School Linkage Protocol Technical Assistance Guide:

EXPANDED SCHOOL IMPROVEMENT THROUGH THE ENHANCEMENT OF THE LEARNING SUPPORT CONTINUUM

SECOND EDITION

Written By: Dawn Anderson-Butcher, Aidyn Iachini, & Rebecca Wade-Mdivanian

CITATION:

Anderson-Butcher, D., Iachini, A., & Wade-Mdivanian, R. (2007). *School linkage protocol technical assistance guide: Expanded school improvement through the enhancement of the learning support continuum (2nd Edition).* Columbus, OH: College of Social Work, Ohio State University.

PREAMBLE

This School Linkage Protocol Technical Assistance Guide was designed to foster connections across systems and people working within schools. It is a guide for school administrators, educators, school supportive service staff, administrators, school-based mental health providers, parents/guardians, community-based service providers, and others charged with supporting academic achievement, healthy development, and overall school success.

The Protocol aims to answer the following questions:

- What learning supports are needed within schools?
- How do we coordinate services across learning support continuums?
- How do schools get started in mapping learning supports and the linkages between them?
- What structures are in place in schools that foster the linkages of services and supports within a school and community?
- How do we ensure the right students get to the right services?
- How do we coordinate learning supports? How do we foster connections across individuals working within the school and the community?

This Guide was developed in response to these questions. It is designed to assist schools and their community partners in developing learning support continuums to prevent problem behaviors, identify and intervene early when students display signs of risk, and support students with severe and chronic problems that need more intensive services. The Guide may be used to:

- Plan and guide the design of learning supports in schools
- Foster linkages and strategic connections across individuals and systems working within schools and communities
- Serve as a tool that may be used to guide professional development opportunities for individuals working in and within schools
- Focus strategies of districts, schools, and community partners as they support academic achievement and healthy development

THE OHIO CONTEXT

This work is of significant importance to Ohio, as the current policy context sets the stage for further development of strategic partnerships and linkages between schools and communities. The current context in both Ohio and nationally have set the stage for the development of coordinating frameworks and protocols. For instance:

No Child Left Behind's (NCLB) focus on accountability mandates that all students in grades 3-8 and grade 10 are proficient or better in reading and mathematics. Schools and districts nationally must address achievement gaps across subgroups of student populations (i.e., students with/without disabilities, students of different socioeconomic statuses, students representing different minority groups, etc). Priorities also have been placed on identifying

disproportionality or places where students of certain subgroups are either under- or over-represented in certain types of settings (i.e. special education, gifted and talented programs, discipline incidences, etc). Aiming to rectify problems such as disproportionality and, at the same time, implement and promote NCLB requirements, ODE developed a two-pronged approach.

First, the ODE logic model prioritizes strategies ensuring that students receive high quality instruction aligned with the state academic content standards. Second, ODE prioritizes strategies for ensuring students have the "right" conditions and motivation for learning.

This second strategy, in particular, engages schools, districts, families, and community partners in addressing the multiple individual and environmental factors that impede student success. Linkages across systems and people are critical to this strategy. These linkage systems and boundary-spanning people are not new to ODE and Ohio's schools. For example, both are needed in ODE initiatives such as positive behavioral intervention supports, the School Climate Guidelines, and the recently developed Ohio School Board-endorsed Prevention Policy. ODE is not alone, however, in its efforts to target these non-academic barriers to learning.

The Ohio Department of Mental Health (ODMH) has been instrumental in forwarding the agenda related to this work state-wide. For example, a recent ODMH, federally-funded Transformation Grant prioritizes the delivery of school-based and -linked mental health services through the development of strategic school-family-community partnerships.

Moreover, the state-wide Ohio Mental Health Network for School Success helps Ohio's schools, community-based agencies, and families work together to improve educational and developmental outcomes for all children (with particular focus on those with mental health problems). In the same vein, the state-wide Access to Better Care Initiative focuses on school-family-community partnerships that address behavioral and mental health needs of students (this initiative is co-led by ODMH and ODE, and supported by the Ohio Department of Job & Family Services).

Additionally, the Ohio Family and Children First (OFCF) Initiative, originally instituted in 1993, is a partnership of government agencies and community organization committed to improving the well-being of children and families. It fosters partnerships designed to align systems and resources on behalf of a shared vision for meeting several Ohio Commitments to Child Well-Being, including:

- Expectant parents and newborns will thrive
- Infants and toddlers will thrive
- Children are ready for school
- Children and youth will succeed at school
- Youth will choose healthy behaviors
- Youth will successfully transition into adulthood

OFCF structures at the state and local (county) level strive to coordinate efforts to enhance social service delivery systems, improve programs and services designed to meet identified needs, make sure the consumer voice is heard, and ensure accountability for better results for Ohio students and families.

In brief, the project achievements reported here may be aligned with several initiatives across the state. All prioritize, in one way or another, linkages among community agencies, schools, and families. All involve, in some form, strategies to link and unify programs and services as well as the people who implement them. All offer either indirect or direct contributions to improvements in support of academic achievement, healthy development, and overall school success. Schools are central to these partnerships, as they are centralized locations where youth, families, and communities congregate and link.

In the end, coordinating frameworks and protocols such as this one help schools and their community partners align programs, services, resources, infrastructures, and systems. When this work is done effectively, multiple benefits accrue. Students and families receive better, more timely services. At the service delivery level, effective linkages facilitate the development of services that are accessible, individualized, responsive to personalized needs, delivered in culturally- and ethnically-responsive ways, and available across the continuum of learning supports as indicated by youth and their families. Last, when these linkage protocols are effective, resources are maximized, services are integrated, and duplication is reduced.

PROTOCOL DEVELOPMENT

Several steps guided the development of this Linkage Protocol. Describing this process will assist readers in understanding our protocol's logic, and also help others who may be developing companion, but different, protocols.

We began with a Development Team comprised of individuals with expertise in school leadership, mental health, complex systems change, and school-family-community partnerships. All members of the Development Team were involved in a federal- and state-funded initiative focused on Mental Health-Education Integration through school-family-community partnerships. Together these stakeholders created the preliminary structure for the Linkage Protocol content.

From this larger group, a lead Writing Team was established. The Writing Team conducted an extensive review of the literature on school-based mental health, service coordination, school-linked and -based services, referral systems, teacher assistance teams, and school-family-community partnerships. An early draft of the Linkage Protocol was written based on the research and literature on best practices in these areas.

This early draft was reviewed for accuracy, feasibility, usefulness, and credibility by several content experts. These Other Contributors included various educational leaders, educators, student support personnel, school-based mental health providers, policy leaders, and university researchers. Feedback from these experts was then integrated into the initial draft.

The second draft of the Linkage Protocol will be piloted during Winter and Spring of 2007 in the two school districts targeted within the USDOE Mental Health-Education Integration grant. In addition, the Effective Practice Integration Council (EPIC) conducted two focus groups that provided credibility checks for the document to determine their validity. Further feedback related to the Linkage Protocol's utility will continue to be incorporated over time to further enhance the resultant product. A final Linkage Protocol will result in June of 2007.

Five modules comprise the Protocol. These five modules align closely with the standards and content recommended by other researchers and experts representing the fields of education, social work, and psychology. In brief, the five modules mirror the growing consensus regarding the essential characteristics and necessary components of learning supports infrastructures within schools.

Module One focuses on the development of a three-tier system of support or learning support continuum within a school. The three-tiers include: Prevention and Promotion, Early Intervention, and Intervention/Treatment.

Modules Two, Three, and Four briefly describe each tier in this continuum. For example, each includes a definition of each tier's overall function. Each also highlights key components, emphasizing the relevant linkage priorities needed to make it operational.

Module Five explores evaluation and accountability needs within the learning support continuum. This data-driven approach to learning and improvement is intended to dovetail with school improvement planning (see Anderson-Butcher et al. (2004) for more information; also available at http://csw.osu.edu/cayci/pastprojects/occmsi/occmsiimplementguide/index.cfm). This model also provides a summary focused on the impact of the new Linkage Protocol. It helps developers, implementers and evaluators focus their attention on key processes and outcomes essential within the learning support continuum.

Finally, the Appendices include sample forms and procedures, as well as a listing of reference materials that can be adapted for use by both schools and their community partners.

INHERENT SELECTIVITY

This Linkage Protocol, as with others, is somewhat selective. This selectivity derives in part from the priorities of its designers. It also derives from the policy environment and local school-community contexts. With this in mind, readers are urged to exercise caution when considering replication. Several key points are especially important.

This Linkage Protocol is designed to support service coordination and linkages across systems and people working in schools and communities. It is not intended to describe research-based best practices related to specific strategies of student support (i.e., life skills prevention programming, substance abuse treatment, etc).

This Linkage Protocol focuses its attention on the delivery of services and supports within schools primarily. It is not intended to focus on school governance structures and school-family-community planning efforts (such as Partnerships for Success and OCCMSI), even though all appear to be compatible with this work.

This Linkage Protocol focuses primarily on school-level coordination and implementation (i.e., the primary place where interactions with youth and the learning support delivery system actually occur). This school-level focus leaves out district-level leadership, policy, and infrastructure development for learning support systems. It also leaves out the establishment of community priorities (i.e., local and county) related to school-linked and based services and related learning supports. The fact that these two priorities are left out is an indicator of this Protocol's selectivity; and also an indicator of the subsequent work needed to be done in this area.

This Linkage Protocol prioritizes learning supports aimed at addressing primarily non-academic barriers to learning that impede student success. It does not describe the delivery of central supports related to academic needs. Many of the concepts and ideas presented here may however be helpful when designing linkages and infrastructures to support the provision of academic interventions in schools and communities, although not the intent within this document.

In the end, this Linkage Protocol attempts to provide a roadmap for schools and their community partners. In other words, it provides an organizing framework that guides the implementation of school-level learning supports, with particular emphasis placed on the policies, procedures, and practices needed to ensure adequate linkages and connections are in place to foster optimal school success.

VALUES AND GUIDING PRINCIPLES

The Linkage Protocol is grounded in several Values and Guiding Principles. We believe:

- With the appropriate support, all children are capable of success in both school and life. Schools have the responsibility to provide the support necessary to allow all children to succeed in not only school but also life
- All students have the right to a quality education. High academic standards must be set and all students can and will succeed in ways that reflect their own aptitudes and interests
- Learning support continuums that provide for a comprehensive array of services designed to meet the individual needs of students and families are vital to student achievement and healthy development
- All students and families should be able to access learning supports and services designed to meet their individualized needs, regardless of background, color, or ability to pay.
- Parents/families should be actively engaged in all aspects of their child's learning and development, be involved in shared decision making, and be seen as a part of the learning support team
- Students should be actively engaged in all aspects of their education process
- Educators, school staff, and others working with families should be actively engaged in supporting the academic achievement and healthy development of youth
- Strong, effective relationships across individuals involved in the educational process are critical to ensuring effective linkages and supports
- Service coordination and planning across child-serving systems is essential when working collaboratively across systems
- Confidentiality and the protection of human rights must be safeguarded
- All individuals, agencies, resources, and supports in the school community are valued, especially when clearly defined in relation to their roles and responsibilities
- Individuals working in school communities hold high ethical standards, are committed to students and families, and are flexible and proactive in their work
- Learning supports and related services should be delivered in culturally competent and responsive ways
- Learning supports and related services are most effective when delivered using strengths-based and solution-focused approaches

Table of Contents

Acknowledgements . . . 1

Definition of Terms . . . 2

Module One: The Learning Support Continuum . . . 4
Module Two: Prevention and Promotion Strategies . . . 9
Module Three: Early Intervention Strategies . . . 14
Module Four: Intervention/Treatment Strategies . . . 24
Module Five: Pulling It All Together . . . 30

Appendix A: Tools for Use Within Schools and With Community Agencies . . . 35

TOOLS FOR USE WITHIN SCHOOLS

(a) Student Behavioral Referral . . . 38
(b) Teacher/School Staff Referral For Assessment . . . 40
(c) Authorization for Release of Information . . . 43
(d) Consent for Services . . . 45
(e) Intensive Assessment . . . 46
(f) Case Team Meeting Agenda . . . 57
(g) Case Team Meeting Report . . . 58
(h) Confidentiality Agreement for Case Team Meeting . . . 59
(i) Student Intervention Plan . . . 60
(j) Referral Tracking . . . 64
(k) Home Visit Report . . . 65
(l) Student Contact Report . . . 66
(m) Student Progress Report . . . 67

TOOLS FOR USE AS SCHOOLS WORK WITH THE COMMUNITY

(a) Statement of Assurances . . . 68
(b) Memorandum of Understanding . . . 69
(c) Inter-Agency Referral Form . . . 70

Appendix B: Various School Mental Health Resources . . . 72

References . . . 73

Acknowledgements

Funding for the development of this Linkage Protocol was provided by a U.S. Department of Education (USDOE) Mental Health-Education Integration grant and the Ohio Department of Education's (ODE) Center for Students, Families, and Communities.

This linkage protocol was made possible by a number of important leaders in Ohio who have focused the agenda state-wide on expanded school improvement and school mental health. Key individuals from the Ohio Department of Education include Mary Lou Rush, Cheryl Kish, and Jennifer Miller. Kay Rietz from the Ohio Department of Mental Health also has been instrumental in support the school mental health agenda in Ohio, especially in relation to the development of this product. Joseph Zins, past professor at The University of Cincinnati and national leader in school psychology, school mental health, and social and emotional learning, also guided much of our thinking in Ohio related to school-family-community partnerships and linkage protocol development.

Several others were critical to the development of the original concept and the finalization of the content contained in this resultant product. Members of the Development Team include Noelle Duvall, Children's Resource Center; Mary Early, Allen County Family and Children First; Warren Fauver, Wood County Educational Service Center; Carl Paternite, Miami University; and Jean Snyder, Lima City Schools.

Six additional people must be acknowledged based on their specific contributions to content within the text. Annahita Ball, Ohio State University, provided critical feedback related to the overall content and formatting of the final document. Jerry Bean, Evaluation Support Group, contributed to the evaluation and accountability checklist. Hilary Bunting, Northmor Local School District, and Deanne Crowley, Project GRAD, also provided key insights in relation to the development of tools for the Appendix. In addition, several tools were adapted from materials originally created by Deb Ashton, Murray City Schools in Utah and Kim Oppliger, Dublin City Schools in Ohio.

We also must mention the key feedback received from several state and national partners, including Karen Weston, University of Missouri-Columbia, Hal Lawson, State University of New York-Albany; Connie Dorr and Rachelle Griffin, Fostoria Community Schools; and Sue Zake, Northwest Ohio Special Education Regional Resource Center.

In the end, many individuals within education, social work, psychology and school mental health have contributed over-time to the content provided within this document. It is our hope that this Linkage Protocol will be an honor to them all, adding some clarity and integration as we strive to enhance learning supports for students and families in Ohio.

Definition of Terms

The following key terms are used throughout the Linkage Protocol. Definitions are provided for characteristics that describe people, practice strategies and principles, and systems. Terms are listed here alphabetically in attempt to assist the reader with accessing brief descriptions of terms as they use the Linkage Protocol in its entirety. Terms include:

Community-Based: Services, supports, and interventions that are delivered in community settings such as mental health agencies, settlement houses, and faith-based organizations.

Confidentiality: An ethical principle governing many professions that ensures information is accessible only to those authorized to have access to it.

Consent: Permission granted from parents/guardians that approves the delivery of learning supports and services to students. School board and agency-specific policies often exist that govern this consent process.

Developmental Assets: Positive experiences and qualities essential for the promotion of positive outcomes for youth. They foster healthy development and achievement and mollify the impact of risk on youth outcomes. Also called protective factors.

Early Intervention Strategies: Approaches that identify and address the early onset of risk factors and/or non-academic barriers to learning among students at-risk for academic failure and other problem behaviors. Also called selected and/or secondary prevention approaches. These strategies encompass the second tier of the learning support continuum.

Intervention/Treatment Strategies: Approaches that address the intensive needs of students who are experiencing severe and/or chronic problems and needs. Also called indicated and/or tertiary prevention approaches. These strategies encompass the third tier of the learning support continuum.

Learning Supports: Strategies put in place to meet the multiple needs and strengths of students. These supports are aimed at supporting academic achievement, healthy development, and overall school success.

Learning Support Continuum: A comprehensive system of support that consists of a full array of strategies designed to meet the multiple needs and strengths of students, ranging from prevention and early intervention to extensive treatment/intervention. Strategies across the system vary in intensity to ensure all students, regardless of the type of need, have access to the right supports.

Linkage Protocol: A systematic framework for developing connections among people, programs, services, and organizations.

Memoranda of Understanding: Formal agreements and/or contracts that describe in broad terms an area of mutual interest being cooperatively addressed by two or more agencies or entities.

Non-Academic Barriers: Factors that impede academic achievement among youth but are not academically related. Examples include mental health issues, family conflict, or neighborhood disorganization. Also called risk factors.

Prevention and Promotion Strategies: Approaches designed to promote positive, healthy development among all students by fostering protective factors and other assets that contribute to positive outcomes for students. Also called universal or primary prevention approaches. These strategies encompass the first tier of the learning support continuum.

Protective Factors: Individual and environmental factors that contribute to healthy development and achievement often through negating the impact of exposure to risk. Sometimes called developmental assets.

Risk Factors: Individual and environmental influences that predict negative outcomes for students. Also called non-academic barriers to learning.

School-Based: Services, supports, and interventions that are delivered in school settings. They may be operated by schools or partnering organizations who have co-located their services in the building.

School-Linked: Services, supports, and interventions that are delivered in community settings but are strategically connected and integrated with related services operating in schools.

Shared Information Agreements: Formal agreements and/or forms signed by parents/guardians that grant permission for the exchange of information among schools and other agencies.

Social-Emotional Learning: A process through which students and adults acquire the knowledge, attitudes, and skills they need to recognize and manage their emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations constructively. Resultant knowledge, attitudes, and skills are sometimes defined as protective factors or developmental assets.

Systems of Care: Formal and coordinated networks that link together multiple systems within the family, school, and community in attempt to address the physical, emotional, intellectual, cultural, and social needs of students and their families.

Module One: The Learning Support Continuum

Since the passing of NCLB in 2001, schools nationwide have focused on standards-based curriculum and instruction, quality and evidence-based teaching and learning strategies, and performance-based accountabilities structured by standardized achievement testing. These traditional school improvement priorities have resulted in increased student achievement for Ohio students.

Other factors in addition to these, however, are known to also promote student achievement, healthy development, and overall school success. For example, social and life skills, social competence, self-esteem, and reinforcement for involvement in pro-social opportunities all contribute to better outcomes. Conversely, emotional and behavioral problems, unmet basic needs for good nutrition and stable housing, involvement with antisocial peers, family conflict and instabilities, mental health and substance abuse issues, and other types of disabilities often impede student success. Many students are still falling behind.

Different learning support continuums exist in districts and schools that aim to address these other factors. Some school districts may employ school counselors, school psychologists, school social workers, and school nurses to address some of these barriers to learning. The majority of districts and schools however, lack the learning supports sufficient to address growing student and family needs. Inconsistencies in resource availability confuse and alienate families and school staff. School-based and community-based resources that support academic achievement and healthy development must be further aligned and maximized to ensure all students and their families have access to the consistent and reliable resources they need and want.

LEARNING SUPPORT CONTINUUM

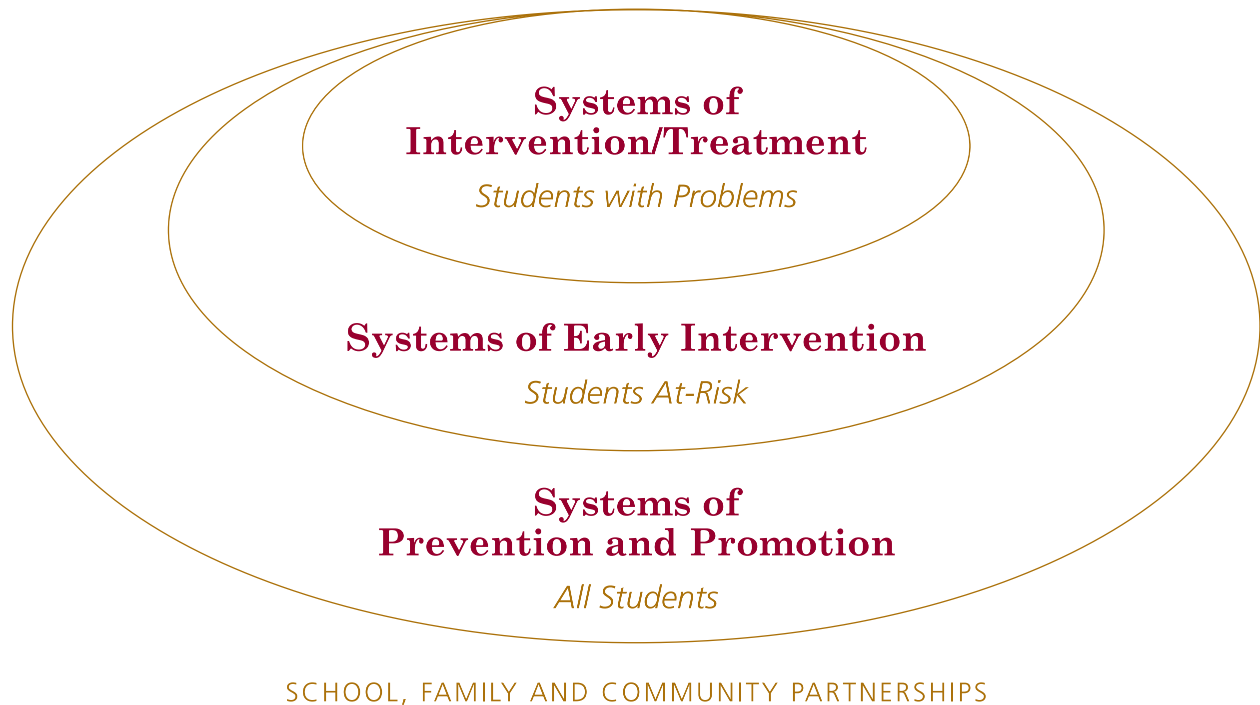
A comprehensive system of services and resources is needed to ensure learning supports, or strategies to support academic achievement, healthy development and overall school success, are in place and effectively utilized. More specifically, a comprehensive system of support that consists of a full array of services designed to meet the multiple needs and strengths of students must be established. This system ensures school- and community-based resources and services are in place and coordinated so that student learning in classrooms may be maximized.

Many learning support continuums and models exist in the literature. Figure 1 provides one pictorial presentation that integrates ideas from several of these approaches (i.e., the public health model, Ohio's Integrated Systems Model, UCLA School Mental Health Project, Positive Behavior Intervention Supports, etc). It was originally designed by Joseph Zins, a lead researcher and school psychologist, for an Ohio-based initiative called Access to Better Care.

Essentially, there are three components to this learning support continuum. The first tier involves prevention and promotion strategies that are designed to promote positive, healthy development among all students by fostering protective factors and other assets that contribute to positive outcomes. The second tier prioritizes early intervention strategies designed to identify and address the early onset of risk factors and/or non-academic barriers to learning

among students at-risk for academic failure and other problem behaviors. The third tier is comprised of intervention/treatment strategies that address the intensive needs of students who are experiencing severe and/or chronic problems and needs.

Figure 1. The Learning Support Continuum (Zins, 2006)



SCHOOL, FAMILY AND COMMUNITY PARTNERSHIPS

The concentric circles are meant to represent the student population targeted by each of the three levels within the Learning Support Continuum. The largest circle that encompasses the entire figure includes systems of prevention and promotion. This includes strategies aimed at all students within the school community. The middle circle involves early intervention strategies aimed at students at-risk or initially displaying signs and symptoms of problems. The smallest circle addresses the needs of a small group of students who have chronic or severe problems who require intensive interventions and treatment. In other words, the level of services delivered across the continuum increases as student and family needs intensify. Prevention and early intervention, however, are prioritized as opposed to “fix then teach” modes of practice.

Additionally, school-family-community partnerships are prioritized throughout the Learning Support Continuum, especially as they maximize school- and community-based learning supports that are essential to student learning. Table 1 provides an overview of potential learning supports provided across the three tiers. It highlights school-based resources that are central to the internal structures within schools; while also describes the various community-based resources that must be leveraged in order to more fully support the needs of all students and families.

Table 1. School- and Community-Based Resources and the Learning Support Continuum (Modified from Adelman & Taylor, 1998)

School Resources *(facilities, stakeholders, programs, services)*	**Community Resources** *(facilities, stakeholders, programs, services)*
Example Prevention and Promotion Strategies	**Example Prevention and Promotion Strategies**
• General health education • Prevention programs • Support for transitions • School climate initiatives • Nutrition programs • Youth development • Physical education; recess • Employee health promotion • Staff tuberculosis screening	• Public health and safety programs • Prenatal care • Immunizations/vaccinations • Recreation and enrichment • Child abuse education • Early childhood programs • Child abuse/neglect prevention • Mental health and depression awareness
Example Early Intervention Strategies	**Example Early Intervention Strategies**
• Drug/alcohol counseling • Pregnancy programs • Violence interventions • Dropout/ truancy programs • Learning/behavior accommodations • Work and GED programs • Free/reduced lunch programs • Tracking/mentoring • Employee Assistance programs • Student assistance teams	• Early identification to treat health problems • Monitoring health problems • Short-term counseling • Family support • Foster placement/group homes • Shelter, food clothing • Job programs • Vision/hearing/dental screening • Case management • Mental health screening
Example Treatment / Intervention Strategies	**Example Treatment / Intervention Strategies**
• Special education for learning disabilities, emotional disturbances and other health impairments • 504 plans and other accommodations • Crisis intervention	• Emergency/crisis treatment • Family preservation • Long-term therapy • Probation/incarceration • Disabilities programs • Hospitalization • Drug/alcohol treatment

Several key principles are essential to the delivery of learning supports in schools, including:

- Linkage protocols and learning supports are most effective when they are part of thoughtfully and intentionally planned expanded school improvement efforts and assist educators in classrooms
- Learning supports must be individualized and ensure students and their families receive the appropriate level of support based on their own identified needs.
- Learning supports must incorporate evidence-based strategies that are known to create targeted outcomes; and services must be of sufficient intensity and duration to create an effect
- Quality assessment and improvement activities must continually guide and provide feedback to enhance the learning support system and the delivery of services
- Learning supports are ideally provided based in the least restrictive environment and ensure services are provided in ways that are not more intrusive than is required.
- Prevention, early intervention strategies, and the provision of learning supports in the least restrictive environment are central to the promotion of academic achievement and healthy development
- Learning supports prioritize smooth transitions for students and families across the learning support continuum, where schools, agencies, providers, and other systems coordinate and integrate services in support of positive outcomes
- Learning supports also are established across school feeder patterns, emphasizing the need for services to support students as they transition from school-to-school and from school-to-work.

In summary, to be most effective, learning supports and systems need to cover an expansive continuum of care in schools. As indicated in Figure 2, this continuum begins with prevention and promotion strategies targeted at the entire student population. It continues with early intervention services directed toward targeted students. It also involves more intensive interventions for students with more critical problems and needs. The three-tier continuum of services overviewed in Figure 2 will continue to be referenced throughout this Linkage Protocol, as the linkages across and within these tiers are crucial to ensuring all students and their families receive the appropriate level of services based on their own individualized needs.

Figure 2. Potential Building-Level Learning Support Continuum (Anderson-Butcher, 2005).

LEARNING SUPPORT INFRASTRUCTURE

The overall effectiveness of the learning support continuum is dependent upon the development of intentionally planned and implemented infrastructure. Often it is helpful for a Learning Support Resource Team to be created that oversees the overall learning support system within the school. This team is charged with aggregating student data to determine school-wide needs, redeploying resources in support of identified needs, mapping resources, programs, services, and strategies, coordinating and integrating these various learning supports, and providing communication to others within the building in relation to the availability of services. It typically is comprised of a team of individuals within the school and community who prioritize and lead the efforts around the provision of learning supports in the building.

There also will be an emergent need to create a District Level Leadership Team who provides oversight across the entire system, but also oversees district policies and procedures, resource allocations and staffing and supervision patterns in support of the learning support continuum. This group also is important when communicating with the entire school community about learning support principles, practices and protocols that are developed across the system.

Together, school and district teams collaborate in a mutually interdependent and intersupportive manner to ensure coordination of obvious linkage through the district. This allows for each school to provide resources across the three tiers of the learning support continuum in concert with the identified needs of each building. These teams focus on the coordination of these services and the linkages across them. In addition, schools currently have bullying policies, wellness policies, focused monitoring requirements, school-wide climate initiatives, and other related mandates. These teams align learning support strategies with the policy requirements and needs. Furthermore, many problem solving and pre-referral processes and structures exist within schools already (i.e.., Intervention Assistance Teams, Grade Level Teams, etc). These teams ensure educators have access to these learning supports through effective linkage protocols and referral systems that connect students and their families with learning supports as needs emerge.

SUMMARY

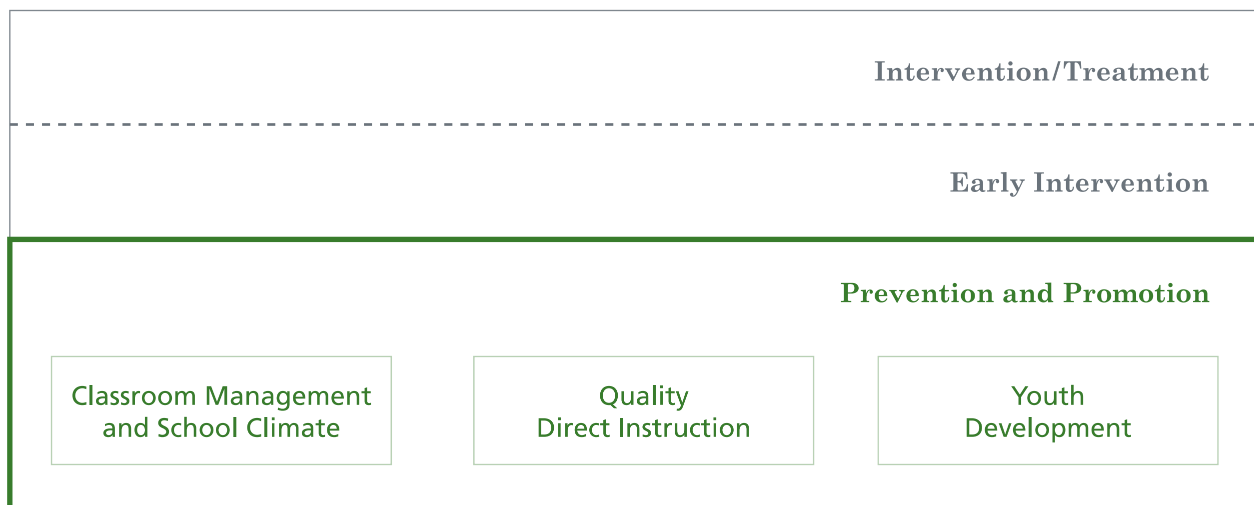
In summary, thoughtful attention to the vast array of services and supports available to students across the learning support continuum is essential for ensuring all students succeed. Individuals, resources, and systems within schools and communities must be further aligned and maximized in order to fully meet the growing demands of students and families today. Modules Two, Three, and Four of this Linkage Protocol further explain each tier of the learning support continuum, providing important insights in relation to best practices, principles, and design strategies necessary for the development of this comprehensive system of support.

Module Two: Prevention and Promotion Strategies

WHAT ARE PREVENTION AND PROMOTION STRATEGIES?

The first tier of the learning support continuum involves prevention and promotion. As shown in Figure 3, these strategies comprise the lower tier of the learning support continuum of services. These strategies, also called universal or primary prevention approaches, are designed to promote positive, healthy development among all students. Primary areas of practice include quality instruction, classroom management and school climate initiatives, and overall positive youth development strategies.

Figure 3. Potential Building-Level Learning Support Continuum: Focus on Prevention and Promotion (Anderson-Butcher, 2005).



In essence, these strategies build *protective factors*, or individual and environmental factors that contribute to positive outcomes for youth. Protective factors, also called developmental assets, negate the impact of exposure to risk on students and include the following student strengths and resources:

Table 2. Sample Protective Factors (Modified from Anderson-Butcher et al., 2004).

Sample Protective Factors	
• Social competence, self-esteem and self-confidence • Effective social and life skills • Problem solving skills (able to ask for help when needed; Able to resist pressures; have refusal skills; able to problem solve non-violently, etc.) • Personal sense of responsibility and accountability • Self-regulation skills (able to identify emotions, etc.) • Ability to see things from other people's perspectives; Show respect and concern for others (empathy) • Values for honesty, integrity, caring and responsibility • Sense of purpose; Experience personal control and empowerment • Easy going, flexible demeanors and a sense of humor • Optimistic attitudes and ability to see the positive • Spirituality • Association with pro-social peer groups • Have no potential or identified learning disabilities • Strong relationships with caring adult role models	• Strong sense of identity • Positive perceptions of safety and security • Basic needs are met (food, shelter, etc.) • Engagement in school • Value education; Are motivated to do well in school; • Experience a positive school climate • Involvement in community service opportunities • Experience opportunities for skill-building and learning via participation in pro-social activities (vocational experiences, extracurricular activities, hobbies, leadership experiences, etc.) • Experience a sense of belonging to pro-social institutions or groups (school, sport team, youth organizations, club, family, community, etc.) • Display pro-social behaviors (are substance free, abstain from gang involvement and sexual activity, etc.) • Receive recognition and reinforcement for involvement in pro-social activities from school, family, community, etc. • Experience perceptions of high expectations from the school, family and community; Perceive these entities see youth as valuable assets

One subset of these factors involves the development of social and emotional learning (SEL) competencies. SEL competencies include: Self-awareness, ability to manage emotions and behavior, social awareness; effective relationship skills; and responsible decision making (Devaney et al., 2006).

In the end, protective factors (and their correlates) are known to enhance academic achievement and healthy development, as well as decrease truancy, substance use, teenage pregnancy, crime and delinquency, and other problem behaviors.

IN WHAT WAYS ARE PREVENTION AND PROMOTION STRATEGIES PUT IN PLACE?

Individuals working within schools and across the community have critical roles to play in developing protective factors and related competencies among students. Several key approaches exist within the school and community, including:

Quality Direct Instruction: Educators and others working in schools provide direct instruction in their classrooms designed to develop protective factors. For instance, foreign language academic content standards in Ohio focus on the development of student abilities in both giving and following directions, instructions, and requests. As such, educators may provide direct instruction related to the development of listening, communication skills, and other life skills that are essential underpinnings for the achievement of this standard. Strategies that are individualized, engaging, developmentally appropriate, and culturally competent foster the development of protective factors and related competencies that are critical to student success.

Classroom Management: Educators foster safe, supportive classrooms by incorporating classroom-based management techniques designed to foster engaged academic learning time. They provide quality, individualized, relevant, and differentiated instruction to support the learning needs of all students. They adopt rules, pro-social norms, and high expectations for student behaviors. And they consistently reinforce and model positive behaviors, while simultaneously applying corrective responses and consequences for negative ones.

School Climate: Schools work hard to establish safe, orderly, and inviting settings that encourage student, family, and community engagement. Policies related to common expectations for student behaviors; norms guiding student, educator, and parent/guardian behaviors and interactions; practices that foster motivation and encourage feelings of belonging and value, and other strategies that promote healthy learning environments are critical. These often begin with the assurance that all students have one meaningful, positive interaction with an adult during each school day. For more information on school-climate, examine the Ohio School Climate Guidelines adopted in 2004, see http://www.ebasedprevention.org/files/Ohio_School_Climate_Guidelines_9-27-041.pdf.

Youth Development: Educators and others often use multiple strategies to foster the enhancement of protective factors among students and families. For example, youth development approaches might include strategies to enhance social- emotional learning, those that provide pro-social opportunities, practices that are culturally competent, ones to foster health and wellness, and other-related approaches related to transition supports. Each is described briefly in the following.

Social-Emotional Learning (SEL): One commonly used approach involves the development of a subset of protective factors among students called SEL competencies. These competencies are developed through social and emotional learning processes designed to ensure students and adults acquire the knowledge, attitudes, and skills they need to recognize and manage their emotions, demonstrate caring and concern for others, establish positive relationships, make responsible decisions, and handle challenging situations constructively (Devaney et al., 2006). Instruction in and opportunities to practice and apply these competencies, as provided

by educators in classrooms, is important. The creation of positive learning environments characterized by trust and respectful student-adult relationships and interactions is also essential. For more information, see http://www.casel.org.

Pro-Social Opportunities: There are multiple ways in which schools and communities create meaningful pro-social opportunities for students. Meaningful opportunities for leadership (i.e., student council, etc.) and service to the school and/or community (i.e., service clubs) allow students to learn and practice new skills and competencies, as well as foster a sense of importance and value among participants. Sports, drama, music, and other extracurricular activities encourage the development of additional protective factors. Academic enrichment activities that incorporate content from the classroom-curriculum provide contexts where students can apply new knowledge and skills in real-life settings. And the continued reinforcement and encouragement by significant adults in relation to involvement in all of these pro-social activities also promotes continued involvement and the development of further competencies in related areas.

Cultural Competence: Instruction, practices, and approaches in schools must appreciate and celebrate diverse cultures, languages, and experiences. Strategies to ensure individuals within the school respect others and individual differences are important, as well as ensuring practices that foster inclusion and equal opportunities and access for all learners.

Health and Wellness: Students benefit from health and physical education classes designed to promote values, knowledge, and skills related to healthy lifestyle choices and behaviors. High quality food service programs, as well as free and reduced lunch programs for those that qualify, are critical for promoting well-balanced, healthy nutrition. Some protective factors are also developed through informal play opportunities at schools such as recess.

Transition Supports: Other common approaches in schools designed to foster healthy development and academic achievement among students involves the usage of multiple strategies to support student transitions. Foremost, educators use systematic and sequential practices and curriculum that spans from preschool through high school years in order to link current instruction with students' prior knowledge and future learning. Supports are put in place for students as they transition between grade levels and schools, and/or arrive to a new school. In addition, quality matches between educatorss and students are ensured to allow for the successful placement of students as they move from classroom-to-classroom and/or school-to-school.

These three primary strategies, quality direct instruction, classroom management and school climate, and youth development, together comprise the lower tier of the learning support continuum focused on prevention and promotion strategies.

WHY ARE LINKAGES CRITICAL TO PREVENTION AND PROMOTION STRATEGIES?

Essentially, there are two ways in which educators and others working in and with schools foster the development of protective factors using the aforementioned prevention and promotion strategies.

First, educators provide direct practice strategies within their classrooms and interactions with students that build these various assets. They provide quality, individualized instruction; implement effective classroom-management techniques, create transition supports, and lead pro-social involvement opportunities for students. They also establish strong linkages with students through the development of caring, respectful, trusting, and long-lasting relationships and interactions.

Second, and of most interest here, is that educators implement indirect strategies that provide linkages and connections to other supports, individuals, agencies, programs, and/or activities that in turn promote the development of various protective factors among students. Critical linkages designed to ensure that all students experience these strength-building opportunities are essential to fostering academic achievement and healthy development among students. Several examples are noteworthy.

- Educators communicate with others working at the school to ensure consistency, transference, and common expectations for students across classrooms and the school-at-large. Collaborations among individuals working within the school help determine school-wide interventions and supports designed to foster the development of protective factors among students.
- In addition, educators work together with others, including students, parents, other educators, and other partners, to ensure student learning, academic progress, and healthy development. Together individuals from the school and the community work together to target particular protective factors in response to identified student needs. In addition, outside agencies link with classroom educators in order to align their activities and strategies with core content needs within the classroom.
- Linkages may also be created as educators connect students to outside agencies that offer programs and services designed to promote protective factors. Reinforcement and monitoring of student involvement in the pro-social activities is a primary motivator for participation.
- Communications from educators to students' homes inform parents/guardians of the various programs and services available in the school and community.

SUMMARY

In the end, prevention and promotion strategies that support all students strengthen and build key protective factors and related competencies. These factors are critical influences on academic achievement, healthy development, and school success. Direct practices by educators, parents/guardians, support staff, and others working in the school and community aimed to enhance these factors are critical. Linkages and communication channels across individuals central to students' lives, including the students themselves, also promote connections among many of the entities that support students.

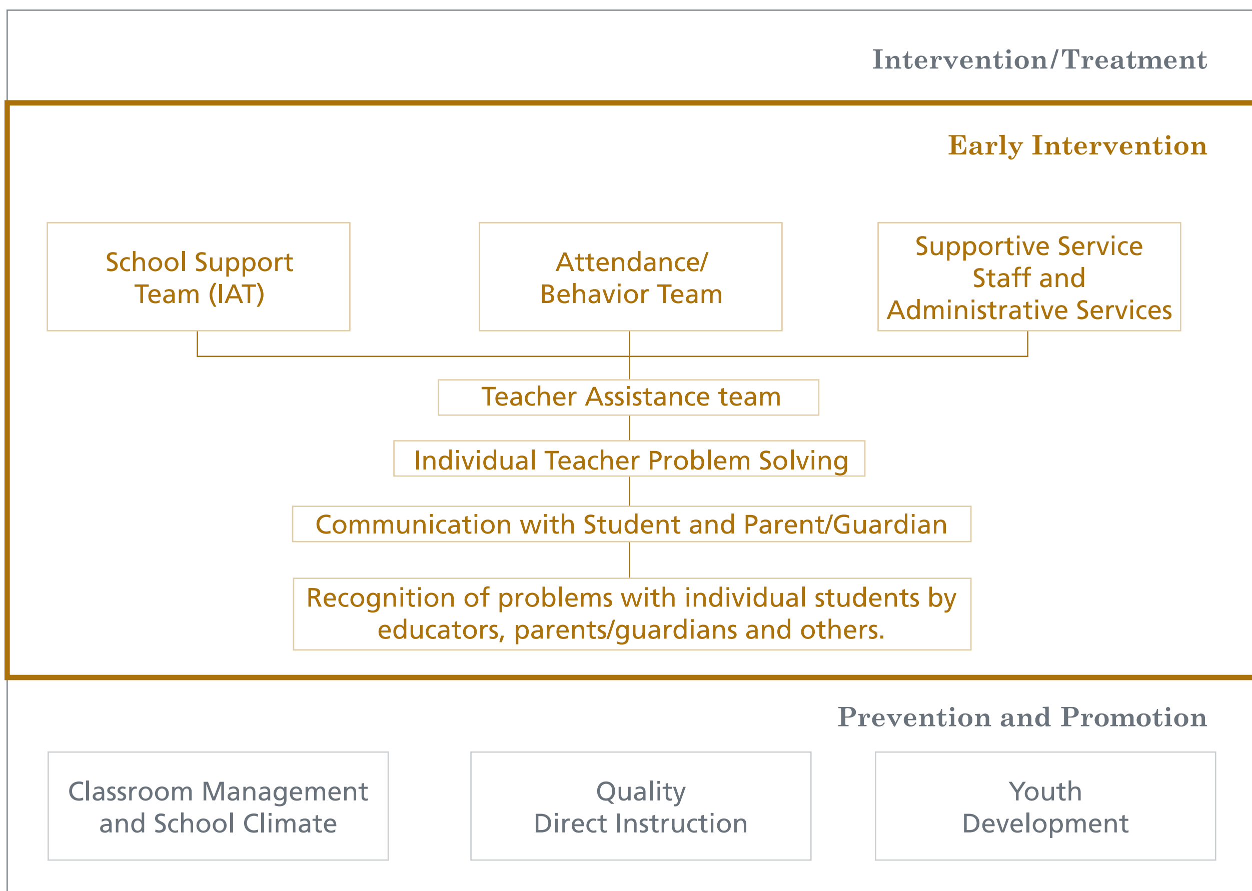
Module Three: Early Intervention Strategies

WHAT ARE EARLY INTERVENTION STRATEGIES?

The second tier of the learning support continuum involves early intervention, linkage, and referral strategies. These strategies, also called selected and/or secondary prevention approaches, focus on students at-risk for academic failure and other problem behaviors.

Early intervention strategies outlined in Figure 4 build from the systems of prevention and promotion described in Module Two. They involve the early recognition of problems by educators, parents/guardians, and others engaged with youth in the school community, as well as their initial responses designed to address the various identified needs and issues. These responses may involve communication and problem solving strategies among individuals, as well as those that take place in formalized teaming structures existent within the school.

Figure 4. Potential Building-Level Learning Support Continuum: Focus on Early Intervention (Anderson-Butcher, 2005; The early intervention tier is expanded from Zins et al., 1989).



Regardless, this system of early intervention ensures *risk factors*, or influences that predict negative outcomes for youth, are identified and addressed early and immediately upon onset. Once risk factors, also called non-academic barriers to learning, are identified, targeted interventions, services, and supports are implemented to target identified needs. Ideally strategies are put in place to prevent the escalation of future problem behavior. Example risk factors are described in the following:

Table 3. Sample Risk Factors (Modified from Anderson-Butcher et al., 2004).

Sample Risk Factors	
Example child-related barriers • Mental health and/or physical health needs • Lack of coping and social skills • Insufficient sleep and nutrition • Potential and identified learning challenges such as dyslexia • Repeated aggressiveness and violent behavior • Substance use and abuse • Lack of attentiveness in class	**Example family-related barriers** • Lack of supervision and monitoring • Parent un- or under-employment challenges • Housing stressors • Family conflict • Parents' unmet mental health and/or physical health needs • Lack of social supports and a sense of isolation
Example peer-related barriers • Associations with antisocial peers (i.e., gang involved peers, violent peers, peers involved in criminal activities, substance use, etc.) • Peer attitudes, beliefs, and norms related to antisocial behaviors	**Example community-related barriers** • Lack of recreational and/or social opportunities • Lack of community cohesiveness and collective efficacy • Lack of affordable quality child care • Community antisocial norms • Availability of and access to drugs and alcohol

IN WHAT WAYS ARE EARLY INTERVENTION STRATEGIES PUT IN PLACE?

Individuals working within schools and across the community have critical roles to play in the implementation of early intervention strategies for students. The key steps in this process are highlighted in the following, beginning with the initial assessment of risk and ending with follow-up and case-management.

Early Identification: Educators see students each day in their classrooms. They have connections with parents/guardians and students, and serve as the first "line of response" when a student begins falling behind academically or displaying risk factors and needs. Educators, support staff, and others working in the school need to be skilled in identifying these early signs, which thus in turn allows referrals and intervention supports to be put in place soon after the onset of the problem or symptom.

Linkage and Referral: Upon identifying early signs of risk and need, educators within the school will seek assistance from others as they develop plans and strategies for early intervention. Initially, educators often problem solve with students and parents/guardians as they develop strategies to address the emergent need. They may also link with their colleagues through informal and formal discussions (i.e., grade level teams) to brainstorm strategies and solutions.

In addition, students and parents/guardians are also important to this process, as many will connect individually with educators and others working in the school as they begin struggling with academic, social, emotional, and other related-needs.

When educators or support staff want further assistance in designing early intervention supports for students, they may complete referral forms which describe student needs (see Teacher Referral for Assessment tool in the Appendix). These ideally are provided to an identified single point of contact person within the school. This primary person is charged with coordinating and facilitating service delivery across the learning support continuum. The single point of contact person will conduct a preliminary assessment based on referral that serves to triage intervention services within the school and/or community.

Referrals to specific student service personnel (i.e., school counselor or social worker) may be designed to target individual risk factors present among the student or family. For instance, linkages with the local food bank, cash assistance at the jobs and families department, medical and/or dental care facilities or programs, and other supports may occur immediately. Others may involve referrals to various teaming structures present within the school.

Teaming Structures: Several teaming structures exist within a school designed to provide consultation, problem solving, assessment, and intervention strategies. These structures exist in order to facilitate linkages among educators and other individuals (i.e., student service personnel, other educators, community mental health providers, etc) who have specific knowledge or expertise regarding a student, family, school, or practice strategy.

It is important for educators and support staff to be aware of the various teaming structures within a school, to know its members, and to understand the team's role and function. It is also important for individuals to understand how the various teaming structures relate to each other and to other supports within the school and community.

Several terms are used to describe the make-up and functions of various teaming structures within schools. Attempts here aim to describe common teams that exist within schools. Please note, however, that the official names for these teams may differ from school-to-school; and some schools may combine these teams into one teaming structure. In addition, some schools may not have any of these teams in existence.

Typically there are two main types of teaming structures within a school: School governance teams and service delivery case-oriented teams. *School governance teams* typically are charged with school continuous improvement planning, curriculum and resource alignment and prioritization, and broader leadership issues within the school. *Service delivery case-oriented teams* are more focused on providing intervention and supportive services to students and families.

Qualifications are also made based on organizational representation. More specifically, *intra-agency teaming structures* are comprised solely of individuals working internal to the school (i.e., educators, school counselors, intervention assistants, etc); whereas *inter-agency teaming structures* are made up of individuals working internal and external to the school (i.e., educators and community-based mental health providers, etc). Sometimes language differs based on professional orientation of individual team members. As such, *inter-professional teaming structures* are comprised of professionals representing multiple disciplines and areas of practice (i.e., mental health, education, child welfare, workforce services, etc).

Please note that some teaming structures may combine these qualities. For example, grade-level teams comprised solely of educators may focus on both school governance and service delivery case-oriented processes and responsibilities. Or intra-agency intervention assistance teams in some schools may invite external partners from outside agencies to select meetings when deemed appropriate (and therefore serve as inter-agency teams). Nonetheless, these terms help to qualify teaming structure purposes and composition.

For the purposes of this document, service delivery case-oriented teaming structures will be described in more detail. Pre-referral processes that precede assessments related to the identification of learning disabilities or other diagnoses involve several teaming structures. The following provides an overview of typical teams that exist within schools.

Grade-Level or Content-Specific Teams: Grade-level leadership teams have been organized in many elementary schools since the advent of No Child Left Behind. These grade-level teams are comprised of educators within the same grade. Content-specific teams are often created within secondary schools. They are comprised of educators who teach within similar subject areas. For instance, all math teachers comprise the math department team. Schools adopting "small schools" approaches may have teams of educators that work within the one priority cluster area (i.e., technology, health, etc.).

Nonetheless, the purposes of these teams are similar. Teams of educators meet regularly, often through a set-aside common planning time, to discuss curriculum alignment both across a grade level (i.e., horizontally) and developmentally across subject areas (i.e., vertically). They also use these time periods to receive professional development and/or to discuss new teaching and instruction strategies with colleagues across the school. Much of their work revolves around school governance and academic content.

Some schools, however, expand the role of these grade-level and content-specific teams. These structures serve as places where educators analyze data to monitor student progress and learning, and plan strategies related to differentiated and modified instruction that address identified student's instructional needs. Collectively these educators problem solve to determine intervention needs among students.

In some schools, these teaming structures are also used to problem solve around non-academic barriers and needs. They may use these forums to align discipline strategies, positive behavior supports, and consistency management policies and practices within these settings. They also may case student's non-academic needs with other educators in order to develop new accommodations and interventions to promote positive behaviors within the classroom.

Teacher Assistance Teams (TATs): Some schools put in place intra-agency teaming structures that are typically comprised of teams of educators from across all grade levels in the school. TATs provide opportunities for professionals working in schools to brainstorm ways to solve student problems and intervene appropriately in response to advice and consultation from others. Successful implementation of these teams is related to reduced special education placements and lower levels of student mild issues that develop into severe ones.

Teams Targeting Certain Behaviors: Many schools organize intra-agency teaming structures that focus on supporting and intervening with students who are displaying certain types of problem behaviors. Many times these behavior-specific teams focus on discipline and/or attendance issues. Students who are identified with needs in these areas (i.e., accumulate 3 unexcused absences) are referred to these teams for follow-up intervention. These behavior-specific teams also may take on governance qualities as they create policies and procedures for dealing with student problems in these specific arenas.

Intervention Assistance Teams (IATs): Inter-professional teams comprised of educators, school counselors and social workers, school administrators, intervention assistants, support staff, and others, exist oftentimes internal to the school. These teams assist classroom educators by offering recommendations related to how to support the individual needs of students who are displaying academic, behavioral, social, and/or emotional difficulties. Functions of these teams may range from assessment, triage, referral, case management, case progress review, and follow-up.

These teams are not designed to serve special education students, but rather to address the specific needs of at-risk students who may benefit from this attention and assistance. They may be the ideal teaming structure where 504 plans are coordinated and implemented.

In some schools, these teaming structures also may be combined with TATs. Likewise, sometimes these teams are expanded to also include professionals working in the community, and therefore take on inter-agency structures. Please also note that IATs are best operated when there is consistent group membership and the team meets on a regular basis.

District-Level or Feeder-Pattern Teams: Some districts put in place district-level or feeder-pattern service delivery or case-oriented teams that provide more intensive supports and interventions to students and often their families. These teams are comprised of professionals working internal and external to the district. Many times these family systems are already being served by multiple agencies within the community, and simultaneously are identified by the school-system as in need of academic and other related services. These district-level or feeder-pattern teams serve to coordinate and integrate services and supports across systems and within families.

In conclusion, many teaming structures exist within schools that serve multiple purposes and functions. The key for schools is to figure out what teaming structures exist and/or are needed to ensure the educators are provided with consultation and problem solving supports, and students are provided with early intervention services designed to alleviate risk factors and other emergent problem behaviors and needs. An identified team leader who has lead-responsibility for overseeing the function of the team and its members is critical. This person also facilitates the team's application of the least intrusive, most effective type of intervention for students and families.

Assessment: Once educators identify early signs of risk among students, further assessments are necessary and foster a better understanding of the issue and the factors that contribute to its occurrence and maintenance. In particular, functional behavior assessments exploring the antecedents and consequences of behaviors are useful in determining strategies that develop positive replacement behaviors among students.

Quality assessments involve the solicitation of input from multiple stakeholders, including the educators, parents/guardians, students, and others central to a student's life. They explore individual and environmental factors contributing to the issue, as well as evaluate behaviors and needs in and/or outside the classroom setting. Assessments rely on multiple sources of information/data collected through the observation, conversations with stakeholders, performance on standardized instruments, and other modalities. They also focus on both strengths and challenges, and often times result in a written problem statement that is described in concrete, observable language. The resultant baseline assessment is in turn used to drive data-based decisions regarding intervention goals for each identified student (See Intensive Assessment tool in the Appendix).

Planning and Early Interventions: Once a written problem statement for each student is developed, intervention goals and objectives are written that describe the anticipated gains that can be reasonably anticipated for each identified student. Plans are then created that identify the specific steps, strategies, accommodations, and interventions that will be put in place to support goal attainment and student success (See Appendix for Intervention Plan tool). Ideally these plans for intervention are developed and agreed upon by educators, students, parents/guardians, and others involved in the plan's implementation.

Appropriate intervention services are recommended in the plan. When implemented, early intervention strategies are put in place to support students and families, as well as educators in classrooms. These may include classroom-based accommodations and intervention supports. In addition, more intensive strategies may be included that are designed to target certain risk and protective factors. These may include referrals for individual and/or group counseling, linkages to other services and supports (i.e., mentoring, case management services, after-school programs, parent education classes, etc.), and/or referrals for more intensive interventions designed to treat more severe and chronic behaviors.

All interventions should incorporate evidence-based best practice strategies that are grounded in the research and proven to create the outcomes desired for each targeted student. Interventions must also be implemented with fidelity and enough intensity and duration to create the desired effect.

Follow-Up and Monitoring: Educators, students, parents/guardians, and/or the various teaming structures continually monitor the progress of the student on a regular basis. Ideally, accountability systems are put in place (oftentimes within aforementioned teaming structures) to monitor progress through ongoing assessment and data collection. Oftentimes case management and/or tracking services are helpful in tracking whether plans were fully implemented, as well as if students are progressing toward the desired goals.

Data collected on outcomes are used to foster improvements in interventions and approaches. If problems continue, plans are modified and altered to ensure alignment of interventions to needs. Likewise, least restrictive and intensive services and supports may be put in place accordingly as students achieve their goals. As such, follow-up supports, particularly as students transition across the learning support continuum (i.e., from interventions back into mainstream environments), are essential.

WHY ARE LINKAGES CRITICAL TO EARLY INTERVENTION STRATEGIES?

Linkages in the area of early intervention are necessities, as they ensure the coordination and delivery of interventions, services, and supports to students as they move seamlessly across the learning support continuum.

Foremost, educators regularly communicate and link with students and their parents/guardians about student learning, actively engaging them, especially in problem solving efforts designed to facilitate student progress and achievement. In addition, feedback loops exist among these individuals, especially as progress is monitored and input is needed to enhance plans and classroom-based interventions.

Individuals working within the school also consult with and learn from other colleagues as they plan and implement instructional strategies, accommodations, and interventions. These collegial relationships, often occurring prior to referrals for more intensive early interventions and treatments, have been shown to be effective at supporting students' continued roles in mainstream classrooms. They occur informally and/or formally through involvement in TATs or grade-level teaming structures within the schools.

Once early signs and symptoms are identified, educators and others refer and link students to other services and/or structures within the school. They may refer students directly to student service personnel who provide one-on-one interventions to students; or they may refer identified students to the various teaming structures present within the school.

These connections are fostered by comprehensive referral forms that educators complete and turn in to a single point of contact within the school (usually a school counselor or social worker). The single point of contact then further assesses the situation and triages the referral to the appropriate place for follow-up. Linkages are then made to individuals who provide strategic interventions (i.e., school-based mental health provider who operates a social skills group) or to one of the various teaming structures present within the school (i.e., discipline team, etc).

When appropriate, linkages may be created among educators working within the school and others who work outside the school (i.e., school-based mental health providers, etc). These connections are essential as educators strive to address the various risk factors or non-academic barriers to learning that impede student success in classrooms. These outside services may be school-based or co-located at the school building; or they may be community-based and located outside of the school in a community agency (in this case they may be termed school-linked).

Nonetheless, services and supports provided in the school or in the community, by educators, school counselors, outside providers and others, must be linked and coordinated. These linkages require formal communication channels that provide substantive, specific, and timely feedback to others about student progress. In the end, all these steps help to ensure the seamless delivery of services, as well as reduce duplication and maximize resources and supports across the school and community. They also ensure successful transitions among students as they receive different intensities of interventions across the learning support continuum.

WHAT OTHER SAFEGUARDS MUST BE IN PLACE TO FOSTER LINKAGES?

Within the promotion of school and community linkages, it also is critical that formal mechanisms, procedures, and policies be adopted and implemented that protect student confidentiality and rights. Several laws exist governing the sharing of information in relationship to this area and include the following:

- *Family Educational Rights And Privacy Act (FERPA)* protects the privacy of parents and students by requiring school districts to: (1) Provide a parent access to their child's educational records; (2) Provide a parent an opportunity to seek correction of records he/she believes to be inaccurate or misleading; (3) With some exceptions, obtain the written permission of a parent before disclosing information contained in the student's educational record; and (4) Annually inform parents of these rights under this act.
- The *Protection of Pupil Rights section of the General Education Provisions Act* establishes standards related to the assessment or evaluation. Specifically, the act indicates that no student shall be required to submit to a survey, analysis or evaluation that reveals information about personal issues such as mental and psychological problems and/or anti-social or self-incriminating behaviors without the prior consent of the student (if the student is an adult or emancipated minor), or without the prior written consent of the parent.
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulates national standards and requirements that enable the electronic exchange of certain health information. Specifically, it realizes the trend toward the computerization of health information and how this trend may increase access to information, but also needs to protect the security and privacy of the information. Schools, organizations and others must be in compliance with several requirements related to this area.
- The *Child Abuse Prevention and Treatment Act and the related Ohio Statute* mandates known or suspected child abuse and neglect reporting by law by certain professionals, including individuals working in health care, mental health, social work, education, law, religion and child care fields.

In the end, these laws and others are designed to safeguard student's and family's rights and privacy, as well as ensure confidentiality. Several practice principles apply.

Consent forms authorizing interventions should be clearly written so they encourage family participation in the child's educational plan. They also should be written in the student's native language; and processes for reading consent forms in one's own language should be in place to ensure family members understand what they are signing.

Parents/guardians also must provide consent for the release of information from the school to outside providers and vice versa. This includes permission for the sharing, receiving, and sending of educational progress, treatment history, psychosocial history, treatment plans, medical records, Individual Education Plans, outcome data, progress notes, school records, meeting summaries, court records, case status update, and other information as needed. Parents/guardians should have the opportunity to elect what types of information they would

like to be shared. Parents/guardians also should have the opportunity to refuse to sign the consent and not participate in the services and supports. They also should be able to cancel consent at any time.

In addition, all members of inter-agency teams should sign confidentiality agreements that protect the sharing of information outside of the group. All matters related to the delivery of services should be handled confidentially according to the standards set forth by member agency policies, state and federal laws, and professional ethics. Non-governmental parties involved shall also maintain the confidentiality of all information, discussion, and records presented.

Record keeping is also critical. Records should be kept in locked locations where access is protected. Files containing these records should also include consent forms, release of information forms, and other protocols. This documentation should be brought to team meetings where student progress is being discussed to ensure proper procedures and protocols are in place prior to the casing of a student.

In some cases, there may be the need for other formal agreements and policies to exist. For instance, memorandums of understanding (MOUs) between agencies solidify partnership agreements and respective roles and responsibilities of those involved. In addition, there may also be the need for insurance/liability policies within the school district and partnering agencies.

The Appendix includes a sampling of tools that may be useful when developing or enhancing linkages with community partners or agencies. Example forms include: consent forms, shared information agreements, memorandums of understanding, and insurance/liability policies. In the end, the ultimate goal of these policies and procedures is to protect students and families. These regulations must be taken into account as schools and communities partner together to provide more intensive interventions and services that target student needs.

SUMMARY

In conclusion, early intervention strategies and their related structures and processes play critical linkage roles within the learning support continuum at large. The functional nature of these middle-tier interventions ensures connections between classrooms and school-wide prevention strategies and the more intensive treatment/intervention strategies.

The assignment of individuals whose role it is to coordinate services and supports within this area is an essential best practice strategy. These individuals, and the teams they oftentimes coordinate, provide important linkage responsibilities as they facilitate connections among students, educators, parents/guardians, student support personnel, and others working with students and families. They foster collaboration among stakeholders, as well as provide the legwork needed to support true service coordination and integration.

In the end, early intervention strategies within the second-tier of the learning support continuum facilitate the identification of early signs of risk and need. They ensure educators in classrooms have access to supports for problem solving and for intervening with students presenting needs. And they allow supports and services to be put in place for students and families early on, thus preventing the further escalation of the problem or needs.

Module Four: Intervention/Treatment Strategies

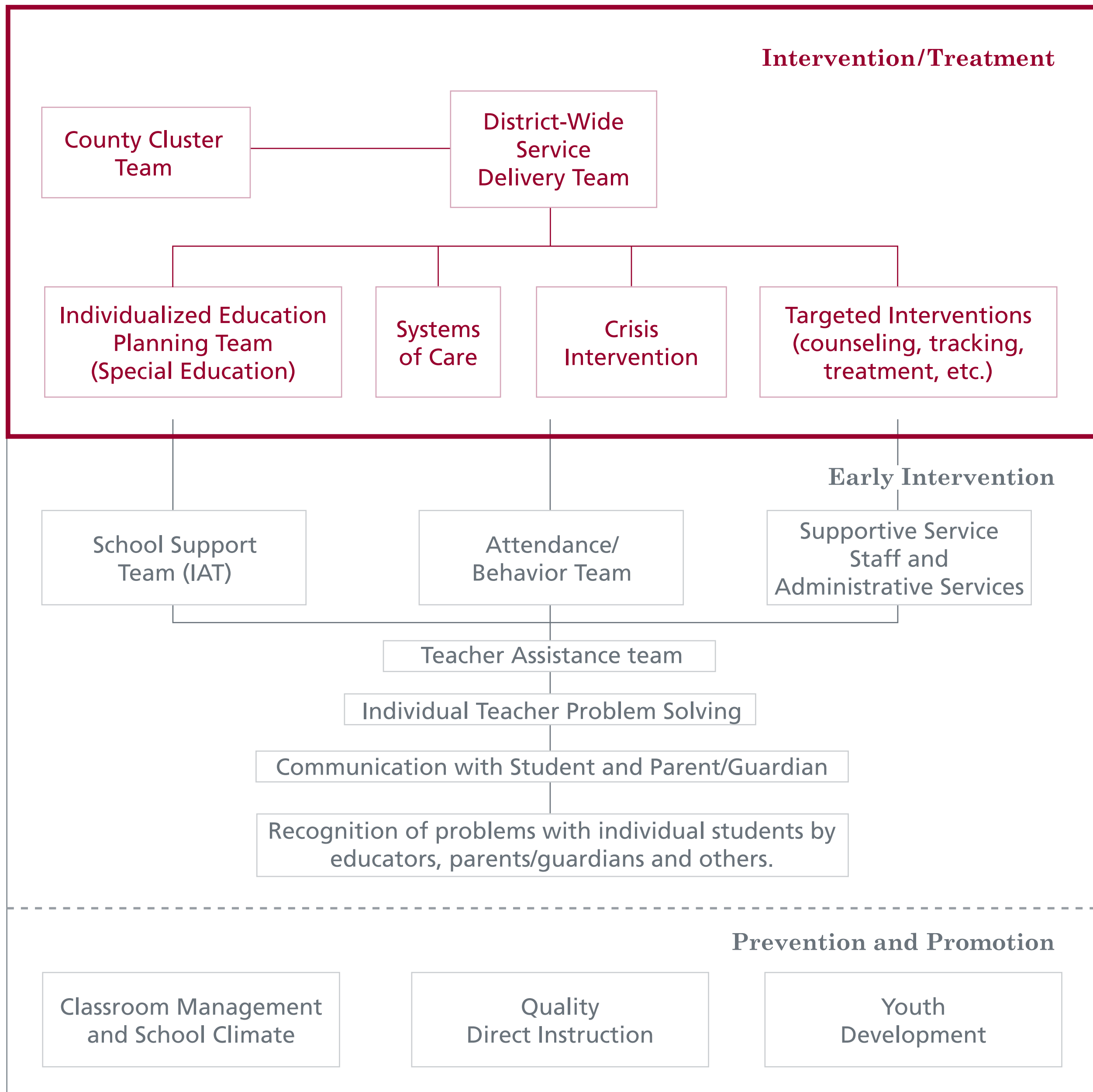
WHAT ARE INTERVENTION/TREATMENT STRATEGIES?

The third tier of the learning support continuum involves treatment intervention strategies designed for students who are already experiencing severe and chronic problems and needs. Treatment approaches are also called indicated and/or tertiary prevention strategies. These intensive services build from the systems of prevention and promotion and early intervention described in Modules Two and Three, respectively.

As shown in Figure 5, systems of intervention/treatment require the delivery of intensive services and supports to meet the needs of students displaying significant problems and needs. Example concerns may include: diagnosed learning disability, social and emotional disturbances (i.e., suicidal ideation, severe depression, etc), substance use and abuse, chronic truancy, delinquency, family conflict and violence, significant health impairments, and/or others.

Often times these problems co-occur. Students experiencing one oftentimes experience others. In addition, student problems are often nested in family ones. In other words, oftentimes multiple problems and needs present themselves simultaneously. Regardless, these extensive problems must be addressed through school- and community-based treatment strategies if students are to achieve in schools and life, in general. As such, systems of intervention/treatment may also involve strategies aimed to align these multiple interventions to ensure service integration and reduced duplication.

Figure 5. Potential Building-Level Continuum: Focus on Intervention/Treatment (Anderson-Butcher, 2005; The early intervention tier is expanded from Zins et al., 1989).



IN WHAT WAYS ARE INTERVENTION/TREATMENT STRATEGIES PUT IN PLACE?

Individuals working within schools, as well as professionals working within communities, implement treatment/intervention strategies designed to support student academic achievement and healthy development in multiple ways. The most commonly referred to groups of strategies are highlighted in the following.

Individual Education Planning Processes and Special Education: Students with learning disabilities are required under the Individuals with Disabilities Education Act to receive individualized treatment and intervention strategies that support their learning and achievement. These strategies are planned for through a required individual education planning process, and are formalized within an individual education plan (IEP).

Prior to identification of a learning disability, however, educators and other school staff must document significant attempts to support the student through early intervention strategies and supports (see previous section). If progress is not made, parents/guardians and educators may request students be further assessed for specific learning disabilities. Parents/guardians must also consent to further assessment.

Upon this referral and consent process, school psychologists and other evaluation specialists will conduct a full battery of assessments. Upon classification, a formal meeting designed to create the IEP is scheduled. Parents/guardians must be notified of the IEP meeting in understandable language, as well as notified of procedural safeguards. Meeting times and locations should be agreed upon mutually. Invitations may also be sent to outside service providers/agencies currently working with student.

Essentially, IEP processes require linkages among various individuals. The following individuals must be involved in an IEP team who designs the plan: Parents/guardians, regular education educators, special education educators, a school district representative, a school psychologist or other evaluation interpreter. Students are ideally engaged in the process. Sometimes other related service personnel or individuals are involved based on the discretion of the school district or parent/guardian. Together these IEP team members discuss the child's future, present levels of performance, and the identification and inclusion needs that require specially-designed instruction (please note that strategies should focus on the least restrictive environment). A resultant IEP is formalized.

The resultant IEP provides an educational road map that supports the current functioning of students with disabilities within the school setting. The student's current level of functioning, as well as statements about needed instructional strategies and services, are described. Well-defined, measurable, and obtainable goals and objectives are established. Educational modifications, educational aides, and related services that allow the student to succeed in school are clearly articulated. Evaluation procedures also are put in place to determine if expected progress is made.

Once formalized, the IEP must be signed by the parent/guardian and also distributed to him/her within 30 days post the IEP meeting. The IEP and its identified treatment/intervention strategies must in turn be implemented with fidelity within the school environment. These plans must be revised annually. Also, as a student transitions between grades and/or schools, it is important that these plans are not lost and future school staff and educators are aware that they exist.

In addition, continued teaming and linkages are required by law in response to disciplinary actions by school personnel with students with learning disabilities. The IEP team should, within 10 days, formulate, review, and/or revise a behavioral intervention plan that addresses the behavior upon which the disciplinary action was predicated.

Systems of Care: In many communities, formal and coordinated networks of schools, agencies, and providers are organized that foster the availability, access to, and the integration of services for students with serious needs and their families. These formal coordinating networks link together multiple systems within the family, school, and community in attempt to address the physical, emotional, intellectual, cultural, and social needs of students. Systems of care are often called by a number of names (i.e., terms such as "wraparound", "cluster", "systems", and "Care Teams" are all used to describe various systems of care in Ohio).

Regardless of the name, systems of care often operate using similar guiding principles and approaches. The Substance Abuse and Mental Health Services Administration (SAMHSA) within the United States Department of Health and Human Services guides its work within principles, all indicating that efforts are coordinated, comprehensive, and focus on the individual needs of the child and family (for a comprehensive list of these principles, visit the SAMHSA website at: http://systemsofcare.samhsa.gov/).

In addition to these principles, similar approaches are also used within systems of care. Essentially, a single agency or service provider serving a student and/or family (i.e., school, mental health agency, etc) may see the need to expand services and invite another agency or service provider to assist in meeting the identified needs. In some cases, the single agency or service provider may simply seek to coordinate services across a family system to promote service integration and reduce duplication. Permission from a parent/guardian is sought that allows for a cross-system communication to occur. A follow-up system of care meeting is scheduled that pulls together parents/guardians, representatives from the various agencies, family members, other related service personnel, and potentially the student.

A plan is written that outlines the specific intervention strategies and supports that will be put in place to address the identified need and/or the service coordination strategy. Well-defined, measurable, and obtainable goals and objectives are defined, and evaluation and accountability plans are derived to determine ongoing effectiveness. Follow-up case management and evaluation procedures are established to determine if expected progress is achieved or if there are needs for modifications.

It is important to note that several different systems of care may exist in a school and/or its community. For instance, schools might formalize IATs and/or similar structures in order to have intra- and inter-agency involvement in the design and implementation of a plan. Districts might formalize District-Level or Feeder-Pattern Teams so that they take on a system of care approach. Policy in Ohio also mandates that counties have service coordination mechanisms in place that provide integrated services for children and students involved in multiple systems (i.e., juvenile courts, child welfare, mental health, etc). In Figure 5, these are labeled as County Cluster Teams and district-level service delivery teams.

Crisis Intervention Processes: Schools need crisis response strategies in place that clearly support students and staff in the case of emergencies. Although included here as a primary treatment/intervention strategy, it is important to understand that preparations for crises involve other tiers within the learning support continuum.

First, prevention and promotion strategies further prepare the school, its staff and students in the case of a crisis. For instance, there may be emergency response planning and training for staff and students, the implementation of crisis drills, the development of crisis teams that clearly delineate roles and responsibilities of staff (ie. principal, assistant principal) during and after a crisis (ensuring that these are general enough so that if a particular person is not there, the responsibility can still be carried out by the person filling in that position), and preparations related to communicating with medical, security, parents/guardians, and the media.

Early intervention strategies are implemented during a crisis to minimize its effect and to keep the situation from escalating. These strategies may include the evacuation of students, notification of families, and the protection of individuals from further harm and/or danger.

Finally, treatment/intervention strategies are incorporated initially through effective crisis intervention, as well as in the aftermath through the provision of debriefing opportunities, follow-up support groups, short-term counseling, and screening and referral to other services.

These crisis response strategies across the learning support continuum are essential to ensuring the safety and security of the school, its students, and staff in the case of emergencies. Chaos may easily develop in these situations if formal responses and follow-up supports are not in place to deal with the sudden event.

Intensive Interventions and Supports: Multiple intensive interventions are provided in different contexts within the school and/or community. These treatment approaches are designed to target the specific need evidenced by the student.

For instance, school-based alternative education programs or special needs classrooms, may provide smaller, oftentimes stricter, learning environments designed to support students who are not succeeding in the regular classroom environment. Long-term counseling, therapy, and even hospitalization may be needed for students evidencing social and/or emotional needs (and their families). Drug and alcohol treatment facilities target students using and abusing substances. Disability programs also may be provided for those students with challenges that are far too severe to be addressed in a regular school environment. Interventions may also be targeting families. For example, child welfare and family preservation services target families of students who experience child abuse and/or neglect. Domestic violence supports and services provide safety supports and interventions for family members.

Nonetheless, students in the school and their families may be involved in, or need referrals to, intensive interventions and supports that target severe and chronic needs. Educators and related student support personnel should coordinate with the providers of these services to assist with the implementation of strategies that support the intervention/treatment plan within the classroom and at the school.

WHY ARE LINKAGES CRITICAL TO INTERVENTION/ TREATMENT STRATEGIES?

Students with severe and chronic problems and their families need intensive services and supports that address their targeted needs and issues. Linkages in the area of intervention/ treatment strategies are critical for a number of reasons.

Please first note that many of the same strategies and structures overviewed in the early intervention strategies section also apply here, particularly as teaming structures within the school are used to provide case monitoring and follow-up services in support of student learning. For example, crisis intervention plans and processes may be facilitated by already existent teaming structures (i.e., IATs, grade level teams). Behavior specific teams (such as a discipline team) may be the structure that support students re-entry into the mainstream setting as they return from alternative education or treatment placements. The role of systems of care also becomes an important mechanism to support students and families displaying multiple problems and needs.

In addition, the power of special or alternative education services, long-term mental health counseling, and substance use/abuse treatment programs may be further enhanced as linkages among the targeted interventions with other systems of support are enhanced. More specifically, professionals charged with providing the specialized service (i.e., special education teachers, mental health providers, etc) must make connections with educators, parents/guardians, and others involved in the students life. Intervention supports provided by these other individuals ideally complement the primary intervention services. For instance, educators may create simultaneous accommodations and interventions designed to support the individualized need of the students in the classroom.

In addition, services provided across individuals working with students may be better coordinated so that more integrated, comprehensive, and supportive intervention approaches are provided for students and families. These linkages become increasingly important as students return from treatment/intervention settings and need transition supports that foster their re-entry into the mainstream school setting.

The same laws related to confidentiality and consent apply within this third tier of the learning support continuum, and therefore the same tools developed for the early intervention section will be useful within this context, too. As will federally-mandated tools and processes required within IDEA to support students with disabilities.

SUMMARY

In conclusion, intervention/treatment strategies within the third-tier of the learning support continuum target the severe and chronic needs of students and their families. They ensure students receive the intensive services they need, whether they are provided in school-based or community-based settings. Services are best when coordinated with other learning support strategies designed to complement the overall treatment plan. Together these integrated services are critical when supporting students and families involved in multiple systems, but also essential when students re-enter and transition back into mainstream school settings as they make progress with their treatment plans.

Module Five: Pulling It All Together

In review, this Linkage Protocol is designed to assist schools and their community partners in developing learning support continuums and stronger linkages between and across multiple systems and people. The three-tier learning support continuum described here calls for the systematic exploration of the individuals and infrastructures in place within schools and communities, fully articulating and examining their roles and responsibilities in relation to prevention and promotion, early intervention, and intervention/treatment strategies.

Linkages within each of these tiers, as well the linkages between them that foster smooth transitions, support a seamless delivery of supports for students and their families. They also support educators in classrooms, as they are able to access the needed supports for their students and focus on classroom instruction and learning. Related evaluation and accountability mechanisms foster continuous improvements and the enhancement of systems of support that foster school-family-community partnerships, strategic linkages, and ultimately better outcomes for students and families.

EVALUATION AND ACCOUNTABILITY

Evaluation and accountability should be embedded in the learning support system described in the previous modules. Proper attention to these topics will ensure that learning support services are designed based on critical student and family needs, that services are delivered in a quality way, and that the services provided lead to good outcomes for students and families.

The following checklist highlights core 'building blocks' of a comprehensive learning support system[1]. Attention to each of these essential tasks and activities will build evaluation and accountability capacity for the overall system.

- ☐ We have developed a *clear and consistent learning support conceptual framework* and have committed to its implementation
- ☐ We have *clarified important terms* and have adopted a commitment to consistent usage for all learning support participants and partners
- ☐ We have *integrated our learning support framework* with other relevant school frameworks (i.e., school improvement plan, wellness policy, etc.)
- ☐ We have developed a learning support *leadership structure* with appropriate leadership teams in place (i.e., learning support resources team, district level leadership team, etc)
- ☐ We have a *'teaming' structure* in place that organizes and coordinates learning supports at all levels of the service continuum (i.e., teacher assistance teams, intervention assistance teams, grade-level or content-specific teams. etc.)
- ☐ We have a *needs assessment measurement system* in place that allows us to assess and monitor critical family and students needs that might be addressed by a learning support system

[1] *The authors wish to acknowledge Jerry Bean and his leadership in providing the content for this evaluation checklist.*

- ☐ We have developed a *school and community resource inventory* that enables us to map critical programs and services at all levels of the learning support continuum (i.e., prevention/promotion, early intervention, intervention/treatment); and allows us to explore gaps in programs and services that need to be addressed
- ☐ We have in place *strategic partnerships* that enable us to provide critical services to students at all levels of the learning support continuum (i.e., prevention/promotion, early intervention, intervention/treatment)
- ☐ We have guidelines in place that ensure learning support services are *evidence-based* or, at a minimum, that services are conceptually sound and have built-in evaluation strategies
- ☐ We have identified *prevention/promotion learning supports strategies* (i.e., universal) consistent with student needs and consistent with our learning supports conceptual framework (i.e., school climate, social and emotional learning, health and wellness, pro-social opportunities, transition supports, etc.)
- ☐ For students identified as 'at risk', we have a learning support system in place that links those students to appropriate *early intervention learning support strategies* (i.e., selected) and monitors their progress
- ☐ For students identified as having significant problems, we have a learning support system in place that links those students to appropriate *intervention/treatment-related learning support strategies* (i.e., indicated) and monitors progress through the use of careful case planning (IEP), service coordination, and regular case review
- ☐ We have developed a *linkage protocol process* for our school community that effectively defines the roles and responsibilities of, as well as connections among, individuals, teaming structures, programs and strategies present within the learning support continuum
- ☐ We have a *set of procedures, processes, and tools* in place that safeguard the rights of students and families being served within the learning support system
- ☐ We have an evaluation/measurement system in place that is designed to:
  - » Measure and monitor the *effort* of learning support strategies at all levels of the service continuum
  - » Measure and monitor the *quality* of learning support strategies at all levels of the service continuum
  - » Measure and monitor the *impact* of learning support strategies at all levels of the service continuum

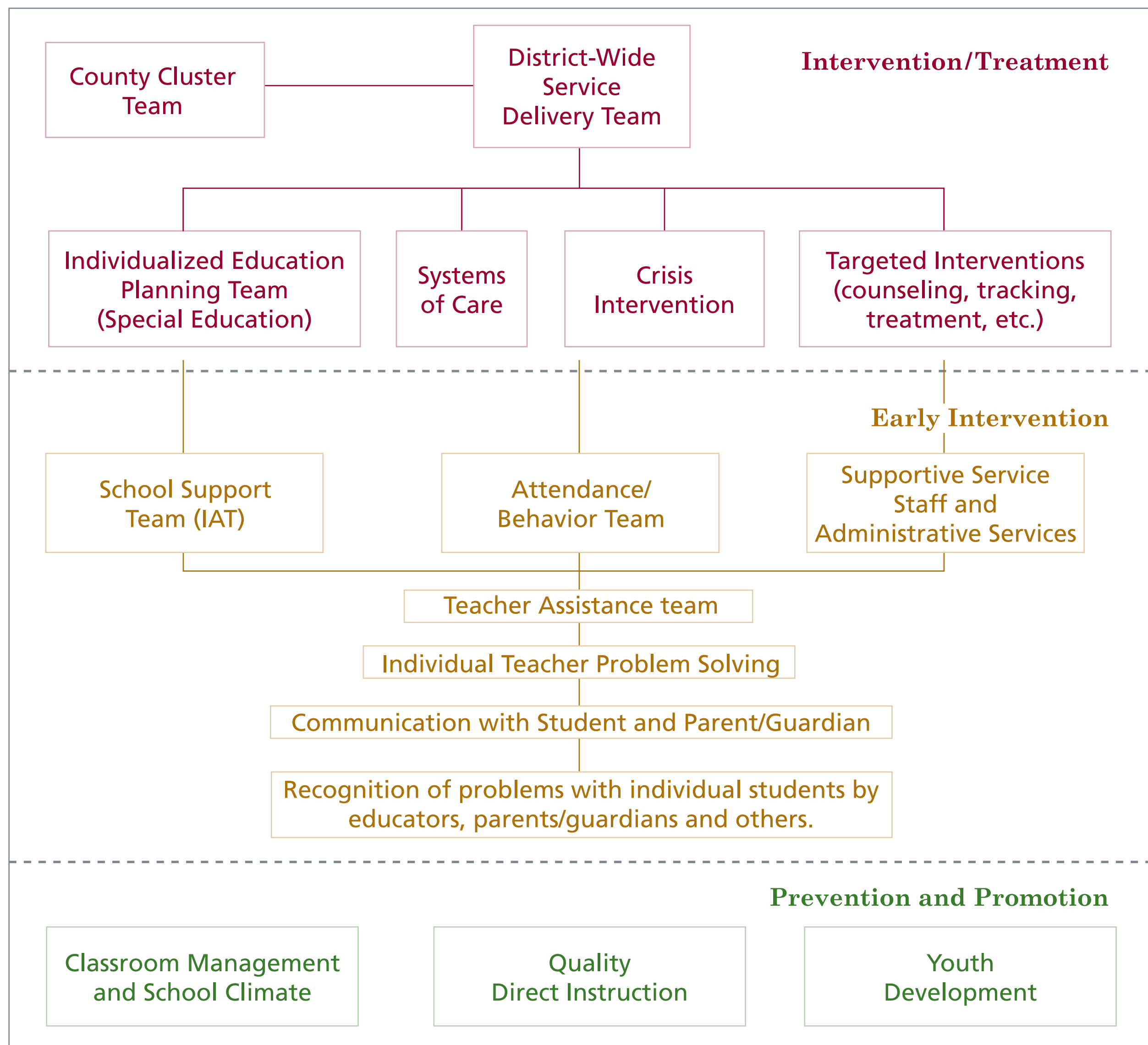
It is important to have a system in place that tracks progress towards and completion of these "building blocks". Guidance for elaborating these essential learning support components and activities is found in rich detail within the prior modules. In order to pull all of the aforementioned information together, several examples are provided.

SOME EXAMPLES

Linkage protocol development assists with the mapping of connections among individuals and systems across the learning support continuum. Figure 6, referred to throughout the previous modules, provides an overview of one such mapping that integrates the multiple strategies existent across a potential learning support continuum.

It highlights prevention and promotion strategies that support all students in the school; and then overviews the learning support pathway that exists among service providers, teams, and structures. Please also note that the lines represented in the figure are actually designed to be bi-directional. In other words, transitions from lesser to more intensive interventions are critical, as are linkages from more intensive interventions to those more universal and involving the least restrictive environment.

Figure 6. Potential Building-Level Continuum of Services (Anderson-Butcher, 2005; The early intervention tier is expanded from Zins et al, 1989).



A compendium to this system map might include a resource inventory highlighting available resources and services offered in the school and community. Figure 7 provides one such mapping developed by a pilot school working within the Ohio Community Collaboration Model for School Improvement framework. Health and social service learning supports are listed by type of service delivered (i.e., U = Universal; S = Selected; I = Indicated). Again, these service types map onto the three tiers within the learning support continuum, as universal approaches involve prevention and promotion, selected aim towards early intervention, and indicated focus on extensive intervention/treatment.

An inventory such as this, along with a brief narrative describing the purpose, target population, and a contact person for more information, would be helpful for educators and others in the school. It would help to increase awareness about what is available in the school community. This is particularly important because common reasons for non-referrals involve the lack of knowledge of available supports and the lack of clarity related to where/how to refer.

A third potential linkage example involves the creation of a set of tools used to guide learning support delivery in the school community. The forms provided in the Appendix may be useful as a guide, especially as consent forms, shared information agreements, referral forms, and other tools are developed and/or revised to assist with ensuring linkage and communication across the system.

Figure 7. A Resource Inventory of Programs and Services.

Health and Social Service Learning Supports		
School Nurse – U, S	Vision Hearing Screening – U	Flouride Rinse Program – U
Family Resource Center – U, S	Health Fair – U	Breakfast and Lunch program – S
Federal Grant Fruit & Vegetable Program – U	Safety Patrol – U	Discipline/Resource Aide – U, S
IAT – S	Walk Your Children to School Day – U	Kindergarten/New Student Physical – S
Dental Sealant (Grade 2) – S	Speech Therapy – S	Staff carry insurance – S
Social Worker – S	21st Century Coordinator – S	FRC Social Worker – S
Walmart Vision Program – I	OP/PT Therapists – I	Intersystems – I
St. Rita's Partial Program – I	Juvenile Court Attendance Hearings – I	Puberty Talk (4th grade) – U
Freedom Wraparound Team – I	Transportation – I	Clinical Supervision – I
Girl Scout in classroom program for ED and MD students – I	Case Mngt. plans for school social service – I	Scoliosis Screening – U

The point is that it doesn't really matter how linkages, systems, and resources are mapped out in a school community. The point is that they are. Strategically thinking through the connections between and among learning supports and systems will help create a stronger learning support continuum in a school which hopefully allows all students in the school to access the types of services and supports they need.

CONCLUSION

In summary, it is hoped that this document will be useful and has practical significance to those working in schools and communities, especially as it fosters the development of effective prevention, early intervention, and intervention/treatment strategies and infrastructures designed to support academic achievement, healthy development, and overall school success. It focuses primarily on ensuring strong linkages exist between and across individuals, resources, and systems. We hope it will be helpful in supporting the development and maintenance of learning support continuums within schools.

For more information about this Linkage Protocol or related information, please contact Dawn Anderson-Butcher, 340B Stillman Hall, 1947 College Road, College of Social Work, Ohio State University, Columbus, OH 43210; 614-292-8596; anderson-butcher.1@osu.edu.

Appendix A: Tools for Use Within Schools and With Community Agencies

Included in the following appendix is a variety of forms that may be useful when linking school-based and community-based services. These forms, mentioned throughout the text, are intended to provide a template for the creation of individualized forms for schools and/or their community-based partners. Please copy and distribute these forms as needed, however, before using, please review your own local and state laws to ensure all legal obligations are met.

The following is a brief description and statement of purpose for each form. For organizational purposes, these forms were divided into two groups: Tools for Use within the School and Tools for Use with Community-Based Agencies. Some forms may be used for both purposes, but for our purpose we have only included them in one category. Additionally, these forms are meant to be altered for individual use and not every form may be used by any given school. Form use may be dependent on support service backgrounds and experience as well as time management issues.

TOOLS FOR USE WITHIN THE SCHOOL

Student Behavioral Referral: When a student's behavior is interfering with his/her learning or the learning of their classrooms, disciplinary action is often taken by the educators and the administrators at the school. This form allows for this disciplinary action to be captured in writing. This form can also be used by the support service staff member to document behavioral issues and to keep the parent/guardian of the student informed of the school's disciplinary actions regarding their students' behavior.

Teacher Referral for Assessment: Educators are often the first person at the school to identify when a student is having classroom or other outside concerns such as mental health or family issues. This form allows educators and other school staff members to refer the student to support services for an assessment.

Authorization for Release of Information Form: In order to protect both the students' and families' rights to privacy, this form must be completed. It allows the parent/guardian to determine to whom the school can communicate with on behalf of the student and his/her family. Information should not be shared with outside agencies until this form is signed.

Consent for Services: Support service personnel often provide a variety of prevention and intervention services to students, including but not limited to group counseling, individual counseling, tutoring, and drug/alcohol prevention services. In order to protect both the school and the support service personnel, the consent for services form should be used. This form informs parent(s)/guardian(s) of the services their student will be provided by the school. No services should be conducted until a signed copy of this form has been received by the school.

Intensive Assessment: After a student is referred to a support service staff member (school social worker, school psychologist, school counselor, etc.), this form would be used to assess the needs of the student and to determine future interventions. By using this ecological assessment, school personnel can gain a greater understanding of the students, their presenting problems, and the contributing factors. While this form is useful within the schools, most community-based agencies will have their own formal assessment that will be completed prior to the student receiving services at their agency.

Case Team Meeting Agenda: Often within a school, intervention teams are formed to help "case" a student and to determine effective interventions or strategies to be used. This form was developed in order to help key team members prioritize the meeting and to ensure that previous student referrals are being completed.

Case Team Meeting Report: The case team meeting minutes form is intended to accompany the case team meeting agenda by helping to document the case teams recommended interventions and strategies for a student. It also may be used to relay this information to all staff members currently working with this student.

Confidentiality Agreement for Case Team Meeting: Often when a case team meets at a local school, representatives from outside community-based agencies are asked to attend in order to contribute their knowledge on specific interventions or services that the student is currently receiving. When this participation occurs, it is imperative that everyone at the meeting understand that discussions held within the meeting are confidential and that any information gained from attending the meeting can only be used for professional reasons. The confidentiality agreement form can be used to document that all case team participants understand the importance of maintaining confidentiality.

Student Intervention Plan: Educational Intervention Plans (such as the IEP or 504) are often used by schools to document the educational services a student is receiving. This plan is intended to help the support services personnel document both educational services as well as other support services such as prevention services, mental health services, or other social services. This plan can also be used to help track student progress and to aid the personnel in assessing whether or not current interventions are helping the student to achieve his/her goals.

Referral Tracking Form: Support service staff members are often charged with servicing a large number of students. This form is intended to help support service personnel track referrals to outside agencies or to track their own referrals from educators. By keeping this referral tracking form current, it helps to make sure that no student "slips through the cracks."

Home Visit Report: Home visits are becoming more frequent as school personnel are trying to bridge the gap between home and school. This form is intended to help school personnel document the goals and outcomes of a home visit as well as determine what follow-up needs to occur as a result of the home visit.

Student Contact Report: School support service personnel often are asked by educatorss and/or administrators to briefly talk with a student about an issue, whether it is personal or school related. The student contact report form can be used by school support service personnel to document these brief conversations and to form a contract with the student for strategies to deal with the issue.

Student Progress Report: When working with students on a regular basis, it is often important to keep detailed case notes or progress notes on each student. This form is intended to provide a template for case notes that can be kept by any school support service staff member. Case notes should include student observations, contact with referral agencies, parent(s)/guardian(s), or other key family members, comments, and next steps. It is important to keep in mind, however, that the student and/or family has the right to request to look at these case notes at any point.

TOOLS FOR USE AS SCHOOLS WORK WITH THE COMMUNITY

Statement of Assurances: Both schools and community-based agencies have legal obligations to ensure that the services they provide are held to a certain standard. A statement of assurances is used to ensure that all parties involved in any type of collaboration are aware of these standards and will agree to adhere to these regulations.

Memorandums of Understanding: When collaborating with community-based agencies, it is essential to have a memorandum of understanding (MOU) between the school and the agency providing the service. The MOU is intended to ensure that all parties are aware of their responsibilities and the duration of the agreement. This may also be called a Memo of Agreement (MOA).

Inter-agency Referral Form: When a school cannot offer the services that a student may require, they are often referred to a community-based agencies that already provide the needed service. This form can be used to document the referral to an agency. It also can be used by the agency to inform the school that they have received and follow-up on the referral.

If you would like an electronic version of any of the forms included in the Appendix, please contact Dawn Anderson-Butcher at anderson-butcher.1@osu.edu.

Student Behavioral Referral

Student Name: ______________________________ **Student ID#**_________ **Grade:** _________

Referral Date:____________________ **Referring Teacher:** _________________________________

TEACHER REPORT

Date of Offense: __________________ **Time of Offense:** ______________________________

Location of Offense:____

DESCRIPTION OF OFFENSE:

- ☐ Defiance of authority
- ☐ Swearing*/Unacceptable Language*
- ☐ Dishonesty
- ☐ Refusing to cooperate
- ☐ Disorderly conduct
- ☐ Vandalism+
- ☐ Harassment*
- ☐ Assault*
- ☐ Failure to complete class work
- ☐ Disrespect
- ☐ Stealing/Theft
- ☐ Other: ___________________________________

** May result in referral to proper law enforcement authorities*
+ Repair or restitution will be required

PLEASE PROVIDE A BRIEF DESCRIPTION OF SPECIFIC PROBLEM:

____

____

____

____

____

PLEASE INDICATE PRIOR ACTIONS TAKEN BY PLACING AN “X” IN THE CORRESPONDING BOX:

- ☐ Changed student’s seat
- ☐ Had conference with parent
- ☐ Sent note to parent
- ☐ Telephoned parent
- ☐ Detained student after school
- ☐ Had conference with student
- ☐ Sent previous discipline report
- ☐ Repeatable offense

ADMINISTRATIVE REPORT

Administrator: ______________________ **School:** ______________________

Date: ______________________ **Time:** ______________________

Action:

____

____

____

____

____

____

____

____

Referring Teacher Signature:

____

SIGNATURE DATE

Administrator Signature:

____

SIGNATURE DATE

Parent/Guardian Signature:

____

SIGNATURE DATE

Teacher/School Staff Referral For Assessment

Student Name: ______________________ **Referent:** ______________________ **Date:** ____________

Primary Reason for Referral: ____

Please circle the level of concern for ALL ITEMS:	No Concern	Moderate Concern	Serious Concern
ACADEMIC			
1. Reading-Performance – grade level	0	1	2
2. Math-Performance – grade level	0	1	2
3. Written Language – grade level	0	1	2
4. Attendance issues	0	1	2
5. Tardiness	0	1	2
6. Suspensions/expulsions	0	1	2
7. Lack of commitment to school/belonging	0	1	2
8. Problems following directions	0	1	2
9. Off-task behaviors	0	1	2
10. Potential or identified learning disability	0	1	2
11. Limited English proficiency	0	1	2
12. Speech and language	0	1	2
Other (specify):	0	1	2
OTHER PROBLEM BEHAVIORS			
13. Substance use/abuse (specify):	0	1	2
14. Antisocial peer relationships	0	1	2
15. Gang involvement,	0	1	2
16. Juvenile court involvement	0	1	2
17. Suspected illegal activity (theft, drugs, etc.)	0	1	2
18. Sexual activity/teen pregnancy	0	1	2
19. Inappropriate sexual behavior	0	1	2
Other (specify):	0	1	2
HOME/FAMILY			
20. Limited parental involvement in school	0	1	2
21. Limited parental education/literacy	0	1	2
22. Parental limited English proficiency	0	1	2
23. Concerns with basic needs (food, shelter, clothing)	0	1	2
24. Parental employment issues	0	1	2
25. Child care needs	0	1	2
26. Evidence or suspected abuse and/or neglect	0	1	2
27. Foster care/out-of-home placement	0	1	2
28. Family conflict	0	1	2
29. Family management, discipline procedures	0	1	2
30. Death/illness of family member	0	1	2
31. Family history of problem behaviors	0	1	2
32. Family history of mental health problems	0	1	2
Other (specify)	0	1	2

Please circle the level of concern for ALL ITEMS:	No Concern	Moderate Concern	Serious Concern
BEHAVIORAL/MENTAL HEALTH			
33. Poor attention span	0	1	2
34. Hyperactivity, restlessness	0	1	2
35. Rebelliousness	0	1	2
36. Impulsivity	0	1	2
37. Attention-seeking behavior	0	1	2
38. Inability to control anger	0	1	2
39. Physically aggressive	0	1	2
40. Self-destructive behavior	0	1	2
41. Destructive behavior to property	0	1	2
42. Poor self-confidence/self-esteem	0	1	2
43. Poor social skills	0	1	2
44. Trouble getting along with others	0	1	2
45. Anxious, worried	0	1	2
46. Mood alterations	0	1	2
47. Sad, depressed, blue	0	1	2
48. Withdrawn, loss of interest in activities	0	1	2
49. Sleepy, lethargic	0	1	2
50. Thoughts of suicide	0	1	2
51. Grief and/or loss	0	1	2
52. Change in appetite (increase or decrease)	0	1	2
53. Eating problems/disorder	0	1	2
54. On medications (specify):	0	1	2
Other (specify):	0	1	2
PHYSICAL HEALTH			
55. Vision	0	1	2
56. Hearing, earache, ear problems	0	1	2
57. Dental problems	0	1	2
58. Headaches	0	1	2
59. Stomach pains	0	1	2
60. Health, in general (specify):	0	1	2
61. Head lice	0	1	2
62. Fatigue	0	1	2
63. Hygiene, cleanliness	0	1	2
64. Weight concerns	0	1	2
65. Under-developed motor skills	0	1	2
66. Known or suspected chronic illness (diabetes, asthma, etc.)	0	1	2
67. Physical disability	0	1	2
Other (specify):	0	1	2

This tool was created based on an original referral form by Deb Ashton of Murray School District, Utah. Anderson-Butcher, D. (2006). The role of the educator in early identification, referral and linkage. In R.J. Waller (Ed.), *Child and adolescent mental health issues in the classroom.*(pp.122-135). Thousand Oaks, CA: Sage Publications.

AREAS OF CONCERN

BASED ON THE PREVIOUSLY COMPLETED CHECKLIST, PLEASE INDICATE THOSE CONCERNS WHICH YOU FEEL DEEM IMMEDIATE ATTENTION.

Primary Concern – What appears to be the student's basic school problem?
(Describe in specific terms: cognitive, motor, perceptual, affective, medical, physical, behavioral, etc.)

Degree of Severity: Low 1 2 3 4 5 Severe

Specific Concern:

Secondary Concern *(Describe in specific terms: cognitive, motor, perceptual, affective, medical, physical, behavioral, etc.)*

Degree of Severity: Low 1 2 3 4 5 Severe

Specific Concern:

Tertiary Concern *(Describe in specific terms: cognitive, motor, perceptual, affective, medical, physical, behavioral, etc.)*

Degree of Severity: Low 1 2 3 4 5 Severe

Specific Concern:

CLASSROOM INTERVENTION SUMMARY

DATE INITIATED	DATE ENDED	INTERVENTION	OUTCOME

ADDITIONAL COMMENTS

Please list any additional comments that may be needed to provide a comprehesive view of this student and their educational and developmental needs.

Authorization for Release of Information

Student: ________________________ **Student ID #:** ________________

Age: ________________ **Birth Date:** ____/____/________ **Grade:** ________

Parent/Caregiver: ____

Address: ____

Home Phone: (_____)_____- __________ **Work Phone:** (_____)_____- __________

Cell Phone: (_____)_____- __________ **Native Language:** ________________

I HEREBY AUTHORIZE <Agency Text> ________________________ to:

- ☐ Disclose Information
- ☐ Request Information
- ☐ Exchange Information

with the following agencies and/or service providers:

- ☐ Ohio Department of Youth Services
- ☐ County Health Department
- ☐ County Juvenile Court
- ☐ County Children Services
- ☐ School District
- ☐ County Mental Health & Recovery Services Board
- ☐ Head Start
- ☐ Department of Job & Family Services
- ☐ Educational Service Center
- ☐ Prevention Services
- ☐ Hospice
- ☐ Other: ________________
- ☐ Other: ________________
- ☐ Other: ________________
- ☐ Other: ________________
- ☐ Other: ________________
- ☐ Other: ________________
- ☐ Other: ________________

I understand that this release will include information checked below:

Information			Information		
Assessment	☐ YES	☐ NO	Diagnosis	☐ YES	☐ NO
Treatment Recommendations	☐ YES	☐ NO	Treatment Progress	☐ YES	☐ NO
Results of Psychological Testing	☐ YES	☐ NO	Results of Educational Testing	☐ YES	☐ NO
Progress Notes	☐ YES	☐ NO	Discharge Summary	☐ YES	☐ NO
Medications Prescribed	☐ YES	☐ NO	School Progress Information	☐ YES	☐ NO
Court Reports/Records	☐ YES	☐ NO	Drug & Alcohol Addiction Records/Treatment Plan	☐ YES	☐ NO
Family & Child Team Case Plan/Progress Reports	☐ YES	☐ NO	Social History and Placement Information	☐ YES	☐ NO
Other: ________________	☐ YES	☐ NO	Other: ________________	☐ YES	☐ NO

I understand that this release will be used for the purposes checked below:

- ☐ Continuity of Care
- ☐ Linkage to appropriate level of care
- ☐ Monitoring of interagency youth case plan
- ☐ Increase of Student's School Success
- ☐ Coordination of community agencies/services
- ☐ Other:
- ☐ Referral to appropriate agencies/services
- ☐ Development of interagency youth case plan/funding agreement
- ☐ Other:

I understand that I may withdraw this consent at anytime in the future as explained above and that this consent will expire on:

____

EXPIRATION DATE (MAXIMUM OF 180 DAYS FROM INITIAL DATED SIGNATURE)

This consent will also automatically expire if the case is closed. I understand that this authorization may be withdrawn at any time by notifying ______________________________. I understand that signing this release is not a condition of treatment. I understand that my records are protected under the Federal Regulations governing confidentiality.

PRINTED NAME OF PARENT/GUARDIAN | RELATIONSHIP TO STUDENT

PARENT/GUARDIAN SIGNATURE | DATE

PRINTED NAME OF STAFF PERSON FACILITATING REQUEST

SIGNATURE OF STAFF PERSON FACILITATING REQUEST | DATE

NOTICE OF REVOCATION

I hereby revoke authorization for further use and disclosure of my student's protected healthcare information effective immediately.

PRINTED NAME OF PARENT/GUARDIAN | RELATIONSHIP TO STUDENT

PARENT/GUARDIAN SIGNATURE | DATE

Consent for Services

<Name of School> ____________ offers services to their students and families that include school-family-community coordination, early identification, assessment, linkage and involvement in service coordination, truancy prevention and intervention, and parent/family engagement and support.

In order for your child to receive services from our support service staff, your consent as a parent or legal guardian is required.

I understand that my permission is being given so that:

- My child can receive services provided by the support service staff, which include but are not limited to the school social worker, school psychologist, and school guidance counselor. The services provided may include but are not limited to supportive guidance, academic guidance, enrichment activities, referral to other agencies as needed, crisis intervention, and college awareness activities.
- School support service staff may obtain confidential information which may include school records, test scores, medical information, and individualized education plans. I understand that this consent must be signed by me in order to obtain some of this information.
- Information discussed by students during services is confidential, however any information disclosed that is life-threatening to the student or others will be shared with the parent(s)/guardian and appropriate school personnel. Moreover, information gathered may also be shared with a school administrator or teacher on a need to know basis. Information regarding a student's drug or alcohol abuse will be reported to the parent(s)/guardian. State law requires that information suggestive of child abuse must be reported to the appropriate authorities.

I give my consent for my child, ____________________________, to participate in services from the school supportive personnel during the school year of ________.

______________________________ ________________

PRINTED NAME OF PARENT/GUARDIAN RELATIONSHIP TO STUDENT

______________________________ ________________

PARENT/GUARDIAN SIGNATURE DATE

____

PRINTED NAME OF STAFF PERSON FACILITATING REQUEST

______________________________ ________________

SIGNATURE OF STAFF PERSON FACILITATING REQUEST DATE

Intensive Assessment

Referral Date:____________________ **Referring Teacher:** __________________________________

STUDENT INFORMATION

Student:______________________________________ **Student ID #:** ___________________________

Age: ____________________________ **Birth Date:** ______/______/____________ **Grade:** __________

Parent/Caregiver: ____

Address:____

Home Phone: (_____)_____ - ____________ **Work Phone: (_____)_____ -** ___________________

Cell Phone: (_____)_____ - ____________ **Native Language:** ____________________________

STUDENT PERFORMANCE

Please list 5 positive characteristics or strengths (academic, behavioral, personal) of the student.

1. ____
2. ____
3. ____
4. ____
5. ____

Please list 4 incentives or activities that seem to motivate the student.

1. ____
2. ____
3. ____
4. ____

ACADEMIC PERFORMANCE

Current Reading Level: ______________________________

Current Math Level: ______________________________

Title 1: ☐ YES ☐ NO **Retained:** ☐ YES ☐ NO **Grade Retained:** ______________

Please list most recent achievement test scores and grade level of testing

Reading: ____________ **Grade:** ____________ **At Grade Level:** ☐ YES ☐ NO

Math: ____________ **Grade:** ____________ **At Grade Level:** ☐ YES ☐ NO

Citizenship: ____________ **Grade:** ____________ **At Grade Level:** ☐ YES ☐ NO

Science: ____________ **Grade:** ____________ **At Grade Level:** ☐ YES ☐ NO

Writing: ____________ **Grade:** ____________ **At Grade Level:** ☐ YES ☐ NO

Please list academic subjects and current grade in each subject area.

SUBJECT	GRADE

Please check any plans that are currently in place for this student.

Individualized Education Plan ☐ YES ☐ NO

504 Plan ☐ YES ☐ NO

Behavior Plan ☐ YES ☐ NO

FAMILY INFORMATION

PARENT/GUARDIAN CONTACT *(Please indicate parent involvement/concerns, the dates of contact(s), such as parent-teacher conference, special meetings, home visits, etc.)*

DATE	TYPE OF CONTACT	RESULTS OF CONTACT

Please list dates and type of contact (phone call, written, home visit, etc.) With parent/guardian to inform them of referral team meeting.

DATE	TYPE OF CONTACT	RESULTS OF CONTACT

With whom is the child currently living? *(Please check all that apply.)*

☐ Biological Father
☐ Biological Mother
☐ Paternal Grandparent
☐ Juvenile Detention Center
☐ Residential Treatment
☐ Adoptive Parent
☐ Maternal Grandparent
☐ Aunt
☐ Uncle
☐ Medical Hospital
☐ Therapeutic Foster Home
☐ Self
☐ Other Relative
☐ Foster Parent
☐ Group Home
☐ Homeless Shelter
☐ Family Friend
☐ Other: ____________________

Please list names and accompanying information for all family members currently living in the primary household below.

NAME	RELATIONSHIP TO CLIENT	AGE	OCCUPATION/ SCHOOL	LEVEL OF EDUCATION	QUALITY OF RELATIONSHIP *(Excellent, good, fair, poor)*

Is the student currently living in more than one household? ☐ YES ☐ NO

If yes, complete the secondary household information below.
If no, skip to next section.

Please list names and accompanying information for all family members currently living in the secondary household below.

NAME	RELATIONSHIP TO CLIENT	AGE	OCCUPATION/ SCHOOL	LEVEL OF EDUCATION	QUALITY OF RELATIONSHIP *(Excellent, good, fair, poor)*

MEDICAL INFORMATION

Does the student exhibit signs of vision or hearing problems? ☐ YES ☐ NO
(squinting, headaches, tips head sideways, rubbing eyes, asks for repetitions, irrelevant responses, etc.)

Has the student passed a vision screening? ☐ YES ☐ NO DATE: ____/____/____

Does the student have glasses that are to be worn at school? ☐ YES ☐ NO

Has the student passed the hearing screening? ☐ YES ☐ NO DATE: ____/____/____

Please describe any other medical concerns.

____

____

____

____

____

____

Please list current medications, dosages, and side effects currently presribed for medical concerns (do not include medications taken for a diagnosed mental illness).

MEDICATION	RATIONALE	DOSAGE/ROUTE/ FREQUENCY	SIDE EFFECTS	COMPLIANCE	
				☐ YES	☐ NO
				☐ YES	☐ NO
				☐ YES	☐ NO
				☐ YES	☐ NO

MENTAL HEALTH INFORMATION

Please list current mental health diagnoses, date of diagnosis, and person who diagnosed the mental health concern.

DIAGNOSIS	DATE	DIAGNOSED BY

Please list current medications, dosages, and side effects currently presribed for mental health concerns (do not include medications taken for a medical illness).

MEDICATION	RATIONALE	DOSAGE/ROUTE/ FREQUENCY	SIDE EFFECTS	COMPLIANCE	
				☐ YES	☐ NO
				☐ YES	☐ NO
				☐ YES	☐ NO

Please list the mental health treatment history for the student.

AGENCY/ FACILTY	DATE	CLINICIAN	REASON	PROCEDURE	
				☐ OUTPATIENT	☐ INPATIENT
				☐ OUTPATIENT	☐ INPATIENT
				☐ OUTPATIENT	☐ INPATIENT
				☐ OUTPATIENT	☐ INPATIENT

SCHOOL BEHAVIOR

Student has a history of behavior referrals to counselors or Principals. ☐ YES ☐ NO

Student has a history of poor task completion. ☐ YES ☐ NO

What are your observations concerning the student's behavior at school (i.e. study habits, work habits, compliance to school rules, etc.)**?**

____

____

____

____

____

____

Please list any current disciplinary action taken with the student for inappropriate behavior at school.

DATE	BEHAVIOR	DISCIPLINARY ACTION

Total Number of Detentions ____________

Total Days Suspended ____________

Total Days of Expulsion ____________

ATTENDANCE

Please fill out the following questions and attach a current attendace report to end of this form.

Does this student have a history of poor attendance? ☐ YES ☐ NO

Current number of absences this school year: ____________

Please list most common reason for absences.

____

____

____

____

SOCIAL RELATIONSHIPS

Student has a history of poor social relationships. ☐ YES ☐ NO

If yes, please describe. Include when and how they occur (in the classroom, on the bus, during unstructured time, i.e. lunch hour, recess, etc.)

____

____

____

____

Who are the student's closest friends?

____

____

____

____

Please list one adult in this school who has a good connection/positive relationship with this student.

____

OTHER RISK FACTORS

Please indicate the presence of the student risk factors by placing an "x" in the corresponding box.

☐ Victim of child abuse or neglect	☐ Atypical behavior or attendance patterns
☐ Family history of school failure	☐ Family history of incarceration
☐ Family history of substance abuse	☐ Substance abuse (Type: ____________________)
☐ Poverty (resources needed: heat, funding, transportation, other:_______________)	☐ Lack of social support
☐ Criminal offenses	☐ Homelessness
☐ Witness of domestic violence	☐ Family history of mental illness
☐ Gang activity	☐ Sexual activity
☐ Other: ____________________________	☐ Other: ____________________________

SUPPORTIVE SERVICES

Please indicate all supportive services the student currently receives by placing an "x" in the corresponding box.

☐ Speech Therapy	☐ Physical Therapy
☐ Occupational Therapy	☐ Private Counseling
☐ Group Counseling	☐ School Counseling
☐ Title I	☐ Private Tutoring
☐ After school Programming	☐ Children Services (Caseworker Name: __________________________)
☐ Juvenile Court (Court Officer: _________________________)	☐ Other: ____________________________

AREAS OF CONCERN

Primary Concern – What appears to be the student's basic school problem?
(Describe in specific terms: cognitive, motor, perceptual, affective, medical, physical, behavioral, etc.)

Degree of Severity: Low 1 2 3 4 5 Severe

Specific Concern: ____

____

____

____

____

Secondary Concern *(Describe in specific terms: cognitive, motor, perceptual, affective, medical, physical, behavioral, etc.)*

Degree of Severity: Low 1 2 3 4 5 Severe

Specific Concern: ____

____

____

____

____

Tertiary Concern *(Describe in specific terms: cognitive, motor, perceptual, affective, medical, physical, behavioral, etc.)*

Degree of Severity: Low 1 2 3 4 5 Severe

Specific Concern: ____

____

____

____

____

CLASSROOM INTERVENTION SUMMARY

DATE INITIATED	DATE ENDED	INTERVENTION	OUTCOME

ADDITIONAL COMMENTS

Please list any additional comments that may be needed to provide a comprehesive view of this student and their educational and developmental needs.

Assessment Completed By:

Name: ______________________________ **Date:**______________

Case Team Meeting Agenda

EMERGENCY SITUATIONS

STUDENT	DESCRIPTION OF SITUATION	TEAM RECOMMENDATION	PERSON RESPONSIBLE FOR FOLLOW-UP

TRIAGE *(Briefly review any new referrals.)*

STUDENT	DESCRIPTION OF SITUATION	TEAM RECOMMENDATION	PERSON RESPONSIBLE FOR FOLLOW-UP

FOLLOW-UP/PROGRESS MONITORING *(Review students currently being served by the case team.)*

STUDENT	DESCRIPTION OF SITUATION	TEAM RECOMMENDATION	PERSON RESPONSIBLE FOR FOLLOW-UP

***Make sure to review responsibilities of all team members before ending the meeting.

Case Team Meeting Report

Student:________________________________ **Student ID #:** ____________________

Age: ____________________ **Birth Date:** _____/_____/__________ **Grade:** __________

Parent/Caregiver: ____

Address:____

Home Phone: (_____)_____ - __________ **Work Phone: (_____)_____ - ______________**

Cell Phone: (_____)_____ - __________ **Native Language:** ____________________

PLEASE IDENTIFY GOAL(S) FOR CHANGE – *Select and prioritize academic and/or behavioral goal(s) for change, stating them in observable, measurable terms. These should match the primary concerns reported on the assessment.*

1. ____
2. ____
3. ____
4. ____
5. ____

Recommended Interventions/Strategies

1. ____
2. ____
3. ____
4. ____
5. ____

Is a special education referral requested for this student? ☐ YES ☐ NO

Please have all care team members in attendance print and sign their names.

PRINTED NAME	SIGNATURE	AGENCY NAME

Confidentiality Agreement for Case Team Meeting

Name of Meeting: ______________________ **Date of Meeting:** ______________

I agree to keep the information received in the above mentioned meeting confidential. Any information gained from attending the meeting will be used for professional reasons only and will not be released to other individuals or organizations.

PRINTED NAME	SIGNATURE	AGENCY NAME

Student Intervention Plan

STUDENT INFORMATION

Student: ______________________ **Student ID #:** ______________________

Age: ______________ **Birth Date:** _____/_____/________ **Grade:** ________

Parent/Caregiver: ____

Address: ____

Home Phone: (____)____ - ________ **Work Phone:** (____)____ - ________

Cell Phone: (____)____ - ________ **Native Language:** ________________

PLAN DOCUMENTATION

Completed By: ______________________ **Title:** ______________________

Work Phone: (____)____ - ________ **E-mail:** ______________________

Date of Initial Plan: ________ **Plan Review:** ________ **Plan Review:** ________

Plan Review: ________ **Plan Review:** ________ **Plan Review:** ________

Plan Review: ________ **Plan Review:** ________ **Plan Review:** ________

Plan Review: ________ **Plan Review:** ________ **Plan Review:** ________

Annual Review: ________ **Annual Review:** ________ **Annual Review:** ________

All intervention plans must be reviewed every 8 weeks.

Page #

GOALS/OUTCOMES

What does the student and family want to happen in the next 4 months (120 days)

What is happening now?

What Supports and Resources are available to achieve this outcome/goal?

Strategies:

After reviewing the outcome, we, as a family and the team, have decided:
(Check and date)

1. ☐ ________________ We are satisfied that we have met this outcome/goal.
2. ☐ ________________ We have partially met this outcome/goal. Explanation:
3. ☐ ________________ This goal was not met. Explanation:

Page # **Goal #**

GOAL/OUTCOME REVIEW

Goal #	Provider Name (role & agency)	Service Type	Service Location	Method of Service (C/G/I)*	Frequency (i.e. # times per month)	Intensity (length of session)	Duration: Start date and End date	Payment Source	Goal Met: Y/N

Service Types:

1. Assistive Technology Services/Devices
2. Audiological Services
3. Child Care
4. Children's Protective Service
5. Clothing
6. Counseling
7. Dental /Orthodontic Care
8. Drug/Alcohol Counseling
9. Educational
10. Employment
11. Family Training
12. Financial Services
13. Genetic Counseling
14. Habilitative Services for Hearing loss
15. Health Services
16. Home Visits
17. Housing
18. Legal
19. Medical (Diagnostic or Evaluation)
20. Nursing Services
21. Nutrition Services
22. Occupational Therapy
23. Parenting Education
24. Physical Therapy
25. Psychological/Mental Health Services
26. Recreation/Social
27. Rehabilitation
28. Respite Care
29. Service Coordination
30. Shelter (temporary)
31. Social Work Services
32. Special Instruction
33. Speech/Language Pathology
34. Support/Self Help Group
35. Transportation
36. Vision Services
37. Other

*Consult, group, or individual

SIGNATURES & CONSENTS

Please check all that apply:

☐ I participated fully in the development of this intervention plan.

☐ I give my consent to implement the intervention plan.

☐ I understand I can ask the team and anyone else to come back together to make changes to this plan at any time.

☐ I consent to share a copy of this plan with:

- ☐ *Mental health providers*
- ☐ *Service providers listed on the outcome pages*
- ☐ *Meeting participants*

STUDENT SIGNATURE | DATE

PARENT/GUARDIAN SIGNATURE | DATE

PARENT/GUARDIAN SIGNATURE | DATE

PLAN PARTICIPANT SIGNATURE | ROLE | DATE

PLAN PARTICIPANT SIGNATUR | ROLE | DATE

PLAN PARTICIPANT SIGNATURE | ROLE | DATE

PLAN PARTICIPANT SIGNATURE | ROLE | DATE

PLAN PARTICIPANT SIGNATURE | ROLE | DATE

PLAN PARTICIPANT SIGNATURE | ROLE | DATE

Referral Tracking

Name of Service Provider: ______________________________ **Date:** __________

Date	Student Name	ID #	Grade	Referral Source	Reason(s)

REFERRAL CODES

1 – Classroom Behavior
2 – Truancy
3 – Academic Difficulties
4 – Peer Relations
5 – Emotional Concerns
6 – Health/Safety Concerns
7 – Family Concerns
8 – Alcohol/Drug Abuse
9 – Other

Page #

Home Visit Report

Student: ______________________ **Student ID #:** ______________________

Age: ______________________ **Birth Date:** _____/_____/__________ **Grade:** __________

Parent/Caregiver: ____

Address: ____

Home Phone: (_____)_____-__________ **Work Phone:** (_____)_____-__________

Cell Phone: (_____)_____-__________ **Native Language:** ______________________

Requested by: ______________________ **Position:** ______________________

Conducted by: ______________________ **Position:** ______________________

Date of Visit: ______________________ **Start Time:** __________ **End Time:** __________

GOAL STATEMENT FOR VISIT:

HOME VISIT SUMMARY:

OUTCOMES/STRATEGIES:

FOLLOW-UP:

PRINTED NAME OF PARENT/GUARDIAN RELATIONSHIP TO STUDENT

PARENT/GUARDIAN SIGNATURE DATE

PRINTED NAME OF STAFF PERSON COMPLETING HOME VISIT

SIGNATURE OF STAFF PERSON COMPLETING HOME VISIT DATE

Student Contact Report

Student: ____________________ **Student ID #:** ____________________

Age: ______________ **Birth Date:** _____/_____/__________ **Grade:** __________

Parent/Caregiver: ____

Address: ____

Home Phone: (_____)_____-__________ **Work Phone:** (_____)_____-__________

Cell Phone: (_____)_____-__________ **Native Language:** ____________________

Requested by: ____________________ **Position:** ____________________

Conducted by: ____________________ **Position:** ____________________

Date of Visit: ____________________ **Start Time:** __________ **End Time:** __________

REASON FOR CONTACT:

____

____

CONTACT SUMMARY:

____

____

____

OUTCOMES/STRATEGIES:

____

____

____

FOLLOW-UP:

____

____

____

PRINTED NAME OF STUDENT

____ ____________________

STUDENT SIGNATURE DATE

____

PRINTED NAME OF STAFF PERSON

____ ____________________

SIGNATURE OF STAFF PERSON DATE

Student Progress Report

Student:_________________________________ **Student ID #:** ______________________

Age: ________________________ **Birth Date:** _____/_____/___________ **Grade:** _________

Parent/Caregiver: ____

Address:____

Home Phone: (_____)_____ - ___________ **Work Phone:** (_____)_____ - _________________

Cell Phone: (_____)_____ - ___________ **Native Language:** ________________________

CASE NOTES

Date	Observation/Contact/Comments/Next Steps

Page #

Statement of Assurances

<Name of Agency> agrees to the following assurances in order to ensure quality and continuity of care:

PROVIDER STAFF

Employees or contractors providing services will meet specific qualification for their services. Additionally, practitioners will provide services only in areas in which they are licensed or credentialed.

SERVICES

<Name of Agency> agrees to provide services consistent with **<specify relevant legal codes>**.

LIABILITY INSURANCE

Each practitioner will be covered by liability insurance.

CONTINUITY OF CARE/SERVICES

As a **<type of agency>** agency, we agree to work cooperatively with other providers of similar services. Parental consent will be obtained either by the agency or the provider prior to providing services. We will make appropriate disclosure consistent with confidentiality rights of all parties involved. This includes the sharing of "need to know" information which may contain but is not limited to diagnoses, testing results, social and behavioral functioning information, and familial information.

PLACE OF SERVICE

Services will be provided in the **<type of setting>** setting, to include an area on- or off-site based on the particular circumstances of the client.

CONFIDENTIALITY

All aspects of services will comply with regulations regarding client privacy and confidentiality.

Records will be completed promptly and filed and retained by **<Name of Agency>**. Access to these records will be limited to:

<List all agencies, personnel, or other providers who will access to files>

BILLING PROCEDURES

When billing for services, the client or relevant others will/will not be responsible for services provided. **<Name of Payee>** will be billed for services and **<outline details of billing>**.

PRINTED NAME OF PRACTITIONER OF SERVICES	TITLE
PRACTITIONER OF SERVICES SIGNATURE	DATE
PRINTED NAME OF ADMINISTRATIVE OFFICIAL	TITLE
SIGNATURE OF ADMINISTRATIVE OFFICIAL	DATE

Memorandum of Understanding

The following organizations/projects/groups will collaborate on <insert name of project or service> from <start date> to <end date>:

A. <Name of Organization/Project/Group>
B. <Name of Organization/Project/Group>
C. <Name of Organization/Project/Group>

<Name of Organization/Project/Group>agrees to do the following:

- Outline specific activities or responsibilities of the organization/project/group.
-
-

<Name of Organization/Project/Group>agrees to do the following:

- Outline specific activities or responsibilities of the organization/project/group.
-
-

The above mentioned responsibilities have been agreed upon for all parties involved in the <insert name of project or service>:

<PRINTED NAME AND TITLE OF REPRESENTATIVE>
<PRINTED NAME AND TITLE OF ORGANIZATION>

DATE

<PRINTED NAME AND TITLE OF REPRESENTATIVE>
<PRINTED NAME AND TITLE OF ORGANIZATION>

DATE

<PRINTED NAME AND TITLE OF REPRESENTATIVE>
<PRINTED NAME AND TITLE OF ORGANIZATION>

DATE

Inter-Agency Referral Form

STUDENT INFORMATION

Student:_________________________ **Student ID #:** _________________________

Age: _________________________ **Birth Date:** ______/______/__________ **Grade:** __________

Parent/Caregiver: ____

Address:____

Home Phone: (_____)_____ - ___________ **Work Phone:** (_____)_____ - ___________

Cell Phone: (_____)_____ - ___________ **Native Language:** _________________________

REFERRAL SOURCE INFORMATION

Referral Date:_________________ **Person Making Referral:** _________________________

School: _________________________ **Phone:** (   )   -

REASON FOR REFERRAL

Please summarize reasons for referral on the lines provided below. (A follow-up call may be made to obtain more information.)

To Be Completed By Referred Agency

Date Referral Received:_________________ **Date of First Contact:**_________________

PLEASE RATE THE NEED AND WILLINGNESS OF THE PARENT AND STUDENT TO ENGAGE. (1=LOW 2=MODERATE 3=HIGH)

Parent:______________________________

Child: ______________________________

Clinician Assessment:__________________

PLEASE DESCRIBE THE FIRST CONTACT WITH PARENT/GUARDIAN AND STUDENT BELOW.

FOLLOW-UP PROCEDURES:

Once initial contact with family and student is made, please complete and return form to referring agency.

Follow-Up with Referral Source Complete: ☐ YES ☐ NO

Appendix B: Various School Mental Health Resources

Action for Healthy Kids
www.actionforhealthykids.org

American Psychological Association
www.helping.apa.org

Blueprint Violence Prevention
www.colorado.edu/cspv/blueprints/

CDC School Health Guidelines
www.cdc.gov/HealthyYouth/publications/guidelines.htm

Center for Learning Excellence: Evidence-Based Program Database
www.cle.osu.edu/evidence-based-programs

Center for Mental Health Services
www.mentalhealth.org/cmhs/

Center for Prevention of School Violence
www.ncdjjdp.org/cpsv

Collaborative to Advance Social and Emotional Learning (CASEL)
www.casel.org

Community and Youth Collaborative Institute
http://www.csw.osu.edu/cayci/

Connect for Kids
www.connectforkids.org

HIV/AIDS Prevention Research Synthesis: Centers for Disease Control
www.cdc.gov/hiv/topics/research/prs/index.htm

Indiana University Center for Adolescent Studies
http://site.educ.indiana.edu/Default.aspx?alias=site.educ.indiana.edu/cafs

Internet Mental Health
www.mentalhealth.com/

National Institute of Mental Health
www.nimh.nih.gov

National Assembly on School-Based Health Care
www.nasbhc.org/

National Association of School Psychologists
www.naspweb.org/

National Dropout Prevention Center/Network
www.dropoutprevention.org

Clinical Preventive Services in Substance Abuse and Mental Health Update: From Science to Services
www.mentalhealth.samhsa.gov/publications/allpubs/SMA04-3906/ii.asp

Nutrition and Youth Health: Dietary Guidelines for Americans
www.nutrition.gov/nal_display/index.php?info_center=11&tax_level=2&tax_subject=389&topic_id=1674

Ohio Commission on Dispute Resolution and Conflict Management
www.disputeresolution.ohio.gov/

Parents, Families, and Friends of Lesbians and Gays
www.pflag.org

Promising Practices Network
www.promisingpractices.net/

President's New Freedom Commission on Mental Health
www.mentalhealthcommission.gov

Preventing Crime: What Works
www.ncjrs.org/works/

Research & Training Center on Family Support & Children's Mental Health
www.rtc.pdx.edu

Safe and Drug Free Schools: Department of Education
www.ed.gov/admins/lead/safety/9900statereport/index.html

Safe and Responsive Schools Project
www.indiana.edu/~safeschl

SAMHSA National Registry of Evidence-Based Programs and Practices
www.nrepp.samhsa.gov

SAMHSA'a National Clearinghouse for Alcohol and Drug Information
www.health.org

School Psychologists' Home Page
www2.bartow.k12.ga.us/psych/psych.html

References

Adelman, H.S. & Taylor, L. (2006). *The implementation guide to student learning supports in the classroom and schoolwide: new directions for addressing barriers to learning.* Thousand Oaks, CA: Corwin Press.

Anderson-Butcher, D. (2006). The role of the educator in early identification, referral and linkage. In R.J. Waller (Ed.), *Child and adolescent mental health issues in the classroom.* (pp.122-135). Thousand Oaks, CA: Sage Publications.

Anderson-Butcher, D. (2005, August). *Effective health and social services: creating effective systems of support.* Presented at The Ohio Community Collaboration Model for School Improvement Pilot Quarterly Meeting, Dublin, OH.

Anderson-Butcher, D., Lawson, H.A., Bean, J., Boone, B., Kwiatkowski, A., Cash, S., et al. (2004). *Implementation guide: The Ohio Community Collaboration Model for School Improvement.* Columbus, OH: Ohio Department of Education.

Devaney, E., O'Brien, M.U., Resnik, H., Keister, S., & Weissberg, R.P. (2006). *Sustainable Schoolwide Social and Emotional Learning (SEL).* Chicago, IL: Collaborative for Academic, Social, and Emotional Learning (CASEL). (2006).

Zins, J.E. (2005, November). *Access to Better Care school-community partnerships.* Presented at the Access to Better Care Planning Meeting, Columbus, OH.

Zins, J.E, Curtis, M.J., Graden, J.L., & Ponti, C.R. (1989). *Helping students succeed in the regular classroom: a guide for developing intervention assistance programs.* San Francisco, CA: Jossey-Bass.

For more information about this Linkage Protocol or related information, please contact Dawn Anderson-Butcher:

340B Stillman Hall, 1947 College Road, College of Social Work, Ohio State University, Columbus, OH 43210

614.292.8596

anderson-butcher.1@osu.edu

©2010 The Ohio State University

Designed by DesignWrite Creative Solutions