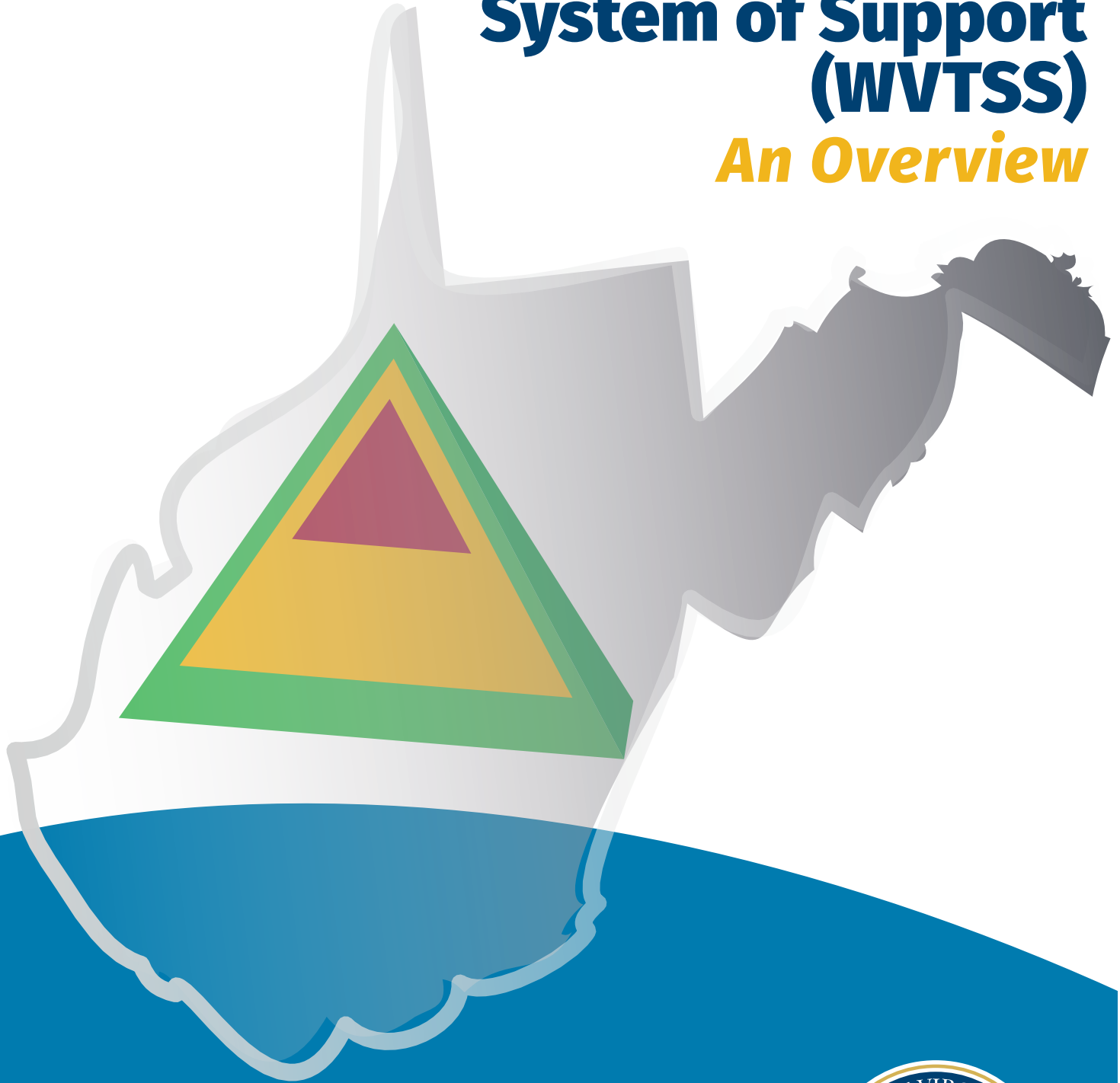


West Virginia Tiered System of Support (WVTSS) *An Overview*



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2020-2021**

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Preface

Supporting the Whole Child

The West Virginia Department of Education (WVDE) is committed to providing public education that prepares all students for life in a global society through equitable educational opportunities that include high-quality resources, strategies, and personnel. Today, more than ever before, it means addressing not only students' academic needs but their behavioral and mental health needs as well.

As stated in both WVBE Policy 2510 and WVBE Policy 2520.19, the West Virginia College- and Career-Readiness Dispositions and Standards for Student Success for Grades K-12 also address the importance of supporting the whole child and meeting their behavioral and mental health needs as a vital part of meeting their academic needs. Policy 2520.19 states, "Students shall develop attitudes, knowledge, skills, and dispositions in relation to personal and social development; academic and learning development; career and life planning; and global citizenship. These dispositions are critical to the holistic development of all students and require integration into all aspects of each student's educational experience."

To address the myriad needs of our students in today's challenging world, we must develop a personalized learning environment tailored to students' needs, skills, and interests. This environment must also be based on individual, standards-based learning plans collaboratively designed by students, families, and teachers. This type of learning is supported by educators who provide guidance, structure, scaffolding, evidence-based instruction and unique learning opportunities to all students.



A Whole-Child Focus for All Learners

WTSS provides a framework that supports the whole child. Schools implementing WTSS encourage appropriate challenge, safety, health, active engagement, and support for all students.

The graphic above is centered on the components that support the whole child including mental health, academics, and behavior. Mental health includes emotional, psychological, and social well-being that affects how individuals think, feel, and act. Academics relate to a student’s learning in curricular subjects such as English language arts, mathematics, science, social studies, etc. Behavior is defined as the way an individual acts or behaves in response to other people, stimuli, and situations.

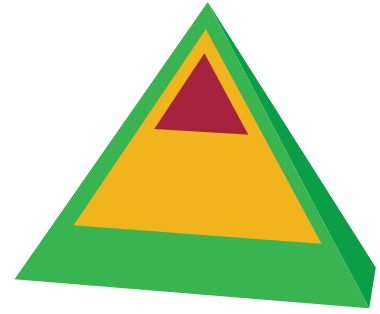
The three components of academics, behavior, and mental health are supported by the pieces outlined in the graphic’s outer ring including family & community, culture & climate, leadership & teams, and assessment. These pieces are essential components of a successful WTSS framework and are discussed throughout this document.

Purpose of Document

The purpose of this document is to provide guidance for a comprehensive multi-tiered system of support for all students. This guidance is based on current research for the development, improvement, and implementation of WTSS (States et al., 2017). The ultimate purpose of WTSS is to enhance the success of all students across the full spectrum of academic, behavioral, and mental health competencies.

Overview of the System

Introduction to Tiers



Support frameworks for academics, behavior, and mental health use common descriptors. WVTSS includes three tiers across all frameworks: universal, targeted, and intensive.

The universal tier, or Tier 1, includes instruction and support that is delivered to all students. Every student should continue receiving universal instruction at Tier 1 regardless of any targeted (Tier 2) or intensive (Tier 3) support they may also receive. If 75-80% of students are not successful at this tier, the universal instruction and supports should be carefully reviewed.

The targeted tier, or Tier 2, supports approximately 10-20% of students who have not demonstrated growth at the universal level. Targeted supports provide more in-depth scaffolding and may include small group sessions (15-30 minutes) 2-3 times per week and are monitored every 2-3 weeks to ensure that the intervention is appropriate to the student's needs. Targeted supports consist of brief interventions and skill-building provided in small group settings. The amount of time and number of sessions are flexible and determined by need.

The intensive tier, or Tier 3, supports approximately 5-10% of students who have not shown growth at the targeted level or are already experiencing mental health distress. Intensive supports provide increased individualized attention, longer and more frequent sessions, and progress monitoring every one to two weeks. Some intensive behavioral or mental health supports may be provided through referrals to outside services.

WVTSS and Exceptionalities

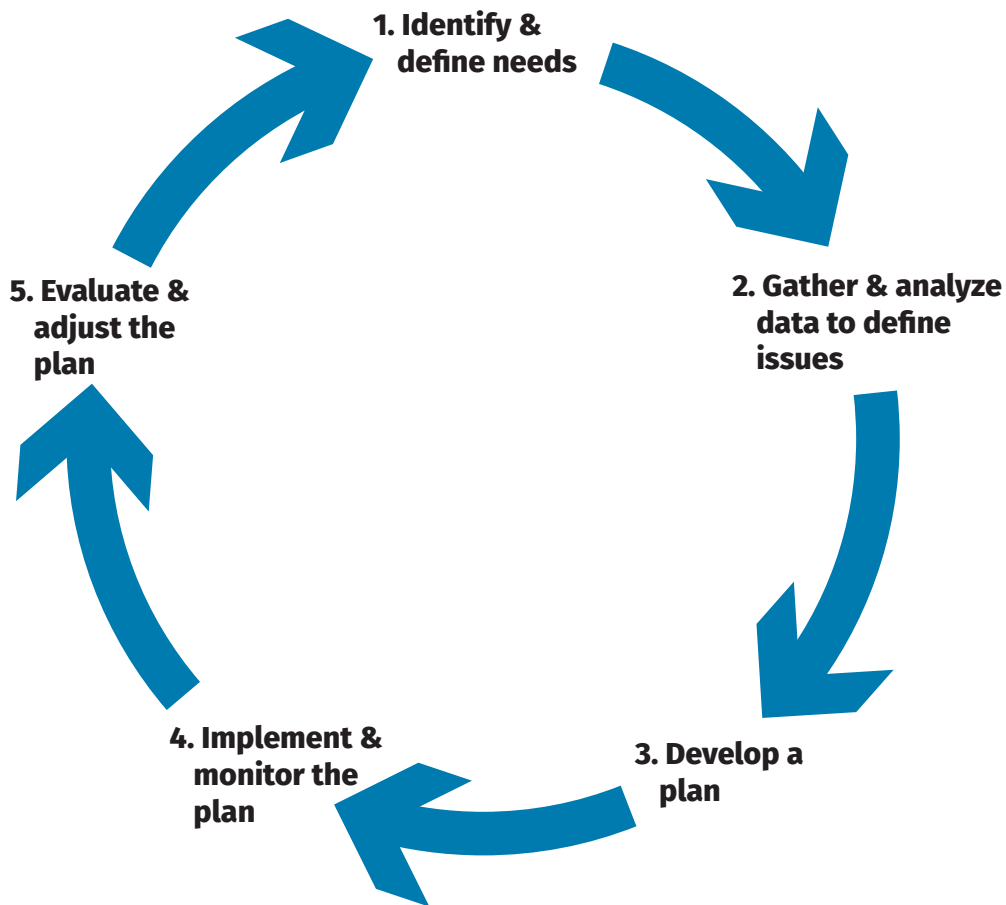
WVTSS is a framework to be used with all students. Approximately 75-80% of students are successful using the universal tier of instruction and its typical supports. This process should also be followed for students who are gifted, English Learners (EL), and those who have a documented disability.

Access to the resources available to all students under the WVTSS implementation must also be available to students who are already receiving services under IDEA through an Individualized Education Program (IEP), Section 504 Plan, or EL plan. Eligibility for an educational program does not supplant the student's ability to access these supports. An example would include a student who meets the requirements of having a disability with a Communication Disorder and has an IEP in place with appropriate classroom supports and related services; however, the student begins to exhibit emotional or behavioral concerns. Supporting the student and case manager/speech-language pathologist by implementing the WVTSS framework would be necessary as a part of the school team's response to this student's increasing level of need.

After a student has experienced interventions through all three tiers and is still not able to make adequate progress based on individual goals set by the committee, they could be referred to the Student Assistance Team (SAT) to increase the formal structure of interventions, support, data monitoring, documentation and parent involvement. For some students the SAT may result in an evaluation for special education services. However, a referral could have been made during any stage of the process. WVTSS is not a substitute for special education but ensures that students do not have to endure detrimental or prolonged failure before they receive appropriate support, including a free and appropriate public education (FAPE) with special education services.

The WVTSS Problem Solving Process

With leadership and guidance from the county office, the school must establish a consistent process for identifying and addressing students' needs. This process should include examining screening data, analyzing causes for the limited response to universal instruction, developing instruction to increase student achievement, and ensuring all students are learning. The problem solving process is the same for groups or individual students and is carried out by various teams described in-depth on pages 16-20. The team members will have various roles in this continuous cycle of examining data and modifying the plan to address student needs. The team makes curriculum decisions, schedules instruction, determines student groups, and allocates resources as needed. The process has five steps:



1. Identify and Define Needs (Identify the gap.)

Review student data while keeping in mind the following types of questions:

- » Is the student progressing as expected?
- » If not, in which areas does the lack of progress occur?
- » How does the student's progress compare to the rest of the class?
- » Is there a slight or a significant gap in learning?
- » Are other students showing the same lack of progress?
- » Has the student expressed any concerns about his/her progress?

After reviewing the data, define the student’s challenges using direct, observable, measurable terms related to academics, behavior, or mental health. Skill deficits are defined as the difference between what is observed or measured and what is expected for a student. Many skill deficits can be addressed and resolved at the universal tier, which includes universal supports for all students (e.g., Universal Design for Learning, differentiated instruction, scaffolding). However, students with more significant skill deficits are likely to need targeted or even intensive supports. Mental health wellness and prevention can be addressed and resolved at the universal tier, which includes universal supports for all students (e.g., positive school climate, positive behavior supports, and social-emotional learning). Students whose needs cannot be met with universal supports or who are already experiencing significant distress are likely to need targeted or even intensive services and supports.

2. Analyze the Student’s Needs (Understand why the gap has occurred.)

Once the student’s needs are determined, it is essential to discover why the student has these needs, so the goal of this analysis is to answer the question, “Why is this challenge occurring?”. To answer this question, first, gather and consider the data, then develop, describe, and communicate to the team potential hypotheses about the probable causes of the problem. Finally, confirm or disprove the hypotheses by gathering and reviewing additional data. That data may include an examination of classroom products, information provided by the parents, observations in the instructional setting, focused assessments, or data from other district or state assessments.

Some questions for the team to ask in analyzing the problem include:

- » Does the student’s data indicate a deficit in foundational skills?
- » Has the student received high-quality, research-based instruction in the targeted skill?
- » Does the curriculum support the development of the target skill?
- » Does the school environment support the acquisition and application of the targeted skill?
- » Is scaffolding being appropriately used?
- » Are strategies such as modeling, using guiding questions, additional opportunities for practice, and providing a series of smaller tasks leading to a more complex task being used?

3. Develop a Plan (How can we best decrease the gap?)

The goal of step three is to develop an instructional, behavioral, or mental health plan that matches the identified student need(s) and has the most likelihood of success.

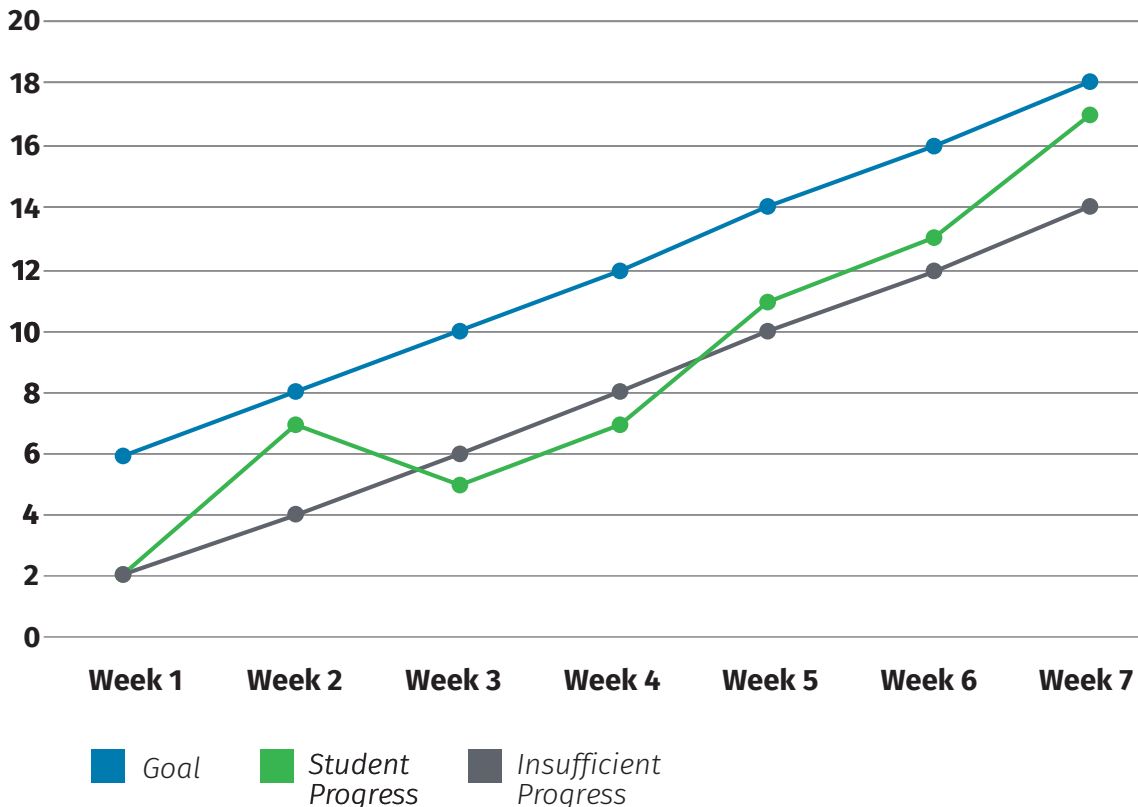
An effective monitoring plan must include information about collecting student progress data, who will oversee the process, how often it will occur, and what measures will be used (e.g. time sampling, behavior frequency and duration charts, discipline referrals, report cards, running records, anecdotal notes, checklists, and formative assessments).

4. Implement and Monitor the Plan (Are we closing the gap?)

Monitor the student’s progress by gathering and reviewing data from the various sources specified in the plan. At the universal tier, all student instruction is aligned with on-going universal screening and assessments. At the targeted or intensive level, small group or individualized instruction and assessment is in place for academics, behavior, and/or mental health, which provides a more focused progress-monitoring approach. At these levels, tools that are flexible, efficient, accessible, and informative are a priority.

The data should answer the question “Is the student progressing?” It is critical to visualize trends in student performance. To do so, plot the skill levels on a graph or use a commercial web-based program. The visual should also answer “Is the student making sufficient progress to be on track to meet goals by the end of the year?” as seen in the example below. Intentional discussions around what sufficient progress is for each individual student is encouraged at the local level. Data collected from progress monitoring guides the instruction.

Progress Monitoring Example



5. Evaluate and Adjust the Plan (Do we need to make changes in the plan to close the gap?)

If the student is not progressing, re-evaluate the plan. Consider the following elements:

- » Is the plan being implemented as designed?
- » Should there be more, or fewer, methods for delivery of instruction?
- » Is the size of the group affecting the student’s ability to learn?
- » Does the student have enough time/frequency of specialized instruction?
- » Are absences creating a barrier to instruction?
- » Is the focus of the instruction too narrow or too broad?

Then, implement the amended plan, monitor the student’s progress, and evaluate again according to the timeline of the plan. The process described above follows an Individual Problem-Solving approach (Treffinger et al., 2008).

Culture and Climate

The WVDE recognizes what research has proven: classroom instruction is the primary factor that directly affects student learning (Sebring et al., 2006). In addition to standards-focused and research-based instruction and assessments, the West Virginia Standards for Effective Schools demonstrates a co-existence and interdependency of other key conditions necessary for school success, such as school culture and school climate. Thus, school staffs are encouraged to consider how well they collaborate and how well their school environment is perceived as a part of their WVTSS work.

School culture is the beliefs, perceptions, relationships, attitudes, and written and unwritten rules that shape and influence every aspect of how a school functions (Deal et al., 2009). Positive school culture fosters trust, collaboration, and improvement. School culture is considered a powerful force because it influences how the adults in a school think, feel, and act. It is a key determinant of staff focus, commitment, motivation, and productivity. School culture is often referred to as “the way we do things around here.” Elements of school culture include norms, values and beliefs, rituals, traditions, valued artifacts and stories, transparent communication, a sense of community and contribution, and mutual trust and respect. Indicators of school culture may be manifested in how hallways and classrooms are set up, relationships among staff, how newcomers are treated and oriented, shared leadership, positive relations with parents and the community, and inclusive celebrations of successes and accomplishments. Because a multi-tiered system of support requires that educators and other staff work closely to meet the needs of every student, it is easy to see why a positive school culture is important.

The WVDE defines school climate as a school’s attention to ensuring safety; promoting a supportive academic, disciplinary, and physical environment; and encouraging and maintaining respectful, trusting, and caring relationships throughout the school community. The most basic requirement for effective instruction is a safe and orderly environment where teachers encourage students to work hard while knowing that all the adults will provide extensive academic and personal support. Consequently, positive school climate has been associated with better student academic achievement and attendance, higher graduation rates, increased teacher retention, and reduced discipline referrals. Thus, school climate plays a vital role in a school’s ability to provide high-quality instruction and implement a quality tiered system of support. To learn more about school culture and climate, please visit <https://wvde.us/leadership-system-support/safe-supportive-schools/safe-schools-toolkit/safe-and-supportive-schools/>.

Participants and Their Roles

Teams are the backbone of WVTSS. After determining a student's needs, the appropriate individuals become part of the student's team. By sharing their specific understandings of the student, they are best able to see the whole student. As the student's needs change, the composition of the team may change. However, parents should always be involved as should the student's primary educators. This section provides a listing of various teams commonly found in schools and examples of possible ways to utilize those teams within a WVTSS framework.

The county and school-level administrators primarily will provide leadership, direction, resources, and guidance for the WVTSS process. Classroom and special education teachers will focus on how best to deliver appropriate, standards-based content to the student.

Families will share information with the teachers and other team members regarding their child's needs, provide insight into the student so instruction can be appropriately customized, and support student learning at home.

The following team members will also provide specialized instruction and support as necessary: Title I teachers, speech-language pathologists, gifted teachers, school counselors, school psychologists, school nurses, and/or school social workers. There may be instances when community supports are needed. With parent permission, referrals should be made so that those supports can be put in place.

Teams

WVTSS District Leadership Team	
Responsibilities	<ul style="list-style-type: none"> • Design and implement a tiered implementation plan for the district <ul style="list-style-type: none"> » Train appropriate school staff » Secure assessment tools, school formative assessment schedules, and data collection process and review as needed » Develop oversight procedures » Ensure that schools are flexible and ready to continue supports when interruptions occur • Support all schools so they can support the WVTSS plan • Identify resources required to implement the plan in schools and make them available
Suggested Team Members	<p>A multi-disciplinary team to serve as the county school district leadership team with expertise in</p> <ul style="list-style-type: none"> • Federal Programs Requirements, including funding • Special Education Requirements, including funding • Elementary Curriculum and Instruction • Secondary Curriculum and Instruction • School Leadership • County SAT Coordinator • Academic, Behavioral, and Mental Health Interventions
Example Process	<p>The process should include, but is not limited to the following actions:</p> <ul style="list-style-type: none"> • Determine the team’s scope and responsibilities <ul style="list-style-type: none"> » Are the team’s recommendations advisory or binding on schools? » What state and district policies and procedures guide the team’s work? » Consider the use of subcommittees to divide the team’s work (e.g. Assessments, Academic Interventions, Behavioral Interventions, Mental Health Interventions) • Find, create, make available resources to support WVTSS • Create a schedule for team meetings with required agenda items (e.g., school data summaries, new principal support, reading and math specialist training, review of ongoing coaching support for struggling staff) • Create a schedule and protocols for WVTSS school leadership team and classroom visits <ul style="list-style-type: none"> » Review, adjust, comprehend oversight rubric » Share the schedule and protocols with each school’s leadership team • Develop process and training for use of technology in the context of school setting as appropriate

School Leadership Team

Responsibilities	<p><i>Policy 2510.7.1.c</i> requires a school leadership team that should:</p> <ul style="list-style-type: none"> • articulate school goals; • use evidence-based assessments and strategies to ensure a positive school climate; • determine staff development needs and resources; • communicate within and among teams; • decide on appropriate instructional and testing materials; and • monitor implementation of best practices and monitor school and grade-level data.
Suggested Team Members	<ul style="list-style-type: none"> • Principal • Grade-level facilitator • Specialist leader • Instructional coach • Counselor • Content-area facilitator • School nurse
Example Process	<p>The leadership team creates the process for the school’s multi-tiered system of support. A leadership team would:</p> <ul style="list-style-type: none"> • Lead the staff in identifying school’s WVTSS goals/targets (aligned with county and school strategic plan) • Create a process for identifying and providing tiered support for students with academic, behavioral or mental health challenges. This process should include: <ul style="list-style-type: none"> » Using data to identify students, » Collaborating with teams within the school to discuss student placement and progress in WVTSS, » Scheduling meetings, designing agendas, and » Ensuring students are placed based on appropriate criteria, progress monitored, and supports are appropriate • Create and communicate to faculty, students, parents, and community a schoolwide plan to support positive behavior and mental health. The team should also include the duties of monitoring and collecting data regarding the schoolwide effectiveness of the WVTSS plan. • Determine and coordinate professional learning needed to ensure the successful implementation of WVTSS. • Monitor and adjust as necessary the implementation of the WVTSS plans for academics, behavior, and mental health.

Instructional/Collaborative Team

<p>Responsibilities</p>	<ul style="list-style-type: none"> • Collect and analyze data to inform and adjust instruction • Collaboratively plan lessons • Decide and plan how to differentiate instruction • Implement a decision-making process • Communicate within and among teams (and share individual student data with Student Assistance Team if the student is referred) • Ensure consistency of effective instructional practices and share resources and instructional methodologies • Provide support to other teachers • Develop standard instruction protocols that support the needs of all students • Provide coaching, resources, and staff mentoring • Assign and monitor team roles and responsibilities • Interact with families and community resources • Train new teachers in the WVTSS process
<p>Suggested Team Members</p>	<ul style="list-style-type: none"> • Grade-level teacher • Instructional coach • Specialists (e.g., speech-language pathologist, Title I teacher, special education teacher, gifted education teacher, English as a second language teacher) as necessary • Instructional aide • School counselor • School nurse • Principal as necessary
<p>Example Process</p>	<p>The Instructional/Collaborative Team(s) can serve as the vehicle to implement the WVTSS processes at the school. An instructional team would:</p> <ul style="list-style-type: none"> • implement the problem-solving process to identify academic, behavioral, or mental health concerns at the student level; • determine intervention placement for students; • create a systematic process for the instructional delivery of interventions that are research-based and meet the needs of the students; • involve parents when appropriate; and • use the problem-solving process to determine the effectiveness of the intervention and modify it based on collected data.

Student Assistance Team (SAT)

<p>Responsibilities</p>	<ul style="list-style-type: none"> • Receive training in referral procedures for multidisciplinary evaluations, alternative education placements, disciplinary proceedings, and other school processes as appropriate for ensuring student progress and maintenance of a safe school environment • Document the activities of the SAT team, including dates of meetings and the results of its recommendations • Conduct the problem-solving process that includes designing and monitoring the implementation of interventions and reviewing interventions designed by other school teams • Receive and process written referrals from outside sources suspecting a student may need special education, including referrals and requests for initial evaluations made by parents • Referral to a Multidisciplinary Evaluation Team (MDET), when warranted and based on the outcome of interventions (Policy 2419, Chapter 3) • Communicate within and among teams, to include the school leadership team • Ensure parents are involved with decision making
<p>Suggested Team Members</p>	<ul style="list-style-type: none"> • Student Assistance Team (SAT) chairperson • Principal • School psychologist • Grade-level teacher(s) • Special educator • Speech-language pathologist • School counselor • School nurse • School social worker • Parent • Student (when appropriate)
<p>Example Process</p>	<p>The Student Assistance Team (SAT) can serve as the vehicle to monitor the academic, behavioral, and mental health of students currently in a targeted or intensive intervention. Not all students in targeted or intensive interventions need to be referred to SAT. SAT referral would be determined by data or by the recommendation of classroom teachers, interventionists, counselors, parents, or others familiar with the student. The SAT would:</p> <ul style="list-style-type: none"> • schedule meetings regularly (at least once per grading period) for students referred to SAT and invite parents to attend; • use the problem-solving process and available data to determine the effectiveness of interventions and determine the next steps; • collect and maintain student data presented during the meetings, document the content and decisions from the meetings; and • recommend, if warranted, a student's data and files are examined by the Multidisciplinary Evaluation Team (MDET) for possible special education evaluation.

Multidisciplinary Evaluation Team (MDET)

Responsibilities	<ul style="list-style-type: none">• Review and consider requests for special education evaluation• Ensure adherence to state policies, federal guidelines, and documentation procedures• Collaborate with community agencies or providers when appropriate• Communicate with and among teams
Suggested Team Members	<ul style="list-style-type: none">• Principal• School psychologist• Special educator(s)• Speech-language pathologist• Classroom teacher• Parent• Occupational/Physical therapist
Example Process	<p>Upon the Student Assistance Team’s (SAT) recommendation, the Multidisciplinary Evaluation Team (MDET) convenes to determine if a student should be evaluated for special education services. The SAT may serve as MDET to determine the evaluations to be requested, provided it has the required membership for MDET. The MDET team would:</p> <ul style="list-style-type: none">• schedule the MDET meeting per federal and state regulations;• receive input from teachers, interventionists, counselors, parents, and others regarding the student’s lack of progress in the area of concern (academic, behavioral, or mental health);• examine the data collected by the SAT and the rationale for their recommendation;• work as a team to determine if an evaluation is warranted;• forward information to the county special education office and SAT team regarding their recommendation;• ensure adherence to all federal and state timelines for evaluation.

Assessments

A variety of assessments should be used to provide reliable data to support learning throughout a student’s plan. The data helps to:

- » evaluate the effectiveness of instruction throughout the system (i.e., classroom, school, district);
- » design and modify instruction to support learning for all students;
- » identify the academic, behavioral, and/or mental health needs of individual students; and
- » inform the problem-solving process.

Assessment Type	Time Frame	Students Assessed	Main Purposes
Academic Screening	<ul style="list-style-type: none"> • Beginning of school year (or when a new student transfers into the school) 	<ul style="list-style-type: none"> • All students • As needs indicate 	<ul style="list-style-type: none"> • Identifies or predicts students who may be at risk for poor learning outcomes • Especially critical in kindergarten and first grade for identifying reading challenges
Mental Health Screening	<ul style="list-style-type: none"> • As needed • Certain assessments may be administered multiple times a year such as the beginning of the school year, mid-year, and end of the year. 	<ul style="list-style-type: none"> • All students • As needs indicate 	<ul style="list-style-type: none"> • Informs prevention and early intervention strategies • Identifies concerns specific to grades, classes, or educators • Identifies climate and culture • Identifies students with the highest well-being • Identifies students at risk for mental illness or harm to self or others • Improves access to mental health supports
Interim	<ul style="list-style-type: none"> • Middle of the school year • End of the school year 	<ul style="list-style-type: none"> • All students • As needs indicate 	<ul style="list-style-type: none"> • Helps teachers differentiate instruction based upon student performance • Helps determine instructional groups • Helps determine if students are making adequate progress through current instruction and the need to change instruction • Indicates a need to dig deeper
Formative	Ongoing	All students	<ul style="list-style-type: none"> • Helps determine if students are making adequate progress through current instruction and the need to adjust instruction • Helps teachers differentiate instruction by relevant content, process, and product • Helps teachers adapt degree and type of scaffolding with a gradual release of responsibility • Help students determine the rate of growth

Progress Monitoring	Determined by risk status	Students in Targeted and Intensive Instruction	<ul style="list-style-type: none"> • Helps determine if students are making progress toward specific skills, processes, or understandings • Can point out deficits in foundational skills that may underlie difficulties mastering other standards • Informs school-wide action plans
Diagnostic	As needed	Selected students (when more information is necessary for program planning)	<ul style="list-style-type: none"> • Helps teachers adjust degree and type of scaffolding with a gradual release of responsibility • Helps teachers differentiate instruction by relevant content, process, and product
Summative	End of school year or end of course	All students	<ul style="list-style-type: none"> • Gives school leaders and teachers feedback about the overall effectiveness of their programs • Informs school-wide action plans • Provides a longitudinal view of curricular strengths and weaknesses
Climate Surveys	Twice a year: <ul style="list-style-type: none"> • Fall semester • Spring semester 	Three related surveys can be administered to the following stakeholders: <ul style="list-style-type: none"> • Students: <ul style="list-style-type: none"> » Grades 3-5 » Grades 6-12 • School staff • Parents/caregivers 	<ul style="list-style-type: none"> • Allow schools to evaluate how well students and other stakeholders perceive the climate of the school • Help to inform the effectiveness of universal supports and what areas of emphasis need to be refined by those who are directly involved • Identify areas for school improvement including engagement, safety, and the environment as they relate to WVTSS • “Guidance for the Administration of the West Virginia School Climate Surveys” (Whisman, 2020) • https://wvde.us/data-management-information-systems/education-data/west-virginia-school-climate-survey/

WVTSS and Engaging Families

Research has shown that engaging parents in the education of their children is critical for the successful implementation of any intervention associated with closing the achievement gap and increasing graduation rates (Jeynes, 2005). However, unless parent engagement is data-informed, deliberately planned, based on current research and connected to school and district goals, efforts may not produce maximized results. The parent role in the WVTSS process is critical in assuring fidelity throughout each tier.

The West Virginia Department of Education defines family engagement as authentically including families in activities and programs so that they are equipped to act as effective partners and are prepared to share the responsibility in learning so that their children reach their full potential and graduate college and/or career ready. That definition is at the core of each WVTSS tier. When developing a school's tiered system of support, the staff should consider the role of parents in helping their students reach their learning goals. Schools and parents benefit when parents are routinely provided information about how they can be involved and participate in this process. If the school's tiered system of support includes gaining parents' input and building their capacity to support their child's learning, students' performance and overall school improvement efforts will accelerate. Below are examples of how WVTSS teams might include parents at each tier.

Tier 1: Universal

- » Provide data reflecting student progress for all parents.
- » Conduct parent/teacher conferences to share data, strategies, materials and technology tools for home instruction or intervention.

Tier 2: Targeted

- » Obtain parent input.
- » Considerations may be given to a Student Assistance Team (SAT) referral as per Policy 2419: Regulations for the Education of Students with Exceptionalities
- » Continue to send home reports and continuous progress monitoring data.
- » Involve parent in the intervention process. (Note: If teaching a targeted skill, the parent should know about this and be guided in helping the student at home to the extent the parent is willing and able.)
- » Help parents understand their child's progress compared to other students.
- » Consult with parent regarding any supplemental services (e.g. tutoring or counseling) the student may be receiving.

Tier 3: Intensive

- » Invite parents to participate in meetings and/or receive data the team uses with a summary of the meeting in writing.
- » Continue to communicate with parents and present information on intervention plans and progress monitoring.
- » Communicate the need for evaluation as necessary using data from the intervention process and solicit consent from parents.

Embracing a mindset that all students benefit from current evidence-based family engagement practices is vital to the success of the WVTSS program. However, regardless of the school's WVTSS adoption and/or implementation and family engagement practices, families reserve the right to request a special education evaluation at any time (see Policy 2419). Under IDEA, schools still have an obligation to identify and evaluate all children suspected of having a disability, so they may receive the educational supports they need, even if a student is performing comparably to peers and "advancing from grade to grade" (34 CFR 300.11(c)). WVTSS ensures that students do not have to experience detrimental or prolonged failure before they receive education services.

Academic Supports

ALL students need access to high-quality, research-based instruction. This access is a fundamental principle of WVTSS. However, the method in which the instruction is delivered should vary based on individual student needs.

1. Universal Academic Supports

Universal instruction is the first level of high-quality, research-based instruction students receive. At this level, using the West Virginia College- and Career-Readiness Standards as the foundation, teachers apply their expertise in pedagogy and curriculum design to create units and lessons for their classes. Educators should consider personalized learning through differentiation at the universal level. Universal Design for Learning (UDL) reduces barriers to materials, instruction, and assessment to ensure access to the core curriculum for all students.

It is vital to maintain high expectations for all students at this tier of instruction and support. Additionally, students should be regularly screened and monitored to see how they are responding to instruction.

2. Targeted Academic Supports

Targeted instruction is added when a student's progress slows. At this level, support is usually short term. Flexible grouping of students is used during the targeted level of academic supports to meet the more specific needs of small groups of students. Targeted support can be provided in small groups both in the general education classroom or outside the classroom in a different setting.

Small group sessions are recommended to last approximately 15-30 minutes, two to three times per week (Burns et al., 2008). Progress is monitored every two to three weeks for a total of nine weeks before evaluating the next steps. At this level, the provision of more in-depth scaffolding by the teacher is based on student data and progress monitoring results. Short-term, data-based interventions are provided to support student academic needs.

3. Intensive Academic Supports

Intensive instruction is provided if the student is not able to progress after a suggested minimum of nine weeks of targeted instruction.

The intensive level of academic support includes increased individualized attention and a customized treatment plan with the use of evidence-based strategies and resources. Intensive intervention reduces complications, intensity, and severity of current cases of academic issues.

Sessions within intensive intervention are increased in dosage and duration (Burns et al., 2008). The sessions should be approximately 30-60 minutes in length, and the number of sessions per week can be increased if necessary. Progress is also monitored more frequently every one to two weeks. These sessions focus on more narrowly focused skills.

Districts and schools may find it beneficial to explore the features of a multi-tiered system of support related to academics such as the example below.

Communities in Schools (CIS)

The Communities in Schools® (CIS) initiative is designed to address the impact of poverty from every angle. CIS focuses on building lasting community relationships—with businesses, volunteers, agencies, healthcare providers, and educators—to help students stay focused today, so they can go further tomorrow. The initiative provides supports in three different tiers to serve most students in a school and focus attention on targeted students who have significant needs. For more information, please visit <https://wvde.us/cis/>.

Behavior Supports

Behavior was previously defined as the way an individual acts or behaves in response to other people, stimuli, and situations. This behavior can vary and is closely tied to an individual's mental health. To be set up for success, schools need a system in which all students are clearly taught comprehensive behavior support system that explicitly teaches expectations. Students should receive guidance to help them meet such expectations that contribute to a positive learning environment. Learning behavioral skills coincides with academics, and each can help strengthen the other.

1. Universal Behavior Supports

At the universal tier, both *Policy 2520.19: West Virginia College- and Career-Readiness Dispositions and Standards for Student Success for Grades K-12* and *Policy 4373: Expected Behavior in Safe and Supportive Schools* are utilized to teach behavioral expectations. Appropriate behaviors are modeled and reinforced as part of school-wide behavior expectations. Teachers should model appropriate behavior and teach behavioral expectations as they would any curricular subject.

2. Targeted Behavior Supports

Targeted support is provided for some students who need short-term support to address initial displays of difficulty with behavior. Targeted instruction for behavior may take place within any school setting. In the general education classroom, the teacher may modify and change environmental conditions. Or, the student may leave the classroom and be engaged in a small group setting for counseling or behavior management sessions. Targeted instructional supports may include:

- » providing whole group interventions within the general education classroom;
- » affording students small group interventions to address issues such as anger, social skills, self-regulation, substance abuse;
- » offering self-management training and support; and
- » developing behavior contracts.

At this tier, there should be increased adult supervision, increased opportunities for positive reinforcement, and increased modeling of appropriate behavior.

3. Intensive Behavior Supports

Intensive support is designed for high-risk students who do not make sufficient progress through targeted support. Intensive support may be provided to small groups within the general education setting or through pull-out based upon student needs. The location of services and the delivery model may vary according to student needs, school configuration and resources. Intensive support for behavior may include:

- » teaching social skills;
- » implementing individual behavior plans;
- » collaborating between agencies; and
- » referring to local mental health agencies.

Districts and schools may find it beneficial to explore the features of a multi-tiered system of support related to behavior such as the example below.

Positive Behavioral Interventions and Supports (PBIS)

West Virginia began working with Positive Behavioral Interventions and Supports (PBIS) in 2014. This approach allowed educators to see how a multi-tiered system of support could look when built to support student behavior in an MTSS framework. While schools were not and are not currently mandated to use PBIS in West Virginia, many schools still choose to use this model as a framework for their school-wide discipline system. For more information please visit www.pbis.org and www.wvpbis.org.

Mental Health Supports

The use of the term “mental health” does not imply that a problem or illness is present in the individual. Mental health includes emotional, psychological, and social well-being that affects how individuals think, feel, and act. Because an individual’s mental health can shift for a variety of reasons, it is important to note that students need to be able to move fluidly through the tiers described below as their needs demand. While developing a framework for mental health can seem daunting, school nurses, counselors, social workers, school psychologists, and mental health providers can be excellent resources for this endeavor. Additionally, schools and programs are recommended to collaborate to create the type of wrap-around system that can follow students as they transition between schools. For more information about available services and resources to address mental health, trauma and substance misuse, visit www.wvde.us/reclaimwv.

1. Universal Mental Health Supports

“School mental health promotion for all...refers to all activities to foster positive social, emotional and behavioral skills and well-being of all students, regardless of whether they are at risk for mental health problems.” (NCSMH, 2020). Universal services and supports focused on the promotion of mental health are part of the first tier of supports. School administrators and the leadership team use evidence-based assessments and strategies to ensure a positive and safe school climate, teach and reinforce positive behavior supports, and prioritize social-emotional learning for all students.

According to the Collaborative for Academic, Social, and Emotional Learning (CASEL), Social-emotional learning (SEL) is related to positive mental health, increased academic achievement, and improved behavior. Educators in West Virginia can use [Policy 2520.19: West Virginia College- and Career-Readiness Dispositions and Standards for Student Success for Grades K-12](#) as a guide when developing SEL instruction and activities. Teachers are encouraged to integrate these standards into their content area lessons. Teachers should intentionally teach, scaffold, and assess student progress with these standards as they would with any other content.

2. Targeted Mental Health Supports

Targeted services and supports are the second tier of mental health early intervention or secondary prevention services. Strategies are designed to address mental health concerns for students who have been identified through a systematic, equitable process as experiencing mild distress or being at-risk for a given condition or concern such as an anxiety or trauma-related disorder. (National Center School Mental Health, 2020). Educators need to be aware of early warning signs and associated symptoms that may signal the need for additional support as well as who to turn to if they have concerns about a student. Targeted supports may also be used for students who need more scaffolding with social-emotional learning.

Targeted mental health supports include brief individualized interventions such as motivational interviewing, problem solving, or coping skills, mentoring, small groups, and/or low-intensity classroom-based supports such as daily check-in or a home-school note system.

3. Intensive Mental Health Supports

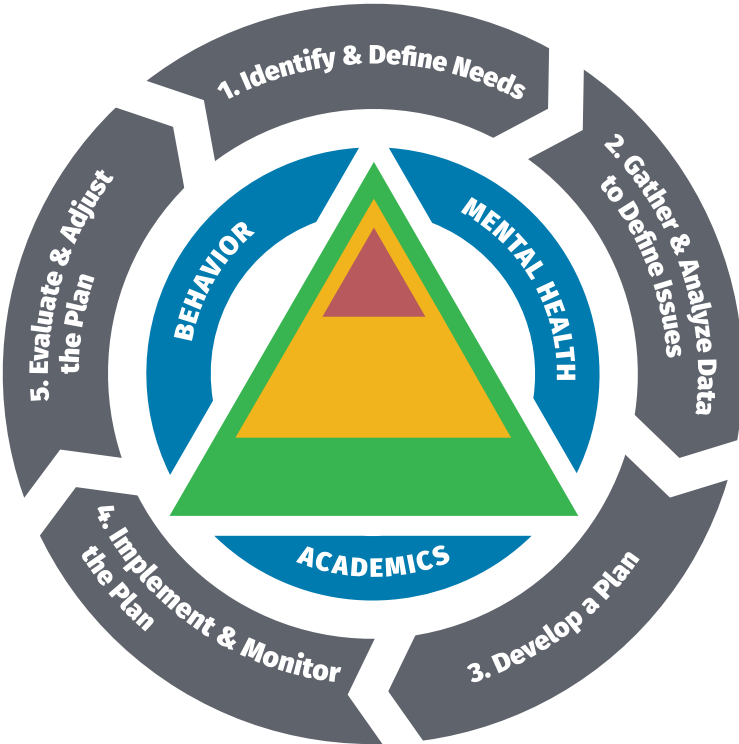
Intensive services and supports are the third tier of mental health intervention. These interventions are designed to address mental health concerns for students who have not been successful with targeted interventions or who are already experiencing significant distress and impaired functioning. (NCSMH, 2020).

Intensive mental health supports include individual, group, or family therapy for identified students. In some cases, students may be referred to a school-based mental health professional or an outside mental health professional employed by the school or a community provider for intensive services to include continuous collaboration with the school to support individual student needs.

Districts and schools may find it beneficial to explore the features of a multi-tiered system of support related to mental health such as the example below.

Expanded School Mental Health (ESMH)

The West Virginia Department of Education has worked collaboratively with the West Virginia Department of Health and Human Resources to implement Expanded School Mental Health (ESMH) in West Virginia Schools since 2009. ESMH refers to programs that build upon the core services typically provided by schools and is a multi-tiered framework that includes the full continuum of mental health services. A cross-systems team approach is critical to meet the mental health needs of West Virginia students and ensure social-emotional well-being. There are currently 46 schools in 21 county school districts that receive DHHR grant funding for ESMH implementation. For more information, please visit <https://wvesmh.org/>.



Case Studies

These case studies are provided only as examples. Just as every student's situation is unique, these samples are not meant as prescriptive but rather as demonstrative to how the WVTSS framework and process might look for these students. Contact your administration for specific guidance on when to move a student between tiers (i.e. is there guidance for specific cut scores on diagnostic tests?).

The following samples are fictional representations of how students in a variety of programmatic levels and with varying academic, behavior or mental health needs can be served within the WVTSS framework. County data requirements may vary. It is important to ensure that all stakeholders within the county are familiar with the county-specific requirements for data collection, progress monitoring, and interventions.

Elementary Case Study: ELA

The following is an example of how a first grade student with reading difficulties could be served using the WVTSS process.

Student: Emma

Grade: 1st

Issue: Reading Difficulties

1. Identify and define needs

- ➔ Is the student progressing as expected?
Emma is falling behind her peers in reading. She knows her alphabet as expected; however, she is not blending letter sounds to make words. For example, she reads letter names and attempts to blend them to make words ("bee – aaa- tee" for "bat"). She scored well below the benchmark on the last classroom benchmark assessment on measures of word recognition in isolation and oral reading in context.
- ➔ How does the student's progress compare to the rest of the class?
There is a significant gap in progress between Emma and other students in her class when it comes to phonological awareness skills such as phoneme blending. Other students are blending letter sounds to make words (/b/ /a/ /t/ for "bat"). It appears that she is not yet making the distinction between graphemes and phonemes.
- ➔ Has the student expressed any concerns about his/her progress?
Emma seems frustrated when she is working in her small reading group. When it comes time for reading, she often puts her head down or acts out.

2. Gather and analyze data to define the issue

Emma's teacher conducted a one-on-one phonemic awareness assessment with her. Emma was able to complete some phoneme addition tasks but did not answer any phoneme deletion or manipulation tasks correctly.

When asked to match letter sounds with letter names, she could only identify the sounds of letters that say their names. Emma likely needs intervention with letter sounds and phoneme isolation.

3. Develop a plan

Emma is not responding to strategies implemented at the universal level. In addition to universal instruction, she will receive 20 minutes of targeted instruction in the classroom three times a week (Mondays, Wednesdays, and Fridays at 10:10 am with an interventionist). This instruction will occur in a small group setting with no more than three other students. During this time, she will receive explicit instruction of phonemic awareness using a curriculum approved by the county.

Instruction will begin with letter knowledge beyond just reciting the alphabet, introducing phonemes from simple consonant sounds to vowel sounds, to complex phonemes. Sorting activities will be used to compare different phonemes as they are introduced.

Emma's caregiver will be invited to participate in a series of three parent trainings that help parents understand the need for the intervention, goal setting, and how to provide practice at home using manipulatives and strategies.

After three weeks of targeted instruction, Emma will be given another one-on-one phonemic awareness assessment. The assessment will use word boxes, and the teacher will use a word box recording form. Additionally, there will be follow-up with Emma's caregiver to discuss results of intervention.

4. Implement and monitor the plan

After three weeks of small group, targeted instruction, Emma is showing improvement. She is now sounding out CVC words with the appropriate phonemes. She can add, delete, and manipulate phonemes of CVC words.

During observations, Emma demonstrates she can sort words by initial sounds with 100% accuracy and can identify the odd phoneme from a list of words with varying medial vowel sounds with 80% accuracy.

5. Evaluate and adjust the plan

Emma seems to be responding well to the targeted intervention. Emma should be able to continue to progress with universal instruction without being pulled into an intervention group. Emma's teacher will need to continue to monitor her progress and should be aware that if she begins to show signs of another deficit, she should be put back into targeted intervention. Emma's caregiver will be informed of her progress and asked to continue communicating with Emma's teacher and practicing secured and emerging skills at home using appropriate manipulatives provided by the school.

Sample plan for Emma’s file:

Student: Emma Smith				
School name and Grade level: ABC Elementary, 1st Grade				
Who will oversee the process? Collaborative Grade-level Team including Emma’s homeroom teacher and reading interventionist				
Identify the problem: Emma is falling behind her peers in reading. She knows her alphabet as expected. However, she is not blending letter sounds to make words. For example, she reads letter names and attempts to blend them to make words (“bee – aaa- tee” for “bat”). She gets very frustrated when it comes time to read.				
Instruction	Environment	Frequency/ Length	Measure of Progress	Teacher Responsible
<p>Alphabetic Principal: Explicit instruction of letter sounds beginning with simple consonant sounds then progressing to vowels</p> <p>Word study: sorting of different phonemes as they are introduced. Games such as “make a word” and “identify the oddball”</p> <p>Use of word boxes for blending sounds</p>	Classroom (interventionist will push in)	3x/week 3 weeks MWF @10:10am	<p>Observations of word and phoneme sorting</p> <p>Phonemic Awareness Assessment (add, delete, substitute, segment, categorize, blend phonemes)</p>	Interventionist, Mrs. Dean
Parent Component: Invite to attend struggling primary readers parent training series; remind parent of parent resource center; schedule follow-up meetings				

Middle School Case Study: Mathematics

The following is an example of how a 7th grade student with difficulties in mathematics would be served using the WVTSS process.

Student: Carlie

Grade: 7

Issue: Mathematics Difficulties

1. Identify and define needs

- ➔ Is the student progressing as expected?
Carlie has been struggling with mathematics lately. Carlie had not previously struggled in mathematics and was demonstrating adequate progress on previous benchmarks. Carlie showed signs of struggle in mathematics only after concepts of operations with negative numbers were introduced.
- ➔ How does the student's progress compare to the rest of the class?
Carlie is quickly falling behind her peers in this unit of instruction. Other students are building fluency with the concepts, while Carlie is struggling to make sense of the concepts. In other areas of mathematics, Carlie has been on grade level or better compared to her peers.
- ➔ Has the student expressed any concerns about his/her progress?
Carlie is starting to express a lack of interest and frustration compared to her enthusiastic, "can-do" attitude at the beginning of the year. Carlie no longer volunteers answers and seems to lack confidence in her mathematical abilities.

2. Gather and analyze data to define the issue

Through formative assessment, the teacher notices the struggle in Carlie's calculations are mostly with addition and subtraction involving negative integers. When asked if she thinks her answer makes sense, it is clear to the teacher that Carlie does not have the conceptual understanding to know the reasonableness of her solutions. Her lack of understanding is hindering her from more in-depth work with multiplication and division with negative integers. Her frustration is exacerbated when working with fractions and decimals.

3. Develop a plan

Carlie is not responding to universal instruction in this key area of instruction for Grade 7 students. The Math 7 teacher has advised that Carlie should receive some support during her homeroom. The Math 7 teacher will work with the homeroom teacher to coordinate a short-term intervention plan. The two teachers agree upon intervention first thing in the morning on Tuesdays and Thursdays. The interventions will emphasize a strong foundation in concrete, conceptual understanding with the use of manipulatives. The interventions will refer concepts back to the number line.

Carlie lives with foster mother, or "Mom", who has limited tech and math skills. Carlie's math interventionist will speak with Mom to inform her of the plan. She will emphasize the importance of her arriving to school on time Tuesdays and Thursdays and ask her to sign the permission form

for Carlie to be issued an iPad to use at home for Math practice (3 times/week 15 minutes each) until she has secured these skills. She is sending the math practice log to her Mom by Carlie for her to sign and return at the end of each week.

4. Implement and monitor the plan

After three weeks of small group, targeted instruction, Carlie is showing improvement and becoming more confident in math class. She can proficiently add and subtract whole number integers and understands the concepts of multiplication and division with whole number integers. Carlie is still struggling with these concepts when involving decimals and fractions.

5. Evaluate and adjust the plan

Carlie is responding well to the targeted intervention. With the progress being made, in a short time, Carlie will not have to be pulled from homeroom for math intervention. Carlie and her teacher recognize the struggle she has with fractions and decimals when including negative numbers. The teacher has decided to follow the same strategies but emphasizing fractions and decimal understanding during universal instruction.

Her math interventionist will contact Mom to explain her progress, thank her for her support, and have Carlie continue to use the iPad at home (3 times/week 15 minutes each) to practice decimals and fractions. Mom does not like keeping up with the Carlie’s log and her daily folder, so she will write a note in Carlie’s daily folder to her math teacher if Carlie does not practice at home according to the plan. Mom has the homework help hotline phone number to use if Carlie struggles with math homework or using the iPad.

Sample plan for Carlie’s file:

Student: Carlie Carlos				
School name and Grade level: math4life Middle School, 7th Grade				
Who will oversee the process? The Math 7 teacher with collaboration from the Grade-level team and homeroom teacher.				
Identify the problem: Carlie is showing struggles in mathematics with operations with negative numbers.				
Instruction	Environment	Frequency/ Length	Measure of Progress	Teacher Responsible
Work with placement of negative numbers on the number line Work with the various meanings of the abstract concept of negative number signs symbols Concrete-Representational-Abstract strategy used to build better conceptual understanding of operations with negative numbers	Classroom	2x/week 3 weeks TTH during homeroom	Number line assessment	Math 7 teacher
Parent Component: Math interventionist will contact foster mom (explain Carlie’s math challenges, iPad, and math homework help and tech hotline); family will monitor iPad practice and homework assignments, communicate with Math interventionist, and call hotline number if needed.				

Case Study for Student Going on to a Special Education Referral

The following is an example of how a 3rd grade student with difficulties in mathematics could be served using the WVTSS process.

1. Identify and define needs

- ➔ Is the student progressing as expected?
Thatcher has been struggling with mathematics since the 2nd grade. His benchmark assessments showed that he could do basic addition and subtraction of single digits but was unable to add or subtract multi-digit numbers. While in the 2nd grade Thatcher was provided targeted interventions. Thatcher was making minimal progress as a result of interventions being provided both in class during math instruction as well as in a pull-out setting with a Title I math teacher for 15 minutes, three days a week. Therefore, beginning the second semester of the 2nd grade, he began receiving intensive math support for 30 minutes, five days a week.
- ➔ How does the student's progress compare to the rest of the class?
Thatcher quickly fell behind his peers when working with place value and number sense. While other students were building addition and subtraction fluency, computing addition and subtraction of multi-digit numbers with regrouping, and partitioning shapes, Thatcher struggled to make sense of these concepts.
- ➔ Has the student expressed any concerns about his/her progress?
Thatcher does not verbalize much; however, his behavior is often an indicator as to how he is feeling. By the beginning of 3rd grade, Thatcher's behavior made a significant change. He was often angry and acted out by punching walls and desks. His teacher reported that his outbursts were often associated with frustration over math assignments. His teacher shares notes indicating he has been having these outbursts once to twice a week since the beginning of school.

2. Gather and analyze data to define the issue

Through both formative and summative assessment data, the teacher notices Thatcher's deficits are causing him to fall further behind his grade-level peers. According to both formal and informal assessment data, Thatcher continues to struggle with number sense and place value. Thatcher is not responding to intensive interventions provided to him. As a 3rd grader, Thatcher continues to receive support from the Title I teacher daily during universal instruction. He is also receiving intensive support in a pull-out session five days a week for 30 minutes a day.

When Thatcher began receiving intensive-level interventions, his teacher contacted his family. At the beginning of the year the family received communications explaining the WVTSS framework. The follow-up contact provided the family with an overview of the concerns Thatcher's teachers have and the school's plan for him to proceed to the third tier of interventions. His family did not have any further questions.

3. Develop a plan

At this time, the classroom and Title I teacher agree the data shows that Thatcher's lack of progress demonstrates he may benefit from additional testing to determine what types of services may be appropriate for him. Thatcher has been supported by WVTSS Tier 1, 2, and 3 interventions (plus accommodations: use of a number line, manipulatives, peer tutor, and shortened assignments) since the second grade and into the third grade.

Mother has been part of process since 2nd grade and communicates with classroom and Title 1 teacher regularly through email. She wants to help Thatcher more but works late weeknights. Her sister who keeps Thatcher has two small children she also supervises while babysitting Thatcher weeknights. His mother and aunt think that because he was a "premie" and reached other milestones late that he might be slow to catch on to some things.

4. Implement and monitor the plan

By the end of the first semester of 3rd grade, Thatcher is not showing adequate progress. The county's adopted benchmarking tool indicated a middle-of-the year score of 455 which shows he is demonstrating understanding of concepts from early second grade.

5. Evaluate and adjust the plan

Thatcher has not responded to increased levels of interventions by demonstrating adequate progress on benchmark assessments. Additionally, his classroom teacher reports that his outbursts have continued and increased both in intensity and frequency during math instruction, as compared to same-age peers under similar stressors. His mother states that he was born prematurely and did not reach some milestones until later than expected. For example, he did not walk until he was 18 months old.

His classroom and Title I teacher are referring Thatcher to SAT for further problem-solving and investigative work which may include a request for Special Education evaluations. They explained to his mother the SAT process and how the team will work with her. The SAT chair will contact Thatcher's mother and explain her rights as the mother of a student with a suspected disability. Because Thatcher's mom is not familiar with the evaluation for special education process, a referral for additional support was sent to the WV Parent Training and Information Center (WVPTI) with mother's permission.

Sample plan for Thatcher's file:

Student: Thatcher Clay				
School name and Grade level: ABC Elementary, Grade 3				
Identify the problem: Thatcher has been struggling with mathematics since the 2nd grade. His benchmark assessments showed that he could complete basic addition and subtraction of single digits but was unable to add or subtract multi-digit numbers. While other students were building addition and subtraction fluency, computing addition and subtraction of multi-digits with regrouping and partitioning shapes, Thatcher struggled to make sense of these concepts.				
Instruction	Environment	Frequency/ Length	Measure of Progress	Teacher Responsible
While in the 2nd grade, Thatcher was provided targeted interventions on the following skills: <ul style="list-style-type: none"> • Place value • Number sense • Work with multi-digit numbers • Regrouping 	Targeted interventions were provided in the general education environment (GEE) class during math instruction as well as in a pull-out setting	Pull out setting, 15 minutes, 3 days a week	Progress monitor once every 3-4 weeks Using county adopted math benchmark assessment, Thatcher will achieve a score of at least 473 by the end of the first semester (on-level score for end of first semester)	Title I math teacher
Beginning the second semester of the 2nd grade, Thatcher began receiving intensive math support on the following skills: <ul style="list-style-type: none"> • Place value • Number sense • Work with multi-digit numbers • Regrouping 	Intensive interventions were provided in a pull-out setting in addition to supported instruction during general instruction	30 minutes, 5 days a week.	Increased progress monitoring (every 1-2 weeks) Using county adopted math benchmark assessment, Thatcher will achieve a score of at least 506 by the end of the second semester (on-level score for end of 2nd grade year).	Title I math teacher
Beginning of the 3rd grade year, Thatcher received intensive math support on the following skills: <ul style="list-style-type: none"> • Number sense • Work with multi-digit numbers • Regrouping • Fractions • Multiplication and Division 	Intensive interventions were provided in a pull-out setting in addition to supported instruction during general instruction	30 minutes, 5 days a week.	Continue progress monitoring (every 1-2 weeks) Using county adopted math benchmark assessment, Thatcher will achieve a score of at least 486 by the end of the first semester (on-level measure for end of first semester, 3rd grade).	Title I math teacher
Parent Component: Explain SAT process; have SAT chair contact family to introduce herself and answer any questions; West Virginia Parent Training and Information (WVPTI) referral				

Mental Health Case Study

The following is an example of how a 9th grade student who has recently begun to show signs of disengagement in class and with peers. She has also had an increase in tardiness and absenteeism and would be served using the WVTSS process.

Student: Maura

Grade: 9

Issue: Decreased class participation and increased tardies/absences

1. Identify and define needs

→ Is the student progressing as expected?

Maura is continuing to keep up with her assignments in both her core and related arts classes however, her teachers and peers noticed that she has become withdrawn and is not participating in class discussions and projects as she had in the past. She has also been missing classes and sometimes full days of school, and when she is at school has been asking to call home frequently to leave school because she feels ill.

Maura does not exhibit behavior issues such as being disruptive in class. Though she has stated that nothing is wrong, she seems increasingly withdrawn from her peers. Her friends have expressed concern but do not know how to help her.

Despite the school providing attendance-oriented universal supports for the student body and shared attendance policy and procedures with all parents, Maura has missed school at least once a week since the beginning of the current grading period. Maura's advisory teacher has collaborated with the freshman counselor.

→ How does the student's progress compare to the rest of the class?

There is no significant gap in academic progress, however, the interaction between Maura and other students in her classes has decreased. Maura appears to have a flat affect, seems tired, and complains that she is often not feeling well.

→ Has the student expressed any concerns about his/her progress?

Maura does not express concern over her schoolwork and says she is not having trouble in any of her classes. The school social worker has become involved with this student due to chronic tardiness and absences.

2. Gather and analyze data to define the issue

The county attendance director pulled attendance data from WVEIS and discovered Maura was nearing the number of absences to warrant a truancy petition. The school counselor consulted with several of Maura's teachers, gathered academic data related to Maura's decreased participation in class and anecdotal data related to her withdrawal from peers. The school nurse noted Maura has recently been to her office at least six times in the last three weeks, complaining of headaches and nausea. The school counselor also met with Maura to inquire about possible personal issues and learned that Maura's primary caregiver, her grandmother, was recently diagnosed with cancer.

3. Develop a plan

Maura is struggling with anxiety related to a specific ongoing traumatic event in her life, although it has not yet impacted her academic performance. To identify the issues and needed interventions, Maura's school counselor determined that a referral to the Student Assistance Team (SAT) would be beneficial.

During the initial SAT meeting, which included Maura, her grandmother, the school counselor, a school administrator, and Maura's teacher advisor, Maura reported she worried about leaving her grandmother by herself because she was often sick after chemotherapy treatment. Maura is distracted by her anxiety about her grandmother's health and safety and has difficulty concentrating in class.

The initial SAT meeting's intervention plan included Maura meeting with the school counselor to identify coping and self-regulation strategies she can use when she is worried or anxious. The school counselor and advisory teacher will meet with Maura's other teachers to review trauma-informed teaching strategies to ensure everyone is updated on best-practices to support Maura during this traumatic time. The plan also included the development of non-verbal signals (e.g. raised hand with one finger) Maura can use with her teachers to communicate a need to step out of class to self-regulate when her anxiety is high. Additionally, Maura will be permitted to call home during breaks, lunch, or after assignments are completed. The attendance director will continue to track absences and will work closely with the family to identify strategies to support Maura's attendance (e.g. goal setting for future plans).

4. Implement and monitor the plan

After three weeks, Maura has indicated that journaling helps reduce anxiety and has expressed that having the option to check in with her grandmother has reduced her daily anxiety by 50%. She has indicated that it is harder to come to school on Monday morning because she has been with her grandmother throughout the weekend and begins to worry again. Maura will check-in with her advisor daily and check-in with her counselor weekly. After four weeks, a review of Maura's attendance and classroom participation will be reviewed.

5. Evaluate and adjust the plan

The committee learned that Maura has been utilizing the opportunity to check in with her grandmother at lunch because she knows she can check anytime, but she does not like to miss class.

Maura missed the first Monday after the initial plan was put into place. The attendance director and counselor made a home visit to check on Maura and found her at home, in her room. A discussion about truancy and consequences not only to grades but her academic record was discussed. Maura plans to go to college and seemed surprised to learn that colleges look at student attendance.

Maura agreed to come to school each day and call her grandmother if necessary, even when she first gets to school, if needed. Maura was also invited to eat lunch with the counselor so that she can call her grandmother and just have someone to talk to without everyone noticing that she is leaving and coming back at lunch.

Maura began meeting the counselor at lunch on Mondays and Fridays. She would usually bring her lunch and stayed approximately 15-20 minutes. During this time, she took the opportunity to process her anxiety and talk about daily high school things. Sometimes she would also call her grandmother.

Maura began checking in on Mondays first thing during her advisory period when her teacher advisor would ask her if she would like to check-in at home. She did not always call her grandmother right away but typically came down during a break in the mornings or at lunch. Maura checked in on her grandmother at least once each day but usually did not miss class to do so or had completed her work if she came during a class period. Per the agreement, she always brought a note from the teacher, allowing her to come to the office, with the date and time.

Maura will continue to practice her coping mechanisms (e.g. journaling, lunchtime calls, lunches with the counselor) and continue to touch base with her counselor and teacher advisor. The attendance director and counselor will remain in communication regarding attendance concerns.

The SAT team will continue to monitor Maura's progress monthly and adjust supports if her attendance appears to be returning to pre-intervention levels.

Sample plan for Maura’s file:

Student: Maura Adkins				
School name and Grade level: ABC High School, 9th Grade				
Who will oversee the process? Collaborative School-level Team including Maura’s advisory teacher, the school counselor, the county attendance director, and the school nurse.				
Identify the problem: Recently, Maura has an increased number of absences and tardies and has displayed a decreased level of engagement in class discussions. She has also begun to be withdrawn from her peers. Maura has numerous self-referrals to the nurse’s office in recent weeks.				
Interventions	Environment	Frequency/Length	Measure of Progress	Teacher Responsible
<p>SAT team review to determine issues and establish interventions (include Maura and grandmother) Work with student on coping strategies to reduce anxiety</p> <p>Check-in with advisory teacher</p> <p>Track attendance and late arrivals or tardies</p> <p>Track self-referrals to the school nurse</p> <p>Establish a system that student and teacher may use to reduce anxious feelings in class</p> <p>Provide options to check in at home to reduce anxiety, especially on Monday mornings</p>	<p>Create a trauma-sensitive environment where Maura is given an outlet to relieve her anxiety related to her grandmother’s health. Maura will be given special permission to call home at lunchtime or during class (when she is caught up with her work) to check on her grandmother.</p>	<p>Daily check-in for 4 weeks</p> <p>The advisory teacher will check in with Maura daily</p> <p>Attendance will be monitored weekly</p> <p>Sessions with the school counselor to learn and practice coping techniques to reduce anxiety, weekly for 4 weeks</p> <p>Daily opportunity to call home for 4 weeks will be provided by teachers/staff</p>	<p>Attendance improves – one or fewer absences during monitoring period</p> <p>Fewer than one morning late arrival during monitoring period</p> <p>Increased use of coping skills</p> <p>Fewer than two self-referrals to the nurse during monitoring period</p> <p>Reduction in need for daily home check-ins</p>	<p>Advisory teacher (Ms. Brown)</p> <p>Attendance Director (Mr. Green)</p> <p>School Counselor (Ms. Nap)</p> <p>School Nurse (Ms. Jones)</p> <p>Teachers/Staff (9th grade)</p>
Parent Component: Explain SAT process; Refer grandmother to County Healthy Grandfamilies Project; Using the ReClaimWV Resource Guide, assist grandmother with identifying community mental health support				

Frequently Asked Questions

WHO PROVIDES THE SUPPORT?

Flexible use of resources may provide instructional, behavioral, and mental health supports within the WVTSS framework. At the universal level, classroom teachers are the primary providers of instruction. Professional Student Support Personnel, such as Title I teachers, interventionists, school counselors or school social workers, collaborate with teachers and others to provide universal supports to students. Other school staff such as custodians, cooks, office staff, and service personnel can play a supportive role as well. At the targeted and intensive levels, classroom teachers, Title I teachers, special education teachers, school psychologists, speech-language pathologists, school counselors, school social workers, and community providers may participate in providing instruction or services depending on student needs, instructional expertise, schedules, caseloads, and funding. It is suggested that each district and school assess their resources in the context of student needs and determine individuals in their building who are already qualified or who can be trained to provide the necessary instructional, behavioral, and mental health supports.

WHO PROGRESS MONITORS OR CONDUCTS ASSESSMENTS IN THE WVTSS FRAMEWORK?

As detailed in the assessment section of this document, high-quality assessment is accomplished through a comprehensive needs assessment that includes six types of assessment processes: Academic Screening/Interim, Formative, Progress Monitoring, Diagnostic, Summative Assessments, and Mental Health Screening.

The framework suggests these processes be conducted by those individuals the local leadership determines to be best prepared and most available. Decisions will be influenced by the tools selected to accomplish the goals of each assessment. Some types of assessments require minimal training. For this type of assessment, schools may choose multiple individuals to be trained, including paraprofessionals and other school personnel. Behavior progress monitoring data also can be collected by a variety of individuals. District-wide progress monitoring instruments may be used, allowing aspects of collection and analysis to be accomplished through responsibilities shared by district-level personnel, classroom teachers, and other designated building staff. Some diagnostic instruments will, on the other hand, need to be administered by licensed individuals or professionals with more training and experience administering specific assessments.

HOW DO STUDENTS MOVE BETWEEN UNIVERSAL, TARGETED, AND INTENSIVE TIERS?

Essentially, students move between tiers based on their response to instruction and/or interventions. Relevant evidence of response to instruction or interventions is obtained by data gathered from the assessments detailed in this guidance document. Through collaborative problem-solving, decisions are made regarding the need to increase or decrease the kind and/or level of support. Districts need to identify decision rules for justifying movement between levels, with appropriate flexibility for exceptions as circumstances indicate.

WHAT DOCUMENTATION IS USED WITH THE WVTSS FRAMEWORK?

The most appropriate instructional response is accomplished when a variety of relevant assessment processes are employed to collect, analyze, record, and respond to evidence of student performance. The collaborative approach supported by the WVTSS framework makes simple-to-understand graphs or charts a valued format for portraying performance data. Districts and schools must identify a system they will use for documenting and communicating the instructional, behavioral, and mental health strategies and scaffolds that are used.

HOW IS WVTSS FUNDED?

Funding for WVTSS is a local decision. Because WVTSS requires schools to use staff, time, and materials differently, schools and districts are encouraged to reconsider how general funds are expended as this initiative is launched. Several federal formula grants can support efforts. For example, the Individuals with Disabilities Education Act (IDEA) 2004 allows for up to 15% of Part B allocation to be used for Coordinated Early Intervening Services (CEIS), which targets students without disabilities and approved in special education/LEA application. Title I schools that operate a school-wide program have quite a bit of flexibility and should be able to align supports easily in a WVTSS approach.

WVBE Policy 2315 mandates the use of the WV School Counseling Model and the American School Counselor Association (ASCA) Model, which are both based around a WVTSS. School Counselors play a critical role in the tiered model by ensuring universal, targeted, and intensive interventions are available to address students' academic, career, and personal/social developmental needs. School counselors should use a holistic, multi-faceted approach to school counseling where they coordinate prevention-based programs for all students, targeted interventions for identified high needs students, and refer the most at-risk students to school-based and/or community-based resources/partners. Additional funding for mental health WVTSS may be available through local, state, or federal grants.

DOES PROVIDING WVTSS MEAN SPECIAL EDUCATION SERVICES DO NOT HAVE TO BE PROVIDED?

No. WVTSS is a way to integrate the mandates of ESSA and IDEA so that all students receive high quality, effective instruction in the general education setting and beyond. WVTSS also is a framework of support for high-quality instruction for students who do receive special education services. The intent is to generate a seamless system of support that is available to all students at the first sign of need.

CAN WVTSS BE USED FOR STUDENTS WHO ARE HIGH ACHIEVING?

Absolutely. WVTSS is intended to be a seamless system of high-quality instructional practices allowing all students to sustain significant progress, whether they are considered at-risk, exceeding grade-level expectations, or at any point along the continuum. Students who are advanced based on evidence obtained through a collection of assessment data can be provided instructional supports that deepen and extend their learning. Gifted students need strength-based leveled instruction based on their needs. Gifted students with learning difficulties will also need instruction to address their skill deficits.

Students who are high achieving are sometimes at-risk for mental health. Therefore, it is imperative to utilize the WVTSS framework to identify at-risk students at an early age so they can receive appropriate education and supports to address emotional needs.

HOW/WHAT DO WE COMMUNICATE TO PARENTS?

Parents or guardians are an integral part of high functioning WVTSS. Once a concern surfaces, it is essential that school personnel understand the value of parent input and participation throughout the problem-solving process and on through personalization of instruction. Districts and schools need to be prepared to facilitate parent involvement, beginning with the problem identification phase and continuing through each phase of the process. Parents are considered part of the problem-solving team, whether the team of educators is one teacher or a team of professionals. Parents can provide information about their child that will be useful for making the most appropriate instructional decisions. The WVTSS framework places a high value on parent involvement.

DO I HAVE TO USE THE WVTSS FRAMEWORK TO DETERMINE ELIGIBILITY FOR STUDENTS WHO ARE IDENTIFIED AS HAVING A SPECIFIC LEARNING DISABILITY?

To align with federal laws and regulations, the West Virginia Department of Education revised Policy 2419: Regulations for the Education of Students with Exceptionalities to require Eligibility Committees to utilize the WVTSS process in determining eligibility for a specific learning disability. The expectation is that data are collected during the time a student receives additional levels or layers of support within the WVTSS system and supplemented as appropriate by other data that may be needed to complete the requirements of an individualized comprehensive evaluation used to qualify a student as having a specific learning disability.

IF A PARENT REQUESTS AN IMMEDIATE EVALUATION DURING OR PRIOR TO THE PROBLEM-SOLVING PROCESS, IS THE SCHOOL OBLIGATED TO EVALUATE?

Yes. If a parent requests an immediate evaluation, schools will be expected to explain the WVTSS process and the support their child will receive during the documentation period. Schools may not talk parents out of requesting an evaluation; however, it is expected that parents will be informed of the current evaluation practices. If parents request a traditional assessment, the SAT process will begin and a referral will be made to initiate the Multidisciplinary Evaluation Team (MDET) process which involves administering a comprehensive, psycho-educational evaluation. Determination of a disability will be made based on a collection of information processed through the Eligibility Committee.

HOW WILL THE SPECIAL EDUCATION TEACHER PLAN FOR A STUDENT AFTER HE OR SHE HAS BEEN FOUND ELIGIBLE FOR SERVICES THROUGH THE WVTSS PROCESS?

The seamless system of supports and services characteristic of high functioning WVTSS is dependent upon ongoing collaboration between all the individuals making decisions for students. Members of a problem-solving team and, as appropriate, members of the Eligibility Committee will, upon addition of any new layers or levels of support, communicate current assessment data and conclusions reached through problem-solving processes to new providers.

IS WVTSS A SPECIAL EDUCATION PROGRAM?

No. WVTSS is not synonymous with special education. Rather, special education is an important component of a comprehensive WVTSS framework. Students receiving specially designed instruction per their IEP should have continued access to the universal, targeted, and intensive levels of prevention and support provided by the school. Decisions regarding the use of resources and appropriate configurations of support are a collective responsibility of all school staff (e.g., principal, general educators, special educators, content specialists, psychologists) working together to provide the varying levels of support deemed appropriate to students' evolving needs.

HOW DOES THE WVTSS FRAMEWORK WORK IN CONJUNCTION WITH INCLUSIVE SCHOOL MODELS AND LEAST RESTRICTIVE ENVIRONMENT?

Within a WVTSS framework, the tiers refer to the type and intensity of support and services, not where they are provided. Students may receive different levels of instructional support within the general education classroom through universal and targeted instruction. Intensive support is most typically provided in a separate location by a general education teacher or other professional. Staffing decisions are made in context at the local level.

WHAT IMPACT DOES WVTSS HAVE ON STUDENTS WHO ARE NOT STRUGGLING?

An important component of an effective WVTSS framework is the quality of the universal curriculum, where all students receive high-quality instruction, behavior, and mental health supports aligned to West Virginia College- and Career- Readiness Standards and differentiated and scaffolded as students' needs indicate. Intense universal instruction and supports allow teachers and parents to be confident that a student's need for more intensive instruction, referral for special education evaluation, or mental health supports is not due to ineffective classroom instruction. In a well-designed WVTSS system, universal instruction and services are effective and sufficient for about 75-80 percent of the student population.

WHAT IS DIFFERENTIATED INSTRUCTION?

Differentiated instruction is a teacher's response to learners' needs which may include flexible grouping and ongoing assessment. Teachers can differentiate content, process, or product based on students' readiness, interests, and learning profiles. A process of designing lesson plans that meets the needs of the range of learners; such planning includes learning objectives, grouping practices, teaching methods, varied assignments, and varied materials chosen based on student skill levels and learning preferences. Differentiated instruction focuses on instructional strategies, instructional groupings, and the use of an array of materials.

HOW ARE STUDENTS IN NONTRADITIONAL SCHOOL SETTINGS SERVED WITHIN THE WVTSS MODEL?

Nontraditional school settings such as CTE programs, virtual school, remote learning, alternative school, collaborative programs, residential or detention settings, shall support WVTSS as an extension of the traditional school setting. Regardless of the location or placement, students will continue to be supported within the WVTSS model, in collaboration with their home school or district and the nontraditional setting. This may require cooperation and communication between personnel from the traditional school and the nontraditional school setting to consult and collaborate with one another to ensure seamless and continual WVTSS supports for all students.

IF A STUDENT IS EXITED (OR THE PARENTS DENY SERVICES) FROM SPECIAL EDUCATION, ARE THEY "ALLOWED" TO PARTICIPATE IN WVTSS?

This framework is designed to support the needs of all students — regardless of special education status. A student who currently, or previously (for whatever reason), receives services may demonstrate additional needs that could be addressed through the available supports from WVTSS. The intent behind the framework is supporting the whole child at any point in their educational journey; whether the need is academic, behavioral, or mental health.

Glossary

Accommodations: Accommodations are considerations that are given so that a student may access the general education curriculum. Accommodations do not change the content and are not considered interventions.

Differentiated Instruction: Differentiated instruction is a teacher’s response to learners’ needs including respectful tasks, flexible grouping and ongoing assessment. Teachers can differentiate content, process or product based on students’ readiness, interests and learning profiles. A process of designing lesson plans that meets the needs of the range of learners; such planning includes learning objectives, grouping practices, teaching methods, varied assignments and varied materials selected based on student skill-levels and learning preferences. Differentiated instruction focuses on instructional strategies and instructional groupings and uses of a range of materials.

Duration: Duration refers to the length (number of minutes) of a session multiplied by the number of sessions per school year. “Sufficient duration” is dependent on a number of factors including the program or strategy being used, the age of the student and the complexity and severity of needs.

Evidenced-based Instruction or Programming: An evidenced-based instructional practice or an evidence-based program/intervention is established as being effective through scientific research that conforms to some set of explicit criteria and has been replicated by different research teams.

Explicit Instruction: Explicit instruction is a way to teach skills or concepts to students using direct, structured instruction. It helps make lessons clear by modeling for students how to start and succeed on a task and giving them ample time to practice.

Grouping: Grouping provides the ability for students to move among different instructional groups based upon their performance and academic needs, regardless of the student’s special education or general education identification or eligibility.

Formative Assessment: The formative assessment process is used by teachers and students during instruction; it provides feedback to adjust ongoing teaching and learning to improve students’ achievement of intended instructional outcomes.

Frequency: Frequency refers to how often a behavior or intervention occurs

Intensity: Intensity refers to the adjustment of duration, length, and teacher-to-student ratio to address a child’s academic or behavioral needs.

Intensive Level Instruction/Services/Supports: Intensive instruction, services, or supports are academic, behavioral, and/or mental health support characterized by increased length, frequency, and duration of implementation for students who struggle significantly. This support relates directly to an area of need; is supplemental to and is different from universal and targeted instruction/services/supports; is usually implemented individually or in very small group settings; and may be individualized.

Intervention: The systematic and explicit instruction or service provided to accelerate growth in an area of identified need. Interventions are provided by special educators, general educators, professional student support personnel, or community providers and are based on training, not titles. This intervention is designed to improve performance relative to specific, measurable goals. Interventions are based on valid information about current performance, realistic implementation and include ongoing student progress monitoring.

Measurable Outcomes: A measurable outcome is the statement of a single, specific desired result from an intervention. To be measurable, the outcome should be expressed in observable and quantifiable terms (i.e., Susie will demonstrate mastery of grade-level basic math calculation skills as measured by a score of 85% or better on the end-of-unit test about numerical operations).

Prevention Programming: Prevention programming refers to initiatives implemented in schools that aim to increase children’s academic success, social-emotional well-being, and mental health by providing education, awareness, and strategies that reduce high-risk problem behaviors and build protective factors.

Problem-Solving Process: The problem-solving process assumes that no type of instruction will be effective for all students; generally, has five stages (problem identification, problem analysis, plan development, plan implementation, and plan evaluation); is sensitive to individual student differences; depends on the integrity of implementing levels of intensive instruction.

Progress Monitoring: Progress monitoring is an ongoing process that involves collecting and analyzing data to determine student progress towards specific skills or general outcomes. Progress monitoring generates useful data for making instructional decisions or needed interventions, based on the review and analysis of student data. Monitoring student progress, through collection and analysis of data, is an effective way to determine if the instruction and/or interventions are delivered and meeting the needs of the student.

Research-based Instructional Practice: A research-based instructional practice is one found to be reliable, trustworthy, and valid based on evidence to suggest that when the practice is used with a particular group of students, the students can be expected to make adequate gains in achievement. Ongoing documentation and analysis of student outcomes helps to define effective practice. In the absence of evidence, the instruction must be considered “best practice” based on available research and professional literature.

Scaffolding: Scaffolding is an instructional technique in which the teacher breaks a complex task into smaller tasks, models the desired learning strategy or task, provides support as students learn to do the task, and then gradually shifts responsibility to the students. In this manner, a teacher enables students to accomplish as much of a task as possible without adult assistance.

Screening: Screening is the first level of assessment. In academics, school-wide screening and classroom-based screening can assist teachers in getting an initial sense of student performance relative to critical skills and behaviors and can be used to inform instructional decisions. In mental health, school-wide, grade-level, and classroom-based mental health screening can inform professional student support personnel in prevention and early intervention strategies by identifying students at-risk for mental illness.

Social-Emotional Learning (SEL): The process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. A systemic approach to SEL intentionally cultivates a caring, participatory, and equitable learning environment and evidence-based practices that actively involve all students in their social, emotional, and academic growth. This approach infuses social and emotional learning into every part of students’ daily life—across all their classrooms, during all times of the school day, and when they are in their homes and communities.

Student Assistance Team (SAT): The Student Assistance Team, or SAT, is defined in WVBE: Policy 2419 and refers to staff who meet for the purpose of discussing interventions, accommodations, modifications that are implemented along the path toward possible special education eligibility.

Summative Assessment: Summative assessments are designed to provide information regarding the level of student, school or program success at a point in time.

Targeted Level Instruction/Services/Supports: Targeted instruction, services, and supports relate directly to an area of need. This type of support is supplementary to universal instruction services and is often implemented in small group settings.

Universal Design for Learning (UDL): UDL guides the design of learning experiences to proactively meet the needs of all learners. When UDL is utilized, it is assumed that barriers to learning are in the design of the environment, not in the student. UDL is based on brain science and evidence-based educational practices that guide the development of flexible learning environments that can accommodate individual learning differences.

Universal Level Instruction/Services/Supports: Universal instruction, services, and supports are provided to all students in the classroom and school. This type of support is preventive and proactive; and is implemented school-wide or by whole classrooms. Universal supports may be research-based but are not necessarily prescriptive. Differentiated instruction is provided within universal instruction.

West Virginia Standards for Student Success: West Virginia Standards for Student Success describe the attitudes, knowledge, skills, and dispositions all students shall develop in relation to personal and social development, academic development, career and life planning, and global citizenship. They are critical to the holistic development of all students and require integration into all aspects of each student's educational experience through a variety of delivery modalities. They are foundational standards for all students and serve as primary standards for middle and high school student advisory systems in West Virginia schools.

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W. Clayton Burch
West Virginia Superintendent of Schools