

STILWELL JUNIOR HIGH SCHOOL

STAGES OF SUPPORT—2011-12

Student Name: _____ Date (Initial): _____
 7th Grade Team: _____ 8th Grade Team: _____
 ITBS (NPR) Math Total: 6th _____ 7th _____ 8th _____ IEP _____
 ITBS (NPR) Reading Comp: 6th _____ 7th _____ 8th _____ 504 _____
 Grade Problem Areas: English _____, Math _____, Science _____, Social Studies _____,
 Electives (Please specify) _____

STAGE 1			Staff Member
Intervention	Date	Follow-up / Comments	
<input type="checkbox"/> Preferential Seating			
<input type="checkbox"/> Check with Nurse about any medical history			
<input type="checkbox"/> Promote After the Bell			
<input type="checkbox"/> Encourage after school help with teacher			
<input type="checkbox"/> Planner Check			
<input type="checkbox"/> Teacher follow-up after directions			
<input type="checkbox"/> Use IC to notify parents of later or missing work			
<input type="checkbox"/> Any/Any Pass to see teacher			
<input type="checkbox"/> Review/re-teach study skill in question			
<input type="checkbox"/> Try different teaching strategy			

<input type="checkbox"/> Assign a homework buddy			
<input type="checkbox"/> Add parents to email list or refer to website with homework			
<input type="checkbox"/> Provide supplies			
<input type="checkbox"/> Schedule in a small study hall with Team teacher, if possible			
<input type="checkbox"/> Promote attendance at review sessions			
<input type="checkbox"/> Teacher meets 1:1 with student			
<input type="checkbox"/> Teacher calls or emails home			
<input type="checkbox"/> Team meeting with Parents			
<input type="checkbox"/> Team conference with student			
<input type="checkbox"/> Review Cumulative Folder and At-Risk Notes from Counselor			
<input type="checkbox"/> Develop Child Assistance Plan (CAP)			
<input type="checkbox"/>			

STAGE 2			
Intervention	Date	Follow-up/Comments	Staff Member
<input type="checkbox"/> Math Resource			
<input type="checkbox"/> Reading Resource			
<input type="checkbox"/> Learning Lab			
<input type="checkbox"/> Foundations of Social Studies-7 th Grade only			
<input type="checkbox"/> Modified Test			

Word Bank			
___ Chunking			
___ Reduce # of choices			
___ Test Read			
___ Extended Time			
<input type="checkbox"/> Guided Notes with fill in the blank			
<input type="checkbox"/> Modified assignments			
<input type="checkbox"/> Use of calculator or multiplication chart			
<input type="checkbox"/> List for locker—may be color coded			
<input type="checkbox"/> 2 nd Set of books for home			
<input type="checkbox"/> Schedule change to collaborative section			
<input type="checkbox"/> Provide copy of study guides or notes after student has tried to complete on his/her own			
<input type="checkbox"/> Planner signed by teacher			
<input type="checkbox"/> 2 nd Meeting with parents			
<input type="checkbox"/> Child Assistance Plan update to AEA			
<input type="checkbox"/> Have nurse check medications and vision			
<input type="checkbox"/> Medications taken at school			
<input type="checkbox"/> Strongly encourage staying after with a teacher and/or going to After the Bell			
<input type="checkbox"/> Contact coach / activity sponsor for support			
<input type="checkbox"/> Consider Starting a Child Assistance Plan (CAP)			

form)			
<input type="checkbox"/> Refer to Behavior Interventionist—set up possible reinforcers/motivators			
<input type="checkbox"/> Eligibility Meeting for 504 Plan			
<input type="checkbox"/> Write 504 Plan			
<input type="checkbox"/> Revise 504 Plan			

Intervention	Date	Follow-up Comments	Staff Member
<input type="checkbox"/> Parent Permission to complete an Educational Screening (AEA)			
<input type="checkbox"/> Reading Resource Teacher Data Collection			
<input type="checkbox"/> Math Resource Teacher Data Collection			
<input type="checkbox"/> AEA Data Collection / Observation			
<input type="checkbox"/> Create a behavior plan and collect data (Refer to FBA Form)			
<input type="checkbox"/> Second set of books provided			
<input type="checkbox"/> After the Bell required			
<input type="checkbox"/> Meeting with a teacher after school required			
<input type="checkbox"/> Consistent Meeting time with Behavior Interventionist			
<input type="checkbox"/> Referral Student Assistance Program			
<input type="checkbox"/> Team meeting to sign for			

evaluation			
<input type="checkbox"/> Complete FBA (Functional Behavioral Assessment) Form			

<input type="checkbox"/> IEP			
<input type="checkbox"/> Add IEP Behavior Plan			
<input type="checkbox"/> Add IEP Behavior Goal			
<input type="checkbox"/> Amend IEP Behavior Plan			
<input type="checkbox"/> IEP Manifestation Determination Meeting			
<input type="checkbox"/> Stretching Minds (Retention)			
<input type="checkbox"/> YJI			
<input type="checkbox"/> Connect with JCO / Tracker			
<input type="checkbox"/> Referral to Woodward Academy			
<input type="checkbox"/> Referral to Orchard Place			
<input type="checkbox"/> Referral to Four Oaks			
<input type="checkbox"/> Retention			
<input type="checkbox"/> Referral to Children and Families of Iowa			
<input type="checkbox"/>			

(REVISED: 7/7/10)