

NC Department of Public Instruction
Problem-Solving Model Tier I

Student Name: Natasha Joy			NCWISE# 987654			Date: 09/17/07		
Teacher: Ms. Carr			DOB: 05/20/98		Grade: 5		Retention(s) - Specify Grade Level(s): N/A	
Attendance	Grade K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5		
Enrolled/Present	169/180	175/180	179/180	178/180	179/180	20/20		
Area(s) of Concern (attach PEP if available)								
Language Arts		Mathematics			Behavior		Other	
<input checked="" type="checkbox"/> Phonemic Awareness <input checked="" type="checkbox"/> Word Identification <input checked="" type="checkbox"/> Sight Word Vocabulary <input checked="" type="checkbox"/> Reading Comprehension <input checked="" type="checkbox"/> Reading Fluency <input type="checkbox"/> Written Expression <input type="checkbox"/> Writing Mechanics <input type="checkbox"/> Writing Conventions <input type="checkbox"/> Other		<input type="checkbox"/> Basic Math Facts <input type="checkbox"/> Computation <input type="checkbox"/> Problem-Solving <input type="checkbox"/> Word Problems <input type="checkbox"/> Geometry <input type="checkbox"/> Measurement <input type="checkbox"/> Probability/Data <input type="checkbox"/> Analysis <input type="checkbox"/> Other			<input type="checkbox"/> Noncompliance <input type="checkbox"/> Motivation <input checked="" type="checkbox"/> Attention span <input type="checkbox"/> Peer relationships <input type="checkbox"/> Withdrawn/moody <input type="checkbox"/> Overactive <input type="checkbox"/> Verbally aggressive <input type="checkbox"/> Physically aggressive <input type="checkbox"/> Other		<input type="checkbox"/> Medical (area: _____) <input type="checkbox"/> Motor Skills <input type="checkbox"/> Speech/Language <input type="checkbox"/> Social Skills <input type="checkbox"/> Withdrawn/Moody <input type="checkbox"/> Anxiety <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Other	
Current Levels	Reading: STAR Level: 3.1	Math:		Writing:	Date of Vision Screening: 09/10/07			
					Results: Passed			
					Far: 20/20		Near: 20/20	
EOG Scores	3rd Reading: Level II Math: Level III	4th Reading: Level II Math: Level III		5th	Date of Hearing Screening:			
					Results:			
Name and Address of Parent/Guardian								
Mrs. Joy 222 Joy Street Hometown, NC								
Services Received:								
<input type="checkbox"/> Small Group Instruction <input type="checkbox"/> Individual Instruction <input type="checkbox"/> Counseling <input type="checkbox"/> Title I <input type="checkbox"/> 504 Accommodations <input type="checkbox"/> Community Services <input type="checkbox"/> ESL/LEP/ELL <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Reading Lab <input type="checkbox"/> Math Lab <input checked="" type="checkbox"/> Tutoring <input checked="" type="checkbox"/> Other (please specify: <u>Summer School</u>)								
Additional Comments/Information/Teacher Observations:								
Natasha changed schools two times last school year. Natasha's math skills are stronger than her reading skills. She is attending after school tutoring two times a week. She is a hard worker with a great attitude. Natasha passed third grade, using Safe Harbor for EOG. Some progress and continued effort justified her passing fourth grade, despite making Level II on EOG. She has preferential seating and "check-ins" with her teacher during instruction.								

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<p>Describe Parental Concerns/Involvement in Plan Development: Mrs. Joy explained that she has concerns about Natasha possibly having “ADD”. She says that she is willing to do whatever will help Natasha at school. Mrs. Joy agrees to review flash cards 5 days a week of the sight words that the teacher is working on in small group. She will also spend 20 minutes a night with Natasha to help her read AR books and then ask her comprehension questions until she reaches 100% accuracy on the specific book.</p>			
<p><u>Define the problem (What’s the problem?)</u> Natasha has difficulty with recognizing sight words, vocabulary words and gaining meaning (comprehension) of what she reads.</p> <p><u>Problem Analysis (Why is the problem occurring?) Hypothesis</u> The problem is occurring because of Natasha’s poor reading fluency skills. She struggles to identify sight words, and loses the intent of the reading passage.</p> <p><u>Develop a plan (What are we going to do about it? Describe the plan including a measurable goal statement)</u> Natasha will work in a group of 5 students with the teacher to drill basic sight word identification 2 times a week. Natasha will be able to identify 30 grade level vocabulary words after 4 weeks of drill and practice with the teacher, and practice from her mother at home.</p> <p><u>Implement the plan (Who, What, When, & Where):</u> Teacher will practice 2 times a week, with Natasha in a small group; Mother will review sight words each night and read with her for 20 min. each night, reviewing comprehension questions.</p> <p><u>Evaluation (Did it work?)</u> After 4 weeks of intervention, Natasha is able to identify 18 of the 30 sight words that have been presented.</p> <p><u>How is the student performing to his/her peers?</u> Peers are identifying 100 sight words that have been presented/reviewed.</p>			
<p><u>Baseline (current level of performance):</u> STAR level 3.1; 20 of the 5th grade level sight words.</p> <p><u>Benchmark (desired level of performance):</u> Read 30 of the 30 words presented.</p>			

Instructional Plan Results: (Did it work) Attach Progressing Monitoring Data

Beginning Implementation Date: 9/17/07

Decision: **Date of Decision:** 10/15/07
 Continue Instructional Plan Modify Plan Discontinue Plan Move to PSM Tier II

Rationale for Decision:
Despite receiving extra help from mom at home with flash cards and AR Books as well as receiving extra small group instruction in the class from her teacher 2X/week, Natasha made minimal progress compared to other students in the small group.

Meeting Notes: Mother feels a move to more frequency of intervention is needed.

Attendees: Ms. Carr; Mother

Decision: **Date of Decision:**
 Continue Instructional Plan Modify Plan Discontinue Plan Move to PSM Tier II

Rational for Decision:

Meeting Notes:

Attendees:

