

Rivendell

Interstate School District

EST Handbook

2021 - 2022

Last Edit: 5/19/2022

What is an Educational Support Team (EST)?

Source: "Educational Support Team - A Deeper Look," Vermont Agency of Education, April 2018, page 1)

An EST is a collaborative team that has regularly scheduled meetings. These meetings have shared agendas, identified roles for participants, and norms to ensure that they are safe, ordered and productive. The EST has an effective process for documenting discussion and all decisions made in the meetings. . . .

The EST relies on student data. This data may refer to a student's academic progress, school behavior or both of these. Students may be brought to the team through a referral process or the team may use screening assessments to identify students who might need additional support. Student data is also used to determine the effectiveness of interventions.

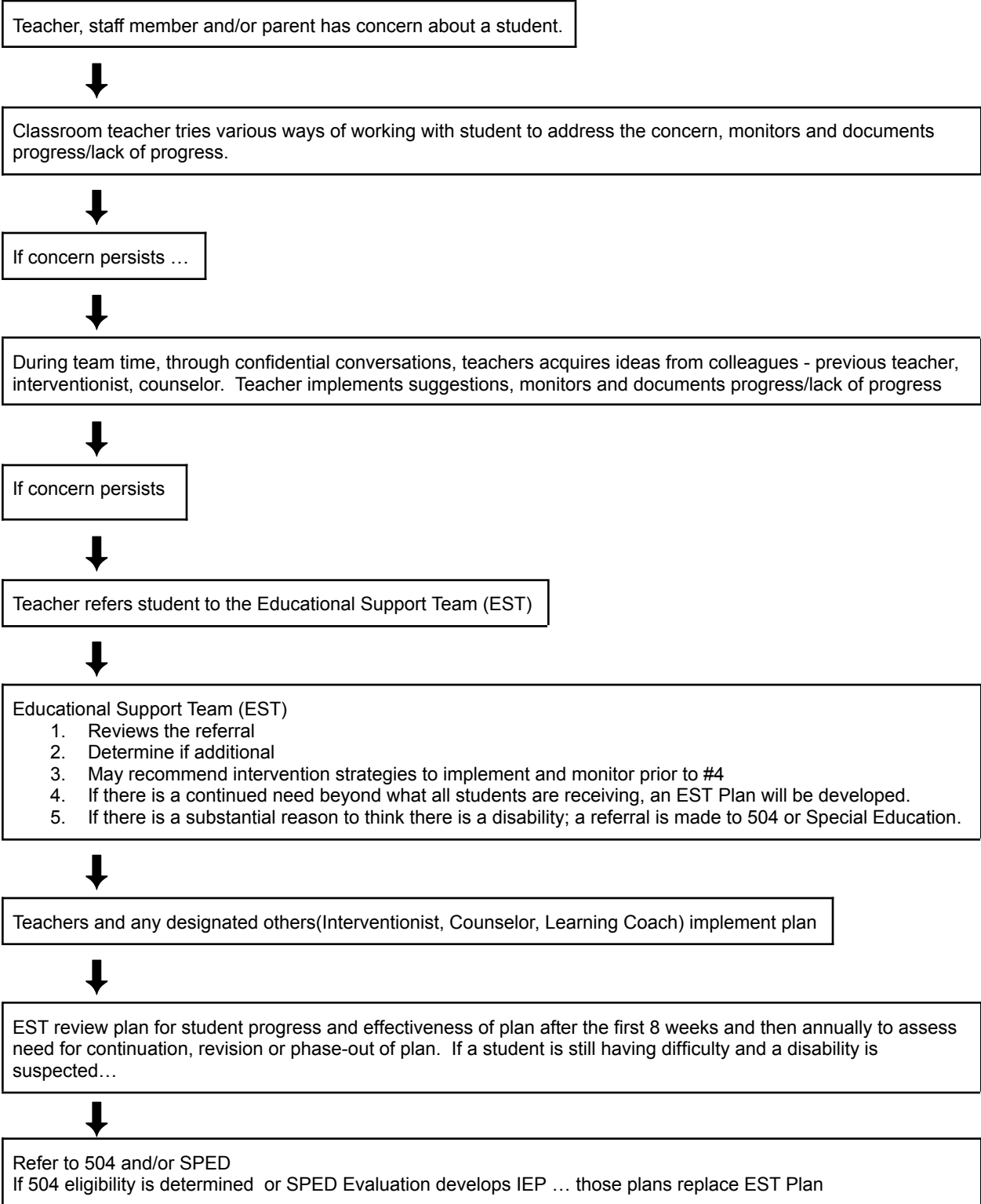
Typical practice involves the EST in planning and monitoring classroom interventions, targeted support (tier 2) or intensive support (tier 3). Referral information and data are used to determine the area to address and to set targets and timeframes for improvement. These need to be specific and measurable. The team determines what evidence-based practice will be used in the intervention as well as who will be responsible and when the intervention will take place.

The EST monitors progress by planning specific dates to review data about interventions. It is helpful for the team to have clear decision rules such as how many data points below or above an aim line indicate a need to change the support. It is anticipated that these additional supports, especially targeted (tier 2), will only be needed for a limited time.

. . . An EST provides benefits beyond supports to individual students. It also supports collaboration in the school community. It promotes effective instructional practices and helps underscore the usefulness of assessment and data. It can be useful in identifying resource and professional development needs. Finally, it should be a mechanism to help ensure educational equity, helping to ensure "that every student has access to the resources and educational rigor they need at the right moment in their education, despite race, gender, ethnicity, language, disability, family background, or family income." (Council of Chief State School Officers, 2017)

Rivendell Interstate School District Educational Support Team Process

*** Monitoring and recording data on student progress is essential to determining effectiveness of each strategy.**



RISD Educational Support Team Membership

- Membership means *involvement in the process*, participation in various steps may look different (ie: it may be verbal or written input or separate meetings with individual members)
- SME or WES EST Membership includes the following:
 - an administrator
 - school counselor
 - classroom teacher(s)
 - Interventionist, nurse, special educator, MTSS coordinator
 - parent/guardian

■ According to the Vermont AOE, “Parent/guardian participation in EST meetings regarding their children is critical. Ideally, parents attend meetings but if they cannot, the EST should solicit parent input to the decisions. Connections between home and school have a demonstrated positive effect on student performance. When schools fail to include families in important educational decisions, they risk compromising the effectiveness of their efforts. Schools also have an ethical obligation to keep families informed” (p. 2).

○ student

■ The Vermont AOE advises, “Students should also be involved. As with all other aspects of school, supportive work is most likely to be successful when it is done with students rather than done to students. Student achievement is greater when the students know what goals they are working toward and are involved in measuring their own progress. A younger student might be included in recording data to measure progress. Older students should participate in meetings and could use information in Personalized Learning Plans” (p. 2).

Critical structural components that impact the effectiveness of the process:

1. *Confidentiality* - Team members will adhere to confidentiality guidelines.
2. *Group Dynamics* – Positive in nature; members consistently function as a team.
3. *Level of Trust* – EST has inspired trust of teachers; is supportive and non-judgmental to and of referring teachers which encourages teachers to consider all possible aspects of a student’s difficulty in class. (Overtly supportive and trustworthy.)
4. *Collaboration* – Team and process is highly functional and viewed as critical to the success of students. Expertise of everyone at the table is tapped. Services are provided by a variety of staff and referring teacher takes a leadership role in the development and implementation of planning for the educational support plan.
5. *Discussion* – The discussion regarding the student revolves around curricular, behavioral, and instructional needs of the student; interventions are consistently specific to these areas. Stay focused on what we can impact, not that which we can’t.

6. *Essential Agreements* - Essential agreements should be established, visible, internalized and used consistently.
7. *EST Process Evaluation* - The EST will engage in a process of evaluation at mid-year and end of year which will include feedback from stakeholders.

Possible Educational Support Team Roles & Responsibilities Before Meeting During Meeting After Meeting

EST Member	<ul style="list-style-type: none"> • Come prepared, if expected to bring information, bring it 	<ul style="list-style-type: none"> • Focuses on solution, conversation revolves around curricular, behavioral, and instructional needs of the student; interventions are consistently specific to these areas • Is “student centered” and collaborative • Takes on specific meeting roles as needed or assigned 	<ul style="list-style-type: none"> • Follows up when assigned (ie: gather additional information, review records, communicate with teachers, parents, and outside service providers) • Maintains confidentiality • Acts as Case Manager when assigned
Student	<ul style="list-style-type: none"> • Participates in student interview (if appropriate) 	<ul style="list-style-type: none"> • Student attendance is decided on a case by case basis. 	<ul style="list-style-type: none"> • Communicates an understanding of and a willingness to use plan
Parent/ Guardian	<ul style="list-style-type: none"> • Has been informed of concerns through staff contact, or voices concern • Gives input • Notifies the classroom teacher if not attending the EST meeting 	<ul style="list-style-type: none"> • Is an active participant, when in attendance • Gives input and suggestions 	<ul style="list-style-type: none"> • Supports implementation • Gives feedback on effectiveness

<p>EST Chair</p>	<ul style="list-style-type: none"> ● Coordinates meeting time, location, invitees, coverage ● Obtains referral ● Creates agenda ● Prepares to summarize information at initial review 	<ul style="list-style-type: none"> ● Ensures that Essential Agreements (developed by the school level EST) are adhered to ● Assigns roles ● Summarizes and reviews next steps – who does what, when ● Clarifies who should get the plan ● Assigns Case Manager 	<ul style="list-style-type: none"> ● Maintains EST materials: agendas, meeting notes, and plan ● Maintains calendar of referrals and follow-up meetings
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<p>Case Manager (ie: classroom teacher, interventionist, school counselors, nurse, MTSS Coordinator,)</p>			<ul style="list-style-type: none"> ● Distributes plans to all who have instructional responsibilities, including specialists ● Monitor implementation and effectiveness of plan ● Acts as a liaison/contact person ● If necessary, refer back to EST for further discussion ● Place EST plan in student file, update at least annually, or as needed
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<p>Referring Teacher</p>	<ul style="list-style-type: none"> ● Completes and submits <i>RISD EST Referral Form</i> ● Collects and shares data: work samples, assessment results & current levels of performance ● Gathers input from parent/guardian and student 	<ul style="list-style-type: none"> ● Provide any needed clarification during meeting ● Participates in strategy development ● Advocates for student strengths as well as needs ● Provide feedback on viability of recommendations 	<ul style="list-style-type: none"> ● Implements EST plan ● Asks for support, if needed ● Checks in with student and parent/guardian(s) as to how plan is working in collaboration with Case Manager ● Continues to monitor progress and record data
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RISD EST Referral Form

Student name: _____ Date: _____ Grade/age: _____

Name of person making referral: _____

What are this student's strengths?

Describe the concern(s):

To what adult does this student have a strong connection?

Has there been a parent/guardian/teacher/student conference prior to this referral?

Yes ___ No ___

If yes, and concerns were expressed at this conference, then proceed with referral.

If no, parent/guardian contact to share concerns needs to take place before this referral is made.

Have parents/guardians been informed about this referral? Yes ___ No ___

If yes, proceed with referral. If no, parent/guardian should be informed.

Do parents/guardians want to attend the initial referral meeting?

Yes ___ No ___ If yes, who should be contacted: _____

Is information from the *Guidelines for Gathering Family/Student Input* attached?

Yes ___ No ___

Current performance level(s) in areas of concern:

Measurement tool(s) used to determine performance level *i.e.*, *standards linked rubric, criterion referenced material, curriculum based measures grades, etc.*

What else may be contributing to this issue (e.g., environmental, social, health):

Does it appear that the student's use of social media/amount of screen time is impacting their educational accessibility and/or performance?

Rate this student's performance in your classroom or setting.

S = Strength W = Weakness N = not observed

	<u>S</u>	<u>W</u>	<u>N</u>
Reading skills	___	___	___
Math skills	___	___	___
Listening skills	___	___	___
Written expression Spelling	___	___	___
Classroom work Homework	___	___	___
Tests/Quizzes	___	___	___
Follows oral directions	___	___	___
Follows written directions	___	___	___
Organizational skills	___	___	___
Attendance	___	___	___
Participation	___	___	___
Fine Arts abilities	___	___	___
Physical/motor skills	___	___	___
Other_____	___	___	___
Expressive/Oral Language	___	___	___
Receptive Language	___	___	___
Articulation	___	___	___
Other_____	___	___	___

	<u>S</u>	<u>W</u>	<u>N</u>
Pays attention/concentrates	—	—	—
Has needed school items	—	—	—
Maintains approp. activity level	—	—	—
Completes tasks	—	—	—
Waits turn	—	—	—
Works cooperatively with peers	—	—	—
Remains seated	—	—	—
Stays on task	—	—	—
Complies with rules	—	—	—
Shows respect for adults	—	—	—
Adapts to change	—	—	—
Accepts responsibility	—	—	—
Makes and keeps friends	—	—	—
Displays even disposition	—	—	—
Other_____	—	—	—

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Strategies/Interventions/Accommodations already made/tried:

Strategy	Begin Date	End Date
<i>Accommodated instructional methods</i> <i>Describe Specifics:</i>		
<i>Accommodated instructional pacing</i> <i>Describe Specifics:</i>		
<i>Accommodated instructional materials</i> <i>Describe Specifics:</i>		
<i>One-on-one instruction</i> <i>Describe Specifics:</i>		
<i>Provided additional after school help</i> <i>Describe Specifics:</i>		
<i>Connected student with peer tutor</i> <i>Describe Specifics:</i>		
<i>Provided visual information to accompany oral information</i> <i>Describe Specifics:</i>		
<i>Allowed extra time for completion</i> <i>Describe Specifics:</i>		

<p><i>Contacted parent/held conference(s)</i></p> <p><i>Describe Specifics:</i></p>		
<p><i>Sent weekly progress reports home</i></p> <p><i>Describe Specifics:</i></p>		
<p><i>Consulted with support professionals (counselor, case manager, nurse, etc.)</i></p> <p><i>Describe Specifics:</i></p>		

<p><i>Developed behavioral contract</i></p> <p><i>Describe Specifics:</i></p>		
<p><i>Accommodated classroom setting</i></p> <p><i>Describe Specifics:</i></p>		
<p><i>Determined daily/weekly goals with student</i></p> <p><i>Describe Specifics:</i></p>		

<p><i>Sent homework/assignment log home</i></p> <p><i>Describe Specifics:</i></p>		
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RISD EST

Record Review Form

Student Name: _____ Date: _____ Grade/age: _____

Academic File – Reviewed by: _____

History of academic progress/grades:	Attendance history:
Discipline history:	Guidance history:
Concerns expressed on progress reports:	Assessment results (local and state):
Family issues noted: (custody, DCF reports, police involvement)	Concerns about screen time/social media:
Outside agency supports in place:	Social/emotional/behavioral information:
Other pertinent information:	

Current and past services (list dates of past services) – Please check all that apply:

- | | | |
|--------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Title 1 (math) | <input type="checkbox"/> Title 1 (reading) | <input type="checkbox"/> Outpatient therapy |
| <input type="checkbox"/> ELL | <input type="checkbox"/> Speech & Language | <input type="checkbox"/> Other |
| <input type="checkbox"/> Social work | <input type="checkbox"/> OT | <input type="checkbox"/> PT |
| <input type="checkbox"/> Supplemental reading | <input type="checkbox"/> School-based Clinician | <input type="checkbox"/> IEP |
| <input type="checkbox"/> 504 | <input type="checkbox"/> EST | <input type="checkbox"/> Guidance |
| <input type="checkbox"/> Outside Counselor (Clara Martin or other) | | |

Medical files reviewed by _____ Most recent vision screening date: _____

Most recent hearing screening date:

Current medications:

Frequency of and reasons for visits to the nurse:

Health concerns:

Result:

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Guidelines for Gathering Family Input

(This document to help guide conversation with parent/guardian. This form is intended as a resource and use of this form is optional.)

Student _____ Grade _____ Date _____

Person Contacted _____

Relationship _____

Name and role of person making contact: _____

Introduction: I am calling because _____ is having some difficulty in school and I'd like to talk with you about it and get your input. I also plan to refer _____ to the school Educational Support Team, what we call the EST. The EST is a group of school staff members who gather and share ideas about how to help students succeed by looking at the expectations in a classroom, a student's performance, and what changes could be made to increase the opportunity for the student to meet the expectations. *(Explain your concerns.)*

1. Can you share with me, what you see as _____'s strengths, in and out of school?
2. Do **you** have any thoughts about things that might help _____ in school?
3. How do you think _____ feels about school this year? What makes you think this?
4. *(If a student has moved in to the school and we don't already know this information...)*

Do you recall any of _____'s former teachers having similar concerns? If so, what did they try? How did it work?

5. Is there anything else you can share with me that might help me/us help _____
6. If the EST decides to hold a meeting to discuss _____, would you or another family member like to participate? Meetings are usually held _____
(day/time)

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Guidelines for Gathering Student Input

(This document is to be used with student if team determines it would be beneficial to the process. Optional)

Student: _____ Date: _____

Grade/age: _____ Name and role of person completing this form: _____

1. I'm concerned that you are having some difficulty at school and I'd like to talk with you about it and get your input.
2. *Explain/describe your concerns.*
3. What are your strengths (in and out of school)?
4. How do you feel about school this year?
5. What are your challenges?
6. What do **you** think might help you in school?
7. Is there any adult in school to whom you feel connected?
8. Is there anything else you can share with us that might help me/us support you?

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Initial EST Review

Student name: _____ Birth Date: _____ Grade: _____

Meeting Date: _____ Referred By: _____

In attendance: _____

Strengths:

Nature of concern (See referral form for specific details.):

Focusing Question:

Goal: As a result of this plan, the student will

Brainstormed strategies:

The EST has reviewed the referral and determined that there is more information needed before making a decision about the need for a plan. See next steps below. Team will reconvene on _____ to look at additional information and determine course of action.

The EST has determined that there is currently *not* a need for a plan. The team has shared recommended strategies and will meet on _____ to reevaluate the student's need for support(s).

The EST has determined a need for a plan. The team will meet to develop a plan on _____. The case manager for this student will be: _____

The EST has determined that this student may qualify for a 504 or an IEP and will make the appropriate referrals to move that process forward.

Person at this meeting responsible for following up with referring teacher: _____ *If teacher is not present

Next steps:

Who is responsible:

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EST Follow-up Minutes

Student name: _____ Birth Date: _____ Grade: _____

Meeting Date: _____ Referred By: _____

In attendance: _____

Follow-up notes:

Next steps: Who is responsible:

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EST Student Plan

Confidential

Student Name: _____ Date: _____ Grade/age: _____

Case Manager: _____

Present:

Issue(s) to target	Action to be taken	Person(s) responsible	When/ Frequency/ Duration	How will we measure progress and effectiveness of the intervention?	Results (Complete after review)

Plan will be distributed to: _____

Plan will be reviewed on: _____ by: _____

What is the data/information to be reviewed at that meeting and who is responsible for collecting that information:(reference *How will we measure progress* column on previous page)

___ Student name has been added to the agenda for above date.

Is there any funding or other resources needed to implement this plan? If yes, describe and detail what the source for this funding will be:

Are there other support(s) necessary for those implementing this plan (including family members) to be successful in addressing the student's needs? If yes, describe:

Case Manager Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Student Signature (if applicable): _____ Date: _____