

LSC MTSS Plan

LSC will utilize an MTSS process to adapt the curriculum and instruction to meet the needs of all scholars. MTSS leverages the principles of Response to Intervention (RtI) and Positive Behavior Intervention Supports (PBIS) and further integrates a continuum of system-wide resources, strategies, structures, and practices to offer a comprehensive and responsive framework for systematically addressing barriers to student learning. MTSS offers the potential to create systemic change, which results in improved academic and social outcomes for all learners. There are multiple levels of support, and the system is comprehensive, organized, and data-driven to ensure that specific social-emotional and academic supports are provided to students above or below grade level, students with disabilities, students identified as gifted and talented, and students requiring English Learners (MLs) services. For a visual representation of the school's MTSS process, please see the flow chart attached.

At Tier One, teachers will deliver high quality, differentiated instruction utilizing the curriculum we have selected (Eureka, EL, etc.) to all scholars. All Primary Academy classrooms will have a lead teacher and teaching fellow, which we believe is critical to Tier I instruction. Elementary, Junior and Senior Academy teachers will have high-quality lead and content teachers. Scholars' performance will be continuously monitored through regular formative assessments. Scholars that are not meeting grade-level requirements, determined from the regular formative assessments, will be identified for Tier 2 instruction by the MTSS team. In this tier, scholars will receive small group instruction through intervention periods four times per week.

Progressing to Tier 3 instruction will involve additional measures to be taken that includes additional school personnel (school psychologist, school counselor, LEA, classroom teacher, special education teacher, parent, and scholar) to adequately determine if additional services are needed. If needed, a 504 plan or IEP will be developed in consultation with the full team. Scholars are flexibly moving throughout the entire MTSS process, driven by what the data dictates. We also will be looking at additional data sources in the MTSS process to include attendance, Student Information Form, teacher observation, social and discipline data.

Conversely, cases in which scholars who qualify for Gifted and Talented and English Language Learner services will be handled in the same manner. Again, having a lead teacher and co-teacher in the Primary Academy classrooms will help to provide an even higher degree of Tier 1 instruction, where both meaningful remediation and acceleration can occur. The process leading to being identified for special education services or additional intervention support is also reflected in the MTSS flowchart found as an attachment.

An overview of the school's MTSS process is as follows:

- LSC will provide basic in-classroom support to proactively ensure academic growth and positive behavior for all scholars.
- The school's curriculum planning, including lesson planning and unit planning processes, include processes to adapt the academic curriculum and approach to instruction to educate all students, including those with special needs. The LSC lesson plan template reflects an expectation that teachers create comprehensive plans for differentiating instruction and providing appropriate classroom support for students with special needs in each daily lesson.

- Driven by a continuous cycle of data, LSC will ensure clear identification of scholar learning needs along with a process that requires a clear expectation for teachers or staff members to bring evidence to support a scholar's learning needs. Examples of assessments from which data will be collected and analyzed in the MTSS process can be found in the attachment. For example, identifying a scholar through the school's MTSS process at LSC will not be sufficient to state something such as "scholar scored poorly on recent ELA skills on universal assessment." A more appropriate identification would include information such as "scholar scored poorly on universal assessment items related to phonemic awareness and sight word recognition, especially non-phonetic words." This ensures a clear identification of the scholars' learning needs, from which a clear and specific plan for support can be developed.
- The school will have grade-level teams as well as a school-wide MTSS team to provide research-based programming designed to remediate gaps in skill or content knowledge that are specific and targeted academic and behavioral supports. When specific and targeted support is established, it will also have a very clear progress monitoring plan and structures will be in place to hold educators accountable for progress monitoring. EL Education has embedded ELL supports for teaching every module but has additional resources built into the core K-8 curriculum to help teachers and MTSS staff members tailor specific support resources to scholars as needed.
- LSC will create the space for additional support to occur. For example, each day, the daily schedule is nearly 90 minutes longer than the traditional day of the residential school district. The schedule is intentionally designed to offer 30 minutes daily for social-emotional learning support, ASPIRE (Advancing Scholar Progress in Reaching for Excellence), ExCEL (remediation), an after-school STEAM-based enrichment program, along with PRIDE (Pathways to Respect, Innovation, Discipline, and Excellence), a summer support program that will allow for both academic remediation and enrichment for scholars who have been identified as needing such services through the form of academic camps that are designed specifically to address deficiencies in core subjects. It should be noted that participation in ASPIRE and PRIDE is not mandatory for neither our scholars nor staff. However, we expect that the level of engagement, desire to rise to excellence in staying connected with our culture of high expectations (no excuses), and removing as many barriers for participation will translate into high levels of participation.

In high school grades, scholars will have opportunities for credit recovery and accelerated learning through VirtualSC. VirtualSC offers online courses for high school credit in collaboration with the local school districts. Learning is conducted online with the teacher separated from the student by time and/or distance. The teacher communicates with the students online, via the telephone, or through real-time communications such as Web conferencing. The courses are interactive and provide a wide variety of activities, assignments, and assessments. All VirtualSC courses must have approval from the LSC academic counselor and scholar's advisor.

Social-emotional learning support will be provided to all scholars primarily through our daily SEL focus (CHAMPS). However, Liberty STEAM Charter's MTSS process provides academic and social-emotional learning support for all scholars who are eligible for Tier 2 and 3 interventions, including scholars with disabilities and scholars who are identified as English Language Learners or Gifted and Talented. Appropriate academic, social-emotional learning, and behavioral support will be provided for each scholar based on his/her individual needs.

This process of individualized support for all scholars, levels the playing field so that equal opportunity to achieve success is guaranteed. LSC will use an early warning data system (EWS) to monitor scholars who are at risk of dropping out or not meeting grade level or graduation requirements. Research indicates that the "ABCs" – Attendance, Behavior, and Course Performance are strong predictors of student success for graduation.

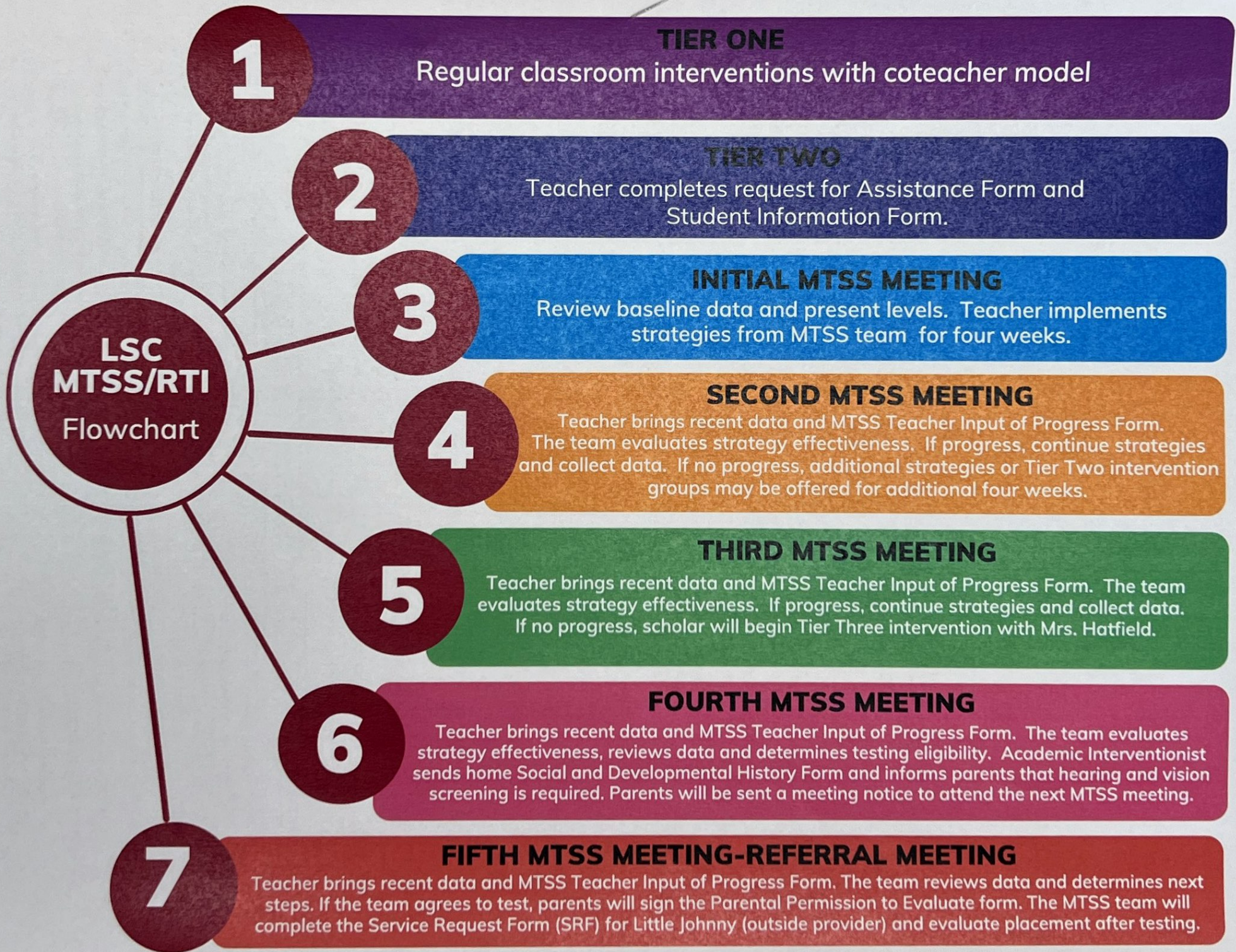
Building off extensive research from John Hopkins education professors, data from these three key ABCs will be used to create a specific early warning data system for LSC scholars and provide clear lines of communications among LSC educators and processes to follow up with scholars and provide appropriate support.

LSC MTSS Team"

1. Emily Hatfield, Instructional Coach in Residence
2. Nicky Pack, SPED Coordinator
3. Tanya Peckham, Instructional Coach
4. Shereza Middleton, Academic Coach
5. Dr. Trevor T. Ivey, Interim Academy Director
6. Ashley Cook, Scholar Services Coordinator

Structure:

- Meets Monthly (see MTSS Meeting Calendar attached)





LSC MTSS Meeting Dates

| MTSS Meeting Dates |
|--------------------|
| September 6, 2022 |
| October 4, 2022 |
| November 1, 2022 |
| December 6, 2022 |
| January 3, 2023 |
| February 7, 2023 |
| March 7, 2023 |
| April 4, 2023 |
| May 2, 2023 |
| June 6, 2023 |



Request for Assistance Form (RAF)

Student Name: _____

| | | | |
|--------|--------|------|------------|
| Grade: | Gender | DOB: | Ethnicity: |
|--------|--------|------|------------|

1. Teacher Information

| Name of teachers making the request: | Title / Position: | Date: | Parent Contact Information: | # of parent contacts |
|--------------------------------------|-------------------|-------|-----------------------------|----------------------|
| | | | | |

2: RFA Details

| | |
|--|--|
| MAIN Concern: (One Per Request) | <input type="checkbox"/> Academic _____ <input type="checkbox"/> Attendance _____ <input type="checkbox"/> Behavioral _____ <input type="checkbox"/> Social Emotional _____ <input type="checkbox"/> Family / homelife _____ <input type="checkbox"/> Physical Health: _____ <input type="checkbox"/> Other: _____ |
| | Other Concerns: _____ |
| What <u>Classroom Modifications</u> or actions have been made that <u>directly address</u> the <u>primary</u> concern? | 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ |

3. Screeners / Assessment / Testing / Diagnostic Data

| Assessment Given | Specific Area of Concern Identified | Relevant Scores |
|------------------|-------------------------------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Date Received by Support Team: _____ Date Reviewed: _____



MTSS/RTI Student Information Form

Student Name: _____ Date: _____

Current Grade: _____ Person completing this form: _____

Attendance:

Number of days the student was absent and number of tardies for this academic year:

Overall attendance rate in previous years (if known):

Are there "attendance outliers" or patterns? (Example: misses most mornings):

Grades:

What is the student's overall grade in general education courses?

Reading: _____ Math: _____

Grade outliers (any subjects notably higher or lower?):

Discipline Referrals:

Number of office referrals academic year to date: _____

Number of office referrals in previous years (if known): _____

Referral Patterns: Are there behaviors that are more common? If so, What are they?

Other:

What are the student's personal Interests:

What is the student's favorite subject in school? Does the student give a reason why?

Main Strengths: What are the main strengths displayed by the student?

Main Concerns: What are the main concerns that the student seems to be struggling with?

Signature of person completing the form: _____



MTSS Teacher Input of Progress

Scholar Name: _____

Date: _____

Teacher(s) Name: _____

Grade: _____

Number of Absences to date: _____

If the scholar has missed excessive days, please describe what steps have been taken to address the situation: _____

Academic Progress:

| Subject | Current Average/Comments concerning grades and performance |
|---------|--|
| Reading | |
| Writing | |
| Math | |

Circle how well this scholar seems to understand most lessons during class:

Less than others

About the same as others

Better than others

Indicate how the scholar usually participates in class:

| | Never | Occasionally | Often | Always |
|---------------------------------------|-------|--------------|-------|--------|
| Asks questions | | | | |
| Participates in classroom discussions | | | | |
| Volunteers answers | | | | |
| Completes classwork | | | | |
| Completes homework | | | | |
| Pays attention to class activities | | | | |

Please describe any discipline issues:

Please describe any other concerns you have about this scholar:

Teacher(s) Signature

Date

SOCIAL AND DEVELOPMENTAL HISTORY

Student's Name: _____ Gender: M F
Current School: _____ Grade: _____ Date of Birth: ___/___/___
Parent's Names: _____
Address: _____ Email: _____
Telephone: Home: (____) _____ Cell: (____) _____

Legal Guardian Status (check at least one)

Biological Parents Adoptive Parents Family/Children Services
___ Biological Mother ___ Adoptive Mother Court (Specify) _____
___ Biological Father ___ Adoptive Father Other (Specify) _____

Marital Status of Parents (check one)

Married Single Married, living apart
 Divorced (check custody status)
 Joint Custody Sole Custody (Mother or Father- circle one)

Does child have visitation with non-custodial parent? Yes No

List the names and ages of all people currently living at your child's residence:

| Name | Relationship to Child | Age and Education Level | Primary Language |
|-------|-----------------------|-------------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

What is your child's primary language? _____

Are there other languages spoken in the home? YES NO

If so, what language(s)? _____

GENERAL INFORMATION

Briefly describe your child's strengths: _____

In your opinion, why is your child being referred for evaluation?

MEDICAL HISTORY

Pregnancy:

Please describe any complications, medications taken, or other concerns experienced during pregnancy (e.g., high blood pressure, toxemia, gestational diabetes, etc.)

Birth/ Delivery:

Was the child full term? Yes No Duration of Pregnancy: _____

Cesarean Section? Yes No Birth Weight: _____

Please describe any complications with the birth/delivery or after delivery:

Current Medical Status:

Has the child had any serious injuries, illnesses, hospitalizations, surgeries, or traumatic events?

Event _____ Child's age at the time? _____

Current Medical Diagnosis (if any)

Physician's Name

Date

Current Medications

Medication

Dosage

Prescribing Physician/Date Prescribed

Vision and Hearing:

Date of last vision exam: _____ Results: _____

Vision problems: YES NO Glasses? YES NO Contacts? YES NO

Date of last hearing exam: _____ Results: _____

Hearing problems? YES NO Age Detected: _____

Hearing aids? YES NO Cochlear Implant? YES NO Date: _____

Tubes in Ears? YES NO Date: _____

Mental Health:

Has the child ever been to a counselor, therapist, psychologist or psychiatrist?

YES NO If yes, please explain: _____

Outside Evaluations:

Has your child been evaluated outside of the public-school environment? YES NO

If yes, by whom? _____

***Please attach a copy of the evaluation report.

Family History:

Do you have a family history (biological parents, siblings, grandparents, aunts, uncles, cousins) of any of the following? Check all that apply:

- Learning difficulties (reading, spelling, writing, math, organization)
- Speech or Language difficulties (articulation, stuttering, trouble recalling words, etc.)
- Emotional difficulties (depression, anxiety, mood swings, psychosis, etc.)
- Cognitive difficulties (may have been referred to as mental retardation or mental handicap)
- Genetic medical conditions
- Abuse or domestic violence (this includes any abuse or violence the child has experienced as well as any the child has witnessed or is aware of within the home/family)
- Substance abuse (drug or alcohol)

Please describe:

DEVELOPMENTAL INFORMATION:

| Age | Age | Age |
|---------------------|------------------------------------|-----------------------|
| Sat alone: _____ | Spoke 1 st word: _____ | Toilet Trained: _____ |
| Crawled: _____ | Put several words together: _____ | Dry at night: _____ |
| Walked alone: _____ | Spoke in complete sentences: _____ | |

Please describe your child's early temperament.

What concerns (if any) do you have regarding your child's development or behavior?

there conditions at home that may be influencing your child's development and/or behavior (e.g. family illness, marital issues, etc.)? YES NO

If yes, please explain: _____

ADAPTIVE BEHAVIOR:

Does your child have any difficulty or delay in the following areas?

Please check all that apply and describe on the space provided.

Communication Skills:

- Making or producing speech sounds _____
- Understanding language _____
- Using language to communicate _____
- Understanding social communications _____
- Reading/understanding body language and nonverbal communication _____

Oral Motor Skills:

- Chewing solid food _____
- Drinking from a cup _____
- Drinking through a straw _____
- Excessive drooling _____
- Swallowing problems _____
- Sensitivity to different textures of food/ drink _____
- Sensitivity to different temperatures of food/drink _____

Motor Skills:

- Walking _____
- Running _____
- Jumping _____
- Climbing stairs _____
- Walking on uneven surfaces _____
- Balance _____
- Manipulating small objects with hands _____
- Using silverware or writing utensils _____
- Tying shoes, using zippers, buttons, etc. _____

Independent Living Skills:

- Feeding self _____
- Dressing self _____
- Personal hygiene _____
- Toileting _____
- Bathing self _____
- Performing assigned chores _____

Responses to Sensory Experiences:

Does your child display any unusual or atypical behaviors, responses, or sensitivities in any of the following areas? This may appear as though the child is experiencing a sensation or feeling to a degree that doesn't match the event- or behaves in a way that seems "over the top" given the context of the situation.

- Taste _____
- Smell _____
- Movement (e.g.- walking or moving in a clumsy manner). _____
- Tactile (touch/texture) (agitated or stimulated by certain fabrics or surfaces) _____
- Visual _____
- Auditory/ filtering (e.g.- may be overwhelmed by sounds and cover their ears, or may need to have music or background sound on at all times) _____
- Activity level/weakness (e.g.- a child who seems overly active or severely tired and weak in a manner that does not fit their age, recent activity level or recent amount of sleep) _____
- Other (please describe) _____

Patterns of Emotional Adjustment:

Do you consider any of the following to be a problem for child at this time?

Please check all that apply:

Activity/Attention:

- Fidgets, is easily distracted, has a hard time staying seated, has a hard time waiting for his/her turn
- Talks excessively, interrupts often, doesn't listen
- Often loses things, very disorganized compared to others of his/ her age
- Poor concentration Difficulty following instructions
- Difficulty initiating or completing tasks (circle one or both)

Emotional:

- Often depressed, irritable mood Low energy, fatigue Shy
- Excessive separation difficulties Easily frustrated Overly anxious or fearful

- | | | | |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> Feeling of worthlessness/low self-esteem | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Cries easily | |
| <input type="checkbox"/> Sleeping too little | <input type="checkbox"/> Sleeping too much | <input type="checkbox"/> Excessive need for reassurance | |
| <input type="checkbox"/> Difficulty making decisions | <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Rapid mood changes | |
| <input type="checkbox"/> Suicidal thoughts | <input type="checkbox"/> Unrealistic worry about future events | <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Overeats |

Behavioral:

- | | | |
|---|---|---|
| <input type="checkbox"/> Engages in impulsive behavior (acts before thinking) | | |
| <input type="checkbox"/> Immature compared to peers | <input type="checkbox"/> Engages in physically dangerous activities | |
| <input type="checkbox"/> Often argumentative with adults | <input type="checkbox"/> Often actively defiant to adult requests and rules | |
| <input type="checkbox"/> Often deliberately does things to annoy others | <input type="checkbox"/> Aggressive towards others (Peers / Adults) | |
| <input type="checkbox"/> Lies | <input type="checkbox"/> Steals | <input type="checkbox"/> Substance abuse (Drug / Alcohol) |
| <input type="checkbox"/> Explosive temper with minimal provocation | | |

Please explain any checked items

Unusual or Atypical Behaviors:

Does your child display any of the following behaviors? Please check all that apply

- Preoccupation with specific subjects, topics or objects that is atypical in intensity of focus
- Eccentric forms of behavior (sometimes referred to as quirky, odd, free-spirited; a person who exhibits eccentric behavior doesn't seem to be concerned with what others are doing, wearing, saying, etc.)
- Lack of awareness or sensitivity to the needs or feeling of others
- Facial expression or emotional responses that are not appropriate or consistent with the circumstances
- A need or desire to do things in a very specific way or order, or rituals that must be followed
- Odd mannerisms or ways of moving his/her body (examples: repetitive foot tapping, rocking, swaying- can be purposeful or unconscious)
- Self-injury
- Difficulty understanding jokes or humor
- Difficulty adjusting to new surroundings
- Difficulty adjusting to change in plans or routine
- Other

Please explain any checked items: _____

SOCIAL SKILL INFORMATION

How does your child get along with adults at home? _____

How does your child get along with brothers and sisters or other children in the home?

How does your child get along with peers? _____

What are your child's favorite activities? _____

What are your child's behavioral and social strengths? _____

What are your child's behavioral and social weaknesses? _____

SCHOOL INFORMATION

List in order of attendance the schools your child has attended (for children 7 and younger, include preschools and/or daycare center attendance)

School /Preschool/ Daycare

Dates of Attendance

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Has your child ever repeated a grade? YES NO If yes, what grade? _____

Describe your child's strengths at school: _____

What are your child's weaknesses at school? _____

Has your child been involved in any of the following? Please check all that apply

Service

Dates/Duration

- Educational services from a private entity
(e.g. private tutor, Sylvan, Learning Rx, etc.) _____
- Therapy services from a private entity _____
- Juvenile Court or Probation _____
- Hospitalization _____
- First Steps _____

Jumpstart (ISTEP Remediation program) _____

Summer School _____

Other Early Intervention Program _____

If other, please list: _____

Please explain items checked:

Other information you believe may be relevant in the evaluation of your child:

Name of person completing this form: _____ **Date:** ____/____/____

Liberty STEAM Charter School
Multi-Tiered Support System (MTSS) Team Meeting Notice

Date: _____

Dear Parent/Guardian of _____,

You are invited to attend a Multi-Tiered Support System (MTSS) team meeting to discuss your child's progress in school and create a plan to best support your child.

Date of the MTSS Meeting: _____

Time: _____

You may wish to invite others to support you and provide additional information about your child. If you have any questions about this MTSS meeting, please contact:

Emily Hatfield
Instructional Coach in Residence
ehatfield@libertysteamcharter.org
(803) 774-0191

We look forward to seeing you. Thank you.

Sincerely,

Emily Hatfield
MTSS Coordinator

Please check below and return this copy to the teacher or MTSS Coordinator.

- _____ **I plan to attend this meeting in-person as scheduled above.**
- _____ **I plan to attend this meeting over the phone. Please contact me at _____.**
- _____ **I cannot attend at this date/time. Please contact me at _____ to reschedule.**
- _____ **Please provide an interpreter who speaks _____.**

Parent Printed Name

Parent Signature

Parent Contact Number: _____



LSC Initial Referral Form

Date: _____

Scholar Name: _____

Dear Parent/Guardian(s),

Liberty STEAM Charter School MTSS team has identified your scholar to potentially receive Special Education Services. As we move forward with the initial Referral process, we will need the following items:

- Most recent Hearing and Vision Screening

Following the Initial Referral meeting and based upon the data gathered, we will need the prescription(s), if applicable, from your scholar's pediatrician before we begin testing in the following areas:

- Speech
- Occupational Therapy
- Physical Therapy

If you have any questions or concerns, please contact the MTSS Coordinator below:

Mrs. Emily Hatfield
Instructional Coach in Residence
MTSS Coordinator
(803) 774-0191
Email: ehatfield@libertysteamcharter.org