

Tiered System of Supports Health Assessment Goal Setting/Action Planning Tool

PURPOSE

The purpose of this planning form is to assist schools in documenting their identified areas of strength and areas of growth as indicated on the *Tiered System of Supports Health Assessment*. Schools will use this form to create goals and action steps that will improve their Tiered System of Supports. Schools should complete this form after conducting the Tiered System of Supports Health Assessment.

DIRECTIONS:

Please complete this planning form after you have conducted the *Tiered System of Supports Health Assessment*. This form should ideally be completed by the student support team; however, it can also be completed by the Tiered System of Supports team lead and/or by school administration.

Completed By:	Date of Assessment:
 □ Initial Assessment (first one completed) □ Partial Assessment (i.e., focusing on only a few components) □ Follow-Up Assessment (frequency: no less than twice a year) 	

Review of Responses on Tiered System of Supports Health Assessment				
Areas of Strength	1.			
	2.			
	3.			
	1.			
Areas of Growth	2.			
	3.			



Reflection
As you reflect on your current data, note the areas where you indicated "Partially in place" or "Not in place." What are some potential barriers to having them in place? What might be some next steps to make them an area of strength?
Looking at the data where it currently stands, in what ways does the system reinforce equity and equitable outcomes for students, families and staff? If you are unable to identify them, what might be a next step? (examples: professional development for staff, staff book study, home-school communication strategies)
Are there parts of our Tiered System of Supports that require additional professional learning for teachers and staff? Is there a need to create the time and space for ongoing capacity building and adult learning connected to the Tiered System of Supports that is grounded in a whole-child approach? Are there existing learning structures already in place?



Based on the Tiered System of Supports Health Assessment and your reflections above, please complete the following table:

Goals	Action Steps	Person(s) Responsible	Date	Resources Needed
What outcome are you expecting to see? What will be different? Be sure to include the date the goal will be accomplished.	How will you accomplish this goal? What are the steps that will be taken? (there may be several action steps per goal)	Who will complete these actions?	The date the action step will be complete	What materials or added support are needed?
1.				
2				
2.				
3.				



Now that you have completed the assessment and have determined some areas you want to refine, we have a variety of tools by phase to assist you with your refinement:

Identification and Referral Phases

- Identification Phase
 - Two Approaches to Identifying Students Who May Need Additional Support (Identification Phase)
 - Indicators of Need
 - Identification Phase Guiding Questions
- o Referral Phase
 - Two Approaches to Identifying Students Who May Need Additional Support (Referral Phase)
 - Referral Phase Guiding Questions
 - Student Referral Form
 - Sample Referral Form, traditional approach
 - Sample Referral Form, whole-child approach
 - Data Collection Checklist

Collaboration Phase

- o Two Approaches to Discussing Students and Creating Student Support Plans
- Collaboration Phase Team Membership
- o Collaboration Phase Team Roles and Meeting Guidance
 - Before, During, After Meeting Guidance for Set-up Team
 - Before, During, After Meeting Guidance for Participants
- Caregiver Letter
- o TS Community Stakeholder Letter
- o Caregiver Interview
- Collaboration Phase Meeting Norms
- o Collab Phase Tier 2 Meeting Agenda
- Collab Phase Tier 3 Meeting Agenda
- o Guiding Questions_Collaboration Phase
- TS Student Support Plan and Sample

• Implementation and Progress Monitoring Phases

- o Data Tracker
- o Progress Monitoring Form