City of Malden
MASSACHUSETTS
MALDEN PUBLIC SCHOOLS

MTSS PLAYBOOK

2024-2025 SCHOOL YEAR

Malden Public Schools | 110 Pleasant Street, Malden, MA 02148 | 781.397.6100 | maldenps.org

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Message from the Superintendent

Dear Students, Educators, Straff, Families & Caregivers:

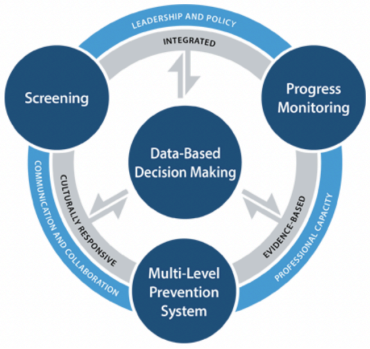
It is a pleasure to present to you our Multi-Tiered Support Systems Playbook (MTSS) SY 2024-2025. This MTSS playbook was created by all our school district departments and in partnership with Essential Schools Solution. The MTSS was designed specifically to support and to address our Malden Public Schools students needs.

MULTI-LEVEL PREVENTION SYSTEM

Multi-level prevention system includes a continuum (Tiers 1, 2, and 3) of integrated academic, social, emotional, and behavioral instructional and intervention supports that are evidence-based and culturally and linguistically responsive.

The MTSS Playbook is our framework on how we can identify struggling students early on in order to provide support for them as soon as possible.

"A multi-tiered system of support (MTSS) is a proactive and preventative framework that integrates data and instruction to maximize student achievement and support students' social, emotional, and behavior needs from a strengths-based perspective." (AIR 2024)



"MTSS offers a framework for educators to engage in data-based decision making related to program improvement, high-quality instruction and intervention, social and emotional learning, and positive behavioral supports necessary to ensure positive outcomes for districts, schools, teachers, and students. The MTSS framework is comprised of four essential components: screening, progress monitoring, multi-level prevention system, and data-based decision making." (AIR 2024)

We hope that this playbook is going to provide information to educators, students, families and caregivers on how the system can support students, and some examples of the types of interventions that can be implemented.

I want to give special thanks to Erin Carven, Director of School Counseling, Testing & Academic Support and to Pamela MacDonald, Assistant Superintendent of Student Support for leading this important work.

I know that all school leaders, staff, and central office staff are going to make sure that every student achieves their full potential. I wish you a fantastic 2024-2025 school year!

Sincerely,

Dr. Ligia Noriega-Murphy

Malden Public Schools Introduction

The educational philosophy of Malden Public School District is based on the core principle of educating the entire child. Increasingly, this means ensuring that we have comprehensive programming, processes, and procedures in place not just to support students academically, but also to support their social, emotional and behavioral health needs, as these challenges can prevent them from engaging fully with their academic experience.
The purpose of this Playbook is to establish a clear set of processes and procedures for how Malden Public School District supports the behavioral and social-emotional health needs of its students.

Mission, Vision, and Core Beliefs for Social-Emotional & Behavioral Health

Mission

Malden Public Schools, in partnership with families and our diverse community, is committed to providing a welcoming and inclusive environment for all students to cultivate a lifelong journey of learning, achieve their academic potential, and engage as compassionate global citizens.

Vision

Our vision is that Malden Public School students will develop the skills, knowledge, and character necessary to become informed, compassionate, and engaged members of a diverse local community.

Core Values

Equity - Integrity - Resilience - Respect

Foundational MTSS Concepts for Behavioral Health

The Malden School District's Student Support Team (SST) strives to provide a Multi-Tiered System of Support (MTSS) for a Behavioral Health framework for all students to ensure that every student receives effective and personalized interventions and supports, based on the intensity of need. By utilizing data-based decision making & evidence-Based practices, the Malden School District will always try to ensure students' success on all levels and in all areas of life.

The MTSS concept is a continuum of tiered instruction, interventions, and supports that are best applied through assessing students' needs and ensuring they are placed at the proper supports/tiers for targeted interventions. Based on these characteristics, the MTSS framework is organized into three tiers, as seen in the following diagram:

The intensity of an intervention (frequency, dosage, and duration) constitutes the single most important characteristic for determining which tier of support an intervention is associated with. Confusion arises when classification of an intervention's tier is determined by where the intervention is delivered or who delivers it. Similarly, grouping (whole class, small group, individual) does not provide a reliable sorting characteristic as many individual interventions can be delivered quickly and are accessible to all students.

Some examples of low intensity interventions that are universally accessible (Tier 1) are social emotional learning curricula delivered at the classroom level, trauma-informed practices that create an environment of safety and support, and brief check-ins with students to process, problem solve, and reset. Tier II interventions occur more often and may focus on a more significant challenge, such as short-term individual counseling or group counseling focused on a specific problem area, such as anxiety, depression, or grief. Tier III interventions are reserved for problems that require intensive, customized support. Most often, these supports constitute specialized general education or special education programs designed to deliver specialized interventions that generate from a care team. These programs require systems and policies that organize and deploy supports to a smaller number of students to ensure staff to student ratios are adequate to effectively deliver and monitor the provision of care. Lastly, short-term trauma-informed crisis interventions round out the offerings at Tier III, including supports to manage behavioral health crises and safety concerns that require immediate intervention, such as suicide risk assessment procedures and practices.

Tier 1

Includes the behavioral health wellness and prevention services that serve as universal supports for improving student behavioral health in the district. This includes Social Emotional Learning (SEL) curriculum, adherence to school-wide expectations, Positive Behavior Intervention & Supports (PBIS), advisory blocks, and other school-wide initiatives to promote student behavioral health and wellness.

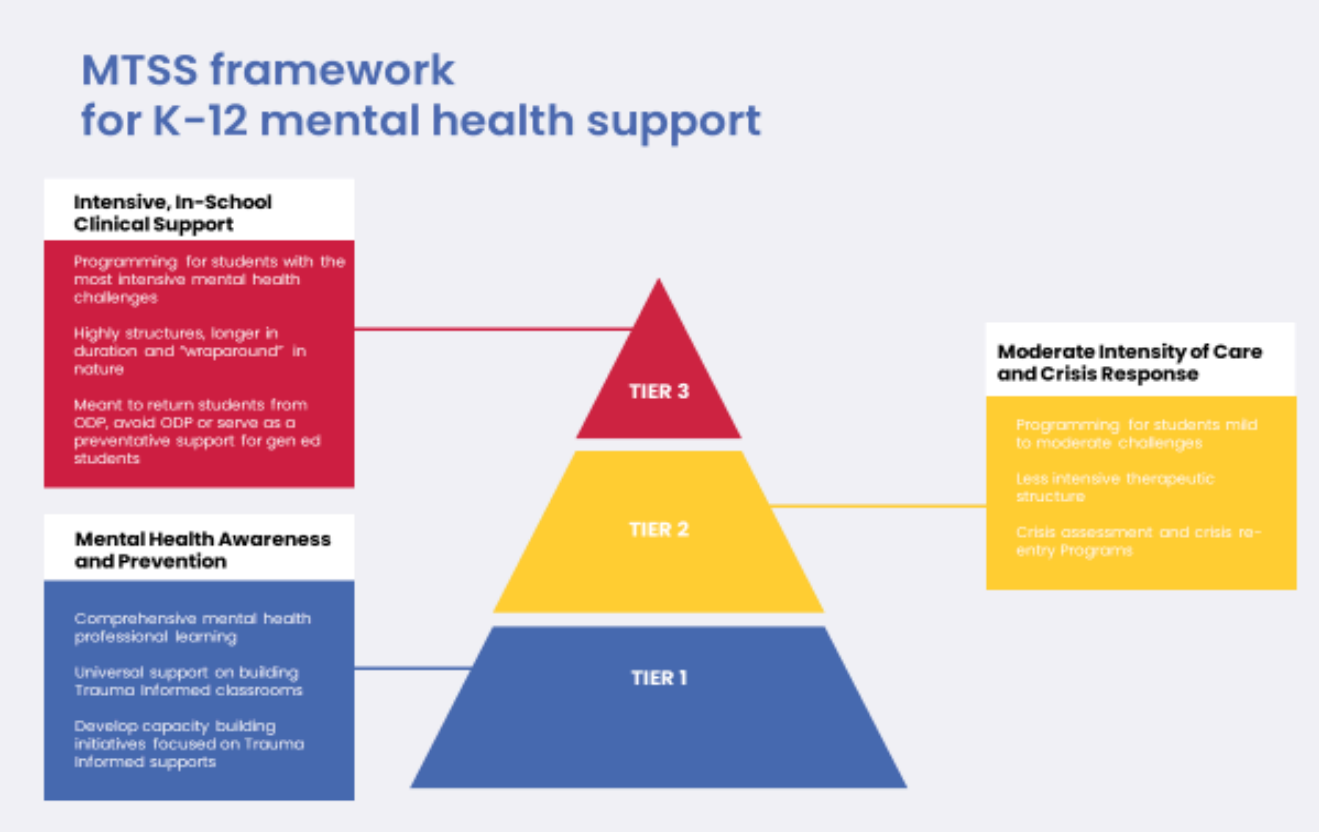
Tier 2

Supports are to focus on the needs of students who have been identified as having mild to moderate social, emotional or behavioral needs through quantitative and qualitative observations, alongside data, gathered from caregivers, teachers, and other school personnel. Supports consist of short-term and evidence-based practices that may include group/individual counseling, and/or small groups that target the development of skills that utilize regular progress monitoring.

Tier 3

Services are the most intensive and are reserved for a smaller group of students with severe social-emotional and/or behavioral needs. Tier 3 programs include a variety of components to preserve student safety, address trauma, and build self-regulation and other skills to manage serious behavioral health symptoms.

It is important to note that MTSS supports are aimed to be collective in that students receiving Tier 3 supports should receive Tier 2 as well as Tier 1 supports to address need, and to aid in transitions between the tiers. Of note, tiered interventions are labeled regarding intensity; however, students move between tiers of support and should not be labeled. There are no "tier III students," rather the district supports students who are struggling with needs that potentially require tier II/III services, and, in time, the goal is to reduce the intensity of supports when students require less intense intervention.



Foundational Concepts for Treatment, Intervention & Monitoring

Team members who are assigned to deliver an intervention will also engage in routine progress monitoring and collection of observation data, feedback from stakeholders, and review of proximal outcomes, such as attendance, grades, and work completion, to ensure students are responding to intervention positively. Baseline data is collected to determine the starting point from which the team, and particularly the assigned staff member and student, will compare subsequent collected data to determine growth and inform adjustments to the intervention, including, but not limited to, increasing the frequency of the intervention, fading the intervention, shifting the focus of the intervention, or informing decisions to implement a different intervention. Progress monitoring is a consistent process, in which data is not only collected, but also analyzed to determine growth and inform intervention design and delivery throughout the course of the intervention up to and including the conclusion of the intervention.

As important as the correct tiers of support are, it is also vitally important that Malden have sound processes for progress monitoring and data-based decision making. These are critical components of MTSS as they are the driving force in determining the most appropriate intervention, monitoring student progress relative to the intervention, and adjusting practice to ensure services and supports are tailored to the ever-evolving needs of students. Additionally, progress monitoring data serve as a point of reflection for the team to inform decisions about moving students into more or less intense interventions. In this manner, students who are not responsive to intervention are supported with more intense interventions sooner and students who are making progress and showing readiness to independently apply skills learned through the intervention are faded out of services in order to foster independent skill application and self maintenance of the presenting concerns.

A standardized version for such practices can be utilized during regularly scheduled MTSS meetings. It is recommended that teams gather bi-weekly but no less than monthly, to better track the progress of implemented supports and to process new referrals at a steady pace.

In such meetings, members of the designated team will utilize integrated data including, but not limited to, any assessment data from school/district/state level testing, discipline referrals, classroom observations, attendance, relevant health information (if available), student self-report (if self-referring), and information gathered from families.

The above process gives each school-based team a common and effective formula to determine appropriate supports within each tiered level. This process also assesses students' performance, tracks responsiveness to intervention, and evaluates the effectiveness of supports provided.

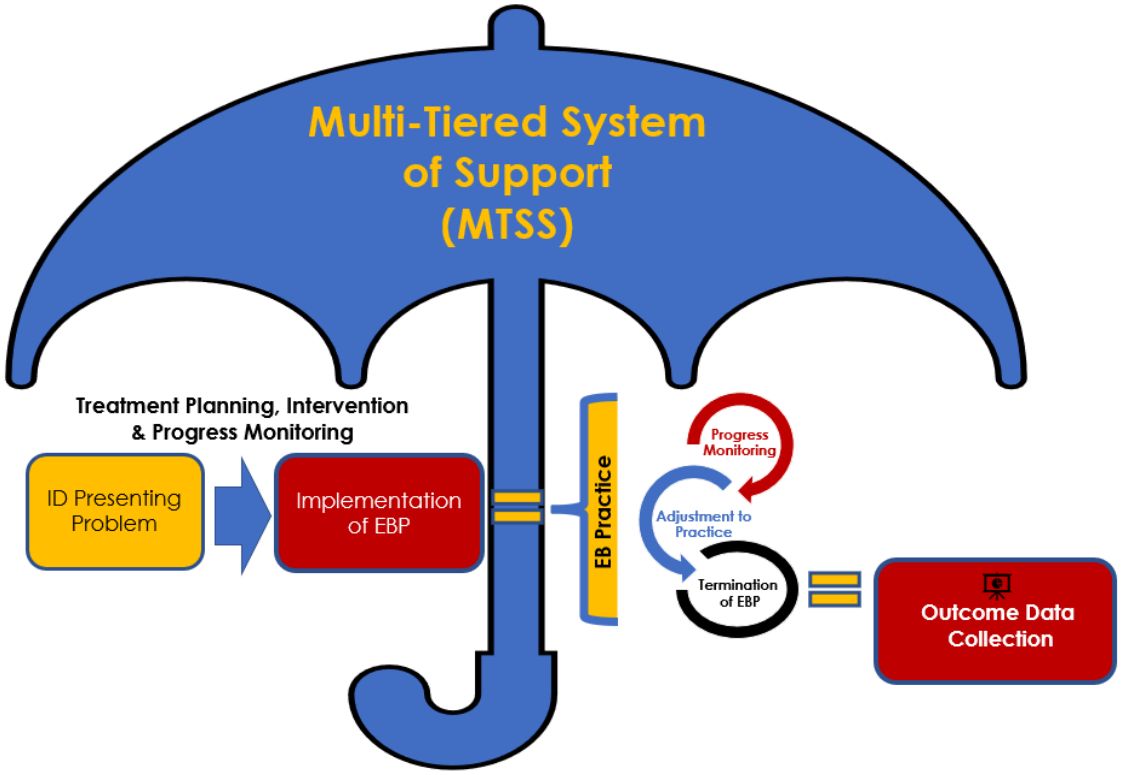
Step 1- Identify the Need

- Conduct an initial assessment/SST referral form to highlight the specific needs of the student and establish baseline data that will be used for goal setting and to inform intervention/treatment planning.

- **Some questions that are helpful to answer are:**
  - What are the specific challenges occurring?
  - What is the goal for the student to accomplish?
  - How will they get there?

Step 2 - Implementation of Evidence-Based Practice:

- Determine which evidence-based practices (EBP) are suitable to implement to address the identified concerns. EBPS should be culturally sensitive to the student's needs.
- Develop a specific intervention plan that will guide the overarching delivery of the intervention and serve to apprise the larger team of the intended scope of service.



Step 3 - Progress Monitoring

- Engage in consistent monitoring of intended outcomes using valid, reliable measures that will:
  - Inform adjustments to practice;
  - Highlight student growth relative to the intervention;
  - Inform the focus of the intervention;
  - Support decision making regarding fading, increasing, or terminating services.

Step 4 - Adjustment to Practice

- Has data been regularly reviewed to identify potential opportunities to adjust practice?

- If my data has flatlined, how does this inform my approach?
- Have I sought out consultation to inform my practice?

As services are delivered, adjustments to practice may include:

- A decision to implement a different EBP
- Increase or decrease in service delivery
- Shifting focus to a different presenting problem
- Addition of progress monitoring measure to capture growth in a different area

Step 5 - Outcome Data Collection:

Upon termination of the intervention/service, collection of outcome data is required to ensure the student growth and relevant intervention milestones have been documented, in the event that the student requires intervention in the future.

Organization of MTSS Support Teams

Building a dedicated and collaborative leadership team and a multi-disciplinary student support team (SST) is the first step toward creating a successful school-based system. SSTs are the foundation for the identification and oversight of students requiring Tier 2 and 3 levels of intervention within the Malden Public Schools MTSS Framework. SSTs are the critical decision makers related to student progress and the management of high-risk cases. Notably, the SST is responsible for ensuring the effective functioning of the academic, social/emotional, and behavioral health continuum across the general education environment.

SST may refer students for an evaluation to determine if a student is eligible for special education if documented attempts to support students in any area have not resulted in growth or if requested by a caregiver. Special Education is its own entity with state and federal legal guidelines/regulations. The Special Education Department oversees the Special Education referrals and the Special Education Director, Special Education supervisors, and the student's Special Education case manager are responsible for overseeing the Individualized Education Program (IEP).

Each building's SST will meet on a regular basis to discuss:

- Progress updates for previous referrals, including:
    - Progress monitoring data review
    - Fidelity check for intervention implementation
    - Determination of extension of or discharge from intervention

- New referrals to tier 2 and tier 3 levels of intervention, including, but not limited to:
    - Referrals for stronger academic interventions and possible assessments
    - Referrals for a functional behavioral assessment (FBA)
    - Referrals made to counseling staff that will be reviewed to determine if ongoing services are necessary
    - Referrals generating from staff submitting referrals using the approved SST referral form
    - Referrals that generate from re-entry meeting following a critical incident (e.g. suicide risk assessment leading to psychological evaluation, psychiatric hospitalization)

The SST chair within each school building will designate a regular meeting time that works best with building schedules and operations. SST meetings will be conducted on a biweekly basis in all MPS schools. An agenda will be utilized in each meeting to guide progress reviews, new referrals, and team member responsibilities.

SSTs should be made up of a multi-disciplinary staff with varying levels of expertise in learning (literacy and math), social-emotional/behavioral functioning, interventions, and data-collection. The following is a breakdown of the key roles of each member of the SST.

Roles & Responsibilities for SST

SST is designed to draw on the expertise of a multi-disciplinary team that can assess student's strengths and needs, identify presenting concerns, set goals, and design tier 2 and 3 interventions that will address the identified concerns. The SST not only reviews referrals but provides oversight and monitoring for implemented interventions to ensure fidelity and to inform decisions to adjust interventions, including making decisions about termination of services.

The chart below provides an understanding of the primary roles and responsibilities associated with SST:

SST Required Members	Primary Responsibilities
Assistant Principal(s) **House Principals**	• Ensuring that all staff have an understanding of the Tier I academic, social and emotional tools and resources that should be implemented in the classroom/grade/school. • Conducting walkthroughs of all classrooms to ensure that Tier I interventions are being performed with students. • Organizing and implementing the school's SEL curriculum. • Ensuring that a schedule of SST meetings is developed beginning in October of each school year. • Ensure team members are present for meetings • Ensure referrals are made and reviewed using the agreed upon procedures • Oversee meeting agenda • Assist in recommending tier II/III interventions • Lead 3 and 6 week data review cycles for proposed interventions. • Assist in determining termination of services
School Social Workers **School Counselors** **BCBAs** **School Psychologists**	• Support building leaders implementing Tier I academic, social and emotional supports and resources in the first 6-weeks of school. • Serve on the school's SST team. • Bring Student Services utilization data to SST meetings when discussing a specific student. • Propose tiered interventions to be performed over 6-8 weeks to address student difficulty including: progress monitoring plan, proposed length of intervention, progress review dates, and recommended fidelity checks • Recommend adjustments to tier II/III interventions when reviewing progress for previous referrals • Recommend graduation from intervention for tier II/III interventions or reduction in tier of support when reviewing progress for previous referrals • Determine appropriate termination of services based on data and observations from review meetings
Referring Staff Member	• Discuss presenting concerns • Share attempted interventions and associated data • Be prepared to help create an intervention plan to be implemented inside and outside of the classroom • Communicate outcome of SST team meeting with grade-level team and other educators working with the student. • Collect data to support review of progress for previous referrals

School Nurse	• Participate in schools' SST process for students with health/medical needs. • Support the assessment of student challenges within the context of normal student development and health-related concerns. • Assess the potential impact of unmet medical needs impacting student growth. • Determine appropriate termination of medical services based on data and observations from review meetings
SST Typical Core Members	**Primary Responsibilities**
EL Teacher	• Assist in informing the design of tier II/III interventions that accounts for the linguistic needs of students (should be invited for any student receiving EL services)
Special Education Teacher or IEP Liaison (if applicable)	• Could be a general Special educator or be involved in the SST meeting, for any student with an IEP on their caseload.
Caregiver (as needed)	• Provides insight regarding student history and feedback regarding the proposed interventions • Shares level of buy in regarding the proposed interventions
Student (if appropriate)	• Provides insight regarding the presenting concerns and feedback regarding the proposed interventions • Shares level of buy in regarding the proposed interventions
Coaches	• Literacy and Math Coaches should be involved in SST whenever the aggregated data suggests that there is an unmet academic need that is impacting a student challenge/difficulty • (e.g. Student underperforming in 1 academic content area, and performing in others)

School Leadership Team

Every SST team should be led by a school administrator. Typically, SST teams are led by a schools' Assistant Principal (K-8s), or their House Principals (9-12). School administrators are responsible for implementation of SSTs at their school building. These individuals work in collaboration with the District Leadership Team to implement the School's Mission as it relates to Tier 1 services and supports, and to follow standards for identification and provision of services for those students who meet criteria for Tier II and Tier III student support services through the SST process.

The Leadership Team's main purpose is to drive the SST Team and to support all aspects of the MTSS framework. These include:

- Ensuring that all staff have an understanding of the Tier I academic, social and emotional tools and resources that should be implemented in the classroom/grade/school.
- Conducting walkthroughs of all classrooms to ensure that Tier I interventions are being performed with students.
- Organizing and implementing the school's SEL curriculums.
- Ensuring that a schedule of SST meetings is developed beginning in October of each school year.

- Facilitating SST meetings, ensuring fidelity of process, ensuring that there is sufficient time in the schedule for SST teams to meet, that SST teams are selecting and implementing sustainable interventions for students, and that regular reviews of interventions are performed.

Malden Social-Emotional & Behavioral Health Staff

Malden Social-Emotional & Behavioral Health Staff are School Social Workers and School Counselors, School Psychologists, and Board-Certified Behavior Analysts (BCBAs). They provide direct Tier 2 and 3 behavioral health support services for students, and offer consultations to staff providing Tier I interventions, services and supports. Malden Social-Emotional & Behavioral Health Staff supervise a caseload of students, with whom they meet regularly and provide services in accordance to an intervention plan. These plans can be the result of:

1. Special Education Services provided in accordance with a specific Individualized Education Program (IEP).
2. Treatment/Intervention services provided as part of a 504 Accommodation plan.
3. A short-term referral for tiered services as a component of a tracked-intervention defined by an SST (6-8 weeks).
4. A medium-term referral for tiered services as an outcome of an SST process that identified a need for targeted/specialized services (10-12 weeks).

All students meeting with a member of the Malden Social-Emotional and Behavioral Health staff should have a documented treatment/intervention plan that may include:

- Individual/Group counseling services.
- Classroom/student consultations.
- Parent consultations/check-ins
- Referrals for community-based mental/behavioral health services.
- Check-in and check outs (as part of a tracked Positive Student Behavior Plan/PSBP)
- Supporting Tier I SEL instruction in the classroom.
- Coaching teachers/grade-level teams on the implementation of Tier I social- emotional accommodations.
- Providing targeted, small-group SEL instruction.
- Ongoing collaborations and consultation between school staff and community-based healthcare providers.
- Supporting families access community-based protective resources.

Malden Social-Emotional & Behavioral Health Staff are expected to provide ongoing progress updates for all students on their caseloads. Progress reports take a number of forms, such as IEP progress reports. Progress is minimally reported quarterly with caregivers that have approved releases. In some cases, staff may provide progress monitoring updates to caregivers based on a predetermined time frame. Malden Social-Emotional and Behavioral Health Staff should play a key role in consulting directly with teachers and administrators to assist with the consistent implementation of Universal (aka Tier I) social-emotional accommodations in the classroom/school.

Teachers and Related Service Providers

General & special education teachers, reading and math coaches, and other related staff (ie. Occupational Therapists, Speech Language Pathologists, etc) can be an essential piece of the SST's work with students at the Tier 2 and 3 levels of intervention. They can consult on some of the struggles that have led students to seek additional support, such as providing recommendations about classroom accommodations to create the best chance for student success.

Students

As students' grow and develop over their academic lives, there is greater emphasis on self-advocacy and 'voice and choice' in the problem-solving process. Interventions that the student will not engage with will not produce the desired outcomes to support their overall development. Starting in 6th grade, but younger if appropriate, the SST team should explicitly consider the involvement of the student in the SST process.

Parents/Caregivers:

It is well established that parents and caregivers are key stakeholders in providing additional information about their child's strengths, difficulties, and additional background information that a school team may not be aware of. Additionally, the involvement of a parent/caregiver in the SST process can provide additional support implementing interventions consistently when they are included in the process early. SST teams are encouraged to consider the inclusion of parent/caregiver, or other formal supports as part of the SST process, such as outside therapists or care teams.

Universal Screening

Universal Screening is a systematic process for identifying students who may be at risk and need more support for academic, behavioral, social, emotional, and school completion. Districts can also use these data to screen and identify schools that are needing more support where there are many students struggling. The universal screening process depends on access to, and use of data connected to reliable and valid indicators of the desired outcome within the selected grade levels. It is important that at minimum, passive consent is obtained from caregivers or legal guardians prior to administering the universal screener. Malden Public Schools currently engages in universal screening in grade 7 & 9.

Screening, Brief Intervention, and Referral for Treatment (SBIRT)

Students in grades 7 and 9 are screened for substance use using an evidence-based structured interview process called SBIRT. SBIRT is conducted by school mental health staff annually, in keeping with Massachusetts legislative requirements. These screenings are conducted in order to inform referral to services for students who may be struggling with substance use and abuse.

Signs of Suicide (SOS) Screening

Students in grade 9 are screened for suicidal ideation using the Brief Screen for Adolescent Depression (BSAD). This screening is embedded within a larger program designed to educate students to identify risk factors associated with suicide and seek appropriate care if they or others are at risk for suicide. Following classroom lessons, students engage in the BSAD screening and receive follow up care from school mental health staff if they indicate any level of risk for suicide.

SST Referral Process

A clear referral process is an essential first step in determining if a student is appropriate for a higher level of intervention within the MTSS Framework. All referrals for Tier II/III services are reviewed by the SST. In order to support decision making regarding appropriate interventions, a referral process is necessary. The following describes the flow for when a student is being referred to Tier II/III interventions.

Referral Process

Given the dynamic roles that school mental health staff play in schools, and how their roles bring them into contact with other staff, community resources, and students themselves, referrals often come from multiple sources. An effective referral system for mental health services should include determining the most appropriate interventions, the projected duration of the services, and the points at which progress will be reviewed for ongoing data-based decision making regarding continued care. Referrals may generate from:

- Student self-referral
- Parent/caregiver referral
- School-based staff referral
- Universal screening
- Re-entry following a behavioral health crisis

Note: School mental health staff will intervene in a timely fashion to address the immediate needs of students referred for routine support services. Students referred to school mental health staff that meet criteria for a "crisis situation" must be managed in an immediate fashion, following district guidelines and standards for crisis management.

Meeting Review Process and Guidelines

- SST will meet once every two weeks beginning in the second week of October in recognition of the fact that Tier I supports will be attempted from the outset of the year;
    - **Note:** in the first 6-weeks of school MPS encourages all staff to employ Tier 1 practices for all students and to document attempts at providing support. Students that appear to require higher level interventions prior to the first six weeks of school should be identified for the building administration in order to determine whether or not more timely intervention is necessary.
- Teams will review as many as possible/needed new referrals per meeting (2-4 average);
- A timekeeper and notetaker should be assigned for each meeting;
- The meeting chair will maintain adherence to the referral review process and the agenda for each meeting;
- A measurable, timed, progress monitored intervention will be assigned to each student that will be implemented for 6-8 weeks and reviewed at the midpoint and end-point of the intervention period.

- The progress-monitored intervention should be documented with specific assignments for data collection, personnel required for midpoint and end-point data-cycles.

Agenda of the Meeting (New Referrals)

Define the Problem

- Team members discuss the referral information;
- The team defines the concern in observable and measurable terms.

Develop an Assessment Plan

- The SST identifies methods for measuring the specific behavior ,skill, or growth relative to symptom presentation.

Analysis of the Assessment Results and Goal Setting

- The SST compares the student's baseline performance to an acceptable level of student performance.

Develop and Implementation of the Intervention

- The SST identifies interventions that can be implemented with the student and relevant personnel who are responsible for carrying out the interventions and monitoring student progress.

Agenda of the Meeting (Reviewing Ongoing Referrals)

Analysis of the Intervention plan

- The SST analyzes the student's rate of progress and the student's performance relative to the goal that was set.
- If the team decides that the student is making sufficient progress toward the goal or has achieved the goal as a result of the intervention plan, then they may decide to continue the intervention plan with periodic progress monitoring without making changes to the plan.

Multilingual Learners and MTSS

Excerpted from: https://ellevationeducation.com/

Overview

Multilingual learners (MLL) have been misidentified for Special Education programs for decades, which was first noted in the 1960s and continues on today. Around 13% of general education students are identified for special education. For MLLs, the nationwide average is 16% and some states classify over 25%. This may be occurring due to unfamiliarity with the uniqueness of multilingual learners or a lack of understanding of how language acquisition could lead to overidentification. These same factors may also affect MTSS systems. Some problematic factors to consider are:

- Over-reliance on assessments that often misdiagnose language challenges as learning or literacy challenges since cut scores are not measured against "true peers." Note: A true peer shares the same language background, number of years in the U.S., and other key attributes.
- Inconsistent use of progress monitoring assessments for language learning
- Lack of high-quality, culturally-responsive resources for instruction and intervention that integrate content and language learning.
- Appropriate linguistic and cultural supports to address the diverse needs and assets that characterize English learners (ELs) in U.S. classrooms
- Lack of educator knowledge in the unique aspects of language development and how to assess and support language growth
- Challenges in bringing multiple measures and experts together for efficient and collaborative analysis of content, language, and behavioral factors

MTSS includes assessments, instruction, and supports at every tier. Each of these key elements has cultural and linguistic considerations that are key in planning and delivering instruction and intervention.

Assessment

Progress monitoring is a key ingredient in all three tiers of MTSS. Assessments that are used to identify strengths and needs must be linguistically accessible at all language proficiency levels. Linguistic barriers may create false positives on literacy or content assessments that could result in misidentification of where learning supports and interventions are needed and where additional language supports should be provided. To prevent misdiagnosis, it's important to include strong systems to monitor language growth. All states include clear definitions of language proficiency levels that describe what students can do and help educators set goals for language growth. MTSS assessment systems should incorporate these measures so that they can be interpreted alongside content or social emotional assessments. As teams engage in analyzing assessment results, it's also critical that comparisons are made with true peers.

Instruction and Intervention

Teaching and intervention at all three tiers must also address the unique needs and varied levels of language development. Language and learning are interdependent and develop simultaneously. Listening, reading, writing, and speaking should be included when planning learning experiences at all MTSS levels. Instruction and intervention plans must include intentional and rigorous language objectives in addition to content or social-emotional objectives.

All students bring diverse background knowledge and experiences to the classroom. For classrooms with a rich diversity of multilingual students, there are more opportunities for building background knowledge and supporting intercultural connections. With a focus on culturally responsive instruction, you'll be able to validate and nurture your MLLs' authentic ways of being and also help them recognize that cultural differences are strengths everyone can learn from.

Supports

The content or social-emotional interventions that are part of an MTSS must support linguistically diverse learners at varied points in their journey toward biliteracy and biculturalism. ELs vary in terms of language proficiency levels, home language assets, and cultural assets, so a one-size-fits-all approach is not an option. Supports should be strategically planned, amplified to address cognitive load at certain points in the intervention cycle, and diminished to support independence as students grow.

Linguistic Diversity

Diverse MLL home languages bring varied assets and opportunities for Tier 1 instruction and intervention. Some students have language backgrounds with similar letters or sounds and directionality. Others have broadly different alphabetic and text systems. The rich linguistic assets students bring from their home language should be strategically employed to support content and social-emotional instruction and intervention. When possible, enable students to engage in learning while leveraging their home language. In addition, attend to specific opportunities to leverage skills and knowledge that transfer. For every language there are sounds, spellings, grammatical structures, usage patterns, or other linguistic attributes that do not transfer. By equipping educators with information about these linguistic differences, supports can be strategically adjusted to efficiently address unique language needs.

Social-Emotional

Social-emotional supports and interventions must also consider the broad variety of multilingual learners. Cultural norms vary widely, and each unique family and individual within a culture will have their own approach to those broader norms. Students with interrupted schooling or who have experienced trauma will have unique needs and assets. Some newcomers may need high linguistic support but little content or behavior intervention and support. Other newcomers, especially those with interrupted schooling and histories of trauma, may need support and intervention in all three dimensions: language, content, and social-emotional needs. Differentiating all aspects of teaching and assessing must consider the cultural and experiential attributes that students bring.

It's also important to remember that multilingual learners are often doing double the work of their monolingual peers, as they must learn both content and language simultaneously. This is a significant factor in cognitive load - the amount of working memory a person can bring to a task. As educators, interventionists, and language development staff collaborate on meeting the diverse needs of MLLs, plans must consider where to free up cognitive capacity to engage with content learning or social-emotional development; this could mean deciding where to strategically leverage content and assessments in a student's home language or whether to add additional or more intensive language supports.

Supports are critical to provide equitable access to learning, especially when the content language challenge is high. As students develop knowledge in content and language, supports should be reduced to support increased student independence.

Educator Capacity and Collaboration

MLLs spend the majority of their days in mainstream classrooms. Therefore, the general

education teacher has the potential to have an outsized impact on EL language and content outcomes. The use of research-based teaching strategies in mainstream classroom instruction, when delivered by a prepared, highly qualified teacher, can prevent students from falling behind or needing remediation materials. Therefore, the opportunity for impacting outcomes requires building teacher capacity to accelerate language and content learning within culturally sustaining environments. These practices enable MLLs to equitably access high-quality, rigorous, grade-level learning. When schools are able to build teacher capacity and effectively put research into practice, there is ample evidence of student success.1

Managing MTSS through MLL Instruction and Assessment

Pairing a language learning program management and evaluation tool, like Ellevation Platform, with MTSS evaluation, analysis, and implementation resources can be vital for multilingual learners. For both MTSS and EL Program Management, systems must include:

- Consolidated data that enables instructional teams to consider multiple measures of content and language learning
- Systems to set goals and identify strengths and needs
- Collaborative planning, learning processes, and systems to personalize instruction
- Ways to monitor progress in language, social-emotional development, and content learning
- Collaborative processes and systems to evaluate progress data and adjust supports and interventions

Glossary (Exhibit A)

BCBA (Board Certified Behavior Analyst): A board certified behavior analyst is a professional who works with autistic students as well as other students with exceptionalities and other cognitive disorders. They are certified through the Behavior Analyst Certification Board.

Collaboration: The process of working together as a team, involving educators, administrators, families, and community partners to support student success within the MTSS framework.

Cultural Responsiveness: Recognizing and valuing the cultural backgrounds, experiences, and identities of students and incorporating this awareness into instructional practices and interventions.

Case Load: The number of students with an individual education plan for whom a teacher provides direct/indirect services and case management/procedural accountability duties.

Cognitive Load: The amount of mental effort required to process information and complete tasks, influenced by factors such as language proficiency and complexity of content.

Cross-cultural Connections: Connections made between different cultures, facilitating understanding and appreciation of diverse cultural perspectives and practices.

Cross-linguistic Connections: Connections made between different languages, allowing individuals to transfer knowledge, skills, and concepts across languages.

Data Team: A team of educators responsible for collecting, analyzing, and interpreting student data to inform decision-making within the MTSS framework.

Evidence-Based Practices: Instructional strategies, interventions, and programs that have been shown through research to be effective in improving student outcomes.

ELD: English Language Development. ELD refers to instructional programs and strategies designed to support students who are learning English as an additional language.

Family Engagement: Involving families in the MTSS process, including communication, collaboration, and support for families to participate in their child's education.

Fidelity: The degree to which an intervention is implemented as intended, ensuring that it is delivered consistently and with quality.

Intervention: A targeted strategy or program designed to address specific academic or behavioral needs of students.

Language Proficiency Levels: Different stages of language acquisition indicating a learner's ability to understand, speak, read, and write in a particular language.

Linguistically-responsive MTSS: MTSS framework that incorporates linguistic considerations to support language development and learning for multilingual learners.

Problem-Solving Process: A systematic approach used within MTSS to identify student needs, develop interventions, and evaluate their effectiveness.

Professional Development: Training and support provided to educators to build their knowledge and skills in implementing MTSS effectively.

Progress Monitoring: Ongoing assessment of student progress to determine the effectiveness of interventions and make data-informed decisions about adjusting supports.

MTSS (Multi-Tiered System of Supports): A comprehensive framework that provides various levels of support to all students, aiming to improve academic and behavioral outcomes.

MLLS (Multilingual Learners): Students who speak more than one language and are acquiring proficiency in multiple languages simultaneously.

RTI (Response to Intervention): A framework for providing early and systematic support to students who are struggling academically or behaviorally.

Social-emotional Assets: Personal qualities and characteristics related to social interaction, emotional regulation, resilience, and interpersonal skills.

SST (Student Support Team): A multidisciplinary team within a school that collaborates to identify and address the academic, behavioral, and social-emotional needs of students.

Tier 1: The first level of support within MTSS, providing universal strategies and interventions for all students.

Tier 2: The second level of support within MTSS, offering targeted interventions for students who require additional support beyond Tier 1.

Tier 3: The third level of support within MTSS, providing intensive, individualized interventions for students who continue to struggle even after Tier 1 and Tier 2 interventions.

Universal Screening: A process used to identify students who may need additional support or intervention, typically conducted at the beginning of the school year or at regular intervals.

Tiered Interventions Samples (Exhibit B)

Interventions	Tier 1	Tier 2	Tier 3
Reading:			
Extra iReady practice	X		
Listening to CKLA (hub)	X		
Vocabulary list	X		
Trackers (laminating sheets)	X		
Title 1 intervention			
Phonics/phonological awareness slides		X	
Sentence reading/fluency triangles		X	
Word banks		X	
Ability grouping		X	
Extra support after school (i.e. teacher guided extra help)			*X*
Structured Literacy RTI			*X*
Read aloud assessments			*X*
UFLI practice	X	X	X
Writing:			
Writer's checklists	X		
Sentence starters	X		
Modeling/exemplars	X		
Word banks	X	X	
Teacher-guided instruction and practice (small group)		X	

Assistive technology (typing)			X
Graphic organizers	X	X	X
Math:			
Vocabulary list	X		
Extra fluency practice	X		
IXL recommendations/targeted skills	X		
Teacher-guided instruction and practice (small group)		X	
Flexible grouping		X	
Math assistant group		X	
Use of calculator as needed			X
Read aloud assessments			X
Math intervention (NEED A PROGRAM/TRAINED STAFF)			X
Multi-sensory approach	X	X	X
Social/Emotional:			
Movement breaks for self regulation	X		
Practical considerations on peer pairing/group work	X		
Allow option to work independently	X		
Limit use of "cold-calling" in classroom	X		
Visual break pass	X		
Fidgets	X		
Preferential seating	X		
Frequent breaks	X	X	
Anxiety scales		X	
Social/emotional/behavioral communication logs w/ parents		X	

Daily check-in/check-out		X	
Frequent check-ins		X	
Alternative lunch setting		X	
Access to counselor as needed		X	
Lunch bunch		X	X
RTI scheduled SAC visits			X
Modified school day schedule			X
Executive Functioning:			
Consistent classroom routines and procedures	X		
Teach structure of note taking	X		
Visual timer displayed in the front of the classroom	X		
Warnings before transitions	X		
Use of noise-canceling headphones during independent work	X		
Consistent use of organizational log or binder	X		
Redirect attention	X		
Sand timers for individual students		X	
To do lists for desk/binder/locker		X	
Allow extra time for student to process information		X	
Reduce number of items to be completed by student on assignments		X	
Monitor understanding of directions (student restates directions to teacher)		X	
Breaking large assignments into smaller steps		X	X
Teaching how to prioritize tasks		X	X
Creating to-do lists with specific timelines on assignments			X
Have students estimate amount of time to complete a task, time themselves, and then compare			X

Fill in the blank templates/ graphic organizers			X
Reduce amount of written output and allow use of technology alternatives			X
Provide language models/ use of scripts to use in social situations/classroom			X
Access to quiet space to complete work			X
Behavioral:			
Sticker charts	X		
Fidgets	X		
Reflection sheets for consequences	X		
Consistent and clear limits are set for classroom expectations	X		
Movement breaks for self regulation	X		
Provide behavioral feedback individually and not in front of other peers	X		
Practical considerations on peer pairing/group work	X		
Classroom expectations, rules, rewards posted and accessible to students	X		
Frequent breaks	X	X	
Daily report sent home		X	
Preferential seating (close to board/role model peer)		X	
Frequent check-ins		X	
Behavior contracts		X	
Functional Behavioral Assessment		X	
Implement self monitoring and self recording of behavior		X	
Incentive plan with preferred rewards		X	
Individual learning plan (CSC)			X
Multilingual Learners:			
Light to high language support	X		

Visuals (i.e. schedule)	X		
Anchor charts	X		
Knowledge walls	X		
Listening to CKLA (hub)	X		
Use of signals in addition to verbal cues	X		
Highlight key terms on work	X		
Sentence reading/fluency triangles	X	X	
Guided notes		X	
Vocabulary word bank		X	
Sentence starters		X	
Chunked/engineered text		X	
Phonics/phonological awareness slides		X	
Access to dictionary with home language/English		X	

STUDENT SUPPORT TEAM Referral Form SAMPLE (Exhibit C)

Student Name:	Grade:

Malden Public Schools SST Referral Form
Meeting Date:
Meeting Attendees:

Administrator	
School Psychologist / IST Case Manager	
Counselor	
Interventionist	
Mathematics Curriculum Coordinator	
ELA | Reading Curriculum Coordinator	
Teacher(s)	

EDUCATORS

PLEASE FILL OUT PART 1: SECTIONS A, B, & C
Then return to Person
(Email)

Part 1: Preliminary Information

A. Identify the area of concern

Highlight all of the skill areas in which the student is demonstrating difficulty.				
Mathematics	Concepts	Computation	Problem Solving	Reading the problem
Reading	Decoding & Fluency	Vocabulary	Comprehension	Oral Reading
English Language Arts	Composition	Spelling	Organization of ideas	Study Skills
	Explicit Comprehension	Implied Comprehension	Identifying main ideas in fictional text	Identifying key details in fictional text

History/Social Sciences	Vocabulary	Comprehension	Note Taking	Reading informational text
Sciences	Vocabulary	Comprehension	Sequencing / Following Directions (Labs)	Reading scientific texts
Social Emotional	Attention	Emotional Regulation	Attendance	Physical Well-Being
	Social Skills	Impulsivity	Behavior	Task Initiation
Other	*Please specify:* (Social Emotional):			

B. Interventions Attempted Prior to IST

Link to Tier 1 Strategies

Record the universal interventions, and their outcomes, that have been implemented in the classroom by the student's classroom teacher(s) to attempt to remediate the student's area(s) of difficulty. *An example is provided below.*

For a list of DCAP / Instructional Support strategies & intervention click here

Problem Skill or Behavior	Affected Classes	Data Collection Method	Length of Time	Baseline Performance	Outcome & Data	Intervention Success
What skill or behavior is causing barriers to learning?	*In which classes is this problem skill or behavior occurring?*	*How was data collected to monitor the problem?*	*When did the teacher/team start and end this intervention?*	*Without the intervention, describe the student's current performance.*	*After the intervention, what was the result, and what data supports it?*	*Was the intervention successful in improving the problem?*

Problem Skill or Behavior	Affected Classes	Data Collection Tool (Homework log, behavior tracker, etc.)	Length of Time	Baseline Performance	Outcome & Data	Intervention Success

C. Academic Data

Record / hyperlink work samples and/or assessments that demonstrate the problem skill or behavior, and the need for further intervention.

Please include relevant data from at least 2 categories *Classwork & work samples may be hyperlinked from Google Drive*		
Classwork *Hyperlink or show samples of classwork that demonstrate skill deficit*	Class tests, quizzes, assessments, report card *Hyperlink or show samples of assessments that demonstrate skill deficit*	Achievement scores *(MCAS, San Diego, Fountas & Pinnell, etc.)*

Teams: Once Sections A, B, & C are complete, return to Person (email)

Part 2- Preliminary Information *(To be filled out by IST Coordinator, Nurse, Counselor, Administrator)*

Area	Question(s)	Yes	No
Academic History	Has the student recently moved to Malden/US? If yes, where did the student live previously?		
	Is the student an English Language Learner? If yes, how long has the student lived in the U.S.?		
	Did the student attend a preschool/nursery program? If yes, were there any problems with learning or behavior noted?		
	Has the student repeated a grade? If yes, please indicate which grade the student repeated and the reasons for the student's retention.		
	Does the student have a history of problems with school attendance? If yes, please describe and include additional information such as the number of days absent, etc.		
	Has the student received any instructional support services such as previous IST support, Title I, counseling services, targeted interventions, etc.? If yes, please describe the services the student has received.		
	Has the student had any previous evaluations, including psychological, speech, occupational, physical therapy, or achievement testing?		

	If yes, please indicate the types of evaluations and copies of the reports if they are available.		
	Recommendations from the previous year's teachers, other grade level staff, and other staff in the building who have knowledge of this student.		
Health / Medical	Does the student have any medical conditions that may affect his or her progress?		
	Were there any problems with the student's birth or early development? If yes, please describe.		
	Does the child take any medication on a regular basis?		
Social/ Emotional	Has the child been diagnosed with any emotional/behavior or learning disabilities?		
	Has your child received any special treatments (counseling, psychiatric help, holistic medicine, mentoring, etc.) outside of school? If yes, please provide the approximate date/s and type of treatment.		

Part 3 - Referral Information and Current Areas of Difficulty *(Complete during meeting)*

(5 minutes allotted for each question) - Not all questions need to be discussed

1. What concern(s) led you to refer the student to this team?
2. Do these difficulties represent a significant change in the student's academic performance or social behavior from the previous school year?
3. What interventions have already been used in the classroom to try and remediate these concerns? What was the outcome?
4. Based on the data, what interventions should be implemented in the student's *current classroom routine* to make the day successful?

Type of Intervention		Person / Team Responsible	Time Scale	Measurement & Data Collection	Expected Outcome
Tier 1			Start: End:		
			Start: End:		
Tier 2			Start: End:		

			Start: End:		
Tier 3			Start: End:		
			Start: End:		

5. Based on the data, is a referral for evaluation needed at this time?

Yes. This form will be completed to continue gathering data for that referral.

Part 5: Follow Up *(Complete after meeting)*

Check off necessary steps

- ❏ Notify all team members of new intervention strategies
- ❏ Contact Team Chair
- ❏ Contact parents
- ❏ Set up follow-up meeting date

Follow-up Report		
Date:		
Attendees:		
Summary of Results/Outcomes (5 minutes)		

Case Status:

	Significant Improvement- Problem-solved, case closed
	Problem resolved, new problem identified, new support plan developed
	Problem not resolved-new interventions recommended
	Referral for eligibility for 504 plan
	Referral for eligibility for IEP plan
	Other:

Follow-up Plan:

Consent to Exchange Information Form (Exhibit D)

Date: _____

To the parents of: _____ Date of Birth: _____

This consent authorizes information relevant to your child's education to go to, from and between the representatives of theMalden Public Schools t and representatives of the agency and/or the individual listed below. This information will be used to assist in supporting your child's educational and/or health needs.

Agency or Individual: _____

Address: _____ City, ST _____ Zip _____

Phone: _____ Contact (if any): _____

The following information may be exchanged:

- Assessments conducted by district or county office of education teachers/specialists
- Educational records (e.g. grades, attendance, discipline)
- School health and development records (e.g. Immunizations, school health care plans)
- Medical records (specify type in space below) from _____ to _____.
- Assessments from other agencies (e.g. Department of Mental Health, private psychological and educational assessments)
- Other: _____

Authorization shall become effective immediately and will remain in effect for 1 year from the date of parent consent. Parent/Legal Guardian may revoke authorization prior to expiration of the 1-year period. Requested records will become a part of the student's confidential cumulative file. Access to these files is provided only to those individuals or agencies required or permitted by law, or when provided with written parental/guardian consent.

CONSENT

I consent to the exchange of information between the agency or individual listed above and the MPS understand that I may revoke all or any part of this consent by written notification at any time.

Signature of Parent/Guardian: _____ Date:_ _____

Notes: *A separate authorization is required to authorize the disclosure of use of Psychotherapy notes. If this authorization is for the disclosure of substance abuse information. The recipient may be prohibited from disclosing the information under 42C.F.R. part 2.

Consent to Exchange Information Form Cont.

Consent To Use Email and Text Message

Malden Public Schools offers students and their legal guardian the opportunity to communicate via email and text message. In the case of minor students, it will be necessary for the parent/legal guardian to consent to the student communicating with us via text message on cell phone and via email. Transmitting student information by text message and e-mail has a number of risks to be considered before making a final decision regarding its use; these included but not limited to:

- Text messages and e-mail can be circulated, forwarded, or stored in electronic files.
- Text messages and e-mails can be immediately broadcast worldwide and received by many intended and unintended recipients.
- Senders can easily misaddress a text message or e-mail.
- Text messaging is easier to falsify than handwritten or signed documents.
- Backup copies may exist even after the sender and/or recipient has deleted their copies.
- Text messages and e-mails can be intercepted, altered, forwarded, or used without detection or authorization.
- Text messages and e-mails can be used as evidence in court.
- Text messages and e-mails can be lost in transmission.
- Text messages and e-mails sent to the Malden Public Schools staff will only be viewed and responded to during business hours (M-F 8am-5pm). If you have an urgent need, please dial 911

By signing below, I agree and understand the risks involved with text messaging and emailing, and I still agree that this is a form of communication that can be utilized for contact between Malden Public Schools staff, myself and the student. This consent covers the length of time the student is participating in counseling with Malden Public Schools t and/or until the Adult Student or Legal Guardian revokes this consent.

_____	_____	_____
Student's Name	Legal Guardian/Parent Printed Name	Date

_____
Legal Guardian/Parent Signature

_____	_____
MPS Staff / Printed Name	Date

_____	_____
Malden Public Schools / Staff Signature	Date

Developmental History Form (Exhibit E) (For brief psychological intake refer to the *)

Student Name*:_____ Date of Intake*:_____

Behavioral Health Professional Conducting Intake*: _____

Identifying Information*:

DOB: _____ Age: _____ Grade: _____ Ethnicity: _____

Preferred Language: _____

Gender Identity*:

▢ Male ▢ Female ▢ Intersex ▢ Gender Queer ▢ Gender Non-Conforming

Student and Family Strengths*:

Student's Strengths (e.g., skills, personality traits, intelligence, resiliency, insight, etc.):

Family's Strengths:

Referral Source/Reason for Referral*:
Describe the student's current symptoms and behaviors (include onset, intensity, duration, and frequency) and how these impairments impact the student's educational learning.

Family and Developmental History:
Family Unit: Interested in how your family works. Who lives in the home? What does your family do together? What are the rules? Who sets them? What happens when you break the rules?

Family Member Name	Relationship	Age

Comments:

Family Stressors:
(medical, financial, grief/loss, etc.)

Cultural History:
Cultural & Spiritual Factors (e.g., ethnicity, immigration, acculturation, language, religion): Do any cultural factors affect client's treatment?

Family History:
Mental Health/Substance Use (e.g., family history of mental health concerns, suicide, divorce, substance use, incarceration, etc.).

Developmental History:
Prenatal/birth/childhood information 0-6 years (include pregnancy, developmental milestones, environmental stressors and other significant events).

Latency 7-11 years (include peer relationship, extracurricular activities, delinquency, environmental stressors)

Adolescence 12-17 years (include onset of puberty, extracurricular activities, teen parenthood, delinquency, gang involvement, environmental stressors)

Mental Health History*:
Outpatient Providers

Provider Name	Dates of Treatment	Presenting Problem	Diagnosis	Response to Treatment

Prior Hospitalizations:*
(dates, outcomes, recommendations from hospital or treatment center)

History of Trauma or Exposure to Trauma:*
(include has student ever been: physically hurt or threatened by another, raped, lived through a disaster, experience act of terrorism, severe accident, witnessed violence, felt you were abused due to your race, or victim of a crime).

Risk Factors:*
Aggressive, violent behavior, vandalism, fire setting, danger to self, danger to others and include level of impairment

***Suicide Risk Assessment and Safety Planning**:*
- I have completed the C-SSRS screener to determine level of risk.
- I have created a safety plan with the student and provided the student with a copy of it.

Eating Disorders:
Are there any concerns with eating? Have you ever been diagnosed with an eating disorder? If yes, what is the treatment history?

Substance Use Screening*:

During the past 12 months, did you: (check one box)

1. Drink any alcohol (more than a few sips?) ▢ Yes ▢ No
2. Smoke or Vape any marijuana or hash? ▢ Yes ▢ No
3. Use anything else to get high? ▢ Yes ▢ No
    a. This includes illegal drugs and stimulants, Over the Counter (OTC medications, prescription drugs, and things that you sniff or huff).

If answered yes to any of the questions above, then ask the questions below. Please check one box.

1. Have you ever driven or ridden in a CAR driven by someone who was high or intoxicated? ▢ Yes ▢ No
2. Do you ever use alcohol or drugs to Relax, feel better about yourself, or fit in? ▢ Yes ▢ No
3. Do you ever use alcohol or drugs while you are by yourself or alone? ▢ Yes ▢ No
4. Do you ever forget things you did while using alcohol or drugs? ▢ Yes ▢ No
5. Are you ever told you should cut down on your drinking or drug use? ▢ Yes ▢ No
6. Have you ever gotten into Trouble while you were using alcohol or drugs? ▢ Yes ▢ No

Please describe if there is any current use of any substances: (i.e. alcohol, marijuana other illegal drugs, and vaping)

Were there any risk factors identified based on clinical judgment?

Has the student ever received professional help for the use of alcohol or drugs?

Legal: *Have you ever been arrested? Have you ever been on probation or parole? Why? For what?*

School Elopement:

Has the student ever had any history of elopement? If so, please describe the incident, interventions used and the outcome

Please describe how often the student has eloped from any setting (home, school, community place).

Please describe if there were any triggers that led the student to elope from any setting.

Does the student wander? If so, does the student have any risky behaviors like opening doors, running into the middle of the street?

School Avoidance:

How often has the student had bad feelings about going to school because they are afraid of something related to school?

How often does the student stay away from school because it is hard for them to speak with other students at school?

Is there anything that makes it hard for the student to come to school?

When the student is not in school during the week, how often do they leave the house and do something fun?

How often does the student stay away from certain places in school where they have to talk to someone?

How often does the student refuse to go to school due to somatic complaints or is in the nurse's office at school?

Does the student have any attendance issues? If so, please describe the barriers and challenges and if the student has ever been involved with the attendance board. Also include how many days a student has attended school in the last month.

Medical and Sexual History:

Current Medical Status (medical conditions, allergies, primary care physician):

Sexual History depending on age - sexual orientation, gender identity, pronouns, birth control

Mental Status Exam*:

A mental status exam is a structured way of observing and describing a student's psychological and emotional functioning in specific categories.

Please mark the appropriate box(es) under each category.

Appearance:	▢ clean ▢ well-groomed ▢ disheveled ▢ bizarre ▢ malodorous
Motor:	▢ WNL ▢ decreased ▢ agitated ▢ tremor ▢ tics ▢ repetitive ▢ impulsive
Behavior:	▢ cooperative ▢ evasive ▢ uncooperative ▢ threatening ▢ agitated ▢ guarded ▢ combative
Consciousness:	▢ alert ▢ lethargic ▢ stuporous
Orientation:	▢ unremarkable ▢ remarkable specify:
Speech:	▢ WNL ▢ slurred ▢ loud ▢ pressured ▢ slow ▢ mute
Affect:	▢ unremarkable ▢ labile ▢ restricted ▢ blunted ▢ flat ▢ congruent ▢ incongruent
Mood:	▢ WNL ▢ depressed ▢ anxious ▢ euphoric ▢ irritable ▢ congruent ▢ incongruent
Thought Process:	▢ coherent ▢ tangential ▢ circumstantial ▢ loose ▢ paranoid ▢ concrete
Delusions:	▢ persecutory ▢ grandiose ▢ referential ▢ somatic ▢ religious
Hallucinations:	▢ auditory ▢ visual ▢ olfactory ▢ gustatory ▢ tactile
Intellect:	▢ unremarkable ▢ remarkable specify: _____
Memory:	▢ unremarkable ▢ remarkable specify: _____
Insight:	▢ unremarkable ▢ remarkable specify: _____
Judgment:	▢ unremarkable ▢ remarkable specify: _____

Medications*:
Current/ previous medications (include all prescribed- over the counter, and holistic/alternative remedies):

Rx Name	Dosage	Date Started	Prescriber	Current	Past

Recommendations*:
Narrative Summary of Findings

Recommendations of Eligibility(acceptance/denial) of Tier 2 or 3 Intervention

_____ _____
Malden Public Schools Staff / Printed Name Date

_____ _____
Malden Public Schools Staff / Signature Date

Plan of Care (Exhibit F)

Student Information	Provider Information		
Student Number:	Staff Completing Plan:		
Student Name:	Plan of Care Start Date:		
DOB:	Plan of Care End Date:		
Problem/Symptom:			
Long-Term Goal (Tier 3): Anticipated Date:			
Short Term Goals	Date Established	Projected Completion Date	Date Achieved
Name of Interventions Provided	Frequency	Duration	Staff Responsible
Review Date:	Progress:		

_____ _____
Legal Guardian/Parent Printed Name Date

_____
Legal Guardian/Parent Signature

_____ _____
Staff Printed Name Date

_____
Staff Signature

Writing Social Emotional & Behavioral Health Goals (Exhibit G)

This document is a technical assistance tool that can help staff to:

- Understand the components that compose a Plan of Care
- Understand how to conceptualize the student psychosocial intake results and how it ties into the behavioral health goal
- How to create behavioral health goals for the Plan of Care and evaluate if they are effective
- How to report progress on behavioral health goals

8 Components That Compose Plan of Care (General Education)

1. Presenting problem
2. Long Term/Short Term SMART Behavioral Health Treatment Goals
3. Name of interventions/services
4. Frequency of services
5. Duration of services
6. Staff responsible for services
7. Start and end dates of goals
8. Consistency between intervention and identified impairments

Case Formulation & Conceptualization

Intake Results:

- The current symptoms result in a disabling consequence which affects their educational learning and/or daily functioning.
    - **Example:** Student has current symptoms of running out of the classroom when he is upset, 4 out of 5 days since March 2021. Students also kick and bangs on walls 4 out of 5 days which disrupts the class. Due to these behaviors, students miss the teacher's instruction and are performing below grade level in reading, math, and writing.

Behavioral Health Goals Results:

- Reduce symptoms' intensity and level of psychological distress
    - Example: Reduce running out of the class when student becomes upset
    - Example: Reduce kicking and banging on walls when student becomes upset

Writing Behavioral Health Goals

- The behavioral health goals must be specific, observable, and measurable and stated in terms of the specific impairment identified in the intake and clinical formulation based on the need. They should be related to the

specific functioning areas listed in the “Long-Term & Short-Term Goals” in the plan of care for students. They should follow S.M.A.R.T format. (Specific, Measurable, Attainable, Relevant, Time-Framed)

How specific, observable, measurable should the behavioral health goals be?

1. They should be specific, observable, and measurable enough so that both you and the student, parent/legal guardian are likely to agree on the point in time when the goal is achieved. The focus of the goal is the actual demonstration of new skills, abilities and/or the decrease of an obstacle or impairment.
2. The behavioral health goals should be based on the level of intervention. (Tier 2 or 3)
3. The behavioral health goals should focus on the areas of social emotional/behavioral, and social skills.
4. Before you write the behavioral health goal, you should identify what the baseline is for the student.
    - It is important to identify the baseline to be able to measure the progress the student has made and identify the areas of improvement the student needs to make.
    - Example: Currently, Tommy utilizes the “Four Zones of Regulation” instead of kicking and banging on the walls,
      1 out of 5 days per week as evidenced by teacher and school counselor observations and reports.
5. Formulating a Behavioral Health Goal: Using action words, describe the specific changes expected in measurable and behavioral terms, and include target date. The “as evidenced by” prompt can be helpful to ensure measurability.

Duration (time-limited)	By (date),	**By 5/15/2022,**
Subject	Student will	**Tommy will**
What/Action	Specific behavioral change related to the student’s social-emotional & behavioral health needs & functional impairments as a result of the current symptoms	**increase the use of the self- regulation tool: “Four Zones of Regulation” instead of kicking and banging on walls**
Measurable	How often?	**4 days in a week in 10 min intervals 3-4 times each day.**
As evidenced by? (measurement)	How will the student know they are improving in this area? (e.g. teacher observation and report)	**as evidenced by teacher and school counselor quantitative observation and data reports.**
The behavioral health treatment goals are the outcome of action steps and interventions–they should display a change in functioning as related to the need established in the student psychosocial intake.		
By 5/15/2022, Tommy will increase the use of the self-regulation tool ”Four Zones of Regulation” instead of kicking and banging on walls, 4 out of 5 days a week (from a baseline of 1 out of 5 days a week) as evidenced by teacher and school counselor		

observation and report.

Examples of Behavioral Health Goals

Behavioral Health Goal from IEP	Acceptable Behavioral Health Goal	Explanation of acceptable documentation
By 10/23/2021, when upset Julie will remain respectful towards staff and students with 70% success as measured by teacher observation and records.	By 10/23/2021, when Julie is upset, she will use respectful language (thank you, please, no profanity) when speaking with staff and peers with 70% success as measured by teacher observation and records.	When writing the behavioral health goal, it is important to make sure the words you are using are clear and specific, and mean the same thing by whomever is reading the goal. Here, it is unclear what "remain respectful" means.
By 9/9/2021, Jim will communicate with staff when he is experiencing stress/anxiety with 50% success as measured by teacher observations and records.	By 9/9/2021, Jim will verbally communicate to staff when he is feeling worried instead of hiding under the table, with 50% success as measured by teacher observations and records.	When writing the goal, it is important that it is measurable. Here, how will the student "communicate" with staff? It is also unclear what "anxiety" looks like for this student. Are there certain behaviors that are displayed when the student is worried? Or if the student is feeling worried and does not display any behaviors, how does one measure it?
By 5/20/2021, Joe will think before he speaks 2 times a week across 5 data days.	By 5/20/2021, Joe will use respectful language (please, no thank you, please can you leave me alone) and no profanity when he speaks with staff and peers 2 out of 5 days as measured by teacher observation and records.	When writing the goal, it is important to be able to measure it. Here, how will staff know if the student" is thinking before he speaks?" Also, it is important to include how this goal is going to be measured.
By 3/3/2021, Rick will be able to understand another person's perspective with 70% correctness for one month as measured by observation record.	By 3/3/2021, when Rick is interacting with another student, he will utilize "reflective listening skills" instead of blurting out angry statements such as "You are mean!" for 60% of his interactions for 2 consecutive days with other students as evidenced by teacher observations and records.	When writing the goal, it is important to be able to measure it. Here, how will staff be able to tell when the student is "able to understand another person's perspective?" Also, it is important to think what skill or replacement behavior is being learned by the student and that the goal is attainable.

Reporting Progress on Behavioral Health Goals

When reporting on the progress on a behavioral health goal, it is important to consider the following:

- How often has the student been using the replacement behavior or tool identified in the goal?

- How has progress been measured? Were the measurements used in both the goal and baseline consistent?
- What was the student's baseline?
- What difference has the student's use of the replacement behavior or tool made in comparison to the baseline?
- Have the student's maladaptive behaviors decreased? If so, by what percentage?
- How has the student's progress on this behavioral health goal improved the student's daily functioning and/or educational learning?

Example:

Student's Baseline: Currently, Tommy utilizes the "Four Zones of Regulation" instead of kicking and banging on the walls,
1 out of 5 days per week as evidenced by teacher and school counselor observations and reports.

Behavioral Health Goal: By 5/15/2022, Tommy will increase the use of the self-regulation tool, "Four Zones of Regulation", instead of kicking and banging on walls, 4 out of 5 days (from a baseline of 1 out of 5 days) as evidenced by teacher and school counselor observation and report.

1st Progress Report (after 4 months): Tommy has used the self-regulation tool "Four Zones of Regulation" 2 out of 5 days instead of kicking and banging on walls. Tommy is able to identify the different zones, blue, green, yellow and red, and is learning how to use the different strategies under each zone.

2nd Progress Report (after 8 months): Tommy has used the self-regulation tool "Four Zones of Regulation" 3 out of 5 days instead of kicking and banging on the walls. Tommy is able to identify his emotions and has increased the use of different strategies under each zone. However, he is still learning how to apply the tool more consistently. Tommy is able to focus in class and has improved his performance in math.

3rd Progress Report (after 12 months): Tommy has used the self-regulation tool "Four Zones of Regulation" 4 out 5 days instead of kicking and banging on the walls. Tommy is able to identify his emotions and understand the relationship between his behaviors and emotions. He is able to focus better in class and does not disturb the class but rather uses one of the strategies listed under the Yellow Zone. This goal has been met.

Things to Consider: Crafting Effective Behavioral Health Goals

Things to consider to evaluate if your behavioral health goal is effective:

- Do you understand what the problem is?
- Is the behavioral health goal connected to the functioning areas identified by the clinical psychosocial intake and will help improve access to the student's educational learning?
- What is the skill or strategy being taught to replace the maladaptive behavior?
- Is it logical/reasonable that your intervention will reduce the disabling/maladaptive behavior?
- Has the goal been developed following the "S.M.A.R.T." format?

What do you do if the student is not making progress towards the behavioral health treatment goal?

- Evaluate the interventions that you are using

- Consider using different interventions to work towards the identified goal
- Do a consultation with another school counselor on the team to identify other interventions that could be utilized

Exit Form (Exhibit H)

Please complete and submit to the SST Team/MTSS Social-Emotional & Behavior Support Staff.

Student Information	Provider Information
Student Name:	Staff Completing Plan:
DOB:	
Describe the student's progress in treatment and how it benefited them in their educational environment.	
Rationale for Exiting the student	
Recommendations and Coordination for Lower Level of Care: Describe what interventions the student needs and what coordination has been completed.	

_____ _____

Staff Printed Name Date

_____

Staff Signature

Columbia - Suicide Severity Rating Scale (Exhibit I)

	Past month	
Ask questions that are in bold and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1. **Have you wished you were dead or wished you could go to sleep and not wake up?**		
2. **Have you actually had any thoughts of killing yourself?**		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3. **Have you been thinking about how you might do this?** e.g. "*I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it….and I would never go through with it.*"		
4. **Have you had these thoughts and had some intention of acting on them?** as opposed to "I have the thoughts but I definitely will not do anything about them."		
5. **Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?**		
6. **Have you ever done anything, started to do anything, or prepared to do anything to end your life?** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	**Lifetime**	
If YES to 6, ask: Was this within the past 3 months?	**Past 3 months**	

Continued on Backside

Possible Response Protocol to C-SSRS Screening	
Item 1	Behavioral Health Referral
Item 2	Behavioral Health Referral
Item 3	Behavioral Health Referral
Item 4	Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 5	Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 6	Behavioral Health Referral
Item 6	**3 months ago or less:** Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

Safety Plan

Exhibit J

Please complete a safety plan with the student and provide a copy.

Student Name:_____ Date:_____

Staff's Name of who is completing it: _____

Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Internal coping strategies – Things I can do to take my mind off my problem without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

People and social settings that provide distraction:

1. Name:_____ Phone: _____
2. Name:_____ Phone: _____
3. Name:_____ Phone: _____
4. Place: _____
5. Place:_____

People whom I can ask for help:

1. Name:_____ Phone: _____
2. Name:_____ Phone: _____
3. Name:_____ Phone: _____

Agencies I can contact during a crisis:

1. **911 for Emergency**
2. **CHA Urgent Care/Mobile Crisis: 833-333-2030**
3. **24-hour Suicide Prevention Lifeline (Nationwide): 1-800-273-TALK (8255) or 988**

Things I can do to make my environment safe:

1. _____
2. _____
3. _____

The one thing that is most important to me and worth living for is:

_____

MASMHC Therapy Goals and Service Delivery Checklist (Exhibit K)

Current Performance Level

- ❏ Does the **current performance level** include baseline data relevant to the outcomes the service will seek to achieve?
- ❏ Does the **current performance level** include student strengths and a specific description of what the presenting problem looks like for the student?

Is it clear what the student's presenting problem is? If not, what data exists to identify what the presenting problem is or if one even exists?

Measurable Annual Goal and Benchmarks

- ❏ Does the **measurable annual goal** match the expected outcomes of the service being provided (decrease in symptom presentation and increase in emotional regulation; decrease in behavioral reports; increase in engagement, etc.)?
- ❏ Does each **benchmark** relate to the outcome of the service outlined in the measurable annual goal?
- ❏ If you indicate that a **benchmark** has been met, is this an indication that you have made progress toward the intended outcome of the service or that you have simply offered the service?
- ❏ Can you actually measure with fidelity the intended outcomes outlined in the **measurable annual goal and the benchmarks**?

Supporting students in learning coping skills, identifying emotions, engaging in the therapeutic process, etc. are critically important process outcomes, however the intended outcome of therapy is a decrease in symptom presentation and an increase in emotional regulation.

Each case is different, however when considering the concept of emotional regulation, please consider:

1. *A decrease in symptom presentation to an average or low score range*
2. *Maintenance of symptom presentation in the average or low range over several weeks (6-8)*
3. *Maintenance of symptom presentation while services are faded*

Service Delivery

- ❏ Does the **service** match with the presenting problem?
- ❏ Is the **service** being offered an evidence-based practice (EBP)?
- ❏ Has **service delivery** been drafted that will allow for adjustments to practice to take place (i.e. minimum of x minutes per month)?
- ❏ Will you be able to fade the **service delivery** after reviewing progress data?

Considering the details of each case and drawing upon available research will help to guide decision-making regarding the length of treatment. Cognitive Behavioral Therapy (CBT) has been shown to be effective after approximately 3-6 months. When determining the appropriate length of service, consider the entire case history, including the length of time since the onset of symptoms, the severity of symptom presentation, and the protective and risk factors that the student will contend with. Planning for a lengthier course of treatment and then proposing an amendment if the treatment is successful in a shorter period of time may be a more conservative approach to planning service delivery.

Progress Monitoring

- ❏ Does your **progress monitoring** plan include high frequency collection of data?
- ❏ Does your **progress monitoring** plan incorporate multiple measures to track student growth, including at least one primary measure used to gauge symptom presentation (for therapeutic service delivery)?

It is important to consider whether you are using measures that are directly related to the presenting problem. Secondary measures that speak to the impact of the decrease in symptom presentation and the increase in emotional regulation (student engagement, attendance, prosocial measures, etc.) will strengthen the justification to adjust practice and, eventually, to terminate services.

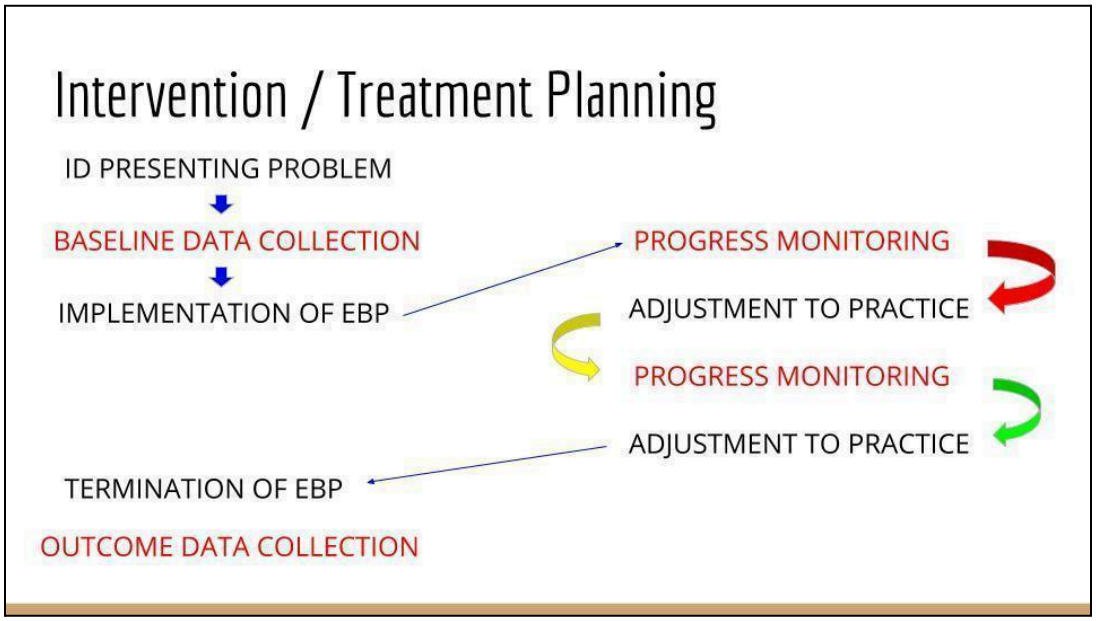
Adjustments to Practice

- ❏ Has data been regularly reviewed to identify potential opportunities to adjust practice?
- ❏ If my data has flatlined, how does this inform my approach?
- ❏ Have I sought out consultation to inform my practice?

As services are delivered, adjustments to practice may include:

- *A decision to implement a different EBP*
- *Increase in service delivery*

- *Decrease in service delivery*
- *Shifting focus to a different presenting problem*
- *Addition of progress monitoring measure to capture growth in a different area*



Academic, Medical and Behavioral Health Organization Chart (Exhibit L)

Malden H.S	ELC	Beebe	Forestdale	Salemwood	Linden	Ferryway
Administration						
Head principal and four House Principals	Head principal and 1 assistant principal	Head Principal and 3 Assistant Principals	Head Principal and 3 Assistant Principals	Head Principal and 3 Assistant Principals	Head Principal and 3 Assistant Principals	Head Principal and 3 Assistant Principals
Specialized Instructional Support Personnel						
7 Social workers 7 School Counselors	1 Social Worker	3 Social workers, 1 School Counselor	3 Social Workers, 1 School Counselor	3 Social Workers, 1 School Counselor	3 Social Workers, 1 School Counselor	3 Social Workers, 1 School Counselor
Medical Personnel						
3 Nurses	1 Nurse	2 Nurses	2 Nurses	2 Nurses	2 Nurses	2 Nurses
Special Education Personnel						
1 Program Manager 2 team chairs	1 Program Manager 1 Team Chair	Shared Program Manager 1 Team Chair	Shared Program Manager, 1 Team Chair	Shared Program Manager, 1 Team Chair	Shared Program Manager, 1 Team Chair	Shared Program Manager, 1 Team Chair
Specialized Consulting Personnel						
1.75 School Psychologist, 1 BCBA	1.25 School Psychologist 2 BCBAs	1 School Psychologist, 1 BCBA,	1 School Psychologist, 1 BCBA,	1 School Psychologist, 2 BCBAs,	1 School Psychologist, 1 BCBA,	1 School Psychologist, 1 BCBA,
Academic Instructional Support Personnel						
1 Math Coach		1 Math Coach, 1 Literacy Coach	1 Math Coach, 1 Literacy Coach	1 Math Coach, 1 Literacy Coach	1 Math Coach, 1 Literacy Coach	1 Math Coach, 1 Literacy Coach