

Annual Program Assessment

Specialist Program in School Psychology

The Graduate Programs in School Psychology are committed to the goal of continuous self-evaluation in order to meet training needs of the field. The School Psychology Coordinating Committee annually reviews all program evaluation data. School Psychology retreats are held annually. The self-evaluation plan is presented below.

Program Assessment Methods and Frequency

- Review grade point averages each semester for all trainees; a minimum 3.0 out of 4.0 is required.
- Review field and University supervisor evaluations of trainees and the specialist program during first year fieldwork/practicum, psychoeducational and psychosocial assessment and intervention practica, advanced practica, and internships. *
- Hold at least two meetings (or phone conferences) a year with internship site supervisors.
- Review each trainee's progress in the applied research experience or with the master's thesis.
- Review all faculty evaluations on trainees' progress in the specialist program.
- Hold individual meetings with principals at field sites about first year trainee placements.
- Review the School Psychology Content Area Test for all graduates, ETS Praxis II exam results for trainees who applied for the Licensed School Psychologist, and the Exam for Professional Practice in Psychology results for graduates who apply for licensure.
- Convene the Coordinating Committee up to twice a month with agenda items devoted to trainee concerns articulated by trainee representatives.
- Meet monthly as a full program to discuss issues of mutual interest to school psychology graduate students and program faculty.
- Convene the School Psychology Community Advisory Committee meeting once each year during the fall semester.
- Assess the program's impact on children (e.g., required case studies completed during internship). *
- Distribute employer and intern supervisor surveys at least every seven years.
- Distribute alumni surveys at least every seven years.
- Complete the NASP folio reviews every seven years.
- Complete the Illinois Board of Higher Education specialist program review every seven years.

*Minimal performance levels expected on each of the required case studies are listed on the descriptions of each.

Appendix C: Descriptions of Case Studies with Scoring Rubrics

Comprehensive Case Study Psychoeducational Assessment with Standardized Measures

Trainees should provide

- Report of comprehensive psychoeducational evaluation
- Multidisciplinary Conference (MDC) eligibility decision paperwork

For a comprehensive case study, trainees should provide a final report for a “traditional” psychoeducational assessment that trainees completed. This report should be based on standardized assessment methods. Trainees must assess and integrate data from the following domains: academic, cognitive, and social/emotional. Other domains are optional and should be dictated by the student identified in the case study. Data collected must include information from the cumulative folder, student, teachers, and parents.

The report should be approved by trainee’s internship supervisor. The report will be treated as confidential, but trainee should redact any identifying information. Trainees have an opportunity to comment on the report in the narrative that accompanies the report. The narrative allows trainees to comment on the process that led to the report. **Trainees should have a narrative for each of the 9 categories listed below. A narrative is not copying and pasting parts of the report into the case study document!** Trainees should think about what was done and comment on it in the narrative. At the most basic level, trainees should comment on what trainees liked about what they did or whether trainees would do it differently as a practitioner, BUT this should not be the only comment trainees make. The narrative allows for reflection about the process as a whole.

Your narrative should address the following:

1. Organization of the Report:

Most reports have the following sections:

- a. Organizational letterhead
- b. Descriptive/demographic information
- c. Reason for referral
- d. Background information
- e. Tests selected
- f. Test observations
- g. Test results and interpretation
- h. Summary, implications, and recommendations

School districts and cooperatives may differ in their expectations concerning the organization of reports. If trainee’s report strays from the typical format, comment on how the content listed above (a-h) is addressed. For example, if the tests selected are incorporated in the body of the test results and interpretation section, say so. If an appendix is used to list previous and current test results, state this. Trainees also may comment on the strengths and weaknesses that of the particular format used at the internship site.

2. Referral Question(s)/Problem(s)

The referral question(s) or problem(s) form the basis for conceptualizing the case and guiding the assessment. Again, some sites prefer this information is stated as questions, others use this section to explain why the evaluation is being conducted. In either case, the reason for referral becomes the initial working hypothesis (or hypotheses). If the working hypothesis/hypotheses is/are not clear from the report, explain them here.

3. Background Information

This section should include all relevant data: cultural background, family, birth and developmental issues when relevant, education, academic performance, onset of difficulty, and prior intervention. Also any health issues, physical disabilities, medications, family health history, should be included when relevant.

4. Choice of Assessment Measures

Assessment measures should be tailored to the referral question and to the student, to the extent that is possible. Where there are constraints on the choice of instruments, explain. Use the latest versions of the instrument. Use measures such as interviews, tests, rating scales, direct observation, review of records, etc. When possible, interview the child, the parents, teachers, or other informants.

5. Linking Data to Inferences

The inferences should be valid representations of the assessment data. Only make those inferences for which the assessment or test is valid. The link between the data collected, inferences, conclusions, and recommendations should be clear. The content of the assessment report should answer the referral question, provide a clear understanding of the strengths, deficits, interests, and general functioning of the student, and distinguish between aspects of the student that appear to be certain from those that are questionable. The report should also provide alternative explanations for the findings, where relevant. Rather than provide all the data in detail, summarize what the data indicate with respect to the referral problem/initial hypothesis. The conceptualization should include an ecological perspective. In particular, the report should explicitly consider contextual factors that affect the individual, including cultural and linguistic factors. Explain the connection between the referral problem and contextual factors.

6. Language

Avoid colloquial expressions (e.g., mom), jargon, and pejorative or judgmental language. Write clearly and in language that all can understand (teachers, parents, etc.). Write in specifics rather than in overly broad generalizations. If a diagnostic category is used (e.g., attention deficit hyperactivity disorder), describe specifically what behaviors are relevant for this case.

7. Summary and Recommendations

Summarize the important findings and provide recommendations. Recommendations should be linked to assessment data, background information, and contextual factors, such as cultural and linguistic factors. Recommendations should take into consideration empirically-supported strategies. Recommendations should be both practical and specific. In addition, recommendations should build upon the student's strengths and/or interests, and the student's difficulties and the opportunities and constraints in the student's environment.

8. Ethical and Legal Issues

Indicate which NASP ethical standards were followed in conducting the assessment and reporting the results. Cite the specific standards. Using the MDC Eligibility Conference paperwork, trainees should indicate how relevant state and national laws or regulations were followed. Cite the specific laws or regulations.

9. Information Technology

Trainees should summarize which information technologies were used during the assessment (e.g., computer scoring program), analyzing the data (e.g., graphing of data), or writing the report (e.g., digital databases to find research articles or intervention strategies).

Evaluation of Case Study

Each of the nine categories outlined above will be considered when evaluating the comprehensive psychoeducational case study. The following ratings will be used to indicate the quality of the comprehensive psychoeducational report and accompanying narrative:

3 = Pass: Trainee demonstrates mastery, requiring little or no additional supervision.

2 = Minimal Pass: Trainee meets expectations for level of training; it is understood that continued practice and supervision are required.

1 = Needs Improvement: Trainee does not meet expectations for level of training; trainee needs much more practice and supervision. Remediation will be discussed with the trainee and the internship supervisor.

If a score of 18 across all areas is obtained, the trainee earns an overall passing score for the case study.

NASP Domains Addressed

Domain 1 Data-Based Decision-Making and Accountability

Domain 3 Interventions and Instructional Support

Domain 8 Diversity in Development and Learning

Domain 10 Legal, Ethical, and Professional Practice

Consultation Case Study

Trainees should provide

- Behavioral consultation report
- Supporting documents

For this case study, trainees should provide documentation of a behavioral consultation case study. This case could be an informal consultation or a more formal consultation case that has been referred for a functional behavior analysis. Trainee's report will be evaluated on the four-step problem solving process: Problem Identification, Problem Analysis, Intervention, and Problem Evaluation.

The case study report must address each of these areas and meet the criteria specified on the rubric provided below. Note that this rubric titled "National Association of School Psychologists Report on Case Study Evaluation" is one requirement for individuals seeking the Nationally Certified School Psychologist (NCSP) credential, but who have not graduated from an approved program.

The report that should be ready for trainee's current internship site supervisor's signature. The report will be treated as confidential, but trainees should redact any identifying information.

1. District/cooperative Orientation to Behavioral Consultation Cases

School districts and cooperatives may have different philosophies and approaches regarding the implementation of behavioral supports for students. In the narrative, briefly state the district/cooperative's orientation to the implementation of positive behavioral supports, and outline the district/cooperative's Tier I/universal screening/benchmarking procedures, if they exist. Also, state the district/cooperative's pre-referral intervention process and how behavioral consultation fits within this framework. Depending on the school district, this may include Positive Behavioral Intervention Support (PBIS) or other systematic behavior supports for students.

2. Referral Question(s)/Problem(s)

The referral question(s) or problem(s) form the basis for the reason a trainee is working with a student. The reason for referral also guides the problem solving process. The basic questions are: Why are you working with this student? What is your goal in working with this student?

3. Background information

This section should include all relevant data: cultural background, family, birth and developmental issues when relevant, education, academic performance, onset of difficulty, and prior intervention. Also, include any health issues, physical disabilities, medications, family health history, when relevant. Data could include information from the cumulative folder, student, teachers, and parents (i.e., distal antecedents during the interview process.). For the report, trainees would verify the distal antecedents if trainees thought there were any that are directly impacting the identified concern.

4. Problem Identification

Trainees should address how the problem is operationalized. Provide support for the operational definition based on trainee's behavioral observations and consultation with the teacher. The operational definition should be objective, clear, and complete. The problem identification discussion needs to consider the components from the NCSP problem-solving rubric.

5. Problem Analysis

Trainees should address their analysis of the behavior. Provide support for the analysis from trainee's behavioral observations and consultation with the teacher. What is the function of this behavior? The problem analysis discussion needs to consider the components from the NCSP problem-solving rubric.

6. Intervention

Trainees should clearly state how their intervention is tied to the identified problem and the analysis of this problem. How did trainee's intervention address the function of the behavior? Trainees should clearly articulate how this intervention is evidence based. Discuss information about this intervention that supports it and is evidence based. The intervention discussion needs to consider the components from the NCSP problem-solving rubric.

7. Problem Evaluation

Trainees should clearly explain whether the data collected shows that the problem behavior was addressed. Trainees should address generalization of change or transfer of training. The problem evaluation discussion needs to consider the components from the NCSP problem-solving rubric

8. Goal Attainment Scaling

Trainees should develop a goal attainment scale (GAS) that clearly shows the behavior was addressed and the level of success achieved. Trainees should think about whether this goal was appropriate for the student given the current concerns and environment. The GAS could be part of the report submitted to the school or as a separate document for this analysis. Trainee should report how the GAS was developed and what rating the student would receive. The rating should be clearly marked on the final GAS submitted with the report.

9. Ethical and Legal Issues

Trainees should indicate which relevant NASP ethical standards were followed in conducting the assessment and reporting the results. Cite the specific standards. Trainees should also indicate which relevant state and national laws or regulations were followed. Cite the specific laws or regulations.

10. Information Technology

Trainees should summarize what information technologies were used during the assessment (e.g., computer scoring program), analyzing the data (e.g., graphing of data), or writing the report (e.g., digital databases to find research articles or intervention strategies).

Evaluation of Case Study

Each of the 10 categories outlined above will be considered when evaluating the behavioral consultation case study. The following ratings will be used to indicate the quality of the behavioral consultation case study and accompanying narrative:

3 = Pass: Trainee demonstrates mastery, requiring little or no additional supervision.

2 = Minimal Pass: Trainee meets expectations for level of training; it is understood that continued practice and supervision are required.

1 = Needs Improvement: Trainee does not meet expectations for level of training; trainee needs much more practice and supervision. Remediation will be discussed with the trainee and internship supervisor.

If a score of 20 across all areas is obtained, the trainee earns an overall passing score for the case study.

NASP Domains Addressed

Domain 1 Data-Based Decision-Making and Accountability

Domain 2 Consultation and Collaboration

Domain 4 Interventions and Mental Health Services to Develop Social and Life Skills

Domain 7 Family-School Collaboration Services

Domain 8 Diversity in Development and Learning

Domain 9 Research and Program Evaluation

Domain 10 Legal, Ethical, and Professional Practice

**NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS
NATIONALLY CERTIFIED SCHOOL PSYCHOLOGIST (NCSP)
REPORT ON CASE STUDY EVALUATION**

Case Study Scoring Rubric

Section 1. Problem Identification

| | Very Effective | Effective | Needs Development/ Lacks Documentation |
|---------------|--|--|--|
| 1.1 | <input type="checkbox"/> The student's behavior is defined in the context of appropriate grade and/or peer expectations (e.g., local norms). | <input type="checkbox"/> The student's behavior is operationally defined. | <input type="checkbox"/> The student's behavior is identified but not operationally defined. |
| 1.2 | | <input type="checkbox"/> The problem is collaboratively defined. | <input type="checkbox"/> The problem is not collaboratively defined. |
| 1.3 | <input type="checkbox"/> The discrepancy between current and desired level of performance is explained. | <input type="checkbox"/> The behavior is operationally defined or quantified in terms of both current and desired levels of performance. | <input type="checkbox"/> The behavior is not operationally defined in terms of both current and desired levels of performance. |
| 1.4 | <input type="checkbox"/> Baseline includes the student behavior and peer/grade norms and expectations with computed trend lines. | <input type="checkbox"/> A baseline for the student behavior is established using sufficient data. | <input type="checkbox"/> A baseline for the student behavior is not established or has insufficient data. |
| 1.5 | | <input type="checkbox"/> The student's behavior is identified as a skill and/or performance deficit. | <input type="checkbox"/> The student's behavior is not identified as a skill and/or performance deficit. |
| 1.6 | | <input type="checkbox"/> Parents/guardians and teachers are involved in the problem-identification process. | <input type="checkbox"/> Parents/guardians and teachers are not involved in the problem-identification process. |
| RATING | <input type="checkbox"/> Very Effective | <input type="checkbox"/> Effective | <input type="checkbox"/> Needs Development/ Lacks Documentation |

Comments:

Section 2. Problem Analysis

| | Very Effective | Effective | Needs Development/ Lacks Documentation |
|-------------|--|--|--|
| 2.1 | <input type="checkbox"/> Hypotheses are generated through collaboration with teacher and/or parent. | <input type="checkbox"/> One or more hypotheses are developed to identify the functions that the behavior serves and/or the conditions under which the behavior is occurring or was developed in two or more of the following areas: child factors, curriculum, peers, teacher, classroom, and home. | <input type="checkbox"/> Hypotheses are not developed, hypotheses are developed in only one area and/or hypotheses are not measurable. |
| 2.2 | <input type="checkbox"/> There are multiple sources of data that converge on each proposed hypothesis. | <input type="checkbox"/> There is evidence that appropriate data are collected to confirm or reject the proposed hypotheses. Appropriate data include one or more of the following: record review, interview, observation, testing, and self-report. | <input type="checkbox"/> Appropriate data are not collected to confirm or reject the hypotheses. |
| 2.3 | | <input type="checkbox"/> Hypotheses reflect an awareness of issues of diversity (e.g., physical, social, linguistic, cultural). | <input type="checkbox"/> Hypotheses do not reflect an awareness of issues related to diversity (e.g., physical, social, linguistic, cultural). |
| RATI NIC | <input type="checkbox"/> Very Effective | <input type="checkbox"/> Effective | <input type="checkbox"/> Needs Development/ Lacks Documentation |

Comments:

Section 3. Intervention

| | Effective | Needs Development/ Lacks Documentation |
|------------|--|--|
| 3.1 | <input type="checkbox"/> Intervention is linked to observable, measurable goal statement(s). | <input type="checkbox"/> Intervention is not linked to observable, measurable goal statement(s). |
| 3.2 | <input type="checkbox"/> Intervention(s) selection is based on data from problem analysis and hypothesis testing. | <input type="checkbox"/> Intervention(s) selection is not based on data from problem analysis and hypothesis testing. |
| 3.3 | <input type="checkbox"/> Intervention(s) is evidence-based (e.g., research literature, functional analysis, single case design analysis). | <input type="checkbox"/> Intervention(s) is not evidence-based (e.g., research literature, functional analysis, single case design analysis). |
| 3.4 | <input type="checkbox"/> Intervention(s) is developed collaboratively. | <input type="checkbox"/> Intervention(s) is not developed collaboratively. |
| 3.5 | <input type="checkbox"/> Intervention(s) reflects sensitivity to individual differences, resources, classroom practices, and other system issues. Acceptability of intervention is verified. | <input type="checkbox"/> Intervention(s) does not reflect sensitivity to individual differences, resources, classroom practices, and other system issues. Acceptability of intervention is not verified. |
| 3.6 | <input type="checkbox"/> Logistics of setting, time, resources and personnel are included in the intervention plan. | <input type="checkbox"/> Logistics of setting, time, resources and personnel are not included in the intervention plan. |
| 3.7 | <input type="checkbox"/> Intervention selection considers unintended outcomes or limitations. | <input type="checkbox"/> Intervention selection does not consider unintended outcomes or limitations. |
| 3.8 | <input type="checkbox"/> Intervention is monitored and data are provided to ensure that it is implemented as designed. | <input type="checkbox"/> Treatment integrity is not monitored. |
| RATI NG | <input type="checkbox"/> Effective | <input type="checkbox"/> Needs Development/ Lacks Documentation |

Comments:

Section 4. Evaluation

| | Very Effective | Effective | Needs Development/ Lacks Documentation |
|---------------|---|---|---|
| 4.1 | <input type="checkbox"/> Charting includes student performance trend lines, and/or goal lines. | <input type="checkbox"/> Progress monitoring data are demonstrated on a chart. | <input type="checkbox"/> Progress monitoring data are not demonstrated on a chart. |
| 4.2 | <input type="checkbox"/> Progress monitoring data are demonstrated to be effective when compared to data generated from multiple sources/settings. | <input type="checkbox"/> Progress monitoring data are demonstrated to be effective when compared to baseline data. | <input type="checkbox"/> Intervention is not demonstrated to be effective through data comparison. |
| 4.3 | <input type="checkbox"/> Response to intervention data are used to inform problem solving and decision making. Single case design was specified (e.g., changing criterion, parametric, component analysis, multiple baseline, alternating treatment). | <input type="checkbox"/> Data are used to inform further problem solving and decision making (i.e., continuation of intervention, modification of intervention, and maintenance of intervention). | <input type="checkbox"/> Data are not used to inform further problem solving and decision making. |
| 4.4 | <input type="checkbox"/> Strategies for transfer/generalizing outcomes to other settings are documented as effective. | <input type="checkbox"/> Strategies for transfer/generalizing outcomes to other settings are addressed. | <input type="checkbox"/> Strategies for transfer/generalizing outcomes to other settings are not addressed. |
| 4.5 | <input type="checkbox"/> Modifications for future interventions are considered based upon collaborative examination of effectiveness data. | <input type="checkbox"/> Effectiveness of intervention is shared through collaboration with parents, teachers, and other personnel. | <input type="checkbox"/> Effectiveness of intervention is not shared or communicated. |
| 4.6 | <input type="checkbox"/> Strategies for follow-up are developed and implemented. | <input type="checkbox"/> Suggestions for follow-up are developed (e.g., continued progress monitoring, transition planning). | <input type="checkbox"/> Suggestions for follow-up are not developed. |
| RATING | <input type="checkbox"/> Very Effective | <input type="checkbox"/> Effective | <input type="checkbox"/> Needs Development/ Lacks Documentation |

Comments:

Counseling Case Study

Trainees should provide

- Signed permission form(s)
- Copies of Weekly Progress Notes
- Formal Case Summary
- Narrative with appropriate appendices

Although the documents you provide will be treated as confidential, please sure to redact any identifying information.

Case Management

This section is primarily documenting permission to provide counseling services, weekly progress, and the final summary report. The case summary report should include information required for the Treatment Planning section of the rubric, and the Weekly Case Notes should include the required information from the Direct Services section of the rubric.

Treatment Planning

Referral Question/Description of Problem: Trainees should use the referral question or problem as a basis for conceptualizing the case. Provide a clear description of who is the referring party and the nature of the problem in specific, behavioral, and measurable terms.

Background and Context: Trainees should describe ecological context, including

- a. Relevant behavior setting (e.g., number of people, stressors, types of activities, demands, etc.),
- b. Antecedents to problem(s)
- c. Consequential events
- d. Conditions under which the problem does and does not occur
- e. Interpersonal or group process variables
- f. Cultural or linguistic factors
- g. System factors (e.g., family or school) that might affect the case, and
- h. Developmental factors.

Be sure to address any previous attempts to resolve the problem or factors that might be maintaining it.

Goals: As a formal part of the planning process specific goals should be developed in collaboration with the student. Goals should also be derived based on pre-test data and therefore measurable.

Trainees should prepare a Goal Attainment Scale (GAS) for this counseling case based on the pre-test data or based on reason for referral, and should record this information in the outcome section of the case summary or narrative with consideration for what the data mean (see Outcomes below).

Direct Services

Trainee should include a description and justification for the theoretical approach to this case (e.g., cognitive-behavioral), and a clear description, documentation, and justification of the counseling strategies. The justification should be based on three factors: (a) a review of the research on relevant counseling strategies, (b) a broad-based understanding of the problem and hypothesized function, and (c) relevant ecological factors, such as the student's strengths and interests, relevant sociocultural aspects of the case, and the systems (e.g., school and / or family) context.

Case Student Appendix A: Reference List of Articles Reviewed for Counseling Strategies

At the end of the case report, provide a list of references (APA format) that provide empirical support for one or more of the counseling strategies.

Outcomes

The report's evaluation section should include a detailed description of the extent to which the counseling strategies were implemented as planned. Provide a summary of counseling outcomes with respect to (a) goals, (b) the student's reactions to counseling (i.e., this may also include student satisfaction survey data), and (c) related effects. Based on the available data, determine to what extent any changes might be attributable to the counseling. Describe how and why the counseling plan will be modified as a result of the evaluation. In the Appendix B of the report, there should be a clearly labeled graph (see APA publication guidelines) that appropriately compares pre-counseling and post-counseling data with respect to counseling goals. Please be sure to include the Goal Attainment Scale with descriptors and outcome rating clearly noted.

Ethical and Legal Issues

In Appendix C of the report, trainees should identify the relevant NASP ethical standards that were followed in providing counseling services. Cite the specific standards.

Self-Evaluation of Counseling Process Issues

In a separate document provide a description and critique of the process issues in this case, including to what extent trainee

- established a mutually rewarding and collaborative process (i.e., built rapport);
- attended to nonverbal/paralinguistic cues
- used active listening and expressed empathy;
- maintained appropriate boundaries with client;
- summarized the important points;
- conducted the meetings at an appropriate tempo;
- avoided speaking too much or too little;
- handled termination

Provide brief examples of the strengths and weaknesses of trainee's counseling behavior.

NOTE:

Needs Improvement: Element is either not present, not fully described, or does not represent good professional practice.

Satisfactory: Element is adequately described and represents good professional practice.

Exceptional: Element is very well described and represents outstanding professional practice.

If trainees obtains a score of 12 across the six broad areas, trainees earns an overall passing score for the case study. Trainees earning a rating of 1 "Needs Improvement" for any specific item, may need to remediate this item in order to pass the case study.

Counseling Rubric

| | |
|---|---|
| | Rating Scale: 1 = Needs Improvement 2 = Satisfactory 3 = Exceptional |
| Case Management | |
| Document written permission for counseling | |
| Include completed weekly case notes (must be at least 10 sessions) | |
| Include completed formal case summary | |
| Treatment Planning | |
| Reason for referral stated in observable and measurable terms | |
| Background and context of problem coherently described | |
| Considered cultural diversity in conceptualization of problem | |
| Goals/focus clearly stated and consistent with theoretical framework | |
| Direct Services | |
| Description and justification for counseling strategies | |
| Considered cultural diversity in selection and implementation of counseling interventions | |
| Documentation of empirical support for intervention/strategies in Appendix | |
| Outcomes | |
| Measured effectiveness of counseling intervention; include goal attainment scale | |
| Measured effectiveness of counseling intervention with pre- and posttest measures data to be included | |
| Measured student satisfaction with counseling sessions-data to be included | |
| Ethical and Legal Issues | |
| Statement on how NASP ethical standards were followed in relation to case—in Appendix | |
| Self-Evaluation of Counseling Process | |

Response-to-Intervention Academic Case Study: Data-based Decision-Making Option

Trainees should identify a person at the internship site who is responsible for a part of the RtI process (e.g., collecting RtI data, implementing interventions, making data-based decisions at team meetings). This person may be a **Title 1 teacher**, an **Interventionist**, or even the **school psychologist**. Trainees should meet with this person to observe the *entire* RtI process. It may be helpful to think of the process as occurring at 3 levels: Systems level, Group level, and Individual level. The case study involves four major components.

- 1. Report on the RtI process used at the internship site.** Here are some possible questions that trainees might ask. Do not limit yourself to the questions listed below—it is expected that there will be significant variability in case studies based on site differences.
 - How are students referred?
 - What happens to referrals once they are made?
 - Are there set criteria that teachers are aware of for PST referrals?
 - What is the problem-solving process?
 - Who determines what the problem is?
 - How is the intervention selected?
 - Who implements the intervention?
 - How does the interventionist coordinate services with teachers?
 - How and when are data shared, and with whom are they shared?
 - What interventions are used regularly?
 - Are there established groups according to academic targets (e.g., reading fluency)?
 - What criteria are used for determining change in intervention services?
 - What kinds of changes are typical?
 - Are there certain exit criteria? If so, what are they?
 - What percentage of students responds to intervention and do not get referred for SPED?
- 2. Observe at least 3 intervention sessions. Describe your observations.**
 - Student (no identifying information)
 - Pull-out process
 - Characteristics of session (time of day, # times per week, group or individual, etc.)
 - Targeted skill
 - Intervention (what is it?)
- 3. There are 3 options for the kind of data that can be included in this project: systems level, group level, or individual level.**
 - Include your choice of data in this project (e.g., graph)
 - Discuss the data in terms of data-based decision-making
 - What is the student/group/system's goal?
 - How was goal determined?
 - How long has student/group/system received intervention?
 - Has the student/group/system made progress?
 - Have there been any changes in intervention?
 - Has the interventionist (or team) made any decisions in terms of exiting intervention or SPED referral?

4. Goal attainment scaling

- Based on what the trainee learned about the school’s RtI system, develop a goal attainment scaling (GAS) table that captures what the goals are at the level trainee chose to describe in this project: system, group, or individual
- Be certain to list the name of the assessment tool that is used in the school district (e.g., AIMSweb)
- For systems level, the GAS should be similar to the table below

| | | |
|-----------------------------|----|---|
| Much less than expected | -2 | 70% of students achieving at or above the 25 th percentile |
| Somewhat less than expected | -1 | 75% of students achieving at or above the 25 th percentile |
| Expected level of outcome | 0 | 80% of students achieving at or above the 25 th percentile |
| Somewhat more than expected | +1 | 85% of students achieving at or above the 25 th percentile |
| Much more than expected | +2 | 90% of students achieving at or above the 25 th percentile |

- For group and individual level data, the goals should be specific to the individual or group.
- This part of the case study is essential because trainee must be able to document change in an individual, group, or the system. Consult carefully with the school’s RtI personnel to develop the most appropriate GAS for the school district.

5. Put on a consultation hat and make recommendations for change.

Trainee recommendations should vary in terms of scope (systems, group, and individual) because recommendations are site-specific. Recommendations do not need to be linked together (e.g., some may be for the system as a whole, some may be for a group you observed).

- Develop at least **5 recommendations** that are evidence-based
 - Provide details about why each recommendation was made
 - Provide evidence for each recommendation
- Each recommendation should approximate a half-page, double spaced

This case study will take a significant amount of time. Plan carefully. There are no length requirements. It is estimated that, once written, the case study will be 8-12 pages, double-spaced. The format is up to the trainee. It should be well organized, however, and the use of “white space,” headers, and boldface is recommended.

Evaluation of Case Study

Each of the five categories outlined above will be considered when evaluating the RtI case study. The following ratings will be used to indicate the quality of the RtI case study and accompanying narrative:

3 = Pass: Trainee demonstrates mastery, requiring little or no additional supervision.

2 = Minimal Pass: Trainee meets expectations for level of training; it is understood that continued practice and supervision are required.

1 = Needs Improvement: Trainee does not meet expectations for level of training; the trainee needs much more practice and supervision. Remediation will be discussed with the trainee and internship supervisor.

If a score of 8 across all areas is obtained, the trainee earns an overall passing score for the case study.

NASP Domains Addressed for RtI Academic Case Study

Domain 1 Data-Based Decision-Making and Accountability

Domain 3. Interventions and Instructional Support to Develop Academic Skills

Domain 5 School-Wide Practices to Promote Learning

Domain 8 Diversity in Development and Learning
Domain 10 Legal, Ethical, and Professional Practice