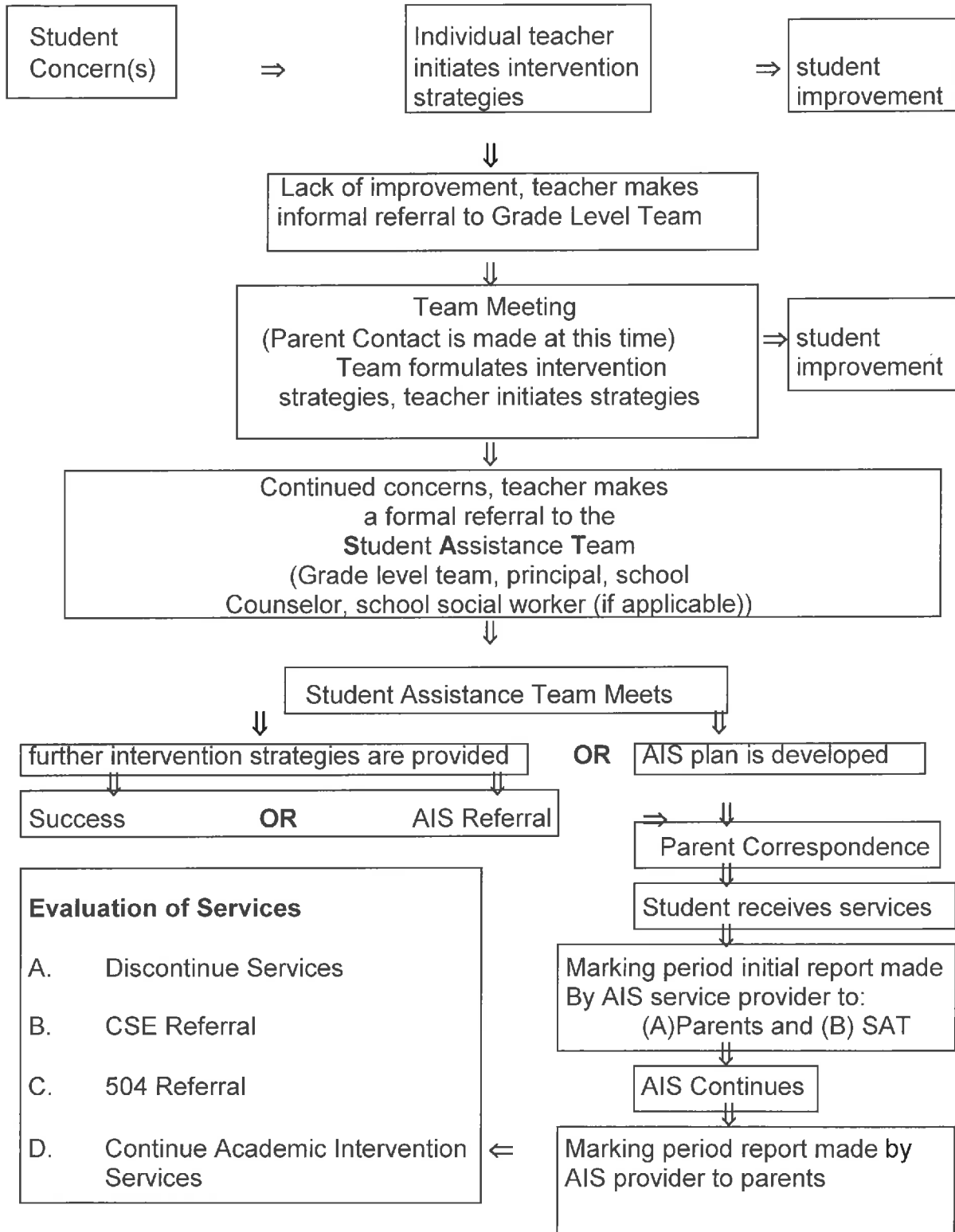


Middle School AIS Flow Chart



Academic Intervention Services Middle School: Grades 6-8

Criteria to begin services (2 or more)	Failure in a core subject	Below cut score on NYS assessment	Below current grade level score on standardized test (i.e. Stanford Diagnostic Reading Screening, Right Path Diagnostic)	Multiple removals from the class due to disruption to learning environment , thereby impeding "ability" to learn	15% or greater absences	Multiple referrals for inappropriate social interaction, thereby impeding "ability" to learn
---	---------------------------	-----------------------------------	--	--	-------------------------	--

Service to be Provided	Service Provider	Service Delivery Model	Service Delivery		
			Frequency	Cycle	Duration
Push in Support	general or special educator, aide	In Class	2-3 times	per week	20-30 minutes
Academic Lab	general and/or special educator	Small group	2 times	per week	40 minutes
ELA Lab	ELA general educator	Small group	2-3 times	per week	40 minutes
Math Lab	Math general educator	Small group	2-3 times	per week	40 minutes
Literacy	General or special educator	Small group	2-3 times	Per week	40 minutes
Homework Help Hour	HH Advisor	small group	1-4 times	per week	50 minutes
Honor Society Tutor	NHS Student directed by general educator	1:1	1-2 times	per week	40 minutes

Service to be Provided	Service Provider	Service Delivery Model	Service Delivery		
Attendance Notification	Health Office, Principal, School Counselor, Tompkins County Probation	Letter, phone call, PINS	According to District Attendance Policy	According to District Attendance Policy	According to District Attendance Policy
Social Skills group	SSW, psychologist, school counselor	small group	1 time	per week	30 minutes
Mediation	School Counselor	Counselor and disputants	as requested	as requested	situation dependent
Counseling	SSW, psychologist, school counselor	Small group	1 time	per week	as needed

Student Assistance Team Student Referral Form

Name of Student Being Referred:

Staff Member/Team Making Referral:

Date of Referral:

Please describe your concern. Please be specific in what you see as the need(s) of the student.

What steps have you taken to address this concern?

- Student Conference
- Parent Conference
- Student Plan Implemented (behavioral or academic)
- Classroom Modifications
(Please identify what specific strategies have been tried:)
- Academic Lab Scheduled
- ELA Lab Scheduled
- Math Lab Scheduled
- Literacy Scheduled
- Homebase Advisor Contact
- Tutor (peer or National Honor Society/National Junior Honor Society)
- Daily Assignment Book Check
- Weekly Eligibility Reports
- Referral to Student Assistance Program (Counseling, PINS, Community Agency)
 (Please specify program)
- Other
- Other

The concern(s) were addressed with the parent(s)/guardian(s) on _____ (date), by:
 email phone parent conference

Additional Contacts:

The parents made the following suggestions resulting from this contact:

Do parents support the referral to the Academic Intervention Team and potential testing that may result in the referral? Yes No

Parents were contacted regarding this referral on: _____ (date).