Presentation Goals

• Learn a few ideas on how to reach all students in a classroom of diverse learners.

• Get additional support without breaking the bank.

• Maintain a reputation of providing academic rigor.
Our Lady of Mount Carmel Academy (OLMCA)
OLMCA by the Numbers
**OLMCA by the Numbers**

- 284 students
- 25 students are identified as having a disability that affects their academics (LD, ADHD, Anxiety, SPD, Autism, DiGeorge’s Syndrome)
- 4 receive speech services only
- 6 receive OT services
- 4 are in the RTI process
- 54 are on our «Watch » List
OLMCA by the Numbers
Everybody is a genius. But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid.

— Albert Einstein
Success
It’s Easier Done than Said!

1. Increase schoolwide inclusion techniques

2. Open up the school to more service providers.

3. Identify the students with special needs (CPS and/or private evaluations)
Oscar, Don’t
Oscar, Do ©
by Katie McConnell
Inclusion Tip #1

• Don’t the don’ts

and

• Do the do’s!
Inclusion Tip #2

• Teach everything.
Inclusion Tip #3

• Greet your guests.

• Say good bye to your guests.
Goal 2: Open up the School to Service Providers

- Have a point person at school who schedules service providers (with input from teachers).

- Insist that all onsite therapists are shared with teacher and point person.

- Insurance companies do cover services when provided in school setting.
Maintain Academic Rigor

- Ensure fidelity
- Ensure growth
Student Referral
School Year: 20__ - 20__

Student name: ____________________
Grade: __________________________
Referral requested by: ____________________________

1) Please provide by noting below or attaching to form:
   a. DRA score ______ (if applicable)
   b. Terra Nova scores (if applicable):
      Reading ______
      Math ______
      Science ______
      Social Studies ______
      Language ______
   c. Work samples (tests, writings, quizzes, etc.)
   d. Most recent report card (if applicable)

2) Have the parents been notified that you are concerned: ___Yes ___No
   (If parents have been notified, please note how they have been contacted either by
   providing an anecdotal summary or copies of communication.)

3) State the reason(s) for the referral including both academic and/or behavioral reason(s)
   (can attach document and/or fill out below):

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

To be completed by Instructional Assistance Team member:

1) Referral received by ________________ on (month/year) _____________

2) Referral documented in FileMaker by ________________ on (month/year) ___
**Student Referral**

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   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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1. Referral received by ___________ on (month/year)
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**“Tier 1” Interventions**

**Checklist**

<table>
<thead>
<tr>
<th>Academic Interventions</th>
<th>Behavior Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research based instruction</td>
<td>Nonverbal redirection (signal that student and teacher understands:</td>
</tr>
<tr>
<td>Universal Assessment (DRA, Unit tests, Terra Novas)</td>
<td>close proximity)</td>
</tr>
<tr>
<td>Extended wait time</td>
<td>Verbal redirection (state the rule, then the need, “thank you”)</td>
</tr>
<tr>
<td>Preferential/Strategic Seating</td>
<td>Planned ignoring</td>
</tr>
<tr>
<td>(does not always mean “front and center”)</td>
<td>Teacher/student conference</td>
</tr>
<tr>
<td>Differentiated instruction (reach all learning styles)</td>
<td>Reward system (for specific behavior)</td>
</tr>
<tr>
<td>Use of rubrics</td>
<td>Positive reinforcement</td>
</tr>
<tr>
<td>Monitor work in progress</td>
<td>Recognition rituals</td>
</tr>
<tr>
<td>Check for understanding</td>
<td>Time outs (minutes per age)</td>
</tr>
<tr>
<td>Call and response/ have student echo answers</td>
<td>followed by verbal redirection (state the rule, then the need followed</td>
</tr>
<tr>
<td>Use binder/organization system</td>
<td>with checking for understanding and/or “thank you”)</td>
</tr>
<tr>
<td>Post classwork and directions</td>
<td>Use “first this, then that” strategy for simplifying rules. (ex., first hang up your coat, then sit down)</td>
</tr>
<tr>
<td>Post student friendly schedules/routes</td>
<td>Minimize transition time</td>
</tr>
<tr>
<td>Provide study outlines</td>
<td>Provide the use of a timer to monitor task completion</td>
</tr>
<tr>
<td>Use graphic organizers</td>
<td>Praise/reward appropriate behavior (specific)</td>
</tr>
<tr>
<td>Partner with peer</td>
<td>Privately provide consequences for misbehaviors</td>
</tr>
<tr>
<td>Use memory strategies (mnemonic devices, etc.)</td>
<td>Structure transitions (post transition expectation)</td>
</tr>
<tr>
<td>Clear classroom/school expectations (posted)</td>
<td>Two-choice policy</td>
</tr>
<tr>
<td>Positive feedback</td>
<td>Following is for students on “Watch”</td>
</tr>
<tr>
<td>Recognition rituals</td>
<td>Use “ABC” Chart</td>
</tr>
<tr>
<td>Study carrel</td>
<td>(antecedent/behavior/consequence)</td>
</tr>
<tr>
<td>Scaffold</td>
<td></td>
</tr>
</tbody>
</table>
**ODLSS**

**Parentally-Placed Private School Student Consent and Registration Form SY2015 - 16**

<table>
<thead>
<tr>
<th>Has CPS ID?</th>
<th>No</th>
<th>Yes: CPS ID#</th>
</tr>
</thead>
</table>

**Date of Referral:** 

**CHILD’S NAME:** 

**Date of Birth:** 

**Gender:** ♂ ♂

**Address:**  

**Phone:**  

**Child’s Primary Language:**  

**Parent’s Primary Language:**  

**AFFILIATE MAKING REFERRAL:**  

- Catholic  
- Christian  
- Home Schooled  
- Independent  
- Jewish  
- Lutheran  
- N/A

**Private School:**  

**Address:**  

**School Contact:**  

**Job Title:**  

**Contact Phone #:**  

**Email:**  

**PARENT/GUARDIAN:**  

**Relationship to Child:**  

**Address:**  

**City:**  

**State:**  

**Zip:**  

**Email:**  

**Primary Phone #:**  

**Cell Phone #:**  

**HOMELESS**  

**Contact parent/guardian through:**  

- Referring Site  
- Other:  

**EVALUATION TYPE/REGISTRATION:**

- Initial Evaluation to determine if the student has a disability and requires special education services and/or accommodations/modifications
- Reevaluation to determine Eligibility
- Annual IEP development for student with a Service Plan
- Request for 504 (initial or annual update)

**REASON FOR REFERRAL (attach supporting documentation):**  

- Screening Results  
- Teacher Observation  
- Parent Request  
- Private/Independent Evaluation

**AREAS OF CONCERN (check all that apply):**  

- Cognitive/Educational  
- Communication  
- Motor  
- OT or PT (please circle)  
- Social/Emotional  
- Hearing  
- Vision  
- Health  
- Other Concerns:  

Describe the academic performance, behavior or other factors that suggest the need to evaluate the student for special education and/or related services (attach additional comments, as needed):

__________________________________________________________  

__________________________________________________________  

__________________________________________________________  

__________________________________________________________  

**PARENTAL CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION AND REGISTRATION:**

I understand that before the evaluation can begin, I must provide consent on a separate form and that my signature below does not grant this consent to evaluate my child. I also understand that my input during this determination is valuable, and I will provide supporting documentation for this evaluation. I am authorizing CPS to register my child as a non-attending student for purposes of this evaluation process or to create a service plan for my child.

- I agree that CPS can share all information and findings about my child with the CPS affiliates and private school personnel who will serve as a liaison between CPS and the private schools.  
- I do not agree that CPS can share all information and findings about my child with the CPS affiliates mentioned above.

**Signature Parent/Guardian:**  

**Date:**  

Please submit this form and supporting documentation to the Chicago Public Schools’ Office of Diverse Learner Supports and Services at diversitylearning@cps.edu. (Files should be no larger than 4 MB for each document. The preferred file format is PDF.)
Ensure Growth: **Invest in Curriculum**
Just One Person
Contact

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