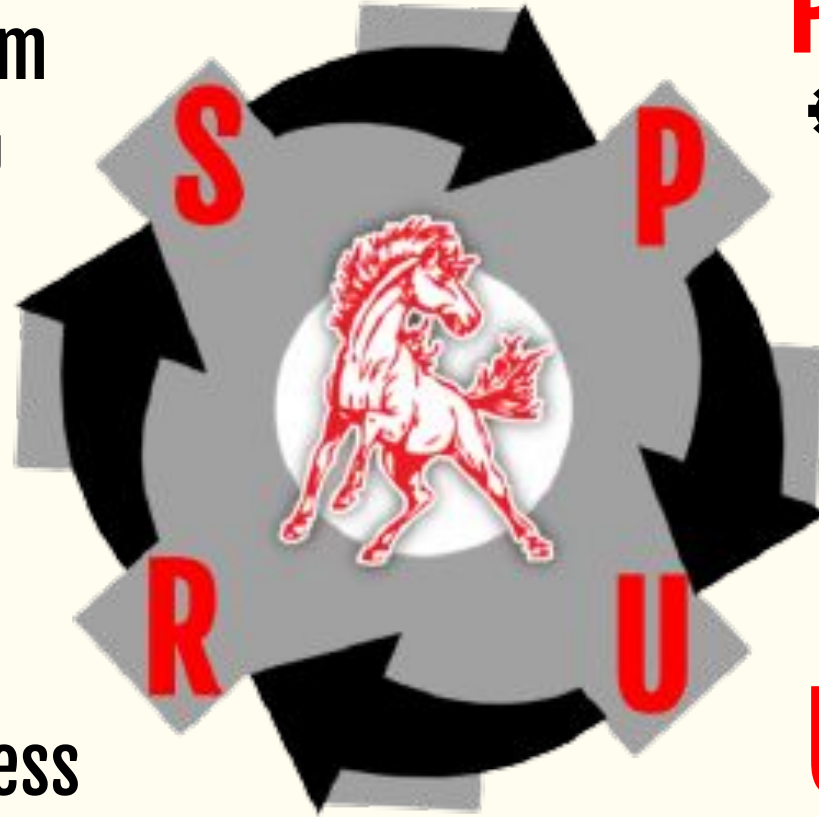
## pot the Problem

⚙️ Define what is occurring

# P

## roduce a Plan

⚙️ Collect data & form a plan



# R

## eflect on Progress

⚙️ Evaluate what is & isn't working

# U

## tilize the Plan

⚙️ Act upon plan

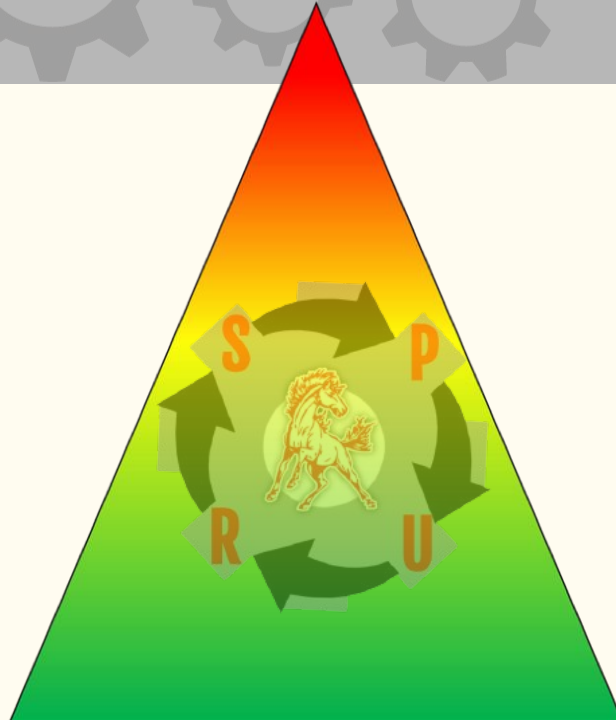
## Levels of Support

Tier 3 - Special Education

Tier 2+ - Pull-out More Intensive- 1-1/small groups

Tier 2 - General Classroom - 1-1/small groups

Tier 1 - General Classroom - all students





# Student Supports Team & Logs



## Student Support Team Log

	Student:			Classroom Teacher:		
Step	Meetings	Date(s)	Who Attends	Purpose	Forms (Completed before meeting)	Actions
1	Initial Classroom Intervention		Done by the teacher independently	For the teacher to reflect and document on the student.	Complete Teacher Support Checklist. Student added to Level Team Agenda if need level team suggestion.	Implement strategies/interventions. Collect data points.
2	SST Level Team Meeting		Pre-K/K/1st 2nd/3rd/4th 5th/6th	Brainstorm strategies and interventions with colleagues of similar grade levels.	Level Team Agenda, Teacher Support Checklist, Data Log of new interventions suggested by team	Implement strategies/interventions. Collect data points.
3	SST Meeting 1		Classroom Teacher (schedules all meetings) Principal Interventionist SPED consult (if needed)	Brainstorm strategies and interventions to meet student needs.	Teacher Support Checklist Data Log from classroom intervention SST Meeting 1	Select new school strategies/intervention to implement. Collect data points. Set SST #2 date. Classroom teacher complete initial phone contact (see step 4).
4	Parent Phone Contact		Classroom Teacher Parent	To inform parent and get feedback via Developmental History Form	Parent Phone Contact Developmental History Form	Complete Parent Phone Contact form. Send home Developmental History Form with stated return date.
5	SST Meeting 2		Parents Classroom Teacher Principal Interventionist SPED (if needed)	Invite parent(s) to discuss school plan and progress. Create a school and home plan.	Review Developmental History Form completed by parents. Teacher Support Checklists Updated Data Log SST Meeting 2	Discuss all completed forms. Select new school and home strategies to implement. Set SST #3 date. Collect data on strategies/interventions.
6	SST Meeting 3		Parents Classroom Teacher Principal Interventionist SPED	Evaluate school and home plans for effectiveness and discuss next steps.	Teacher Support Checklists Updated Data Log SST Meeting 3 Referral	Review data and parent observations. Discuss effectiveness of current strategies/interventions. Continue/revise plan or refer for special education testing.
7	Plan of Assistance		Parents (initial POA) Classroom Teacher Principal Interventionist SPED	Provide ongoing strategies for students who do not meet criteria for Special Education services or have been dismissed.	Plan of Assistance form	Add student to Level Team Agenda Discuss effectiveness of current strategies/interventions. Continue/revise plan if needed. Notify parents of continued support or dismissal from Plan of Assistance.



## Student Support Team Log

Student Support Team Log							
	Student:			Classroom Teacher:			
Step	Meetings	Date(s)	Who Attends	Purpose	Forms (Completed before meeting)	Actions	Timeframe Implemented (typical 3-6 weeks after each meeting, shortened with admin. approval)
1	Initial Classroom Intervention		Done by the teacher independently	For the teacher to reflect and document on the student.	Complete Teacher Support Checklist. Student added to Level Team Agenda if need level team suggestion.	Implement strategies/interventions. Collect data points.	Start date: End date:


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**Teacher Support Checklist**

Student Name: \_\_\_\_\_ School: Sutton  
 Teacher Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete this information form and applicable checklist(s) on the student listed above. Feel free to write additional comments and/or impressions regarding this student.*

**Student Strengths:**

**Checklist(s) you have completed:**

- ☐ ELA - Reading / Writing
- ☐ Math
- ☐ Behavior / Social
- ☐ Speech Language
- ☐ ELL
- ☐ Fine Motor
- ☐ Gross Motor
- ☐ Vision
- ☐ Hearing
- ☐ Other(s)

**List Attached Documentation:**



Student Support Team Log							
	Student:			Classroom Teacher:			
Step	Meetings	Date(s)	Who Attends	Purpose	Forms (Completed before meeting)	Actions	Timeframe Implemented (typical 3-6 weeks after each meeting, shortened with admin. approval)
2	SST Level Team Meeting		Pre-K/K/1st 2nd/3rd/4th 5th/6th	Brainstorm strategies and interventions with colleagues of similar grade levels.	Level Team Agenda, Teacher Support Checklist, Data Log of new interventions suggested by team	Implement strategies/interventions. Collect data points.	monthly

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**Teacher Support Checklist**

Student Name: \_\_\_\_\_ School: Dallas  
 Teacher Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this information form and applicable checklist(s) on the student listed above. Feel free to write additional comments and/or impressions regarding this student.

Student Strengths: \_\_\_\_\_


Checklist(s) you have completed: \_\_\_\_\_ List Attached Documentation: \_\_\_\_\_

<input type="checkbox"/>	ELA - Reading / Writing
<input type="checkbox"/>	Math
<input type="checkbox"/>	Behavior / Social
<input type="checkbox"/>	Speech Language
<input type="checkbox"/>	LLL
<input type="checkbox"/>	Fine Motor
<input type="checkbox"/>	Gross Motor
<input type="checkbox"/>	Vision
<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Other(s)

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## Student Support Team Log

	Student:			Classroom Teacher:			
Step	Meetings	Date(s)	Who Attends	Purpose	Forms (Completed before meeting)	Actions	Timeframe Implemented <small>(typical 3-6 weeks after each meeting, shortened with admin. approval)</small>
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**Teacher Support Checklist**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Teacher Name: \_\_\_\_\_ School: Sutton

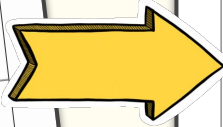
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Student Strengths:

Checklist(s) you have completed:

- ☐ ELA - Reading / Writing
- ☐ Math
- ☐ Behavior / Social
- ☐ Speech Language
- ☐ ELL
- ☐ Fine Motor
- ☐ Gross Motor
- ☐ Vision
- ☐ Hearing
- ☐ Other(s)

List Attached Documentation:



Strategies/Interventions						
Strategies/Interventions	Materials Needed	Times per Week	Length of Time per Session	Person(s) Responsible for Intervention	Start/End Dates	Outcome



## Student Support Team Log

Student:				Classroom Teacher:			
Step	Meetings	Date(s)	Who Attends	Purpose	Forms (Completed before meeting)	Actions	Timeframe Implemented (typical 3-6 weeks after each meeting, shortened with admin. approval)
3	SST Meeting 1		Classroom Teacher (schedules all meetings) Principal Interventionist SPED consult (if needed)	Brainstorm strategies and interventions to meet student needs.	Teacher Support Checklist Data Log from classroom intervention SST Meeting 1	Select new school strategies/intervention to implement. Collect data points. Set SST #2 date. Classroom teacher complete initial phone contact (see step 4).	Start date: End date:
4	Parent Phone Contact		Classroom Teacher Parent	To inform parent and get feedback via Developmental History Form	Parent Phone Contact Developmental History Form	Complete Parent Phone Contact form. Send home Developmental History Form with stated return date.	

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**SST Meeting 1**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Review SST Checklist from classroom teacher  
Review current intervention plan and data points

Have your concerns changed since implementing strategies/interventions? ☐ YES ☐ NO

Define the Concern: \_\_\_\_\_

Is the intervention plan being carried out as written? ☐ YES ☐ NO

Please explain: \_\_\_\_\_

According to your progress monitoring data and documentation, is the intervention plan working?  
☐ YES ☐ NO

If yes, continue with the current intervention plan and DO NOT revise the plan. If not, determine a new intervention plan.

New Strategy/Interventions: (At least 1 research based intervention & time additional to the CORE)

Strategies/Interventions	Materials Needed	Times per Week	Length of Time per Session	Person(s) Responsible for Intervention	Outcome
1.					
2.					
3.					

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**Student Support Team**  
Parent Phone Contact

STUDENT NAME: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_ By whom: \_\_\_\_\_

DATE OF CONTACT: \_\_\_\_\_

Concerns to discuss: \_\_\_\_\_

- Have you seen this behavior at home?
- Have there been any changes or stresses outside of school?
- What are the most successful strategies that have worked for you?
- Other - \_\_\_\_\_

\*\*\*Let the parent know that you have met with the student support team to discuss strategies to assist their child and that the SST team operates in a confidential manner.

\*\*\*Inform the parent that a developmental history form will be coming home and is to be completed so that the team can better understand your child. Please return this form by \_\_\_\_\_

\*\*\*Inform and invite parent to SST meeting 2 scheduled for \_\_\_\_\_

Revised 8/2022

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**Developmental History Information**

**I. Student Information:**  
Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Parent(s) Guardian: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone Number: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**II. Family Information:**  
What are your child's strengths? \_\_\_\_\_  
What concerns do you have for your child? \_\_\_\_\_

In what language did your child first learn to talk?  
If English is 2<sup>nd</sup> language, how long has your child spoken English?  
What language is primarily spoken at home?  
Major Life Events Experienced by Your Child: ☐ Divorce of Parents ☐ Death of a Close Family Member  
☐ Major Illness ☐ Home Eviction ☐ Home Fire ☐ Natural Disaster

Is there any other major life event experienced by your child that you think may have had an impact on your child? \_\_\_\_\_

**III. Medical History:**  
Child's physician: \_\_\_\_\_ Physician phone #: \_\_\_\_\_  
Check any of the following complications that occurred during the pregnancy:  
☐ Toxemia ☐ Gestational Diabetes ☐ Measles ☐ RH incompatibility ☐ Alcohol ☐ Tobacco ☐ Low Oxygen  
☐ Premature Birth ☐ Other \_\_\_\_\_

Has this child ever had any serious illnesses, accidents, or head injuries? ☐ Yes ☐ No If "yes", please explain: \_\_\_\_\_

Has this child ever experienced problems in the following areas?  
☐ walking ☐ temper tantrums ☐ underweight/overweight ☐ unclear speech ☐ failure to thrive ☐ hearing (ears, etc)  
☐ vision ☐ sleep problems ☐ eating problems ☐ does not speak ☐ fine motor skills (handwriting, tying shoes, etc)  
☐ Difficulty making friends ☐ gross motor skills (running, riding bike, skip, etc) ☐ Other \_\_\_\_\_

If any of the above are checked please specify: \_\_\_\_\_

Please indicate any illness this child has experienced:  
☐ Asthma ☐ Frequent Ear Infections ☐ Gastro-intestinal problems ☐ Seizures ☐ Rheumatic fever ☐ Loss of consciousness ☐ Any heart condition ☐ Meningitis ☐ Allergies ☐ Verbal motor tics

Other, please describe: \_\_\_\_\_





## Student Support Team Log

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6	SST Meeting 3		Parents Classroom Teacher Principal Interventionist SPED	Evaluate school and home plans for effectiveness and discuss next steps.	Teacher Support Checklists Updated Data Log SST Meeting 3 Referral	Review data and parent observations. Discuss effectiveness of current strategies/interventions. Continue/revise plan or refer for special education testing.	Start date: End date:

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**SST Meeting 2**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Review Developmental History Form from parents  
Review SST Checklist from classroom teacher  
Review current intervention plan and data points

Has the concern changed since the last meeting? ☐ YES ☐ NO  
If YES, Define the Concern: \_\_\_\_\_

Is the intervention plan being carried out as written? ☐ YES ☐ NO  
If no, please explain: \_\_\_\_\_

According to your progress monitoring data and documentation, is the intervention plan working?  
☐ YES ☐ NO  
If yes, continue with the current intervention plan and DO NOT revise the plan. If not, determine a new intervention plan.

New Strategy/Intervention(s): (At least 1 research based intervention & time additional to the CORE)

Strategies/Interventions	Materials Needed	Times per Week	Length of Time per Session	Person(s) responsible for intervention	Outcome
1.					
2.					
3.					

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**SST Meeting 3 Referral**  
(Plan of Assistance or Special Education)

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Has the problem changed since the last meeting? ☐ YES ☐ NO  
If YES, redefine the problem: \_\_\_\_\_

Was the intervention plan/ Revised Plan carried out as written? ☐ YES ☐ NO  
If not, please explain: \_\_\_\_\_

According to your progress monitoring data and documentation, is the intervention plan/ Revised Plan working? ☐ YES ☐ NO  
If yes, continue with strategies/interventions and DO NOT refer for Special Education Testing. Monitor plan/ progress at team level meetings.

If No, complete the form below:  
\*The following conditions must be considered before requesting a SPED evaluation:  
1. Does the response to general education interventions indicate the need for intensive instruction in order for the student to make progress in the area(s) of concern?  
2. Does there appear to be evidence of a severe discrepancy between the performance of the student and his/her peers, or evidence of a severe discrepancy between the student's ability and performance?  
3. Are the educational resources needed to support the student in the area(s) of concern beyond those available through general education resources?


The SST requests more information to determine special education eligibility. Please indicate the information requested:

Intellectual/ Ability	Academic	Social/ Emotional Behavioral
ADD/ADHD	Articulation	Language
Motor (fine or gross)	Vision/Hearing	Autism Spectrum



## Student Support Team Log

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7	Plan of Assistance		Parents (initial POA) Classroom Teacher Principal Interventionist SPED	Provide on-going strategies for students who do not meet criteria for Special Education services or have been dismissed.	Plan of Assistance form	Add student to Level Team Agenda Discuss effectiveness of current strategies/interventions. Continue/revise plan if needed. Notify parents of continued support or dismissal from Plan of Assistance.	Annual Review Date:

  
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**Plan of Assistance (POA)**  
**Sutton Public Schools**

The purpose for a Plan of Assistance is to ensure that we have a process in place for students that have not qualified or have been dismissed from Special Education services. They are students who have demonstrated a need for additional support strategies for them to be successful in school. The POA is intended to provide support for one year, and will provide future insight to grade level teachers and other instructors on how to help these students continue to be successful.

Student Name: \_\_\_\_\_  
Current Grade: \_\_\_\_\_  
Original Plan of Assistance Date: \_\_\_\_\_  
Date to be Reviewed: \_\_\_\_\_

POA Referral Source:

- ☐ SST (student was tested but did not qualify for Special Education services)
- ☐ Student had a previous Special Education verification, but no longer qualifies for services.

Process: This plan will be shared with the student's current teacher, and passed along to next year's teacher so the strategies laid out in the plan will be implemented for the student. One year from the date the plan was originated:

1. The team (Teachers, Parents, Special Education Director) will meet to review the current POA strategies.
2. The team will decide whether to discontinue the POA. If the student's progress is improved significantly (in the case of SSTs that did not lead to verification) or if progress is maintained (in the case of formerly verified students who were dismissed from special education) the team may decide to discontinue the POA. This would close the student's POA file. If the team decides support is still needed for the student, a SST or 504 could be considered.

Current Strategies: \_\_\_\_\_

Outcome of Review Meeting:

- ☐ Continue current plan
- ☐ Plan was revised
- ☐ More support needed - refer to SST or 504 Plan
- ☐ Discontinue POA

Team Members Present: (name and title)



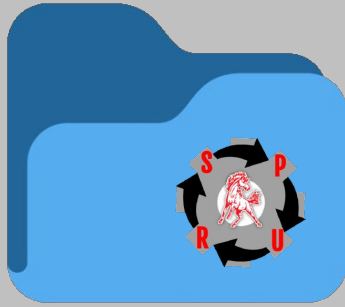


# Current Status





# Resources & Questions



## SST Resource Folder



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# THANK YOU!



**Michael Shively**

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2022 NeMTSS SUMMIT

# CREATING COHERENCE

*October 13-14, 2022*



## WE WANT YOUR FEEDBACK!

Scan the QR code to complete a brief evaluation after each session throughout the summit.