Building Stronger MTSS:

Data-Driven Mental & Behavioral Health Supports



Welcome!



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Data-Driven Mental & Behavioral Health Supports Series

- Session 1 Learning Objective:
  - Support school teams in developing strategies to strengthen and enhance Tier 1 programming and supports using multiple data sources
- **Session 2 Learning Objective:**
  - **Establish a data protocol to identify students in need of Tier II and III interventions and resource map available services.**
- Session 3 Learning Objective:
  - Develop a protocol for progress monitoring, defining exit criteria, and incorporating community resources into student support services.



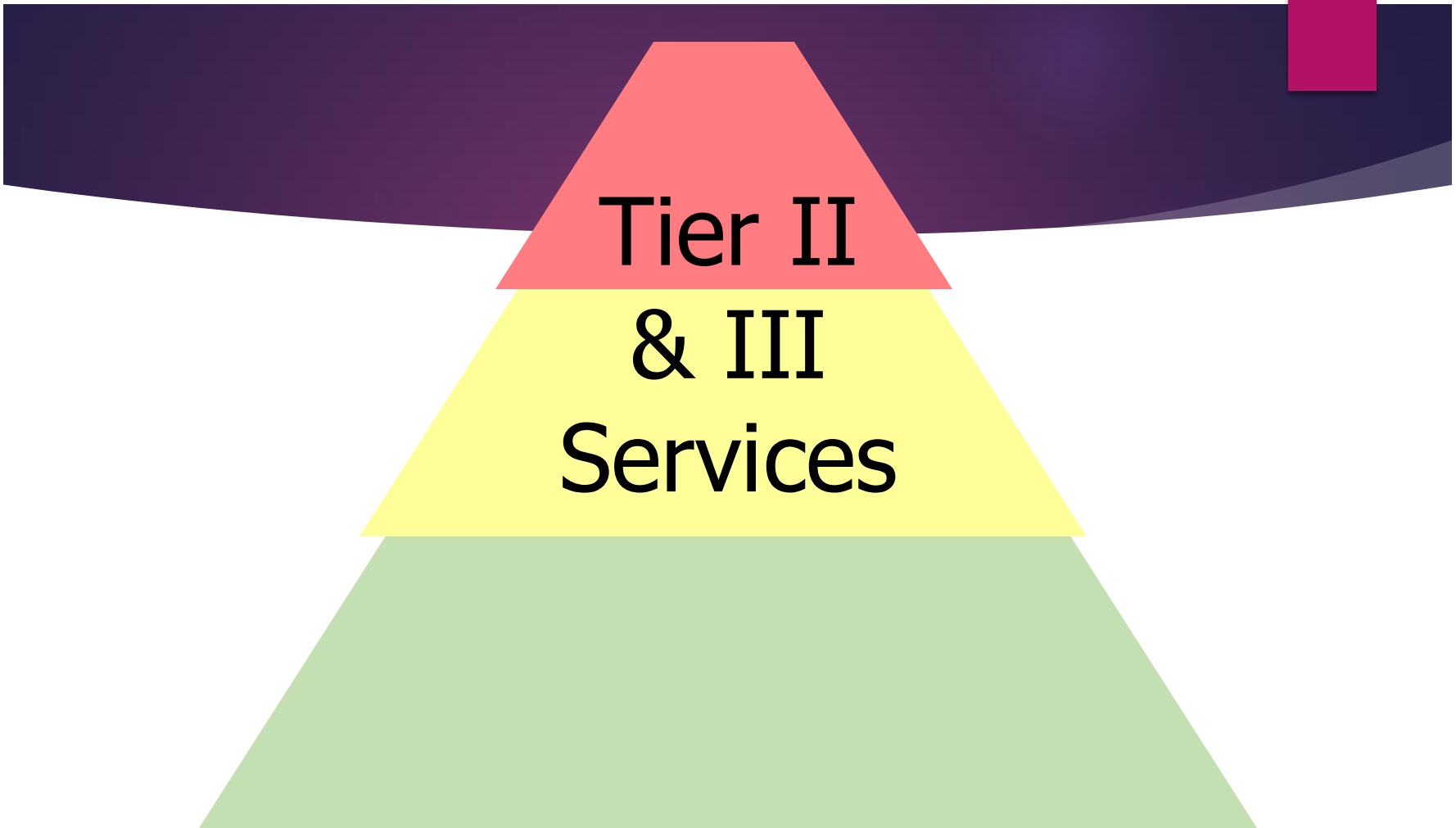
Session 1 Recap
Strengthening Tier 1 Through Data-Based Decision-Making



- Importance of robust, **proactive** Tier 1 interventions to support all students.
- Identifying and utilizing **multiple data sources** (ODRs, attendance, SEL screeners, etc.) to enhance Tier 1 supports.
- Reviewed importance of interpreting data **objectively** and without bias (Ladder of Inference)

Session 2:
Creating Data Protocols for Tier 2/Tier 3 Supports Across Multiple Data Sources




Tier II
& III
Services

Resource Mapping of Tier II and III Services

1 What is a Resource Map?



A practical tool for:

- Aligning students to services
- Structured visual of services available
- Identify gaps in services

2 Importance



- Enhances efficiency
- Ensures consistency
- Facilitates quick identification

3 What to include?



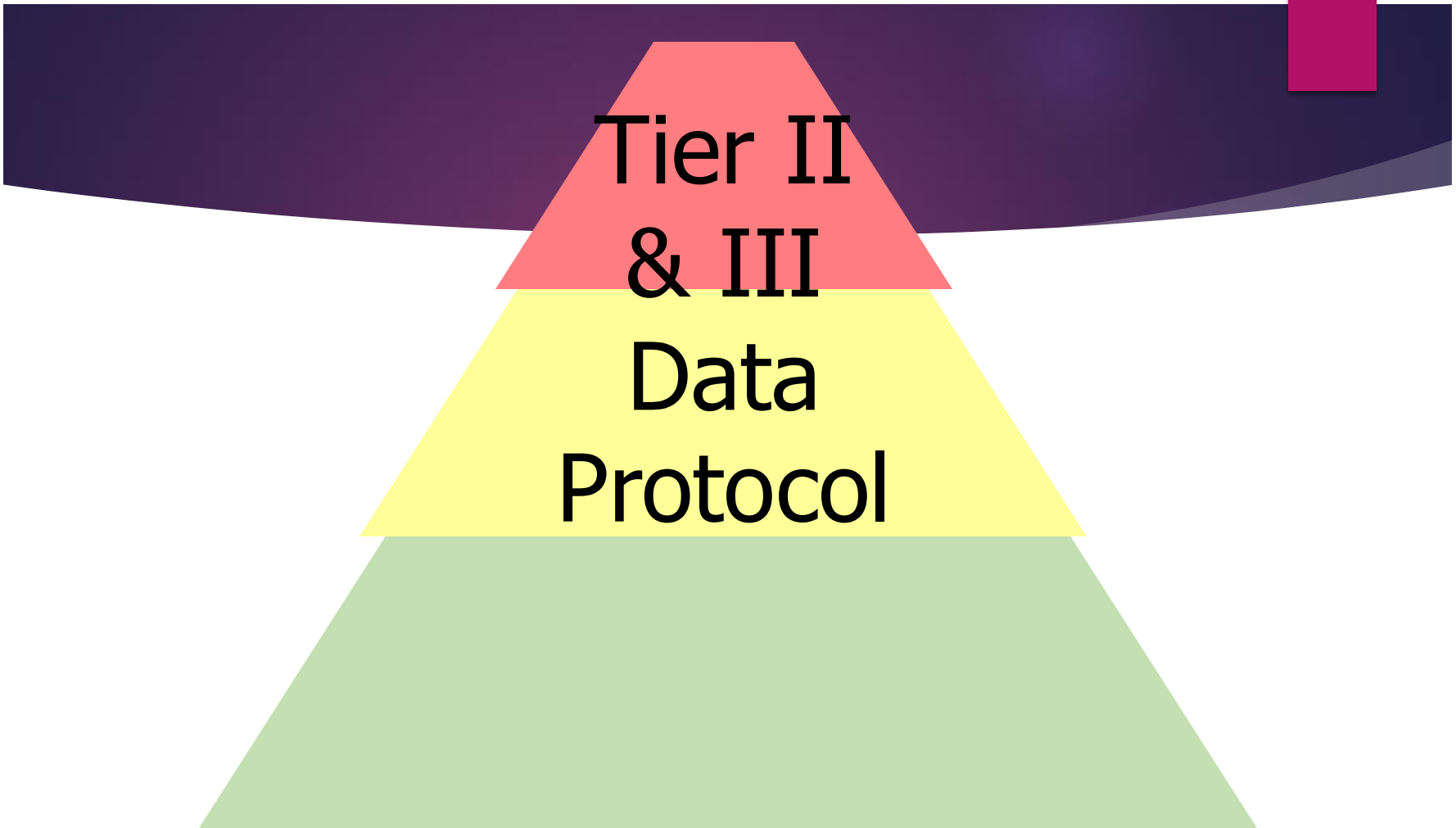
- Intervention type (Tier II, Tier III, Community)
- key contacts and referral processes
- And more…

Resource Map Example

Intervention	Skills Targeted	Format	Location	Duration (Weeks)	Personnel
Daily Report Card	Engagement Conduct Social	Individual	Classroom	6-8	Classroom Teacher
Self-Management	Engagement Conduct Social	Individual	Classroom	6-8	Classroom Teacher
Check-In / Check-Out	Engagement Conduct	Individual	School-Wide	8	Guidance (Coordinator)
Social Skills Training	Social	Small Group	Outside Classroom	6	Social Worker
Cognitive Behavioral Therapy	Emotional and Behavioral Regulation	Small Group	Outside Classroom	8	Psychologist

	A	B	C	D	E	F	G	H	I
1	**Tier**	**Intervention/Resource**	**School/Agency**	**Referral Process**	**Position Responsible**	**Grades/Schools Available**	**Data Tracking**	**Entry/Exit Criteria**	**Target Ou**
10	Tier 1	Us and Them, Anti-Discrimination Training	[agency name]	All students	Principal	Grade 6			
11	Tier 1	Anti-Bullying Assembly	[agency name]	All students	Principal	PK-6			
12	Tier 1	Behavior points chart	School		Classroom Teacher	PK-6			
13	Tier 2	Sensory Tools	School	Teacher referral	Counselor/OT/Psych	PK-6			
14	Tier 2	Morning Check In	School	Teacher referral, increase in SWIS referrals	Counselor	PK-6			
15	Tier 2	Environmental Check list	School	Teacher referral via SAC Referral Form	Teacher /Counselor	PK-6	Counselor file		
16	Tier 2	ABC Data Collection	School	Teacher referral via SAC Referral Form	Teacher /Counselor	PK-6	ABC Data form		
17	Tier 2	Lunch bunch	School	DESSA in need or low typical category, teacher/admin/counselor referral	Counselors	PK-6			
18	Tier 2	SOAR	School	Admin/Counselor referral	SOAR Teacher/Para	PK-6			
19	Tier 2	Sensory Room	School	Sensory Room Referral Form	All Staff	PK-6			
20	Tier 2	Calming Room	School	Admin/Counselor referral	Counselors	PK-6			
21	Tier 2	Counseling groups	School	DESSA	Counselors	PK-6			
22	Tier 2	Restorative practices	School	SWIS?	All Staff	PK-6			
23	Tier 3	IEP Counseling groups	School	SPED Referral vis Observation	Counselors	PK-6			
24	Tier 3	IEP Individual Counseling	School	SPED Referral vis Observation	Counselors	PK-6			
25	Tier 3	Behavior Intevention Plan	School		Counselors	PK-6	Student specific		
26	Tier 3	Safety Plan	School		Counselors	K-6			

Resource Map Example


Tier II
& III
Data
Protocol

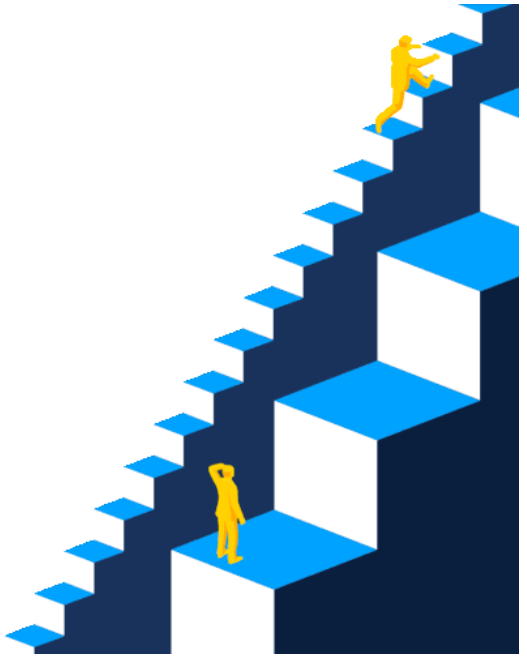
Why Use a Data Protocol?

- A structured data protocol ensures:
  - **Consistency:** Every student's needs are assessed systematically.
  - **Objectivity:** Decisions are based on evidence, not subjective impressions.
  - **Efficiency:** Quick identification and response to student needs.
  - **Equity:** Equal opportunity to receive support, reducing biases in decision-making.



Targeted Intervention Protocol

- Steps to be completed by the school-wide team (adapted from Lane, et al., 2014; Lewis et al., 2013):
  - Create a "resource map" of existing supports
  - Determine entry criteria
  - Identify outcome measures
  - Identify exit criteria
  - Consider additional needs

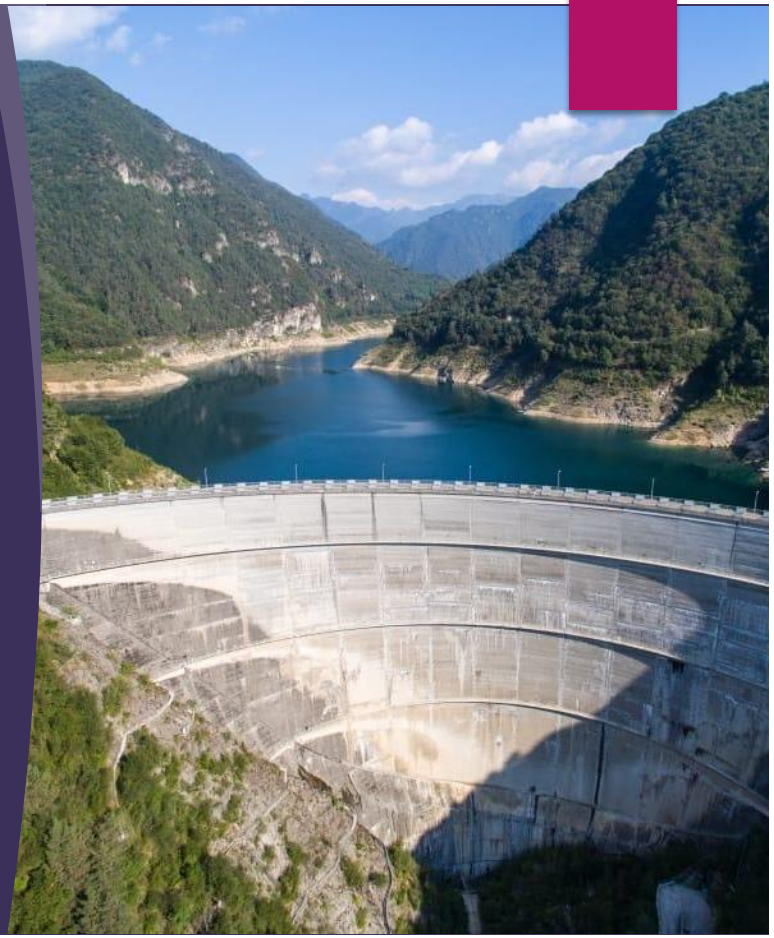


Entry & Exit Criteria Overview

- Why clear criteria matter (equity, sustainability, student movement across tiers)
- Define entry (e.g., universal screener cutoffs, referral thresholds)
- Define exit (e.g., % progress on goals, reduced risk level, consistent attendance)
- Where to go to learn more:
  - SHAPE (NCSMH)
  - MTSS Tier 2 Toolkit for Behavior

Defining Clear Thresholds

- Thresholds specify the exact point when further intervention or review is initiated.
- Thresholds may have some data points/sources that require immediate support, where others may need more than one problem area to be considered.
  - Ex. Data Sources that may require immediate intervention/review: Mental health hospitalization or loss of housing
  - Ex. Data Sources that a district might consider that the threshold must be hit by more than one area to require intervention/review: # visits to counseling office in or SWIS data



Practical School Example- Data Source Review

- Sources of Data Reviewed:
  - Hospitalizations- warranted intervention immediately
  - Data requiring **2 or more areas** of criteria for intervention or case review:
    - BIMAS-2 (Universal Screening) All raters
    - Attendance
    - Failing course grades
    - Threat/Risk Assessments
    - Counseling Office Visits
    - Nurse Visits
    - SWIS Data
    - 51A filings



Data Metric	Possible Threshold for Review
Hospitalization	Automatic referral for Tier III intervention.
Housing Insecurity	Immediate connection to Tier III supports.
Absences	10% absenteeism triggers Tier II review.
Discipline Referrals	3+ major referrals in one month prompts review.
Critical Item Response on BIMAS 2	Any indorsement requires a risk assessment within 24 hours

Example Threshold Considerations These numbers may vary depending on district data trends

Establishing Baseline Metrics

Use your data source list (Session 1)

Decision Points will be individualized to the district

Calculations to Consider:

- **Average (Mean):** Reflects typical performance or frequency.
- **Standard Deviation (SD):** Indicates how much scores vary from the average, highlighting outliers needing support.

Calculating Mean and Population Standard Deviation in Google Sheets



Practical School Threshold Determination

Data Point	District Threshold	Method of Setting Criteria
Attendance	≥ 8 days/term	Truancy Guidelines
Failing (Course) Grades	≥2 at progress reports/end of term	Building Mean ~1
Threat/Risk Assessments	≥ 1 of moderate or higher risk Or ≥ 1 in a month of any risk level	Based on severity risk and frequency of universal screening (3 times/yr)
51A Filings/DCF Involvement	1 51A Filing or opened case	Team discussion and decision
Counseling Office Visits	≥ 3 visits/week	Building Mean ~ 1.5

Data Point	District Threshold	Method of Setting Criteria
Nurse Visits	≥3 visits/month	National average 3-5 visits a school year
SWIS (Behavioral Referrals)	≥ 2 referrals a week Or ≥ 4 referrals a month	Building Mean: Weekly- <1 Monthly- ~2
BIMAS-2 Universal Screening	Negative affect is in the high risk range Or ≥ 2 content scales in the some and/or high risk range	Used risk scale from platform District data: Average score in all content areas were within low risk range

Other Examples

- Attendance Example:
  - Baseline: Average attendance rate is 94%; SD is 2%.
  - Students below 90% attendance (more than 2 SD below average) automatically flagged for Tier II intervention review.
  - Student below 86% attendance (more than 4 SD below average) automatically flagged for Tier III intervention review.



Back to the Resource Map: Tier 2

	A	B	D	G	H	I	J
1	Tier	Intervention/Resource	Referral Process	Data Tracking	Entry Criteria	Exit Criteria	Target Outomes
6	Tier 2	Morning Check In	TIER 2 Data team/referrals	• BIMAS-2 progress monitoring every 2–3 weeks (Negative Affect + Adaptive scales) • Daily check-in log (mood, readiness, goals) • Attendance/Nurse/Counseling Office trends	Multiple indicators suggesting early internalizing or adjustment needs: BIMAS-2 Negative Affect or Adaptive Functioning scores in Some Risk range OR 1 scale in High Risk range (teacher or parent rating) • AND attendance concerns: ≥3 absences in the last month or increased tardiness OR nurse visits: >3 in the last month OR counseling office visits: >3 in the last week • AND qualitative concerns noted through case review Team confirms that the need is for brief daily connection/regulation, not clinical treatment.	• BIMAS-2 returns to Low Risk range on Negative Affect and Adaptive scales for 2 consecutive monitoring periods • Attendance/Nurse/Counseling Office stabilizes with no new concerns	Improved morning regulation, increased readiness for learning, reduction in internalizing indicators, improved connection with a trusted adult
7	Tier 2	ABC Data Collection	Teacher referral via SAC Referral Form	• ABC data collection 2–3 times per week • BIMAS-2 monitoring focused on Behavioral Concern • Graph of frequency/duration of target behavior	• BIMAS-2 Conduct scale in Some Risk range with one other scale in the Some RIsk Range or Conduct Scale in the High Risk range (teacher rating) • AND ≥2 behavioral incidents per month • AND unclear function of behavior requiring structured data Team confirms behavior appears skill-deficit or function-based, not safety-related.	• Clear hypothesis of behavioral function established and confirmed by 2 weeks of stable data • Reduction in behavior frequency by ≥30% prior to transitioning to a Tier 2/3 intervention tied to function	Improved understanding of behavioral function to guide targeted intervention, reduction in intensity/frequency of behavior

Back to the Resource Map: Tier 3

	A	B	D	G	H	I	J
1	**Tier**	**Intervention/Resource**	**Referral Process**	**Data Tracking**	**Entry Criteria**	**Exit Criteria**	**Target Outomes**
16	Tier 3	Behavior Intevention Plan	Tier 3 Data team	• BIMAS-2 progress monitoring weekly or bi-weekly (Conduct) and other scales that were flagged • Daily behavior tracking aligned to function-based goals • Fidelity checklist for intervention components	Complex, persistent behavioral needs requiring individualized intervention: • BIMAS-2 Conduct scale in High Risk range (teacher rating) OR 2+ scales in Some/High Risk • AND ≥4 behavioral incidents per month OR ≥2 incidents per week (SWIS or office data) • AND ABC or FBA data confirming function of behavior • AND demonstrated lack of progress with Tier 2 supports Team confirms that intensity, frequency, and impact warrant individualized plan.	• ≥50% reduction in target behavior across 4 consecutive weeks • BIMAS-2 shows movement from High Risk to Some or Low Risk for 2 consecutive checks • Student meets individualized skill goals with 80% success across 2 weeks • Team determines needs can be supported through Tier 2 or Tier 1	Reduction in high-intensity behaviors, increased use of replacement skills, improved safety and stability across settings
18	Tier 3	Outside Referral for Counseling		• BIMAS-2 progress monitoring every 4–6 weeks (all relevant scales) • Counselor check-ins (brief: monthly or biweekly) for school functioning • Attendance and engagement trends	Multiple data sources indicating chronic, systemic, and/or clinically significant needs requiring long-term therapy: BIMAS-2 Data • ≥1 scale in High Risk range (Negative Affect, Cognitive, Conduct, Social) • OR ≥2 scales in Some/High Risk range across raters, suggesting pervasive concerns School Data • ≥1 51A filing, open DCF case, or ongoing family systems involvement • AND/OR nurse or counselor visits ≥3/week or ≥8/month tied to stress, somatic symptoms, dysregulation • AND/OR ≥4 behavioral incidents in the last month or recurring risk assessments related to mood, safety, or interpersonal trauma triggers Contextual/Systems Indicators • History of significant ACEs, poverty-related stressors, caregiver mental health needs, housing instability, or chronic family-level adversity • Patterns persist despite Tier 2 and Tier 3 school supports • Current and/or histrocial thoughts of harming self or others The team determines that the student requires ongoing clinical intervention, trauma-informed treatment, or family systems therapy beyond the scope of school-based services, while still maintaining in-school supports.	Determined by outside provider	• Improved emotional stability and coping across home and school contexts • Increased access to mental health treatment addressing trauma, systemic stressors, or clinical symptomology • Reduced frequency/intensity of behavioral or emotional crises in school • Strengthened coordination between school and community mental health systems • Increased family engagement with outside supports

Poll- Put the number in the chat that best describes your current data practices



How would you describe your current process for identifying and reviewing students who need support?

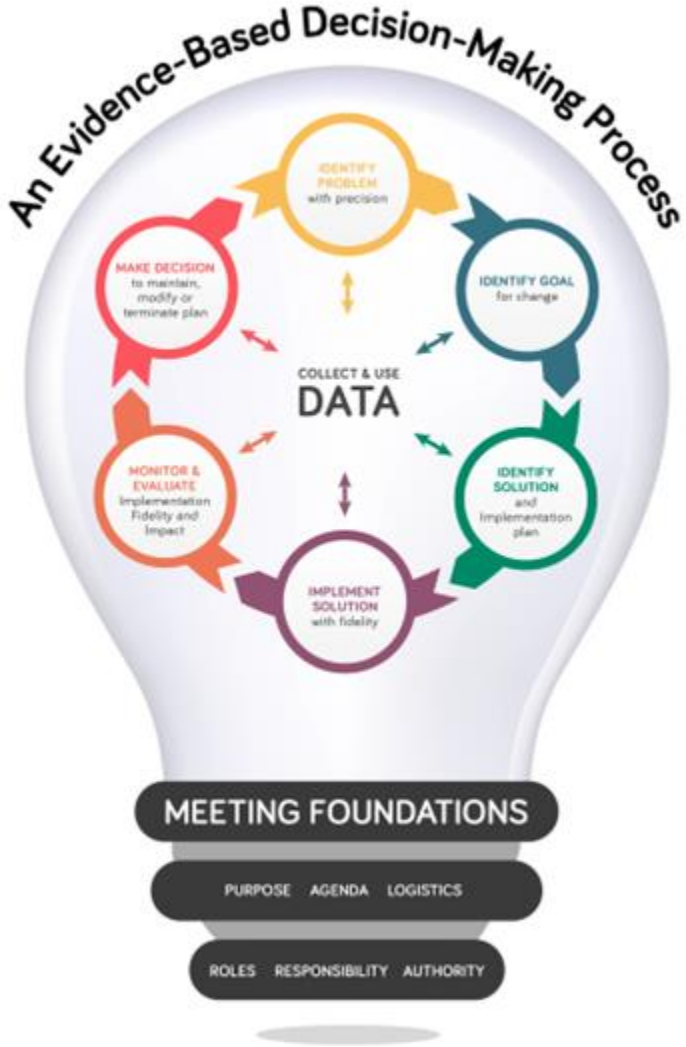
1. We don't use data yet.
2. We use data occasionally, but mostly rely on staff knowledge of students.
3. We use data to identify students, but without a formal process; staff input also guides decisions.
4. We use a formal process to identify students using data, but we do not monitor progress or outcomes with data.
5. We have a comprehensive, written process that includes entry/exit criteria and uses data for both identification and progress monitoring.

Putting it All Together: Data-Driven Problem Solving with TIPS

Team Initiated Problem-Solving (TIPS) Protocol

The TIPS problem-solving process includes three elements: (a) identifying a precise problem, (b) identifying goal for change, and (c) identifying solutions and an implementation plan

Chaparro, E. A., Horner, R., Algozzine, B., Daily, J., & Nese, R. N. T. (April 2022). How School Teams Use Data to Make Effective Decisions: Team-Initiated Problem Solving (TIPS). Center on PBIS, University of Oregon. www.pbis.org


An Evidence-Based Decision-Making Process
IDENTIFY PROBLEM with precision
IDENTIFY GOAL for change
IDENTIFY SOLUTION and implementation plan
IMPLEMENT SOLUTION with fidelity
MONITOR & EVALUATE Implementation Fidelity and Impact
MAKE DECISION to maintain, modify or terminate plan
COLLECT & USE DATA
MEETING FOUNDATIONS
PURPOSE AGENDA LOGISTICS
ROLES RESPONSIBILITY AUTHORITY

Team Initiated Problem-Solving (TIPS) Protocol



01 Identify a problem with precision



02 Identify goal for change



03 Identify a solution and build implementation plan

Team Initiated Problem-Solving (TIPS) Protocol



04 Implement solution with fidelity



05 Monitor and evaluate implementation fidelity and impact



06 Maintain, modify, or terminate plan

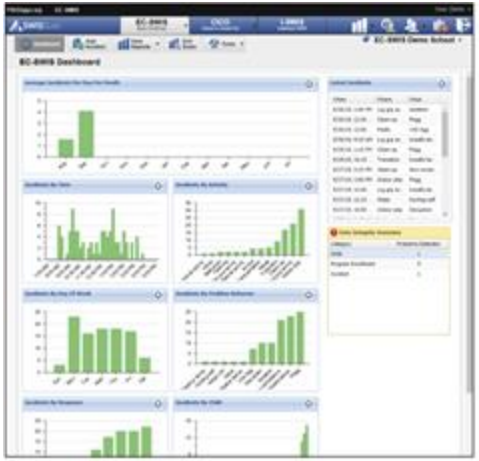
Tier 2 Example

"Welcome to Meadowview Middle! It's October, and your Tier 2 team has been noticing some emerging patterns of concern. You've gathered some data and are meeting today to determine the best next steps using the **TIPS framework**."



Team Initiated Problem-Solving (TIPS) Protocol

01 Identify a problem with precision



The EC-SWIS Dashboard

You've reviewed office discipline referrals (ODRs) for September. Here's what stands out:

- 14 sixth-grade students have 3+ ODRs
- 80% of their referrals are for "defiance/disrespect"
- Most incidents occur during transitions to lunch
- All happened between 11:45–12:30
- All students have been at school for over 3 years

What is the best precision problem statement?

Poll Question:

Which is the best **precision problem statement**?

Poll Options:

A. Sixth graders are disrespectful

B. Students are acting out during unstructured times

C. Sixth-grade students are engaging in disrespectful behavior during the lunch transition between 11:45–12:30

D. Too many referrals in September

Team Initiated Problem-Solving (TIPS) Protocol

02 Identify goal for change



Last month, there were 24 ODRs during the lunch transition from sixth graders.

What is the most appropriate goal for change?

Poll Question:

What is the most appropriate **goal** for change?

Poll Options:

A. *Eliminate all referrals during lunch transitions by next week*

B. *Reduce the number of office discipline referrals during sixth grade lunch transitions from 24 to 12 or fewer within 6 weeks (by November 15)*

C. *Reduce total referrals by 50% by the end of the year*

D. *Wait another month to collect more data*

Team Initiated Problem-Solving (TIPS) Protocol

03 Identify a solution and build implementation plan



Your team brainstorms possible solutions. Here are ideas with brief descriptions:

1. **Teach lunch transition expectations explicitly**
2. **Add 2 staff members to supervise hallway near cafeteria**
3. **Recognize students meeting expectations weekly**
4. **Create a check-in/check-out (CICO) option for students with 3+ referrals**

Which combination of strategies best supports a strong implementation plan?

Poll Question:

Which combination of strategies best supports a strong implementation plan?

Poll Options:

A. Just use CICO—it targets individual students

B. Add supervision and create incentives

C. Teach expectations, add supervision, and offer recognition and CICO for students with 3+ referrals

D. Wait to see if teaching expectations alone works

Team Initiated Problem-Solving (TIPS) Protocol

04 Implement solution with fidelity

It's week 2 of the plan.

Some staff are teaching expectations, but only 1 of 3 scheduled hallway supervisors is consistently showing up.



What should your team do to support high-fidelity implementation?

Poll Question:

What should your team do to support **high-fidelity implementation**?

Poll Options:

A. Keep going—it'll even out

B. Provide reminder emails to staff weekly and gather quick feedback

C. Change the strategy since it's not working

D. Drop supervision and focus on CICO only

Team Initiated Problem-Solving (TIPS) Protocol

05 Monitor and evaluate implementation fidelity and impact



You set a goal of 12 or fewer referrals in 6 weeks. After 4 weeks:

- **There were 6 referrals**
- **3 students are using CICO and all improved**
- **Staff are more consistent with hallway supervision**

What does the data suggest?

Poll Question:

What does the data suggest?

Poll Options:

A. The plan is working—continue implementation

B. The plan is failing—start over

C. Add more students to CICO

D. Remove the extra supervision—it's no longer needed

Team Initiated Problem-Solving (TIPS) Protocol

06 Maintain, modify, or terminate plan

After 6 weeks, referrals during lunch transitions dropped from 24 to 6.

Staff report better hallway behavior.
Students on CICO are more engaged.



What's the best next step?

Poll Question:
What's the best next step?

Poll Options:
A. Fade the intervention by reducing staff reinforcement and monitoring behavior data for continued success
B. Continue the full intervention indefinitely
C. Stop all supports immediately and return to baseline practices
D. Create a new goal and continue at full intensity just in case

Problem Solving Process

Date of Initial Meeting: October 1st

Brief Problem Description (e.g., student name, group identifier, brief item description): Fourteen sixth-grade students have received three or more office discipline referrals (ODRs), with 80% of these referrals related to defiance or disrespect. The majority of incidents occur during the transition to lunch, specifically between 11:45 and 12:30. Notably, all of the students involved have been enrolled at the school for more than three years.

Date(s) of Review Meetings

November 1
November 15

Precise Problem Statement → *What? When? Where? Who? Why? How Often?*	**Goal and Timeline** → *What? By When?*	**Solution Actions** → *By Who? By When?*	**Identify Fidelity and Outcome Data** → *What? When? Who?*	IMPLEMENT SOLUTIONS
Sixth-grade students are engaging in disrespectful behavior during the lunch transition between 11:45–12:30	Reduce the number of office discipline referrals during sixth grade lunch transitions from 24 to 12 or fewer within 6 weeks (by November 15)	Teach expectations (Vice principal provide lesson plan to teachers) add supervision (dean), and offer recognition (dean) and CICO for students with 3+ referrals (interventionist)	*What **fidelity** data will we collect?* *What? When? Who?* Teacher documentation of lesson teaching and review during weekly advisory, dean document fidelity of hallway supervision weekly *What **outcome** data will we collect?* *What? When? Who?* Sixth grade lunch referrals in SWIS, CICO points progress	
Current Levels: 24 referrals during September				

Did it work?
(Review current levels and compare to goal)

Fidelity Data:

Level of Implementation
- ☐ Not started
- ☐ Partial implementation
- X Implemented with fidelity
- ☐ Stopped

Notes:

***Outcome Data** (Current Levels):*

Comparison to Goal
- ☐ Worse
- ☐ No Change
- ☐ Improved but not to goal
- X Goal met

Notes:

Next Steps
- ☐ Continue current plan
- ☐ Modify plan
- ☐ Discontinue plan
- ☐ Other

Notes:
Fade plan, move expectations teaching to monthly, reduce hallway monitor by one monthly, CICO team review data and adjust individual student plans as needed

Notes:

Team Initiated Problem-Solving (TIPS) Protocol Resources

Center on PBIS - TIPS Guide

TIPS Meeting Template

TIPS Roles & Responsibilities

TIPS School Readiness Checklist



Additional Data Protocol Resources

PBIS Disproportionality Data Guidebook

Boston Public Schools - "Grow the Green" Protocol

Data Driven Dialogue

Atlas Looking at Data

Data Equity Pause Protocol

Root Cause Analysis Fishbone Protocol

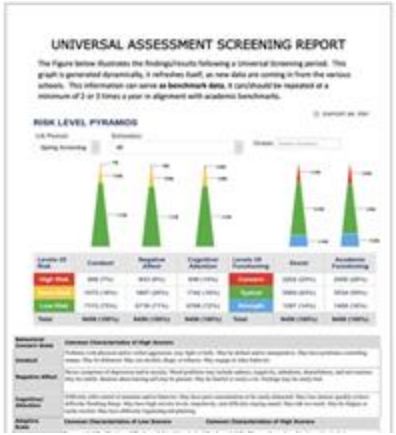
Tier 3 Example



Jordan is a 10th grade student at a large public high school. His academic history is strong, but concerns about attendance, somatic complaints, and avoidance behaviors have been growing.

Team Initiated Problem-Solving (TIPS) Protocol

01 Identify a problem with precision



BIMAS-2 Universal Screener Results:

- **Conduct**: Low Risk
- **Negative Affect**: *High Risk (T-score = 72)*
- **Cognitive/Attention**: Some Risk (T-score = 64)
- **Social Concerns**: Average
- **Academic Functioning**: *Concern (T-score = 38)*

Teacher, teacher, and self-report are consistent.

What is the best precision problem statement?

What is the best precision problem statement?

A. Jordan is anxious

B. Jordan avoids academic tasks due to elevated anxiety and low adaptive functioning, resulting in reduced class attendance and participation

C. Jordan is not coming to school

D. Jordan has poor coping skills

Team Initiated Problem-Solving (TIPS) Protocol

02 Identify goal for change



Considering the BIMAS-2 scores and Jordan's poor attendance:

What is the most appropriate goal for change?

Which is the best SMART goal for Jordan?

A. Jordan will stop feeling anxious

B. Jordan will attend school every day

C. Jordan will increase attendance from 3 to 5 periods per day within 4 weeks, and report a decrease in anxiety from “high” to “moderate”

D. Jordan will complete all assignments by next month

Team Initiated Problem-Solving (TIPS) Protocol

03 Identify a solution and build implementation plan



Your school has the following resources available:

- **1 full-time counselor with CBT training**
- **Tier 2 and 3 behavior support staff (familiar with coping plans and check-ins)**
- **Teachers open to brief classroom accommodations**
- **A flexible study period during Jordan's day**

Which combination of strategies best supports a strong implementation plan?

Which plan best matches Jordan's needs and school context?

A. Offer CICO and a break pass

B. Refer to outside therapy only

C. Weekly school-based counseling using CBT strategies, daily check-ins for planning, a calm pass, flexible deadlines, and teacher prompts to reduce task initiation anxiety

D. Offer peer mentoring and daily emails home

Team Initiated Problem-Solving (TIPS) Protocol

04 Implement solution with fidelity

Week 2: Jordan attends check-ins 4/5 days and uses his calm pass appropriately.

Some teachers report improved participation, but others say he still shuts down with certain academic tasks.



What should your team do to support high-fidelity implementation?

What's the best action to maintain implementation fidelity?

A. Counselor follows up with teachers and provides prompts and scaffolding strategies for anxiety

B. Increase counseling sessions to twice a week

C. Drop classroom supports and focus on check-ins

D. Refer for special education

Team Initiated Problem-Solving (TIPS) Protocol

05 Monitor and evaluate implementation fidelity and impact



After 4 weeks:

- **Jordan now attends 5 out of 6 classes on most days**
- **He self-reports anxiety as “moderate”**
- **Teacher report: Improved engagement, work completion with prompts**
- **BIMAS-2 progress check:**
  a. **Negative Affect T-score = 64**

How should the team respond to these data?

How should the team respond to these data?

A. Continue the plan with minor adjustments and monitor progress

B. Stop all interventions—they worked

C. Add more supports because he’s not at average yet

D. Refer for special education

Team Initiated Problem-Solving (TIPS) Protocol

06 Maintain, modify, or terminate plan

At 8 weeks:

- **Attendance has stabilized at 5–6 classes per day**
- **Jordan independently uses calming strategies and completes work with some scaffolding**
- **Teachers report better social engagement**
- **BIMAS-2 Negative Affect = 63, now below clinical cutoff**
- **Adaptive Functioning = 48, approaching average**
- **Jordan says, “I still get nervous, but I can handle it now.”**



What’s the best next step?

What is the best next step?

A. Fade supports gradually (e.g., reduce check-ins, continue monitoring)

B. Keep everything in place indefinitely

C. Discontinue all supports at once

D. Refer to outside therapy for long-term management

Aligning Student Needs with Resource Map

Review Identified Needs:

- What specific academic, social-emotional, behavioral, or basic needs are highlighted through your data protocol?

Match to Appropriate Resources:

- Tier II supports (group-based interventions, check-ins)
- Tier III supports (individualized counseling, behavior plans, wrap-around services
- Community resources (mental health providers, family support agencies)

Identify Gaps:

- Note any areas lacking adequate intervention options or capacity.



Closing/ Next Steps

For next time: Review your Tier 2 and 3 data and interventions critically.

Reflect: "What would you keep doing, start doing, or stop doing based on today's conversation?"



Next PLC

January 29th @1:00pm
Progress Monitoring Data and Leveraging Community Partnerships