

Fairlawn Speech-Language Tiered Intervention Procedure

Tier I (Core Instruction)

During Tier 1, Classroom Teachers:

- Monitor the functionality of their Sound Field FM System and make sure to consistently use the device when Core Content is being taught.
- Make consistent eye contact and visual access to teacher's mouth for modeling speech productions for articulation concerns
- Repeat, rephrase, simplify, and check in with the students to make sure they understand information and/or directions presented orally for receptive language concerns.
- Teacher repeats to the student what the teacher heard and then makes syntactical corrections for students with expressive language concerns.
- Interventions are provided by the classroom teacher to the whole classroom.

The Speech Therapist will assist by:

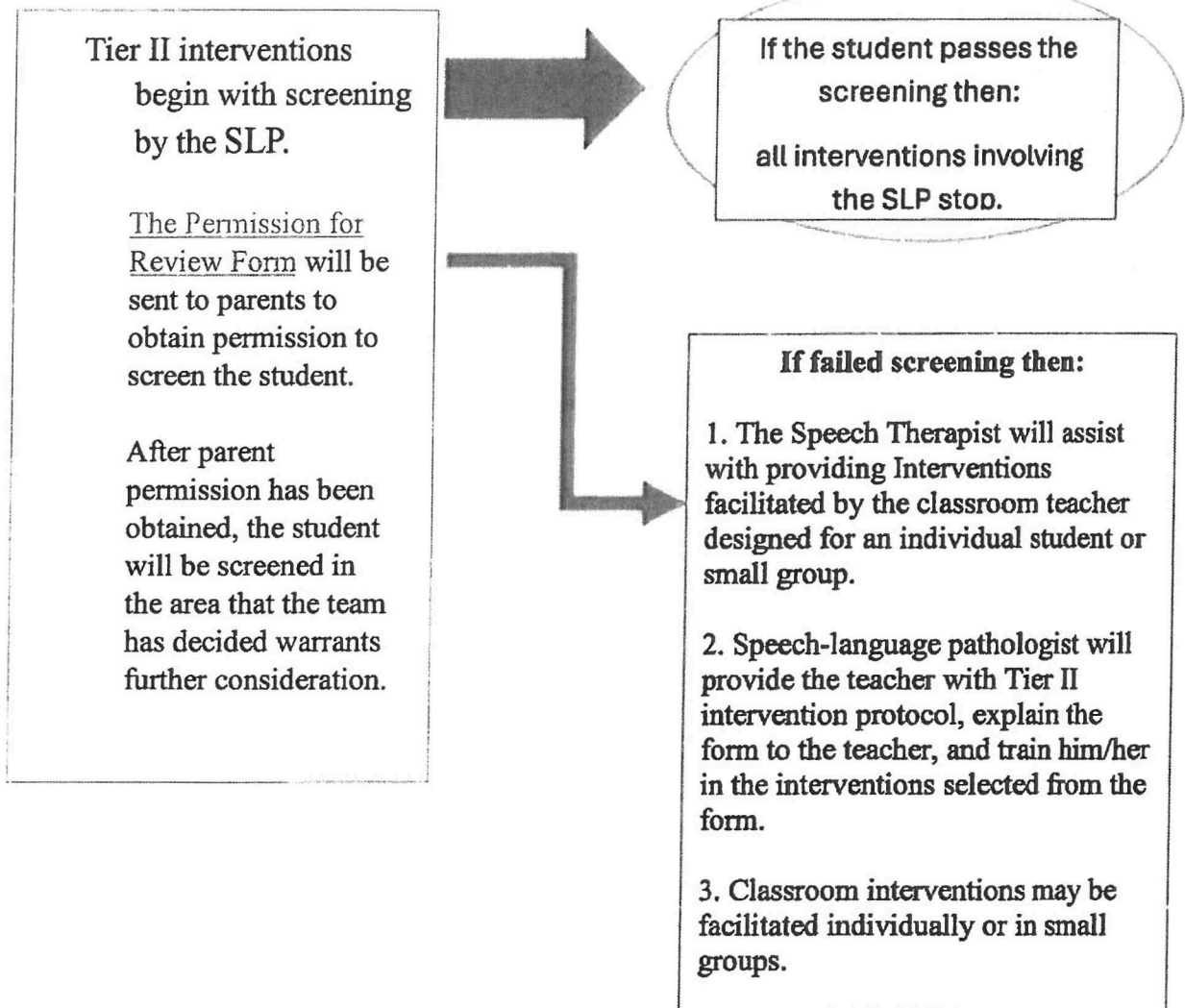
- Monitoring teaching and practice of phonemes during Literacy Groups, Intervention, and/or Heggerty at least 1x/year, per request
- Providing explicit instruction with phoneme production using Science of Sound Picture cues

If the teacher continues to have a concern, after 3-4 weeks of Tier 1 instruction the Classroom Teacher referral will prompt Teacher completing the Speech-Language Concern Referral Form to submit to speech-language pathologist.

Teacher expresses an instructional concern in the area of speech or language for a student.

- a. Articulation/Phonology — Correct production of articulators and pattern-based errors
- b. Stuttering — Blocks, prolongations, initial sound, partial word, whole word repetitions
- c. Receptive language- Ability to understand spoken language
- d. Oral Expression- Use of spoken language to communicate ideas

Tier II Intervention—



- If indicated, Speech Therapist will assist designing and facilitating small groups using Centers, file folder games, word walls, etc. to target individual sounds or groups of sounds.
 - Use of mirrors for articulation errors
 - If indicated, Speech Therapist will work with the classroom teacher to send home homework prompts for parents to continue targeting correct phoneme/language productions
4. Teacher is responsible for tracking data using the Tier II intervention protocol over a period of no fewer than 10 days.
 5. Upon completion of Tier II interventions, the teacher evaluates the success of those interventions.
 - If they have been successful, continue doing the selected interventions.
 - If unsuccessful, move to Tier III interventions.

Tier III Intervention

SLP sends a report to the teacher and parent with the results of the screening and Tier II Interventions.

- SLP will send Response to Intervention Team Meeting/Parent Permission home to initiate further interventions.
- Upon receipt of parental permission, student will attend the speech-language therapy sessions of a peer.
- These sessions do not involve direct, 1:1 therapy with the intervention student.

B. This phase will last 6-10 weeks at the discretion of the SLP.

C. If Tier III interventions have not been successful, the RTI team should reconvene to discuss any further actions that should be taken.

CHILD'S INFORMATION

CHILD'S NAME: _____ ID NUMBER: _____
STREET: _____ GENDER: _____ GRADE: _____
CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____

BUILDING OF CURRENT ATTENDANCE:

FAIRLAWN LOCAL ELEMENTARY SCHOOL

TEACHER(S): _____

STUDENT'S NATIVE LANGUAGE (if not English): _____

PARENT'S NATIVE LANGUAGE (if not English): _____

PARENT/GUARDIAN INFORMATION

NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ EMAIL: _____

Reason for Referral: _____

EDUCATIONAL HISTORY

Provide data about the child's progress in the general curriculum or, for the preschool-age child, data pertaining to the child's growth and development:

Provide data from previous interventions, including interventions required by rule 3301-35-06 or, for the preschool child, data from early intervention, community or preschool providers:

Provide any relevant trend data beyond the past twelve months, including the review of current and previous IEPs:

Number of school districts attended: _____

Years at present school building: _____

List schools/early childhood programs and dates:

ATTENDANCE:

☐ Regular ☐ Irregular

EXPLAIN: _____

Is this student age-appropriate for grade level?

☐ Yes ☐ No

If No, check all that apply:

- ☐ Retained (specify grade) _____
☐ Enrolled late in school
☐ Held out of school by parent
☐ Unknown

BACKGROUND INFORMATION

A. Health Data

Do you suspect problems with
Does the student

☐ Vision ☐ Hearing
☐ Wear Glasses ☐ Use hearing aid(s)

Does the student take medication

☐ Yes ☐ No

If yes, specify type and purpose:

Does the student have any health/development/physical problems of which you are aware?

☐ Yes ☐ No

If yes, please explain:

B. Environmental Factors

Describe any specific home factors that might affect the student's performance in school

For Preschool Children Only

(please check the area(s) of concern):

☐ Eating

☐ Dressing

☐ Toileting

☐ Attention

☐ Receptive Communication

☐ Expressive Communication

☐ Hearing

☐ Gross Motor

☐ Cognitive

☐ Fine Motor

☐ Play

☐ Vision

☐ Social/Emotional Behavior

☐ Other

Describe any other pertinent information not previously described:

SIGNATURES

Signature of Person Initiating the Referral

Signature of Person Receiving the Referral

Position or Relationship to Student

Title

Date

Date Received

Date District Suspects a Disability

PERMISSION FOR REVIEW

I, _____, hereby give my permission for the
Parent/Legal Guardian/Surrogate
_____ to respond to a request for assistance
School District
for _____.
Name of Child

In giving my permission, I understand that any or all of the following may occur:

- 1) Review of relevant records (releases of information will be included);
- 2) Interviews with caregiver or myself;
- 3) Observation(s) of my child;
- 4) Assessment (e.g., curriculum-based, screening, and other appropriate measures to determine interventions); and/or
- 5) Other (please specify): _____

I further understand and agree that the information collected by the school district will then be reviewed and the team will develop an intervention plan and designate the resources needed to implement these interventions.

Name of Parent/Legal Guardian/Surrogate

Signature

Date

Articulation Progress Monitoring Record

CH

Word / Phrase / Sentence Level

Name: _____

Grade/Class: _____

School Year: _____

SLP: _____

Notes:

Target Sounds:

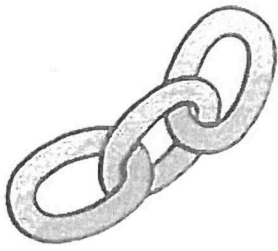
Medial CH	Date:	Date:	Date:	Date:
1. beach ball				
2. teacher				
3. ketchup				
4. kitchen				
5. watching				
6. statue				
7. peaches				
8. picture frame				
9. matches				
10. rocking chair				
Total	<u> </u> / <u>10</u> <u> </u> %	<u> </u> / <u>10</u> <u> </u> %	<u> </u> / <u>10</u> <u> </u> %	<u> </u> / <u>10</u> <u> </u> %

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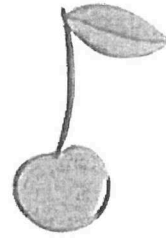
Initial CH	Date:	Date:	Date:	Date:
1. chain				
2. cherry				
3. cheese				
4. chick				
5. chest				
6. champion				
7. chipmunk				
8. chess				
9. cheetah				
10. chips				
Total	<u> </u> / <u>10</u> <u> </u> %	<u> </u> / <u>10</u> <u> </u> %	<u> </u> / <u>10</u> <u> </u> %	<u> </u> / <u>10</u> <u> </u> %

Final CH	Date:	Date:	Date:	Date:
1. peach				
2. touch				
3. beach				
4. wrench				
5. fetch				
6. couch				
7. watch				
8. finch				
9. bench				
10. switch				
Total	<u> </u> / <u>10</u> <u> </u> %	<u> </u> / <u>10</u> <u> </u> %	<u> </u> / <u>10</u> <u> </u> %	<u> </u> / <u>10</u> <u> </u> %

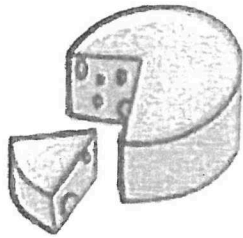
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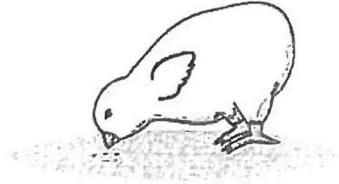
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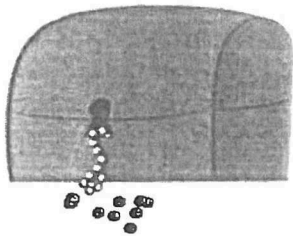
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4.



5.



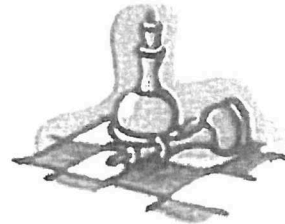
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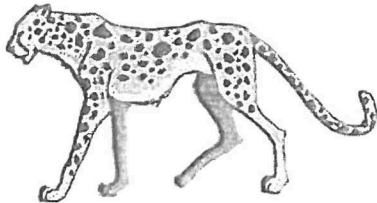
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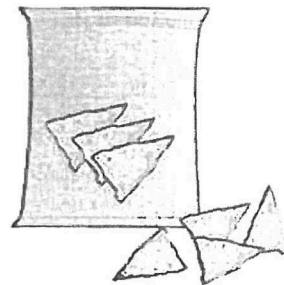
8.



9.



10.



Permission for Speech Therapy Screening and/or Intervention

I, _____, hereby give my permission for the Speech therapist at school to
(parent/legal guardian)

provide Speech and/or Language screenings and/or interventions to _____.
(student)

This consent is valid for the 2024-2025 school year.

In giving permission, I understand that a Speech-Language screening and/or intervention may include the student working with a Speech Therapist individually or in a small group. It may also include reviewing written and verbal information, observing the child in a variety of settings and/or administering screening instruments to determine adequacy of function and need for further evaluation. Based on the screening results, strategies may be provided to the student and/or teacher(s) to help the student succeed in the classroom setting.

I further understand and agree that the information collected by the school district and/or its affiliates will be reviewed by the support staff and my child's teacher(s). If strategies/interventions are recommended to help my child's classroom performance they will be implemented by the classroom staff and/or service provider(s) for a period determined by the teacher(s) and service provider. I understand that my child may receive Speech and Language intervention within or outside his/her general education classroom.

(Name of Parent/Legal Guardian) Please Print.

Signature

Date

(Name of therapist/teacher) Please Print.

Signature

Date