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Procedure No.

September 29, 2017

Date

STUDENT INTERVENTION TEAM (SIT) AND STUDENT SUPPORT TEAM (SST)

- **I. PURPOSE:** To provide guidelines for the implementation and organization of the Student Intervention Team (SIT) and Student Support Team (SST), as part of a larger multi- tiered system of support designed to identify and assist students who may need support or enrichment for school success.
- II. <u>BACKGROUND</u>: Student Services goals include assisting all students toward optimal health, personal, interpersonal, academic and career development. The Maryland State Board of Education requirements, as found in COMAR 13A.05.05, form the core elements of our student services program. Student Services personnel regularly evaluate efforts and make appropriate adjustments, as necessary, to maximize the likelihood of successful outcomes for students. Each local school system shall provide a coordinated program of student services for all students which shall include, but not be limited to, the:
 - Office of Professional School Counseling
 - Office of Pupil Personnel Services
 - Office of Psychological Services; and
 - Office of School Health

One strategy for meeting the requirement of COMAR is the development of student service teams. Since 1977, the Student Intervention Team (SIT) and the Student Support Team (SST) guidelines have been designed to assist school personnel in obtaining and channeling resources to students who are experiencing any type of difficulty or in need of enrichment and acceleration opportunities.

III. PROCEDURES:

The Student Services Program shall focus on the health, personal, interpersonal, behavior, attendance, academic, and career development of students. Prince George's County Public Schools shall define, develop, implement, and evaluate its Student Services Program. The Student Services Program may:

- Use preventive and remedial approaches to meet student needs; and
- Include alternative and supplemental programs for students at risk.

A. <u>Student Intervention Team (SIT)</u>:

1. **Role:**

Student Intervention Team (SIT) is a school-based problem solving team comprised of faculty members (usually general educators) who meet to help a teacher(s) identify and implement appropriate interventions for students who need support so that they are ready and able to learn, as well as students who are in need of support for acceleration. Most often a student who is having academic or behavioral difficulties will be discussed



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by this team. However, challenges with attendance/tardy issues or emotional/health issues may be addressed. School-wide issues may also be addressed at the school level. In cases involving students in crisis, the SIT process may not be appropriate and students may be directly referred to SST.

2. Referral to SIT:

- a. The referring staff member reviews identified concerns and the team serves as a vehicle for facilitating positive change and/or generating ideas for Tier I interventions.
- b. School principals are responsible for deciding on the most suitable SIT organizational model and frequency of meeting for their school. It is recommended that SIT convenes at a minimum of once a month. Models may include any one or a combination of the following:
 - i. Grade-Level Model: Collaboration through a specific grade.
 - ii. Content/Subject Area Model: Collaboration through specific content/subject iii. Vertical Model: Collaboration across grades.
- Membership of the SIT includes (Membership roles and responsibilities are located in the PGCPS SIT and SST Staff Manual):
 - i. General Educator(s)
 - ii. Professional School Counselor(s)
 - iii. Administrator(s)
 - iv. School-based Specialist(s) (e.g. Reading Specialist, Math Specialist, Special Area/Elective Subject Teachers)
 - v. School Nurse
 - vi. Other staff as appropriate
- d. The following steps provide a guide for the SIT process:
 - i. Confer with colleagues via SIT: Decide on appropriate informal classroom-level interventions to implement.

Examples: extra time to complete tasks, agenda check, behavior checklist

ii. Once the interventions/strategies have been identified, they should be implemented for 2-6 weeks depending on the intervention.



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- iii. Monitor and document progress. Make follow-up contact with the student's parent(s) and/or guardian(s) regarding progress.
- iv. Report outcomes back at SIT within appropriate progress window. A follow-up meeting date as appropriate to the intervention should be determined at the initial meeting. Modify/Discontinue intervention(s) as appropriate.
- v. Refer to SST if desired progress has not been achieved.
- e. Documentation: Intervention progress shall be documented via the Online Tracking Tool (see PGCPS SIT and SST Staff Manual). Documentation will include the type of intervention, intervention duration, and the outcomes of the intervention.
- f. Record Management: Two sets of notes shall be kept for all SIT meetings. One set of notes shall be maintained with the student's most recent report card in the student's cumulative folder. The second set, shall be kept on file for review during the school year in the principal's office. All SIT notes maintained by the principal for the school year will be submitted to the Area Office by June 30. SIT notes will be kept on file in the Area Office for each school for four (4) years.

B. Student Support Team (SST):

1. Role:

a. Student Support Team (SST) is a multidisciplinary team with expertise in teaching and learning, problem solving, and interventions. It is used when strategies and/or interventions for a student have proven unsuccessful. Additionally, the collaborative problem-solving processes followed by the SST promote shared ownership for student, school, and system success and helps to reduce the disproportionate identification of certain student groups for special education services.

As a result, when a student is referred to the SST, except in case of crisis, evidence of a previous problem solving SIT process and early interventions are required. Additionally, students receiving Home and Hospital Teaching (HHT) services should be monitored by the SST while they are receiving HHT services. If the student remains on HHT for more than 60 consecutive school days, the SST should determine if referral to the Section 504 team or Special



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Education team is necessary.

- b. SST members use their expertise to analyze student performance data and recommend classroom accommodations and interventions aimed at increasing academic achievement and participation as well as positively impacting social and behavior growth. SSTs review identified concerns and serve as the vehicle for facilitating positive change and/or generating appropriate referrals to other school teams. The SST process can address the following:
 - i. Learning challenges
 - ii. Poor attendance
 - iii. Acceleration/Enrichment
 - iv. Behavioral/Socio-emotional concerns
 - v. Health concerns (to include students who are on Home and Hospital Teaching due to a physical or emotional conditions that precludes school attendance)
 - vi. School/Classroom climate
 - vii. Substance abuse
 - viii. Grade changes
 - ix. Retention

c. The SST is not meant to:

- i. Operate as a special education eligibility or placement committee
- ii. Operate as a Section 504 eligibility team
- iii. Assume that difficulties lie solely with a child or family
- d. Both the SIT and SST are school-based committees charged with helping the school provide all students with the opportunity to learn and progress in the general curriculum. Both teams recognize that parents/guardians are critical partners in student success and must be consulted throughout the process.

2. Referral to SST:

If after the referring teacher/staff has implemented the SIT process and still has concerns, the teacher or referring staff member should then complete the SST referral form and submit to the SST chair/facilitator. (See PGCPS SIT and SST Staff Manual.) Teachers, parents, staff, and students themselves can request the assistance of the SST. The team uses a collaborative problem solving process to assess the needs of students who are struggling academically and/or behaviorally



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or are in need of support for acceleration. The process is data-driven with team members reviewing collected evidence to document the concerns and monitor the effectiveness of subsequent interventions.

3. **SST Membership:**

Each school is required to have an SST whose membership includes the following core members:

- a. Parent/Guardian: Parent(s)/guardian(s) are a critical component and are involved throughout the process. A parent(s)/guardian(s) must receive advance notice of the meeting date and time inviting them to participate in the meeting (See PGCPS SIT and SST Staff Manual). Parent(s)/guardians must always be informed of program changes involving their child, including the starting date and outcomes of interventions. A summary of student progress is to be communicated to the parent/guardian by the referring staff member/case manager at minimum at the end of the intervention's implementation.
- b. Referring Teacher
- c. Principal/Assistant Principal
- d. Professional School Counselor(s)
- e. School Nurse
- f. School Psychologist
- g. Pupil Personnel Worker (PPW)
- h. Other staff: Instructional Leadership Team (ILT), Special Education Teachers, Speech Language Pathologist (optional include as appropriate)
- i. School Resource Officer/Probation Officer (optional-include as appropriate)

4. Roles and Responsibilities:

- a. <u>Chair (Administrator)</u>: The SST Chair coordinates and monitors team functions, establishes the annual meeting schedule, assigns case managers, and serves as the liaison for referrals to other school teams i.e. Special Education and Section 504.
- b. <u>SST Facilitator</u>: The SST Facilitator receives referrals, prepares and distributes agendas to appropriate personnel, invites participants, and manages documentation.



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- c. <u>Recorder</u>: The recorder takes notes, making sure forms are properly completed, and organizes the documents discussed at SST meetings. All aspects of the SST process must be documented.
- d. <u>Case Manager</u> (Administrator, Professional School Counselor, PPW, Teacher, Nurse): The case manager's primary role is to monitor intervention strategies and assist in collecting and reviewing data.

It is expected that prior to a referral to the SST, the referring staff member should have made parent/guardian contact, either through a phone call or conference regarding their concerns about the student. Parent/Guardian contact is to be documented and filed along with all SIT/SST documentation in the student's cumulative folder.

An important factor for teams to remember is that a student with an existing Section 504 Plan or IEP may be discussed at SST meetings after consultation with the student's Section 504 or IEP case manager.

Example: A student with a 504 Plan due to medical concerns such as Sickle Cell Anemia or Diabetes or a student receiving speech/language services for articulation concerns who is having behavioral issues in class can be discussed at SST and plans established. If the SST feels that the behaviors are related to the student's disability, then a formal Section 504 team meeting or IEP Program Review would need to occur.

5. Intervention Plan:

After positive goals have been established, the team members identify strategies and interventions to support each student in reaching the established goal(s). The implementation plan includes a timeframe for monitoring progress and a determination of the effectiveness of the plan. A method for data collection directly related to the goal should be determined. The team determines:

- i. Appropriate interventions
- ii. Timeline for implementation
- iii. Location for implementation
- iv. Responsible staff for implementation and data collection

The SST Plan must be distributed to all employees who provide services to the student relative to the intervention. Substitute teachers, both long- and short-term, must receive appropriate information regarding a student's SST Plan.

6. Follow-up Meeting:



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a. Generally, most SST plans should be evaluated every six to eight weeks. However, some circumstances may dictate the need for the team to reconvene earlier. Before the follow-up meeting, the case manager should solicit specific feedback regarding the specific goals and strategies determined during the initial meeting. During the follow-up meeting, data should be reviewed for each goal previously developed to determine progress. The team should review any additional input from the parent(s)/guardian(s) and teacher, along with current performance (grades, quarterly assessments, etc.).

The team determines the efficacy of each strategy and intervention and determines the level of progress made by the student as it relates to these interventions. Teams should discuss pre-intervention performance compared to post intervention performance. If the team determines the plan was not fully successful, strategies may be modified or replaced with new interventions.

- b. If the student has made the desired progress, the intervention should be deemed successful and no further intervention is needed; however, progress monitoring is expected to continue. If the student has had mixed success, the intervention plan or goals may continue or be modified. If at any time the team suspects a disability, the team should refer the student to the appropriate team for assessment (i.e., IEP or Section 504 Plan). If a parent/guardian requests special education evaluation, an immediate referral to the IEP team must be made; however, the SST process continues.
- 7. **Health Issues:** In cases where there are students who present with health, medical, or substance abuse issues, the team should consider an immediate referral to the appropriate school staff or agency for support.
- 8. **Data Management**: Student progress is to be updated via the Online Tracking Tool.
- 9. **Record Management:** Two sets of notes shall be kept for all SST meetings. One set of notes shall be maintained with the student's most recent report card in the student's cumulative folder. The second set shall be kept on file for review during the school year in the principal's office. All SST notes for the school year will be submitted to the Area Office by June 30. SST notes will be kept on file in the Area Office for each school for four (4) years.
- 10. **Parental Notification:** Parents shall receive written notification of all SST meetings to include the following:
 - a. Meeting invitation The SST shall provide the parent an invitation to all team meetings and advance notification of the purpose of the meeting, at least five



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school days prior to the meeting date.

- b. In lieu of consent from a parent/guardian to participate as a member of the SST, the refusal shall be documented in writing. If after provision of services a parent revokes consent of SST services, the SST members shall convene a meeting to reevaluate the student's progress. If it is determined that the student, for whom the parent has revoked services of the SST continues to have academic and/or behavioral concerns, the team's decision must be documented in writing, the parent advised of the team's recommendation to continue/update services. The parent shall put in writing the desire to terminate the SST plan.
- c. Written minutes Parents/Guardians shall be provided a copy of written minutes of all SST decisions and a copy of the intervention plan within 15 school days of the SST meeting.

C. <u>Response to Intervention (RTI):</u>

- 1. Response to Intervention (RTI) is a multi-tier approach to the early identification and support of students with learning and behavioral needs. The RTI process begins with high-quality instruction and universal screening of all children in the general education classroom. The following are key features of an RTI process:
 - a. RTI is primarily a general education initiative designed to address the needs of struggling learners early in their educational experience.
 - b. RTI is based on a problem-solving model that uses data to inform decision-making.
 - c. RTI interventions are systematically applied and derived from research based practices.
 - d. RTI is highly dependent on progress monitoring/data collection.
- 2. It is essential that parents receive information about RTI, especially parents whose children may be served in Tier Two and Tier Three interventions. This understanding can best be accomplished through:
 - a. Dissemination of written materials explaining RTI to parents
 - b. Formal or informal presentations to parent/family groups
 - c. Explanation during parent/teacher conferences
 - d. The referral process for special education services



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RTI aligns resources to deliver effective interventions that produce improved outcomes. Implementation is based on a documented research-based process developed to help struggling students academically and behaviorally at the earliest signs of difficulty.

Tiered service delivery cannot be used to delay identification of students with disabilities; therefore, school personnel need to ensure that parents understand their right to request an evaluation as guaranteed under the Individuals with Disabilities Education Act (IDEA) or American Disabilities Act (ADA) which governs Section 504.

D. The relationship between multiple systems of support RTI, SIT AND SST:

Response to Intervention (RTI) is a multi-tiered system support model that promotes early identification of students who may be in need of additional academic/behavior support. RTI, may be one component in the process that a school uses to determine whether a student needs specific academic and/or behavioral supports. The common thread among multi-tiered systems of support is the adherence to the problem-solving process in identifying and meeting student needs:

- *Step l*: Problem Identification Problem behaviors, whether academic or behavioral, will be fully defined in observable and measurable terms to include baseline data. A functional behavioral analysis or academic analysis may be required in order to fully define the difficulties.
- *Step 2*: Establish Goals of Intervention Academic and/or behavioral goals (expectations) will be fully defined in observable and measurable terms.
- *Step 3*: Develop Intervention Academic and/or behavioral difficulties are targeted using research-based interventions and strategies. Procedures are clearly defined and roles established (i.e. data collection, handling materials, etc.)
- *Step 4*: Implement Intervention Intervention is implemented as planned and adherence to plan is monitored.
- *Step 5*: Monitor Progress Data is analyzed periodically. Progress toward the desired goal is documented. Revisions and modifications to the plan are made as needed.
- **IV.** <u>RELATED PROCEDURES</u>: Administrative Procedure 5125, Individual Student School-Based Records and the Special Education Handbook of Administrative Procedures.



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- V. <u>LEGAL REFERENCE</u>: Individuals with Disabilities Education Act (IDEA 2004), Code of Maryland Annotated Regulations (COMAR) 13A.05.05, and No Child Left Behind Act of 2001.
- VI. <u>MAINTENANCE AND UPDATE OF THESE PROCEDURES</u>: These procedures originate with the Department of Student Services and will be updated as needed.
- VII. <u>CANCELLATIONS AND SUPERSEDURES</u>: This Administrative Procedure cancels and supersedes Administrative Procedure 5124, dated November 1, 2009.
- VIII. <u>EFFECTIVE DATE</u>: September 29, 2017