

High School IAT Format 2011-2012 School Year

Distribute TAT Referral Form to All Teachers



Teacher Complete Form and Submit to Amber or Jennifer

Amber & Jennifer:

Check Student's Schedule

Invite Student's Teachers & Request Additional Input

A&J Complete Educational History and Prep Intervention Resources



Meeting with Team Every Other Wednesday at 2:31



At the Table:

Brief Description of the Concerns

Complete TAT Intervention Plan as a Team

Problem Identification

Student performance v Typical Student Performance

Identify Goal & How to Measure

Specific Intervention Ideas and choose to Implement

Identify method of implementation, measurement, and person responsible



Intervention is Implemented and Data Collected



Review and Evaluate Effectiveness

Move to a new IAT Plan to continue with this concern or to move to another concern area

Intervention Assistance Team (IAT)

REFERRAL

Student Name:	ID #	DOB:	Teacher:
Parent:	School:	Grade:	Date:
Address:		Phone (home):	Work:

Review the areas below. Please place an X in the box if the area is a concern for the student.

Health	<input type="checkbox"/> Vision <input type="checkbox"/> Physical	<input type="checkbox"/> Hearing <input type="checkbox"/> Other
Listening Comprehension	<input type="checkbox"/> Tuning out noise distractions <input type="checkbox"/> Following oral directions	<input type="checkbox"/> Responding appropriately to questions <input type="checkbox"/> Remembering spoken information
Oral Expression	<input type="checkbox"/> Speaking <input type="checkbox"/> Oral expression of ideas <input type="checkbox"/> Other	<input type="checkbox"/> Relating information in sequence <input type="checkbox"/> Using appropriate grammar & sentence structure <input type="checkbox"/> Other
Basic Reading	<input type="checkbox"/> Discriminating between letter sounds <input type="checkbox"/> Sound-symbol correspondence <input type="checkbox"/> Blending sounds into words <input type="checkbox"/> Applying word attack skills to beginning sounds <input type="checkbox"/> Other	<input type="checkbox"/> Applying word attack skills to end sounds <input type="checkbox"/> Letter reverses <input type="checkbox"/> Word reverses <input type="checkbox"/> Applying word attack skills to middle sounds <input type="checkbox"/> Other
Reading Comprehension	<input type="checkbox"/> Reading grade level words <input type="checkbox"/> Relating information in proper sequence <input type="checkbox"/> Letter naming fluency <input type="checkbox"/> Nonsense word fluency <input type="checkbox"/> Other	<input type="checkbox"/> Oral reading fluency <input type="checkbox"/> Literal comprehension <input type="checkbox"/> Inferential comprehension <input type="checkbox"/> Using words in a sentence <input type="checkbox"/> Other
Mathematics	<input type="checkbox"/> Identifying numbers out of order <input type="checkbox"/> Identifying ordinal position <input type="checkbox"/> Basic addition skills without regrouping <input type="checkbox"/> Basic addition skills with regrouping <input type="checkbox"/> Basic subtraction skills with regrouping <input type="checkbox"/> Basic multiplication skills <input type="checkbox"/> Basic division skills <input type="checkbox"/> Other	<input type="checkbox"/> Basic fraction skills <input type="checkbox"/> Math facts <input type="checkbox"/> Comprehending measurement concepts <input type="checkbox"/> Solving single step word problems <input type="checkbox"/> Basic subtraction skills without regrouping <input type="checkbox"/> Solving multiple step word problems <input type="checkbox"/> Computing with decimals <input type="checkbox"/> Other

Written Expression	<input type="checkbox"/> Spelling grade level words <input type="checkbox"/> Legible handwriting <input type="checkbox"/> Spacing <input type="checkbox"/> Grammatical rules in sentences <input type="checkbox"/> Punctuation	<input type="checkbox"/> Vocabulary <input type="checkbox"/> Capitalization <input type="checkbox"/> Written content <input type="checkbox"/> Paragraph formation <input type="checkbox"/> Other
Motor	<input type="checkbox"/> Fine Motor <input type="checkbox"/> Gross Motor	<input type="checkbox"/> Visual Motor Coordination <input type="checkbox"/> Other
Learning Skills	<input type="checkbox"/> Retention <input type="checkbox"/> Rate of work <input type="checkbox"/> Completing assignments in class <input type="checkbox"/> Study habits <input type="checkbox"/> Work consistency	<input type="checkbox"/> Attending <input type="checkbox"/> Organization <input type="checkbox"/> Completing homework assignments <input type="checkbox"/> Attitude towards learning <input type="checkbox"/> Other

BEHAVIORAL CHECKLIST

Check each behavior that is a concern

<input type="checkbox"/> Out of seat	<input type="checkbox"/> Poor personal hygiene
<input type="checkbox"/> Playing with objects during instruction	<input type="checkbox"/> Poor Work Independence
<input type="checkbox"/> Making noises during class	<input type="checkbox"/> Careless work completion
<input type="checkbox"/> Excessive questions during class	<input type="checkbox"/> Passive off-task (short attention span)
<input type="checkbox"/> Talking with peers during class	<input type="checkbox"/> Constant complaining/whining
<input type="checkbox"/> Calling out during class	<input type="checkbox"/> Crying
<input type="checkbox"/> Excessive activity level	<input type="checkbox"/> Noncompliance w/requests (passive)
<input type="checkbox"/> Impulsive acting out	<input type="checkbox"/> Daydreaming
<input type="checkbox"/> Noncompliance w/requests (negotiation)	<input type="checkbox"/> Work avoidance
<input type="checkbox"/> Arguing	<input type="checkbox"/> Excessive requests to use the restroom
<input type="checkbox"/> Lying	<input type="checkbox"/> Following multi-step directions
<input type="checkbox"/> Invading other's physical space	<input type="checkbox"/> Poor peer relationships (avoids interaction)
<input type="checkbox"/> Teasing peers/bullying behavior	<input type="checkbox"/> Poor adult relationships (avoids interaction)
<input type="checkbox"/> Stealing	<input type="checkbox"/> Frequent activity changes
<input type="checkbox"/> Inappropriate verbal language	<input type="checkbox"/> Easily distracted
<input type="checkbox"/> Noncompliance w/requests (direct defiance)	<input type="checkbox"/> Negative self-statements
<input type="checkbox"/> Temper tantrums	<input type="checkbox"/> Withdrawn/depressed mood
<input type="checkbox"/> Threatening others	<input type="checkbox"/> Excessive sleepiness
<input type="checkbox"/> Dress Code violation	<input type="checkbox"/> Information & Other electronics technology violation
<input type="checkbox"/> Cheating	<input type="checkbox"/> Inappropriate display of affection
<input type="checkbox"/> Tardy	<input type="checkbox"/> Drug/alcohol
<input type="checkbox"/> Destruction of property	<input type="checkbox"/> Moodiness/irritability

<input type="checkbox"/> Physical contact/aggression toward peers	<input type="checkbox"/> Falling frequently
<input type="checkbox"/> Physical contact/aggression toward adults	<input type="checkbox"/> Chewing/eating objects
<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Other (Explain)

Review the boxes you checked. Prioritize your top 3 concerns (1=most important). When prioritizing, try to give preference to skills/concerns that if improved, would improve the other skills/concerns.

Target Behaviors	Number of Daily Occurrences				
	1	2	3	4	5
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>