Picolata Crossing Elementary School
Response to Intervention (RtI) Criteria for Behavior Tier II Plan

Student Name _____Teacher _____ Grade _____

Criteria for a Behavior RtI Tier II Plan

Tier I Data:	Yes	No
Office discipline and /or bus referrals (**Documented** significant behavior incidents (disrupts learning of the student or others) requiring administrative/support staff intervention) (average of 2-3 weekly) *		
Completed ABC Forms (Antecedent, Behavior, Consequences)—minimum of 2 weeks *		
Classroom behavior interventions beyond peer group (please attach information) *		
Behavior significantly impacting grades (attach current grades)		
Majority of students responding to classroom management systems *		
Has student required crisis management procedures?		

Must be checked "yes" for a formalized tier 2 plan to be considered.

Other Information:	Yes	No
Excessive absences or tardies (5 or more absences per quarter)		
Medical diagnosis [1]		
Family changes [1]		
Behavior substantially disrupts classroom instruction?		
Can the student exhibiting the behavior still learn?		
Can the other students in the classroom still learn?		

[1] **If yes, please explain in the comments below.**

Additional Comments:

_____
_____
_____
_____
_____

To be Completed by a Member of the RtI Team	
No additional intervention is needed at this time	
Consultation with the RtI team for intervention suggestions (no formalized plan)	
Formalized Tier II plan for behavior is recommended	

Date Reviewed by the MTSS/RtI Team: _____

St. Johns County School District
Intervention Services
40 Orange Street, St. Augustine, FL 32084

Behavior Observation #1

Student: _____ Grade: _____

Teacher: _____ Date: _____

Instructions: Complete the following questions based on your experience with the student.

1. What are the student's strengths and interests?

2. What is the student's area of greatest difficulty? Any academic concerns?

3. What people, things and activities does the student like most / least?

4. Which of the student's behaviors are the most problematic for you?

5. Under what circumstances do these behaviors occur most frequently? (Who, what, when, where?)

6. Can you tell when the student is going to behave this way? How?

7. Do you think there are environmental, medical, or family reasons for these behaviors?

SECTION ONE: TEACHER INPUT & CLASSROOM DATA

Directions: Tier 1 Data needs to be completed by the classroom teacher prior to the Behavior MTSS/RtI meeting. Please return to your school's MTSS/RtI contact.

1. What is your classroom behavior plan? Please attach a copy of the classroom behavior plan.

2. Has the classroom behavior plan been adjusted for this student? If so, how?

3. How does the student's behavior differ from that of his/her peers? (Data from at least a two week period)

Number of students in class: _____   Number of students in grade level: _____

Student	*Peers*
___ # discipline referrals	___ # discipline referrals
___ # rewards earned	___ # rewards earned
___ # consequences received	___ # consequences received
___ # other _____	___ # other _____

4. **Request and complete ABC Forms** (to collect data to guide behavior interventions)
.
5. MTSS team completes ABC data collection summary.

SECTION TWO: PEER COMPARISON DATA

PRE-INTERVENTION PEER COMPARISON

Directions: Comparison data collected by MTSS team members before interventions are implemented.

Example:

Data Source	Student	Class	Grade Level
Example-Referrals	*Avg. of 6 referrals per month*	*Avg. of .5 referrals per month*	*Avg. of .25 referrals per month*

Review Date: _____ **MTSS Team Member:** _____

Data Source	Student	Class	Grade Level

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POST-INTERVENTION PEER COMPARISON

Directions: Comparison data collected by MTSS team members after interventions are implemented.
(Note: This may be used throughout the MTSS/RtI process to determine the overall effectiveness of an intervention and must be completed if student is being referred for ESE consideration.)

Review Date: _____ **MTSS Team Member:** _____

Data Source	Student	Class	Grade Level