

# Data Team Concern Indicator Benchmarks

Indicator		Frequency Per Month
Major Behavior Incident		2 or more
Frequent Nurse Visits – TLC/Emotional Support		2 or More
Nurse Visit Hygiene (Cleanliness; Toileting) or Chronic Issue (chronic head lice; chronic physical symptoms)		Any Issue
Unscheduled Counseling/ S-E Support Visits (Unscheduled Visits to Counselor, Social Worker, or Student Support Center)		2 or more
Teacher Concerns: HW	HW	4 or More Missed Assignments
	Oops! Form	2 or More
	Academic Progress	Name: Area of Concern: Is student in an intervention in this area?
Tardies		3 or more
Absences		3 or more

# Decision Matrix: Behavioral Risk Indicators

	Low Worry	Worried; First Time	Worried; Repeated
Individual Student: Single Risk Indicator	<ul style="list-style-type: none"> <li><input type="checkbox"/> Document and Monitor</li> <li><input type="checkbox"/> Check-in Plan</li> <li><input type="checkbox"/> Proactive Support: Check “What Have you Tried List”</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Parent Partnership: Positive Communication and Problem Solve</li> <li><input type="checkbox"/> Logical Support for Indicator</li> <li><input type="checkbox"/> Tier 1 Intervention (Check “What Have you Tried List”)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Parent Partnership: Positive Communication and Problem Solve</li> <li><input type="checkbox"/> Pattern/ Trend Analysis</li> <li><input type="checkbox"/> Tier 1 Intervention: Check “What Have you Tried List”</li> </ul>
Individual Student: Multiple Risk Indicators	<ul style="list-style-type: none"> <li><input type="checkbox"/> Document and Monitor</li> <li><input type="checkbox"/> Check-in Plan</li> <li><input type="checkbox"/> Proactive Support: Check “What Have you Tried List”</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Parent Partnership: Positive Communication and Problem Solve</li> <li><input type="checkbox"/> Pattern/ Trend Analysis (time; day of week; subject/activity; social context; others involved)</li> <li><input type="checkbox"/> Tier 1 Intervention: Check “What Have you Tried List”</li> <li><input type="checkbox"/> Consider:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> TCCE</li> <li><input type="checkbox"/> Social, emotional or academic skills Group</li> <li><input type="checkbox"/> Interest-Based Group</li> <li><input type="checkbox"/> Sensory Diet</li> <li><input type="checkbox"/> Community Service</li> </ul> </li> <li><input type="checkbox"/> Simple Behavior Plan</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Consider:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> TCCE</li> <li><input type="checkbox"/> Social, emotional or academic Skills Group</li> <li><input type="checkbox"/> Interest-Based Group</li> <li><input type="checkbox"/> Sensory Diet</li> </ul> </li> <li><input type="checkbox"/> Function-based Support Plan</li> <li><input type="checkbox"/> Multi-systems support Plan</li> <li><input type="checkbox"/> Referral to I&amp;S</li> </ul>
Classroom, Grade, or School-Wide: Common Risk Indicator	<ul style="list-style-type: none"> <li><input type="checkbox"/> Monitor: Check next month data</li> <li><input type="checkbox"/> Re-Teach Routine(s)</li> <li><input type="checkbox"/> Boost SW Lesson</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Consider classroom, grade or school-wide Tier 1 teaching plan</li> <li><input type="checkbox"/> Specialist Collaboration</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Specialist Collaboration</li> <li><input type="checkbox"/> Administrator Collaboration</li> </ul>