Intervention Intensity Decision Making Rubric

|  |  |  |  |
| --- | --- | --- | --- |
| Screening Categories | **Entry Level Secondary**  | **Intensified Secondary**  | **Intensive Tertiary**  |
| Attendance | Less than 5 days absent | 5 days absent | Chronic absenteeism (after 10 days within a marking period) |
| Passing/Failing Classes or Significant Drop in a Grade | Significant drop in gradeAt risk of failing 1 class | Significant drop in gradeFailing 1 class at risk of failing 2 classes | 2 or more classes failing or at risk of failing multiple classes |
| Critical Incidents (OCRs, HIB & Suspensions) | 3 critical incidents  | Continued office referrals with check-in system in place4 critical incidents | Six or more critical incidents |
| Parent Input | 0%-50% on parent questionnaire |  50%-77% on parent questionnaire | 78% or higher on the parent questionnaire  |
| Staff Input | 0%-50% on staff questionnaire | 50%-77% on staff questionnaire | 78% or higher on the staff questionnaire  |
| Student Input | 0%-50% on student input questionnaire | 50%-77% on student input questionnaire | 78% or higher on the student questionnaire  |
| Strengths and Difficulties Questionnaire* Emotional Problems
* Conduct Problems
* Hyperactivity Problems
* Peer Problems
* Prosocial Problems
* Overall Impact Sore
 | Borderline in up to 3 areas ORAbnormal in 1 area | Borderline in 4 or 5 categories OR; overall Borderline impact score; ORAbnormal in 2 or more areas  | Abnormal in 3 or more areas or Abnormal overall  |
| Student Risk Screening Scale | Add ranges here |  |  |

**PARENT QUESTIONNAIRE:** Within the last six -eight weeks have you been concerned about your child’s:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No Concern(0) | Somewhat Concerned (1) | Significant Concern(2) | Not Applicable(0) |
| Completion of homework assignments |  |  |  |  |
| Participation in activities and typical routines |  |  |  |  |
| Following adult directions |  |  |  |  |
| Interactions or relationships with peers or siblings |  |  |  |  |
| Sleep patterns |  |  |  |  |
| Mood, attitude, or disposition |  |  |  |  |
| Motivation or interest level |  |  |  |  |
| Isolating themselves from family or friends |  |  |  |  |

|  |  |
| --- | --- |
| Are there any other concerns that you have? |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes (2)** | **Maybe (1)** | **Not at This Time (0)** |
| Would you like to see you child receive intervention to address your concerns? |  |  |  |

**TEACHER / STAFF QUESTIONNAIRE**: Within the last six -eight weeks have you been concerned about [insert student’s name]:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No Concern(0) | Somewhat Concerned (1) | Significant Concern(2) | Not Applicable(0) |
| Completing classwork or homework |  |  |  |  |
| Participating in activities and typical routines |  |  |  |  |
| Following adult directions |  |  |  |  |
| Interactions or relationship with peers |  |  |  |  |
| Appearing fatigued |  |  |  |  |
| Mood, attitude, or disposition |  |  |  |  |
| Motivation or interest level |  |  |  |  |
| Isolating themselves from family or friends |  |  |  |  |

|  |  |
| --- | --- |
| Are there any other concerns that you have? |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes (2)** | **Maybe (1)** | **Not at This Time (0)** |
| Do you believe the student needs additional intervention to address your concerns? |  |  |  |

**STUDENT QUESTIONNAIRE**: Within the last six -eight weeks have you been concerned about

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No Concern(0) | Somewhat Concerned (1) | Significant Concern(2) | Not Applicable(0) |
| Completing classwork or homework |  |  |  |  |
| Participating in activities and typical routines |  |  |  |  |
| Following adult directions |  |  |  |  |
| Interactions or relationships with peers |  |  |  |  |
| Feeling tired |  |  |  |  |
| Feeling angry, sad, or worried |  |  |  |  |
| Being motivated or interested  |  |  |  |  |
| Feeling isolated from family or friends |  |  |  |  |

|  |  |
| --- | --- |
| Are there any other concerns that you have? |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes (2)** | **Maybe (1)** | **Not at This Time (0)** |
| Would you like help to address the things you are concerned about? |  |  |  |

Parent, Staff and Student Questionnaire Summary

|  |  |  |
| --- | --- | --- |
| **Rating** | **Percentage** | **Intervention Intensity** |
| 0 | 0 | Entry level secondary intervention |
| 1 | 5.5% |
| 2 | 11% |
| 3 | 17% |
| 4 | 22% |
| 5 | 28% |
| 6 | 33% |
| 7 | 39% |
| 8 | 44% |
| 9 | 50% | Intensified secondary Intervention |
| 10 | 55.5% |
| 11 | 61% |
| 12 | 67% |
| 13 | 72% |
| 14 | 78% | Intensive Tertiary Intervention |
| 15 | 83% |
| 16 | 89% |
| 17 | 94% |
| 18 | 100% |