Amherst and Ledge Street Schools Multi-Disciplinary Team Request Form

The Intensive Tier III Multi-disciplinary Team (MDT) will develop, implement and evaluate the effectiveness of a problem-solving planning process designed to inform interventions and supports and result in improved social, emotional and behavioral outcomes for students with complex and intensive needs and their families. The purpose of this form is to gain preliminary information about concerns, outcomes, and previously tried interventions and supports to determine whether the MDT is the appropriate team to develop a support plan. The form is to be completed by the school team making the request during a meeting facilitated by the school's Intensive Point of Contact.

Student: DOB: Gender: Grade: Teacher:

Parent/Guardian Name(s):   Date:

Address: Phone:

Siblings:

Name: Gender: Grade: Teacher:

Name: Gender: Grade: Teacher:

Name: Gender: Grade: Teacher:

Names of Staff Working with Student:

1. **To expedite the information gathering process below, the classroom teacher should come to the MDT eligibility meeting with a completed *Classroom Teacher Concerns Checklist.***
2. **There is concern of significant and persistent difficulty in educational performance due to one or more of the following areas (Complete "Level of Concern" column only for items checked on the *Classroom Teacher Concerns Checklist*):**
   ◊ Behavioral Functioning: The ability to demonstrate developmentally appropriate behavior consistent with school expectations.

Area	Level of Concern		
o *Disruptive in Class*	High	Medium	Low
o *Disrespectful, Non-Compliant, Oppositional with Adults*	High	Medium	Low
o *Inflexible (Can't 'go with the flow)*	High	Medium	Low
o *Physical Aggression*	High	Medium	Low
o *Justifies Causing Harm*	High	Medium	Low
o *Organization*	High	Medium	Low
o *Sustaining Attention*	High	Medium	Low
o *Distractibility*	High	Medium	Low
o *Inhibiting Responses/Impulsivity*	High	Medium	Low
o *Planning or Prioritizing*	High	Medium	Low
o *Initiating Tasks*	High	Medium	Low
o *Completing Tasks*	High	Medium	Low
o *Time Management*	High	Medium	Low
o *Handling Change/ Transitions*	High	Medium	Low
o *Other:*	High	Medium	Low

◊ Social Functioning: The ability to interact with peers or adults in ways that produce satisfactory social outcomes.

Area	Level of Concern		
o *Peer Conflicts*	High	Medium	Low
o *Exploits Peers*	High	Medium	Low
o *Adult Conflicts*	High	Medium	Low
o *Socially Isolated, Withdrawn, or Uncomfortable*	High	Medium	Low
o *Social Misperceptions*	High	Medium	Low
o *Easily Manipulated*	High	Medium	Low
o *Excessively Shy*	High	Medium	Low
o *Trouble Building Relationships*	High	Medium	Low
o *Unable to complete cooperative learning activities*	High	Medium	Low
o *Unable to play with peers during unstructured times*	High	Medium	Low
o *Other:*	High	Medium	Low

◊ Emotional Self-Regulation: The ability to demonstrate developmentally appropriate skill in managing thoughts, feelings and impulses in order to produce satisfactory social or academic outcomes.

Area	Level of Concern		
o *Managing Stress or Anxiety*	High	Medium	Low
o *Managing Anger/Frustration*	High	Medium	Low
o *Managing Sadness or Depression*	High	Medium	Low
o *Fluctuating Mood*	High	Medium	Low
o *Guilt, Shame or Self-Disdain*	High	Medium	Low
o *Self-Abuse*	High	Medium	Low
o *High Defensiveness*	High	Medium	Low
o *Tantrums*	High	Medium	Low
o *Explosive (rage)*	High	Medium	Low
o *Emotional Shut-down (non- communicative)*	High	Medium	Low
o *High # Nurse Visits for Emotional Support*	High	Medium	Low
o *High #/Use of Counseling*	High	Medium	Low
o *Other:*	High	Medium	Low

◊ Academic Concerns: To ability to successfully perform school-related activities.

Area	Level of Concern		
o *Reading*	High	Medium	Low
o *Writing*	High	Medium	Low
o *Math*	High	Medium	Low
o *Expressive Language/Communication Skills*	High	Medium	Low
o *Receptive Language Skills*	High	Medium	Low
o *English 2nd Language*	High	Medium	Low
o *Math/Numeracy*	High	Medium	Low
o *Disengaged with Curriculum/Learning*	High	Medium	Low
o *Failing Grade*	High	Medium	Low
o *Other:*	High	Medium	Low

Evidence of significant and persistent difficulty. Please attach pertinent documents.

Potential Data Sources: Teacher/Specialist Observation/Documentation; ASPEN Data of Behavioral Incidents; Psychological Reports; Social, Emotional, Behavioral Assessments, etc.

Any Additional Information:

3. **There is concern that one or more of the following areas is/are thought to be a significantly associated with the student's difficulty in school. Check all that apply and attach pertinent documents.**
   o A mental health/illness concern: *Documentation from doctor/psychologist, related reports from qualified professional, treatment plan*
   o A significant traumatic event: *Report from parent regarding home situation*
   o An intense family/home situation: *Report from parent regarding home situation, DCYF Report*
   o A physical health concern: *Health Action Plan from nurse, doctor's notes, diagnosis information from 504, IEP or qualified evaluator such as a physical therapist or occupational therapist*

Area	Level of Concern		
◊ *Sleep Concerns*	High	Medium	Low
◊ *Physical Complaints*	High	Medium	Low
◊ *Eating or Nutrition Concerns*	High	Medium	Low
◊ *Vision Problems*	High	Medium	Low
◊ *Hearing Problems*	High	Medium	Low
◊ *Energy Too High*	High	Medium	Low
◊ *Energy Too Low*	High	Medium	Low
◊ *Hygiene*	High	Medium	Low
◊ *Other:*	High	Medium	Low

   o A medication management concern: *Health Action Plan from nurse, doctor's notes, diagnosis information from 504, IEP or qualified evaluator such as a physical therapist or occupational therapist*
   o An issue related to juvenile justice: *Court documents*
   o An attendance concern: *Attendance reports, Report from truancy officer*

Area	Level of Concern		
◊ *Absences (# days to date:__)*	High	Medium	Low
◊ *Tardies (# to date:__)*	High	Medium	Low
◊ *Absence Due to Medical/ Health Concern*	High	Medium	Low
◊ *Absence Due to Mental Health Concern*	High	Medium	Low
◊ *Suspensions (# days to date:__)*	High	Medium	Low
◊ *Other:*	High	Medium	Low

Any Additional Information:

4. **There is evidence that a variety of strategically designed classroom, small group, and individualized supports and interventions to address the student's difficulties within a collaborative/team approach have been tried with little or no documented success. Please complete the chart below and attach pertinent documents.**

Intervention	How long?	Staff Responsible	Rate Success (Circle)			
Individual Counseling			High	Medium	Low	No
Group Counseling			High	Medium	Low	No
Behavioral Skill Group *Describe:*			High	Medium	Low	No
Special Education Plan (IEP)			High	Medium	Low	No
504 Accommodations Plan			High	Medium	Low	No
Functional Behavioral Assessment and Function-based Support Plan			High	Medium	Low	No
Other Behavior Support Plan: *Describe:*			High	Medium	Low	No
Other School-based Support or Interventions: Describe			High	Medium	Low	No
			High	Medium	Low	No
			High	Medium	Low	No

Potential Data Sources: Documentation of Efforts (e.g., Behavior Support Plans, School Reports or File Reviews from Previous Schools, Formal Observation Notes, IEPs, Data from Performance in Group Interventions, Checklists or Inventories, Reports from Outside Agencies, etc.)

Any Additional Information:

5. **There is evidence that it is highly unlikely that the student will be able to make satisfactory progress in school without increased and improved (Check all that apply)**
   o **Strategic and coordinated community supports and/or**
   o **Engagement from the student's parent(s) or guardian(s) in collaboration with school personnel and community partners.**

Agency	Intervention	Contact	Rate Success (Circle)			
			High	**Medium**	**Low**	**No**
			High	**Medium**	**Low**	**No**
			High	**Medium**	**Low**	**No**
			High	**Medium**	**Low**	**No**
			High	**Medium**	**Low**	**No**

Potential Data Sources: List of Community Agencies that Engaged with Family or Child, Notes and Logs, What's Worked? Hasn't Worked, Staff Notes or Reports.

Any Additional Information:

6. **Identify Strengths, Interests, Skills the Student is Good at/Likes, Things that Matter to Student:**

7. **Identify Outcomes: What realistic outcomes do you hope could be achieved as the result of well-designed, well-supported and well-implemented action plan from the Multi-Disciplinary Team? Check all that apply.**

☐	*Increased social satisfaction or engagement*	☐	*More participation in activities*	☐	*Is less anxious or stressed; has fewer worries*
☐	*Increased flexibility or less agitated/irritable (more able to "go with the flow")*	☐	*Less frustrated with himself or with others*	☐	*Begins tasks quicker or with less struggle*
☐	*Less angry*	☐	*More kind or helpful to others*	☐	*Less physically or verbally aggressive*
☐	*Happier mood or less sad/tearful*	☐	*Mood is more consistent*	☐	*More engaged with peers*
☐	*More engaged class activities*	☐	*Fewer discipline referrals*	☐	*Fewer distracting behaviors*
☐	*Increased work/ homework completion*	☐	*Follows request more easily*	☐	*Fewer tantrums/outbursts*
☐	*Appropriate attention/support seeking*	☐	*Improved hygiene*	☐	*On-time for school*
☐	*Less bullying behavior*	☐	*Fewer safety concerns*	☐	*Improved school attendance*
☐	*In class (activity) more often from start to finish*	☐			

Is there anything else that is an important outcome to strive for in a plan?

☐   Yes (describe):_____

Items to Discuss (still to be determined to include on form)

◊ **Describe when things are going well for this student (describe what student says, does, appears to be feeling, and how others react)**

A Good/Best Moment:	A Good Class/Activity Period:	A Good Day:

◊ **What value does the student add to the classroom or school?**

◊ **What seems be stressful for the student?**

◊ **What is the student's response to stress (behaviors/actions/words; what does he/she appear to feel when stressed)?**

◊ **Are there any recent changes in behavior or emotions at school**?
__Yes (explain):   __No Difference

◊ **Do you know of any recent changes or troubles at home or school?**
__Yes (explain):   __None Known