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# ECHO

## Intervention Strategies Team (IST)

### Description

The Special Education Joint Agreement Intervention Strategies Team (IST) seeks to provide support and consultation to the Districts of Residence in an effort to allow students to remain, where possible, educated in district programs. The IST seeks to provide early, effective, tiered assistance for children exhibiting difficulty in their home school environment. The IST works collaboratively with district staff by providing professional development opportunities, assisting with the development of strategies and interventions, and providing supports to enable district staff to implement relevant and appropriate interventions for students within their respective schools.

### Request for Student Specific Collaboration

Requests are initiated by the district special education director/coordinator or building principal. Request for student collaboration should include the following components:

- ECHO Program/Service
- Referral and Authorization form – Appendix A
- Intervention Strategies Team Student Collaboration Request form (page 4)
- Student Referral Information sheet (page 5)
- Any additional pertinent school and/or medical records

The completed packet should be forwarded to the IST office. As soon as the request is received, it is assigned to an IST consultant. The 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 following Request for Staff In-service/workshop should include the following components:

- ECHO Program/Service
- Intervention Strategies Staff Development form (page 6)

The completed packet should be forwarded to the IST office. As soon as IST receives the request, it is assigned to an IST consultant. The 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 to the primary contact person for all in-services scheduled.

# ECHO I S T IN-SERVICE TOPICS

## Instruction

- These interventions help educators modify the classroom environment so that they are more inclusive and accommodating. Educators are informed on how to utilize multiple intelligence strategies in working with students exhibiting behavioral challenges.

### Key Concepts:

1. Positive Effects of Differentiation in the Classroom
2. The Use of Accommodations and Modifications in the instructional setting
3. Creating Positive Learning Environments
4. The Homework Habit /Home School Communication (Parent WS)
5. Interventions and Strategies for Organizational/Study Skills

## Behavior

- These interventions help educators create classroom environments that are more conducive to learning. Plans that specifically address the behavioral concerns of students are developed.

### Key Concepts

1. Classroom Management
2. The Role of PBIS –Use of Acknowledgment Systems
3. Creating Behavior Intervention Plans Using Functional Analysis
4. Addressing Challenging Student Behavior
5. Bully-Proofing (Staff Development and/or Parent Workshop)
6. Character Education
7. Emotional Intelligence ( Social Skills)
8. Autism Spectrum Disorders: Behaviors/Communication

# IST: Student Collaboration Request

❖ Please send this request and the accompanying ECHO Program/Service Referral and Authorization Form to the IST AT PACE Program.

**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

**Contact person :**

**Title:**

**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:

<i>District Director/Coordinator of Special Education</i>	<b>Date</b>
<b>or</b> Building Principal	<b>Date</b>
IST Coordinator	<b>Date</b>

## STUDENT REFERRAL INFORMATION SHEET

Please list concerns regarding this student's performance:

<u>1.</u>
<u>2.</u>
<u>3.</u>

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

<u>TIER 1 INTERVENTIONS:</u>  <u>RESPONSE:</u>
<u>TIER 2 INTERVENTIONS:</u>  <u>RESPONSE:</u>
<u>TIER 3 INTERVENTIONS:</u>  <u>RESPONSE:</u>

# IST: Inservice/Workshop Request

**ECHO**  
Intervention  
Strategies Team

The Intervention Strategies Team requests at least four to six week advance notice on inservice/workshop requests. A written confirmation verifying this request will follow.

Name and Title of Administrator/Director/Coordinator Requesting Inservice: Administrator/Director/Coordinator phone:	
Primary Contact Person:	District/School:
Phone:	# of handouts needed:
Proposed Date(s) of Inservice:	Proposed Length and Times of Inservice:
<b>Participants</b>	
<input type="checkbox"/> General Ed. Teachers	<input type="checkbox"/> Parents
<input type="checkbox"/> Special Ed. Teachers	<input type="checkbox"/> Administrators
<input type="checkbox"/> Paraprofessionals	<input type="checkbox"/> Other
<input type="checkbox"/> Allied Health: Specify _____	_____
Room Location and Room description:	
Specify the age and population of the students that are being served by the audience:	
_____	
Proposed Topic: Please clearly specify the topic areas and goals of the inservice:	
_____	
_____	
_____	
_____	
Please send or email this proposal to: IST at PACE Program Victoria Williams	