



Victoria Williams  
IST Coordinator  
708-841-0432

# ECHO

## Intervention Strategies Team (IST)

### Philosophy

It is the responsibility of the District of Residence and the Special Education Joint Agreement to educate students in the Least Restrictive Environment. Students are best served in the Least Restrictive Environment that affords them a reasonable opportunity for success.

### Purpose

The purpose of the IST is to assist and support District general and special education staff in their effort to educate students presenting challenging behaviors.

### Goal

The primary goal of the IST service is to develop strategies and interventions that can be implemented by District staff within their schools. Thus positioning a greater number of students with challenging behaviors to be educated in their District of residence.

### Structure

The IST is a technical support service structured to identify strategies and interventions through collaboration with individual teachers and building teams. IST structure also allows for the provision of the staff development and direct implementation support that identified strategies and interventions often require.

### Request For Student Specific Collaboration

Requests are initiated by the district special education director/coordinator or building principal. The ECHO Program/Service Referral and Authorization Form, the Intervention Strategies Team: Student Collaboration Request Form and pertinent school and/or medical records are sent to the ECHO Joint Agreement Office. The Joint Agreement confirms receipt of the request and forwards the request to the IST Office. As soon as IST receives the request it is assigned to an IST consultant. The IST Consultant initiates the collaboration process by calling the identified primary contact person.

### Request For Staff Development

The district special education director/coordinator, building principal, or central office administrator initiates requests. The ECHO Program/Service Referral and Authorization Form, and the Intervention Strategies Team: Staff Development Request Form are sent to the ECHO Joint Agreement Office. The Joint Agreement confirms receipt of the request and forwards the request to the IST Office. As soon as IST receives the request it is assigned to an IST consultant. The IST consultant calls the identified primary contact person to discuss the request and to determine if IST can provide the staff development requested. An IST Staff Development Confirmation Form is sent the primary contact person for all inservices scheduled.

# ECHO JOINT AGREEMENT PROGRAM/SERVICE REFERRAL

Please complete this form when requesting a placement or service and return to:  
ECHO Joint Agreement, 350 W. 154<sup>th</sup> St., South Holland IL 60473 (708) 333-7880

Date of Request	District	Phone:	Fax:
Referral Person:	Position:	Phone:	Fax:
Address:			
Contact Person:	Position:	Phone:	Fax:
Name (Last, First):		<b>EDUCATIONAL PROGRAMS</b>	
Address:		<input type="checkbox"/> Family Enrichment Program (0-3 yrs.) <input type="checkbox"/> Early Childhood Program (3-8 yrs.) <input type="checkbox"/> ECHO School (8-21 yrs.) <input type="checkbox"/> ECHO Satellite (6 yrs. to 8 <sup>th</sup> grade) <input type="checkbox"/> ECHO ABLE (6-21 yrs.) <input type="checkbox"/> Physically Health Impaired Program (5-21 yrs.) <input type="checkbox"/> Physically Health Impaired Itinerant (3-21 yrs.) <input type="checkbox"/> Visually Impaired Program (5-21 yrs.) <input type="checkbox"/> Visually Impaired Itinerant (3-21 yrs.) <input type="checkbox"/> Deaf & Hard of Hearing Program (3 yrs.-12 <sup>th</sup> grade) <input type="checkbox"/> Deaf & Hard of Hearing Itinerant (3-21 yrs.) <input type="checkbox"/> Communication Development (5 yrs.-8 <sup>th</sup> grade) <input type="checkbox"/> PACE SED Primary (3 <sup>rd</sup> -6 <sup>th</sup> grade) <input type="checkbox"/> PACE SED Junior High School (7 <sup>th</sup> -8 <sup>th</sup> grade) <input type="checkbox"/> PACE Reg. Ed. Alternate (6 <sup>th</sup> -8 <sup>th</sup> grade) <input type="checkbox"/> Academy For Learning SED (9 <sup>th</sup> -12 <sup>th</sup> grade) <input type="checkbox"/> Academy For Learning Reg. Ed. Alternate (9 <sup>th</sup> -12 <sup>th</sup> grade) <input type="checkbox"/> Community Based High School (9 <sup>th</sup> -12 <sup>th</sup> grade) <input type="checkbox"/> Inter-Cooperative Programs	
City:	Zip:	<b>EDUCATIONAL SERVICES</b>	
Birthdate:	Prim. Lang.	<input type="checkbox"/> Transition (TIPA) <input type="checkbox"/> Inservice Training (Please describe below) <input type="checkbox"/> IST - Student Collaboration (Please describe below) <input type="checkbox"/> IST - Staff Development (Please describe below) <input type="checkbox"/> Other (Please identify): <u>Assistive Technology</u>	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Student's School:	<b>DIAGNOSTIC SERVICES</b>	
Grade:	Student Soc. Sec. #:	<input type="checkbox"/> Functional Vision Assessment <input type="checkbox"/> Assistive Technology Assessment <input type="checkbox"/> Audiological Assessment (Sertona) <input type="checkbox"/> Central Auditory Processing Disorder (CAPD) Evaluation <input type="checkbox"/> Early Childhood Assessment (0-8 yrs.): _____ <input type="checkbox"/> Other: _____	
Medicaid #:	Parent/Legal Guardian:	(Please Specify)	
Foster Parent:	Home Phone:	<b>PLEASE ATTACH CURRENT EVALUATION DATA AND ANY PERTINENT MEDICAL OR SCHOOL RECORDS</b>	
Work Phone:	Surrogate Parent:	Included are the following: <input type="checkbox"/> Academic <input type="checkbox"/> Motor <input type="checkbox"/> Communicative <input type="checkbox"/> Social/Emotional <input type="checkbox"/> General Intelligence <input type="checkbox"/> Hearing/Vision <input type="checkbox"/> Health <input type="checkbox"/> Other (Please identify): _____	
Home Phone:	Work Phone:		
DCFS Caseworker:	Phone:		
Address/City:			
Parent/Legal Guardian Signature (Optional)	Date		
Referring Person's Signature	Date		
Dist. Supt./Designee Signature	Date		
Joint Agreement Director Signature	Date		
Reason For Referral:			

Date Received: \_\_\_\_\_ Sent To: \_\_\_\_\_ (Name) Date: \_\_\_\_\_ C.C. \_\_\_\_\_ (District)

# IST: Student Collaboration Request

❖ Please send this request and the accompanying ECHO Program/Service Referral and Authorization Form to the ECHO Joint Agreement

**Student Name:**

**Age:**

**Grade:**

**District:**

**Parent/Guardian Names:**

**School:**  
**Phone:**  
**Fax:**

**Student's Program:**       IEP  
                                      504  
                                      Regular Education

**If student is in a specialized program please indicate current placement:**

**Has the parent/guardian been made aware of the IST referral?**  
 Yes                       No

This is a new referral  
 This student has previously received support from IST

**Name and role of contact person who will be primarily responsible for facilitating the referral and supporting the plan:**

**Contact person's Phone #:**  
**Contact person's Fax #:**  
**Contact person's E-mail:**

**Additional Team members who will be included in the collaboration:**

<b>Name:</b>	<b>Role, subject taught or team as applicable</b>
<b>Name:</b>	<b>Role, subject taught or team as applicable</b>
<b>Name:</b>	<b>Role, subject taught or team as applicable</b>
<b>Name:</b>	<b>Role, subject taught or team as applicable</b>
<b>Name:</b>	<b>Role, subject taught or team as applicable</b>
<b>Name:</b>	<b>Role, subject taught or team as applicable</b>

**The following signatures are required before this referral can be activated:**

<b>District Director/Coordinator of Special Education</b>	<b>Date</b>
<b>or</b> <span style="margin-left: 100px;">_____</span>	
<b>Building Principal</b>	<b>Date</b>
<b>IST Coordinator</b>	<b>Date</b>



# STUDENT REFERRAL (Page 2)

Student Name:

Please list concerns regarding this student's performance:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe recent intervention strategies directed to the concerns listed above and the student's responses to the intervention strategies:

1. **Strategy:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Response:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. **Strategy:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Response:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. **Strategy:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Response:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Request for Staff Inservice/Workshop

The Intervention Strategies Team requests at least four to six week advance notice on inservice requests for planning staff schedules and to allow adequate presentation preparation time. A written confirmation verifying this request will follow.

Name and Title of Administrator/Director/Coordinator Requesting Inservice:	Administrator/Director/Coordinator phone:
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Primary Contact Person:
Phone:
Proposed Date(s) of Inservice:

District/School:
# of handouts needed:
Proposed Length and Times of Inservice:

<b>Participants</b>	<input type="checkbox"/> Social Workers	<input type="checkbox"/> Parents
<input type="checkbox"/> Regular Ed.	<input type="checkbox"/> Therapists	<input type="checkbox"/> Administrators
<input type="checkbox"/> Special Ed.	<input type="checkbox"/> OT	<input type="checkbox"/> Psychologists
<input type="checkbox"/> Coordinators	<input type="checkbox"/> PT	<input type="checkbox"/> Instructional Assistants
<input type="checkbox"/> Facilitators	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Other _____

Room Location and Room description: Name of site-based Media person:
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Specify the age and population of the students that are being served by the audience: _____
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Proposed Topic: Please clearly specify the topic areas and goals of the inservice: _____ _____ _____ _____
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Will you provide a participant Evaluation Form for this Presentation? Yes _____ No _____
Please send this proposal to: ECHO JA Victoria Williams

**CONFIRMATION**  
**Your ECHO IST INSERVICE has been scheduled**

To: \_\_\_\_\_ Position: \_\_\_\_\_

School/District: \_\_\_\_\_

Date: \_\_\_\_\_

❖ This notice confirms the *IST INSERVICE* you requested has been scheduled.

Date(s): \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Presentation Topic/Title \_\_\_\_\_

Appointed IST Presenter(s): \_\_\_\_\_

Appointed Site-based Host: \_\_\_\_\_

*IST presentations are designed to be interactive and to model for audiences the "best practices" of intervention designs and techniques. We request your assistance in arranging the following checklist of items to facilitate the presentation.*

The following items are requested to be set-up on-site and ready the day of the presentation:

- Overhead projector
- Overhead projector screen
- Flip Chart
- Presenter table
- TV Monitor
- VCR
- LCD Projector
- Presenter water
- Tables and chairs set up to accommodate small groups

**ECHO**  
**Intervention**  
**Strategies Team**



Thank you for assisting to make this a professional and worthwhile presentation.  
If you have any questions, please contact:

PHONE: 389-9021

# ECHO IST IN-SERVICE TOPICS

## Instructional Strategies Related to Behavior

### Overview

- These interventions help educators modify the classroom environment so that they are more inclusive, accommodating and utilizing multiple intelligence in working with students behavioral issues
1. How Does Differentiated Instruction Improve Behavior
  2. Positive Effects of Differentiation on Classroom Management
  3. Accommodations and Modifications
  4. Creating Positive Learning Environments
  5. The Homework Habit (Parent)
  6. 5 Homework Strategies for Teaching Students with Learning Differences
  7. Interventions and Strategies for Organizational/Study Skills
  8. Social Skills Training

## Management Strategies

### Overview

- These interventions help educators set up classroom environments more conducive to learning that have plans in place to address behavioral concerns
1. Classroom Management VS Discipline
  2. De-escalation - Creating Positive Relationship
  3. Creating Behavior Intervention Plans Using Functional Analysis
  4. Addressing Challenging Student Behavior
  5. Bully-Proofing (Staff Development and/or Parent Workshop)
  6. Developing a Classroom Management System
  7. Intervention Strategies

## Models

### Overview

- These workshops provide overview information on specific topics.
1. Autism Spectrum Disorders: Behavior/Communication Strategies
  2. ADHD
  3. Classroom Community
  4. Character Education
  5. Life Space Crisis Intervention (LSCI)
  6. Therapeutic Crisis Intervention Training (TCIT)
  7. Dos and Don'ts of Being the Dean of Discipline
  8. Creating Your Comprehensive Classroom Discipline Approach Program (CCD)
  9. Service Learning
  10. Roles of Paraprofessionals
  11. Home/School Collaboration: The Relationship Builder
  12. Raising Responsible, Respectful, Resourceful Children (Parent Workshop)
  13. Anger Management (Parent/Student Workshop)

