

Overview

This document is designed to assist anyone who is responsible for the implementation and monitoring of academic and/or behavioral interventions (e.g., instructional coaches, interventionists, teachers, counselors, etc.) to students within a multi-tiered systems of support (MTSS) framework. During this unprecedented time of remote learning, educators are charged with developing creative ways to provide for the needs of individual students based on individual circumstances. This document provides key considerations for developing temporary MTSS intervention supports during remote learning. Communication with families and documentation of the supports that students do receive (and do not receive regarding his or her regular intervention plan) is critical during this time.

At Home Intervention Support

Students receiving intervention within an MTSS framework in school settings likely need support in their home settings during remote learning. In some situations, depending on the nature of the intervention services and the technology capabilities of the school and home, intervention may be able to continue with minimal interruption or change. However, in many situations, because of COVID-19, many educators may need to provide an **at home intervention support** while students are participating in remote learning that looks different than traditional MTSS.

At home intervention support is different than traditional school based MTSS interventions because of differences in:

- (a) resources, materials, and technology available in the home
- (b) real-time adaptations, scaffolding, and feedback available to student
- (c) capability to provide intervention materials and training to caregivers
- (d) limitations of caregivers due to space, resources, knowledge, available time, or relationship with the student

Therefore, the primary focus of at home intervention support should be continued practice at the student's current levels and solidifying requisite skills needed to continue progress towards MTSS intervention goals. Keeping this solid foundation will allow educators to continue the MTSS intervention process once traditional schooling resumes. In other words, we need to provide students and their caregivers with activities and lessons that can prevent learning loss.

Key Elements to Consider for At Home Intervention Support

1. **Practice is key to learning material.** When students are practicing academics or positive behavior, they are building skill proficiency.
2. **There are different types of practice.**
 - **Distributed practice** refers to studying or practicing a skill or skill set in relatively short teaching sessions that are spaced over time. For instance, if the student was working on a specific skill at school, what would that look like during at home instruction?

- **Cumulative practice** involves adding related skills to previously acquired skills and practicing the skills together in one activity set or session. For instance, if the student was learning several related skills at school, how could you combine this instruction into one at home lesson?
3. **There are different ways to practice.**
 - **Guided practice is the educator/adult and student working together.** This can occur at varying degrees. We can do guided practice that is highly scaffolded and modeled and then lead students to independent practice through reducing the scaffolding and modeling. For example, using a think-pair-share or having students complete a sentence stem is guided practice that is closer to the modeling component of teaching and learning.
 - **Independent practice is the student practicing independently.** Certain guided practice activities lend themselves to being highly scaffolded, and others are more closely related to independent practice. In comparison to the guided practice example, having students think of a response on their own and share it or create a sentence using a targeted vocabulary word is closer to independent practice. These activities can still be scaffolded to fit into the guided practice category, but they put a greater responsibility for the learning on the student.
 4. **When possible, incorporate a “face-to-face” option with a video call.** A personal touch from the educator supports learning and emotional well-being by providing motivation and a consistency with the connection to school. Designing check-ins and learning experiences in a personal, secured way supports continued growth.
 5. **Teachers and interventionists can still provide strategies to support.** As schools look to establish schedules for students, thinking about students with interventions will help keep them on track. TEA is working with the Special Education Task Force to identify more resources and solutions for districts. This document and others will be updated to reflect additional information.

Helpful Resources

1. **The National Center on Intensive Intervention (NCII)** – [free intervention materials for educators](#)
2. **The National Center for Systemic Improvement** – [free resources on various topics from NCSI](#)
3. **The Council for Exceptional Children** – [resources for teaching remotely](#)
4. **Center on Positive Behavioral Interventions & Supports (PBIS)** – [four resources to support students during the pandemic](#)
5. **Florida PBIS** – [PBIS virtual learning webinars](#)

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Academic Support

What should I think about?	Key Questions
1. Where did my intervention delivery stop in terms of content? Which content should be practiced at home?	<ul style="list-style-type: none"> • Which content do students need to practice that is foundational for reading, writing, mathematics, and/or other academic content? • Which content will be most important (i.e., foundational) as students return to school next year?
2. Which content should be practiced at home?	<ul style="list-style-type: none"> • Can students practice this content with limited new instruction being provided? • How could practice at home connect to the student’s home environment?
3. What if families have limited internet or technology available to them during the day?	<ul style="list-style-type: none"> • Can paper versions be distributed or delivered to the home (e.g., pick up in conjunction with meal distribution)? • Can I mail paper versions to homes and include return address and postage? • What resources in the home could be used in lieu of paper or digital versions?
4. What resources or materials do I use to provide intervention continuity?	<ul style="list-style-type: none"> • Could I use a phone call or email to caregivers to learn about household items that could help to design lessons? • What videos or materials are available to help students review content already learned? • Can intervention materials be accessed and shared online? • Can I engage in guided practice with students via the internet or phone? • Can I engage students in guided practice with one another? • Which practice activities will keep students engaged and require minimal or no help from caregivers? • How can I provide feedback to students in virtual and home settings?
5. How do I ensure the resources and materials I am using for remote learning are evidence based?	<ul style="list-style-type: none"> • Which websites or materials should I rely on for information? • Which websites or materials should I share with caregivers? • Are materials without an evidence base better than nothing at all? • Are there any materials that might cause negative effects for students?
6. How do I determine the requisite skills needed based on the current intervention goals?	<ul style="list-style-type: none"> • What did our screening, diagnostic, and progress-monitoring data show about students’ specific needs? • What do students need to work on in specific areas (e.g., calculation, decoding, vocabulary)? • How can I break these areas down into specific skills to practice?

Behavioral Support

What should I think about?	Key Questions
1. How do I support students' behavioral and emotional needs when they are at home?	<ul style="list-style-type: none"> • Are there guidance lessons or resources I can provide on a regular basis to support all students and caregivers with remote learning? • Which behavioral supports should I prioritize? • How can I help identify and prioritize new student and family needs?
2. How do I continue with behavioral interventions remotely?	<ul style="list-style-type: none"> • What intervention tools were previously in place and how can they be adapted for remote learning? • Could I schedule weekly or daily check-ins with students and caregivers? • Could I work with caregivers to continue to implement behavioral interventions in the home?
3. How do I support students' social and emotional learning (SEL) needs remotely?	<ul style="list-style-type: none"> • What SEL lessons were originally planned? What lessons now take priority? • What SEL needs do I anticipate need extra support right now? • How can I support stress management and mindfulness for caregivers and students during this time? What about grief and loss? Gratitude? Self-care? • How do I identify new SEL needs connected to remote learning? • How can I conduct a needs assessment with students and caregivers – would surveys work? Could I do personal interviews?
4. How do I support students' academic behaviors remotely?	<ul style="list-style-type: none"> • What types of new study skills and academic behaviors do students need to develop to succeed with remote learning? • What types of time management supports are there?
5. How do I support students' physical safety needs remotely?	<ul style="list-style-type: none"> • How can I provide support to students at risk for self-harm or in unsafe environments? • How can I offer continued support remotely for previously identified students? What resources can I share? (e.g., crisis hotlines) What actions can I take (e.g., check-ins, wellness check requests)? • How can I assess student safety during check-ins or during food pick-ups, etc.?

Delivery

What should I think about?	Key Questions
1. How do I meet with each student?	<ul style="list-style-type: none"> • Can I meet virtually with a student? • How can I divide up my week to meet individually with each student? • Do I need to arrange group check-ins or consistent times to meet with each student similar to how I do small groups?
2. Not all students have Internet access, access to a computer, parent support, etc.?	<ul style="list-style-type: none"> • Can I make daily phone calls or text messages to some students or mail documents to families with pre-paid postage for return mailing?
3. Should I communicate with each caregiver and/or student?	<ul style="list-style-type: none"> • Can I take time to review the student’s task completion or answer questions with the caregiver? • Should I allot time to communicate with the student on their own progress? • What forms could this take (e.g., secured chat locations, communication documents, communication/meetings via technology)?
4. How often should I communicate with caregivers?	<ul style="list-style-type: none"> • How often would the family like to communicate about interventions? • How often is feasible given caseloads and remote learning requirements? • How will I ensure that caregivers are informed of the intervention plan during remote learning?
5. What if a student is attending daycare and is not at home during the day?	<ul style="list-style-type: none"> • Could the district partner or provide online resources or materials for the daycare to use?
6. What if the caregiver is unsure of how to support their child and has limited time due to number of children and their own remote working schedule?	<ul style="list-style-type: none"> • Can I break up activities into small assignments that make implementation more manageable for the family? • Maybe I should only introduce one component of the intervention at a time? • Are there review or practice activities that the student can do completely independently? • Can I identify and use instructional routines that students are familiar with to encourage a level of independence with their own learning? • Can I expect that a student could “teach” these routines to their caregiver? • What evidence-based resources can I share with caregivers?

Monitoring Progress and Documenting

What should I think about?	Key Questions
<p>1. What type of documentation should I be collecting during this time?</p>	<ul style="list-style-type: none"> • What information will I need when I return to school to resume intervention with the student? • What information is vital and essential to collect from the student’s intervention plan? • Could I have caregivers help with family tracking sheets with the following information: time of day, type of activity, length of time, type of product produced? • Could the student keep a daily or weekly log of time spent practicing? • Could I use cloud-based document sharing (e.g., Google Docs, Microsoft Teams) for collecting data? • Are there other methods for caregivers and students to communicate with teachers to gather progress monitoring and other information (e.g., email, text messages, video calls)? • How will I document my communication? • Will my documentation be useable by an intervention team?
<p>2. How often should I be collecting documentation?</p>	<ul style="list-style-type: none"> • Should it be daily or weekly? • How will I use my own documentation along with any from the caregiver or student to help maintain a record of progress and information on intervention(s) implemented during remote instruction?
<p>3. I use a computerized progress-monitoring tool. So, what do I do?</p>	<ul style="list-style-type: none"> • Could students access online progress-monitoring platforms that are now accessible temporarily? Have I checked with vendors? • Is it necessary to collect progress-monitoring data at this time, in the same way, and on the same skill? • Can I provide progress-monitoring on the skills I am reinforcing during this time?