

# **THE OFFICE OF SPECIALIZED SERVICES- DIVISION OF PREVENTION AND INTERVENTION**

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## **CSAP DATABASE MANUAL**



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## **THE COMPREHENSIVE STUDENT ASSISTANCE PROCESS (CSAP): FINDING THE KEYS FOR STUDENT SUCCESS**

The School District's Comprehensive Student Assistance Process (CSAP) is a three-tiered, collaborative process by which schools identify barriers to learning and remove barriers by accessing internal (school-based) and external (community-based) resources. The heart of CSAP is the classroom, where the classroom teacher analyzes the strengths and learning needs of each student and adapts instruction and environment to create optimal learning conditions.

### School-wide CSAP:

Any comprehensive support process must begin with creating a network of supports for students and staff that result in a safe and productive learning environment. At the school-wide level, elements which contribute to such an environment include ongoing opportunities for skill-building among staff and students, the engagement of families as educational partners, a behavior management program which is clearly defined and consistently implemented, and a coordinated system of support for all students.

### CSAP-Tier I:

The Tier I level of intervention is designed to address the needs of groups of students addressing similar barriers to learning. At this level, teachers meet regularly with their small learning community colleagues to identify and implement strategies for the classroom. The professional learning community facilitator coordinates Tier I meetings.

### CSAP Tier II:

It is sometimes the case that individual students may be experiencing particular barriers to learning that need targeted support. Tier II is designed to address the needs of such students. At Tier II, a core team of trained professionals (the referring teacher, counselor, professional learning community facilitator, and nurse) joins parents at a meeting scheduled by the school counselor. Together, this team develops an intervention plan that is designed to address the needs of the student and/or family. This plan can include both school-based and community-based supports, and the team can include auxiliary members (school psychologist, agency staff) as indicated by need.

### CSAP Tier III:

At Tier III, the focus is on an evaluation for change of placement when a child is still not meeting with success. This change of placement may be for educational or behavioral reasons. Team membership, documentation, and timelines are governed by procedural dictates established by the School District of Philadelphia and the Commonwealth of Pennsylvania.

## CSAP TIER II:

### DOCUMENTING SUPPORTS AND ENSURING INDIVIDUAL STUDENT SUCCESS

At Tier II, school teams are responsible for designing and implementing an intervention plan aimed at removing barriers to learning. School counselors are pivotal to this process, as they coordinate both school and agency supports on behalf of students and families.

As we move forward in a new era of accountability and efficiency, we have developed an electronic system that will streamline documentation, allow for us to follow a child throughout his/her career, and demonstrate that schools are providing a system of supports.

This database allows for us to maintain ongoing records throughout the school year while satisfying end-of-the-year reporting requirements for the state.

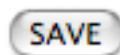
### THE CSAP DATABASE: A STEP-BY-STEP GUIDE

#### NEW FEATURES:


For the 2006 – 2007 school year, there has been a major upgrade to the system. This upgrade does not affect the information that is collected in the database. Instead, the change affects the way that users navigate through the different sections of the database. The biggest change is that as users move through the different sections, they are now able to save their progress.

Please note that users must click 'Save' at the bottom of the CASE DATA INPUT screens to both save the information entered into the current screen and to move on to the next screen (this allows you to edit the case at a later time). **IF YOU DO NOT CLICK 'SAVE', ANY INFORMATION YOU HAVE ENTERED INTO THE SCREEN WILL BE LOST.**

The save buttons are at the top and bottom of all of the pages:



The other new feature is a navigation bar that allows you to jump to different sections.

**Case Menu** 

- [Demographics](#)
- [Code of Conduct](#)
- [Strengths and Concerns](#)
- [P/G Involvement](#)
- [Goals](#)
- [School/Community Supports & Services](#)
- [Finalizing](#)
- [Print](#)
- [History](#)

The danger with this feature is that you can navigate away from a screen without saving.

You must remember to save before you jump to a different section.

The system will remind you to save.

**1) Logging-In to the Site:**

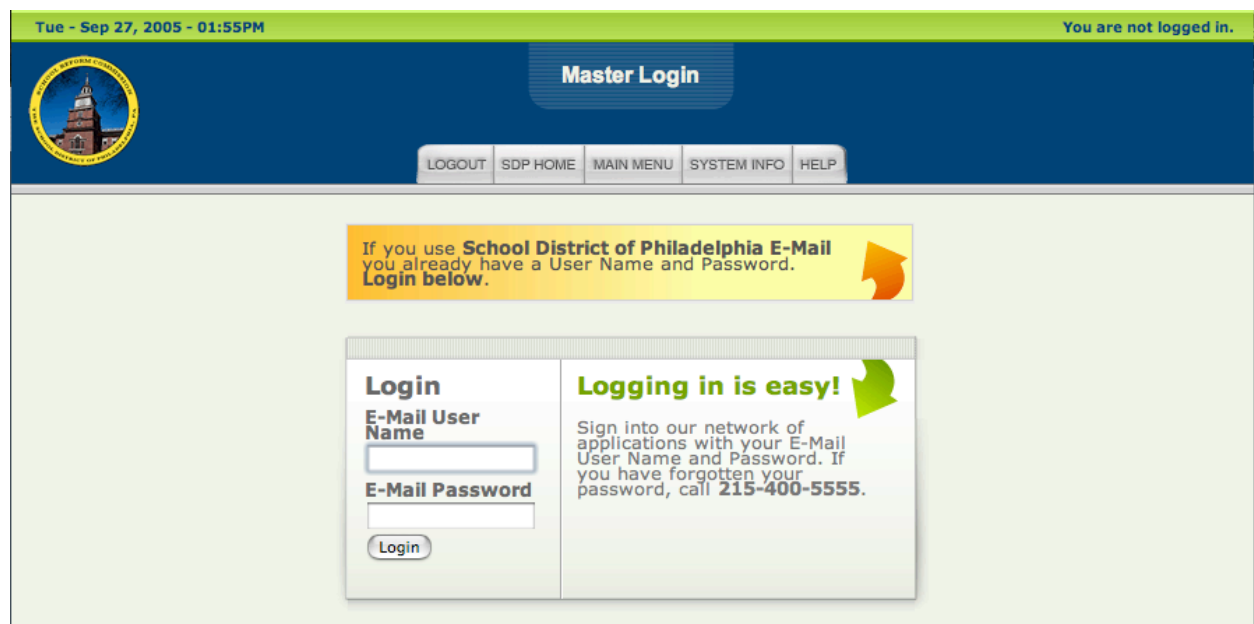
Point your web browser to [www.phila.k12.pa.us](http://www.phila.k12.pa.us).

Next click on the word “Login” in the blue tool bar at the top left hand side of the page.

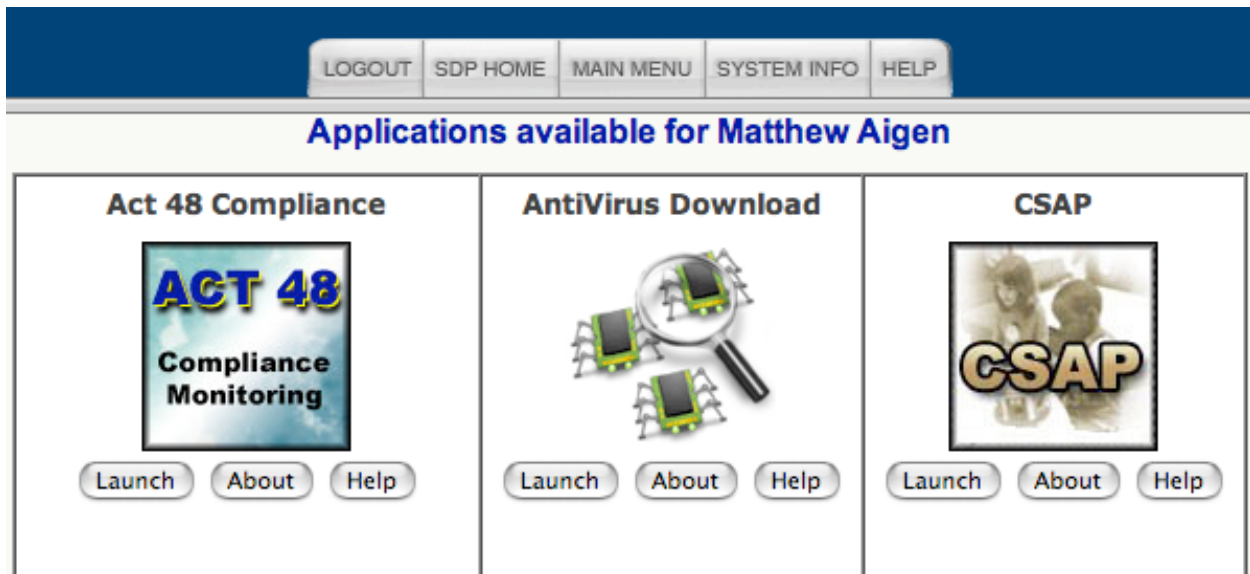


This will take you to the main login page of the school district’s web site. You will be asked to fill in a user name and password. These are the same as your school district e-mail user name and password. (Your user name is the part of your e-mail address before the @phila.k12.pa.us. Only fill in this part. You will not be able to login if you include the @phila.k12.pa.us.)

This system is set up District-wide by position codes. For security reasons, only school administrators and counselors have automatic access to the system. Other key staff can be added to the list by school site, with principal’s approval.

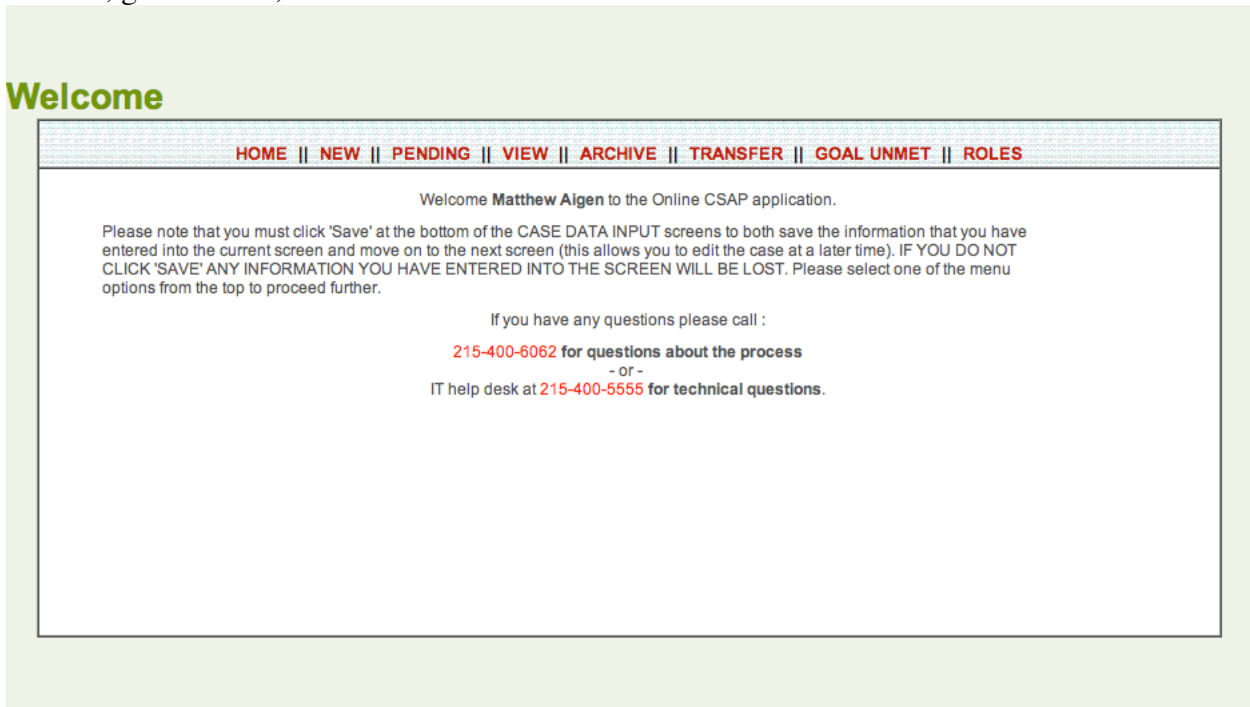


Once you have logged onto the system, you will be directed to a page that will show you the applications that you are able to use. This page will have different applications depending on your level of permission. Click on the CSAP database button to access that database.



**2) CSAP Welcome Page:**

When the database opens, you will have eight choices: home, new, pending, view, archive, transfer, goal un-met, and roles.



Main Menu reports:

From the main menu you can generate two reports: transfers and goal un-met.

Clicking on the button labeled “Transfers” will list students who have transferred into your school with an active CSAP file within the last 30 days.

**Transferred Students Records**  
**Cases Found: 1**

This section lists students who have transferred into your school with an active CSAP file within the last 30 days. **Note:** The time line for students with active Tier II cases must be adhered to for all students. Please ensure follow-up within 60 school days of the date that the case was initiated by the sending school.

Action	Student Name	Initial Date	Review Date	Goals Review Dates
EDIT	Sample, Student	02/15/2005	03/17/2005	Goal 1:

By clicking on the “Edit” button you can begin working with this student’s record.  
**\*Note:** The time line for students with active Tier II cases must be adhered to for all students. Please ensure follow-up within 60 school days of the date that the case was initiated by the sending school.

Clicking on the button labeled “Goal UnMet” will list students whose record displays that a minimum of one goal is currently “Not Met” at 45 days from initial CSAP date.

Clicking on the “Edit CSAP File” button will take you directly to that student’s record. These two reports will help you ensure compliance with time lines.

**3) Creating a New Record:**

- To create a new record click on the word “new”
- You will then search for the student for whom you wish to create a new record
- You can search by student ID number, last name, first name, or by any combination of the three.

**Search Student**

HOME || NEW || PENDING || VIEW || ARCHIVE || TRANSFER || GOAL UNMET || ROLES

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**Search for Student**

Student ID :

Last Name :

First Name:

- The search will return all the students in your school that match the search criteria.

**Choose a Student**  
 Note: Click the Start CSAP File button to start the CSAP process on the student in that row !

Action	Student Name	Student ID	Grade	Age	Sex
CREATE	██████████	██████████	03	9	F
EDIT	██████████	██████████	05	10	M

Once you click on “Create ” you will be taken to a screen that contains all the information that you will need to fill in about this student.

**Demographic Page**

When you initiate a new record, demographic information is automatically pulled from the School Computer Network. You will not be able to modify any of the fields in this section.

DEMOGRAPHICS			
Name	██████████	Grade	08
Student ID	██████████	Sex	M
Loc.No	5200	Race	0
DOB	08/14/1992	Age	14
Primary Disability	-		
IEP Date	CER Date	NOREP Date	
Suspension Info	-		
Gifted	-		

HEALTH INFO			
Vision Date		Vision Result	
Hearing Date		Hearing Result	Left Ear: Right Ear:
Physical Date		Physical Result	

PSSA / TerraNova RESULTS			
PSSA Performance Level Indicators	Reading - Math -	TerraNova On-Level	Reading - Math -
TerraNova Reading Percentile		TerraNova Math Percentile	

The next part of this section asks for information in the following categories: ELL, Previous CSAP Grade, and Incoming Referral. You will be able to enter information on this part of the page.

ELL INFO, CHECK THAT APPLIES:		
ELL ?	<input type="radio"/> Yes	<input checked="" type="radio"/> No

IF A STUDENT WAS REPORTED TO CSAP IN PREVIOUS GRADE(S), CHECK ALL THAT APPLY:									
<input type="checkbox"/>	K	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4
<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9
<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>	12				
Interventions Implemented In Tier I				<input checked="" type="radio"/> Yes <input type="radio"/> No					
CSAP Tier II Meeting Completed DATE:				09/30/2005		(mm/dd/yyyy)			

INCOMING REFERRAL SOURCE, CHECK ONE THAT APPLIES:	
<input type="radio"/> Team Member	<input type="radio"/> Teacher
<input checked="" type="radio"/> Counselor	<input type="radio"/> Nurse
<input type="radio"/> Disciplinarian	<input type="radio"/> Administrative, Non-Disciplinarian
<input type="radio"/> School Psychologist	<input type="radio"/> Social Worker
<input type="radio"/> Transfer From Another School	<input type="radio"/> Pre-School/Head Start
<input type="radio"/> Early Intervention	<input type="radio"/> Legal System (JPO, Court, Police, Etc.)
<input type="radio"/> Instructional Support	<input type="radio"/> Self (Student)
<input type="radio"/> Parent/Guardian	<input type="radio"/> Peer
<input type="radio"/> Community Agency	<input type="radio"/> Parent Truancy Officer
<input type="radio"/> Truancy Prevention Program	<input type="radio"/> Faith Based Partner
<input type="radio"/> Non-Instructional Support	<input type="radio"/> Student Support Room
<input type="radio"/> ESOL Teacher	<input type="radio"/> Bilingual Counselor Assistant
<input type="radio"/> Suicide Prevention/Screening Program	<input type="radio"/> Other

**Navigation Bar**

The navigation bar is located on the left hand side of the page. Since this is the first page in the process, the navigation bar is not active at this point.

**Demographics**

*Note: The rest of the case menu will be visible only after completing these sections and clicking SAVE button.*

***Incoming Referral Reason-***

1. In this section, you will identify the reasons that this student has been referred to Tier II.
2. In this section you will be able to check off multiple reasons, as well as enter an “other” at the bottom of the section.
3. Note that any time a student is involved in a serious incident, two things should happen:
  - A) An appropriate consequence should be imposed by the discipline staff.
  - B) The student should be referred to CSAP Tier II to identify causes of behavior and needed supports.

When regular education students are considered for either a remedial disciplinary transfer or referral for evaluations for special education services, your school will be expected to produce a record of appropriate, less restrictive interventions through Tier II. This database assists you in maintaining appropriate documentation.

INCOMING REFERRAL REASON, CHECK ALL THAT APPLY:			
<input type="checkbox"/>	Academic Concerns	<input type="checkbox"/>	Suicide Ideation, Gesture Or Attempt
<input type="checkbox"/>	Habitually Late	<input type="checkbox"/>	Talks About Death
<input type="checkbox"/>	Attendance	<input type="checkbox"/>	Recent Loss Of Relationship
<input type="checkbox"/>	Continuation Of Case From Another CSAP Team	<input type="checkbox"/>	Mentions Problems
<input type="checkbox"/>	Suffered Recent Loss	<input type="checkbox"/>	Re-Entry Into School
<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	Self-Reported Problem
<input type="checkbox"/>	Involvement In Legal System	<input type="checkbox"/>	Other Emergencies
<input type="checkbox"/>	Behavioral Concerns	<input type="checkbox"/>	Not Performing Up To Ability
<input type="checkbox"/>	Difficulty Adjusting After Immigration, Refugee, Or Relocation Experience	<input type="checkbox"/>	Serious Incident
<input type="checkbox"/>	Suspected Child Abuse / Neglect	<input type="checkbox"/>	Witness to or victim of Traumatic event
<input type="checkbox"/>	Gender Identity Issues	<input type="checkbox"/>	Other <input style="width: 100px;" type="text"/>

**SAVE**

\*Note: The save button at the end of the page. Remember to click this button after each completed page. This button will also take you automatically to the next page in the database.

**Violations of the Code of Conduct (Level 1 & Level 2) Page**

All students who are experiencing behavioral difficulties should be referred to CSAP. In this section you will document any level 1 or level 2 violations of the code of conduct. You are able to select more than one violation.

**Violation of Student Code of Conduct**

SAVE

<b>VIOLATION OF STUDENT CODE OF CONDUCT (LEVEL-I), CHECK ALL THAT APPLY:</b>			
<input type="checkbox"/>	Prohibition Of Disruption Of School	<input type="checkbox"/>	Prohibition Of Gambling
<input type="checkbox"/>	Compliance With Dress Code	<input type="checkbox"/>	Prohibition Of Reckless Endangerment
<input type="checkbox"/>	Prohibition Of Gang Colors And Symbols	<input type="checkbox"/>	Prohibition Of Threats
<input type="checkbox"/>	Prohibition Of Offensive Language	<input type="checkbox"/>	Prohibition Of Fighting
<input type="checkbox"/>	Mandate Of Academic Honesty	<input type="checkbox"/>	Prohibition Of Simple Assault
<input type="checkbox"/>	Prohibition Of Abuse Of Computer & Internet Privileges	<input type="checkbox"/>	Prohibition Of Tobacco Products And Paraphernalia
<input type="checkbox"/>	Prohibition Of Destruction And Theft Of Property	<input type="checkbox"/>	Prohibition Of Drugs & Alcohol For Personal Use

<b>VIOLATION OF STUDENT CODE OF CONDUCT (LEVEL-II), CHECK ALL THAT APPLY:</b>			
<input type="checkbox"/>	Repeated School Violations	<input type="checkbox"/>	Assault on School Personnel
<input type="checkbox"/>	Harassment	<input type="checkbox"/>	Possession of a weapon capable of causing death or serious injury
<input type="checkbox"/>	Indecent Assault or Indecent Exposure	<input type="checkbox"/>	Aggravated Offenses

SAVE

***Strengths and Concerns Page***

All students have strengths. This section will require that at least one strength is identified. If the field is left blank, you will not be able to submit your record. If you cannot identify a strength that matches exactly, choose one that the student shows a capacity for achieving or use the text box in “other” to type in a strength.

**You will not be able to submit your record unless you have identified at least one strength.**

**Strengths And Concerns**

SAVE

STUDENT STRENGTHS, CHECK ALL THAT APPLY:			
<input type="checkbox"/>	Goal-Directed	<input type="checkbox"/>	Cooperates Well
<input type="checkbox"/>	Motivated	<input type="checkbox"/>	Responsible
<input type="checkbox"/>	Critical Thinker	<input type="checkbox"/>	Optimistic
<input type="checkbox"/>	Hard Worker	<input type="checkbox"/>	Future-Oriented
<input type="checkbox"/>	Demonstrates Organizational Skills	<input type="checkbox"/>	Handles Conflict Well
<input type="checkbox"/>	High Expectations For Self	<input type="checkbox"/>	Handles Redirection Well
<input type="checkbox"/>	Works Independently	<input type="checkbox"/>	Transitions Easily
<input type="checkbox"/>	Works Well In Groups	<input type="checkbox"/>	Relates Well To Others
<input type="checkbox"/>	Trustworthy	<input type="checkbox"/>	Focused/Goal-Oriented
<input type="checkbox"/>	Positive Attitude	<input type="checkbox"/>	Takes Pride In Appearance
<input type="checkbox"/>	Athletically Inclined	<input type="checkbox"/>	Artistically Inclined
<input type="checkbox"/>	Good Attendance	<input type="checkbox"/>	Musically Talented
<input type="checkbox"/>	Good Sense Of Humor	<input type="checkbox"/>	Resilient
<input type="checkbox"/>	Respectful To Authority Figures	<input type="checkbox"/>	Possesses Leadership Qualities
<input type="checkbox"/>	Demonstrates Academic Ability	<input type="checkbox"/>	Creative
<input type="checkbox"/>	Other <input style="width: 150px;" type="text"/>		

**Academic Concerns**

In this section you can document any academic concerns that may exist for this student. You are able to choose multiple concerns.

IF ACADEMIC CONCERNS, CHECK ALL THAT APPLY:			
<input type="checkbox"/>	Grades Declining	<input type="checkbox"/>	Poor Writing Skills
<input type="checkbox"/>	Disorganized	<input type="checkbox"/>	Poor Reading Skills
<input type="checkbox"/>	Slow Rate Of Work	<input type="checkbox"/>	Poor Math Skills
<input type="checkbox"/>	Lack of Motivation	<input type="checkbox"/>	Poor Study Skills
<input type="checkbox"/>	Incomplete Classwork Assignments	<input type="checkbox"/>	Gives Up Easily
<input type="checkbox"/>	Incomplete Homework Assignments	<input type="checkbox"/>	Does Not Work Well Independently
<input type="checkbox"/>	Cannot Follow Directions	<input type="checkbox"/>	Does Not Work Well In Groups
<input type="checkbox"/>	Low Rate Of Retention	<input type="checkbox"/>	Poor Grades In All Subjects

**Behavioral Concerns**

In this section you are able to document any behavioral concerns that may exist for this student. You are able to choose multiple behaviors.

IF BEHAVIORAL CONCERNS, CHECK ALL THAT APPLY:			
<input type="checkbox"/>	Shy/Withdrawn	<input type="checkbox"/>	Physically Aggressive
<input type="checkbox"/>	Verbally Disruptive	<input type="checkbox"/>	Sexually Aggressive
<input type="checkbox"/>	Physically Disruptive	<input type="checkbox"/>	Sudden Change In Behavior
<input type="checkbox"/>	Victim Of Bullying	<input type="checkbox"/>	Sleeps In Class
<input type="checkbox"/>	Perpetrator Of Bullying	<input type="checkbox"/>	Difficulty With Transitions
<input type="checkbox"/>	Neglects Personal Appearance	<input type="checkbox"/>	Tearful/Moody
<input type="checkbox"/>	Easily Distracted/Off-Task	<input type="checkbox"/>	Attention-Getting Behavior
<input type="checkbox"/>	Argumentative	<input type="checkbox"/>	Easily Angered/Annoyed
<input type="checkbox"/>	Avoided By Peers	<input type="checkbox"/>	Steals/Cheats
<input type="checkbox"/>	Destroys Property	<input type="checkbox"/>	Truant
<input type="checkbox"/>	Easily Upset/Frustrated	<input type="checkbox"/>	Other <input type="text"/>
<input type="checkbox"/>	Hostile When Criticized		

**Other Concerns**

In this section you are able to document concerns that may not have fit into other categories. You are able to choose multiple concerns.

IF OTHER REASONS, CHECK ALL THAT APPLY:	
<input type="checkbox"/> Frequent Mention Of Food/Dieting	<input type="checkbox"/> Agitated/Nervous
<input type="checkbox"/> Frequently Appears Sickly	<input type="checkbox"/> Burn Marks
<input type="checkbox"/> Body Odor	<input type="checkbox"/> Requests Nurse Visits
<input type="checkbox"/> Complains Of Nausea/Vomiting	<input type="checkbox"/> Bloodshot Eyes
<input type="checkbox"/> Lethargic/Sleepy	<input type="checkbox"/> Talks About Chemical Use
<input type="checkbox"/> Poor Hygiene	<input type="checkbox"/> Talks About Refraining From Use
<input type="checkbox"/> Change In Weight	<input type="checkbox"/> Odor Of Substance (Marijuana, Alcohol, Other Substance)
<input type="checkbox"/> Evidence Of Self-Mutilation	<input type="checkbox"/> Possession Of D/A Paraphernalia

SAVE

**Parent/Guardian Involvement-**

This section represents an ongoing record of parent involvement. Because parent/guardians are essential to the Tier II process, in order to finalize a new record, parent contact must be initiated and this section must be completed.

**You will not be able to finalize this record without any record of parental involvement.**

The first question in this section of the database is about emancipation.

**Parent/Guardian Involvement**

SAVE

**Note: Emancipation** refers to the release of a minor from parental control. Courts state that deciding whether a minor can claim an emancipated status is a question of fact. This means that a judge will consider all of the applicant's circumstances to determine whether the minor is free from parental control and able to live on her own as an adult. A judge will usually consider the following factors: age, marital status, ability to be self-supportive, and desire to live independently of parents. The court will consider whether the minor is employed and has a stable source of income as well as a place to live. School staff should not consider a youth emancipated without court documentation.

PARENT/GUARDIAN INVOLVEMENT: (ANSWER ALL QUESTIONS AND DATES WHEN AVAILABLE)			
YES	NO		
<input type="radio"/>	<input checked="" type="radio"/>	Student Is Legally Emancipated	
<input checked="" type="radio"/>	<input type="radio"/>	Parent/Guardian Contact Initiated <b>Note:</b> If first two attempts are unsuccessful, School is expected to send letter with meeting date	<b>Contact Mode - Meeting Date</b> Phone <input type="text"/> (Date1): <input type="text"/> In Person <input type="text"/> (Date2): <input type="text"/> Letter <input type="text"/> (Date3): <input type="text"/>
<input checked="" type="radio"/>	<input type="radio"/>	Parent/Guardian Participated In CSAP Meeting	
<input type="radio"/>	<input checked="" type="radio"/>	Parent/Guardian Provided With Needed Interpretation/Translation Services	
<input checked="" type="radio"/>	<input type="radio"/>	Parent/Guardian Approval For School-Based Behavioral Health Assessment (SAP, C&E)	Date : <input type="text"/> (mm/dd/yyyy)
<input checked="" type="radio"/>	<input type="radio"/>	Agency Referral Made	Date : <input type="text"/> (mm/dd/yyyy)

SAVE

Please note that schools are expected to make a minimum of three contacts with parents/guardians to invite them to meet.

\*Note: All dates must include a 4 DIGIT YEAR (i.e. 11/14/2005).

### ***CSAP Goal Section***

This section begins the documentation of support planning for the student, and correlates with the CSAP SUPPORT LOG. Support planning should take place at the Tier II meeting, with input from all relevant team members. The process should include setting UP TO 4 goals for the student. These goals should be measurable so that you can determine whether or not your interventions are successful.

- Goal Selection-

Each goal section includes a menu or choice bar.

```

-----
--ACADEMIC GOALS--
Improved Test-Taking Ability
Improved Comprehension
Satisfactory Preparation For Class
Satisfactory Participation In Class
Satisfactory Participation In Group
Completion Of Homework
Completion Of Class work
Improved Reading Skills
Improved Math Skills
Improved Study Skills
Improvement In Motivation
Demonstrated Ability To Follow Directions
Demonstrated Ability To Stay On Task
-----
--BEHAVIORAL GOALS--
Satisfactory Class Behavior
Improved School Attendance
Improved Class Attendance
Appropriate Interpersonal/Social Skills
Ability To Request Help
Ability To Respond Appropriately To Redirection
Appropriate Management Of Transitions
Appropriate Handling Of Property
Additional Comments/Other Goals: (Note Section)

```

These are sample goals. You can either select a pre-set goal or create a goal that is not listed. If you want to create a goal that is not listed, you can scroll down to “Additional Comments/Other Goals (Note Section)” and select it. Once you have selected “Additional Comments/Other Goals (Note Section)”, you will need to type the indicator in the “indicator” text box. Then scroll down to the next section called “Progress Monitoring”. In this section you will be able to write the goal that you created in the section “Additional Notes”.

**Please Note: at least one goal needs to be entered in order to finalize the record in the database.**

SET CSAP GOALS			
	ACADEMIC /BEHAVIORAL GOALS	INDICATORS OF SUCCESS Measurable Outcomes: Indicate #, %, or frequency that will indicate success	COMMENTS
Goal 1	<input type="text" value="Improved Reading Skills"/> PERSON(S) RESPONSIBLE: <input type="text"/> TARGET DATE: <input type="text"/> (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>

• Developing an Appropriate Indicator-

For each goal, we need to develop measurable outcomes. We need to ask three questions:

- 1) What does success look like?
- 2) How will we know that we have achieved success?
- 3) When will we know whether or not an intervention is successful?

Goals should be measurable.

Success can be measured in numbers (#), percent (%), or frequency/duration:

Examples of Indicators:

- 1) Goal: Satisfactory Classroom Behavior:

Indicator: Student will stay in seat for entire class period three days/wk.  
 Student will raise hand with questions rather than call out (25%/50%/75%) of class.

- 2) Goal: Improved Math Skills:

Indicator: Student will average 70% accuracy on math tests.  
 Student will complete classwork in subject area 3 days/wk.

- 2) Goal: Improved Motivation:

Indicator: Student will complete at least one assigned task daily.  
 Student will participate in /contribute to assigned group work.

- Establishing Target Dates and Case Review Date-

A target date should be established for each goal, as some goals will take longer than others before success can be measured.

In addition, the overall timeline for the Tier II intervention process should be 30-60 school days. Therefore, once the record is submitted and a CSAP log is activated for a student, the program will automatically generate a review date for the entire plan 30 days after submission. This date will appear in bold print as a reminder each time you utilize the system.

***Progress Monitoring***

This section allows the team to review and adjust goals, indicators, and interventions if the plan is not working. The review section should be completed **ONLY** after a plan has been implemented (between 30 –45 school days after initiation).

<b>TIER - 2 PROGRESS MONITORING OF CSAP GOALS</b> <i>Update interventions and target dates accordingly</i>		
	STATUS	ADDITIONAL NOTES:
<b>Goal 1</b>	<input type="radio"/> Goal Met <input checked="" type="radio"/> Goal Not Met	summer school recommended.
<b>Goal 2</b>	<input type="radio"/> Goal Met <input type="radio"/> Goal Not Met	
<b>Goal 3</b>	<input type="radio"/> Goal Met <input type="radio"/> Goal Not Met	
<b>Goal 4</b>	<input type="radio"/> Goal Met <input type="radio"/> Goal Not Met	

***School Services Recommended-***

Once goals and indicators for the student are established, the team should identify the interventions that will support student goals. In this section, the team will determine what services in the school can support this student.

**School/Community Supports & Services**

SAVE

SCHOOL SERVICES RECOMMENDED BY CORE TEAM, CHECK ALL THAT APPLY:		
<input type="checkbox"/> One-To-One Counseling With Guidance Counselor	<input type="checkbox"/> Mental Health Aftercare/Support Group	<input type="checkbox"/> Multidisciplinary Team Evaluation (MDE)
<input type="checkbox"/> One-To-One Follow-Up With Team Member Or Other School Personnel	<input type="checkbox"/> Mental Health Special Issue Group (Divorce, Grief And Loss, Etc.)	<input type="checkbox"/> Services By/From School Social Worker
<input type="checkbox"/> One-To-One Counseling With School Psychologist	<input type="checkbox"/> Drug And Alcohol Aftercare Support Group	<input type="checkbox"/> Other In-School Group
<input type="checkbox"/> School-Based Juvenile Probation	<input type="checkbox"/> Drug And Alcohol Education/Prevention Group	<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> Teen Parenting/Pregnancy Program	<input type="checkbox"/> Drop-Out Prevention Program	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Truancy Court	<input type="checkbox"/> Truancy Prevention Program
<input type="checkbox"/> Instructional Intervention Program - Math	<input type="checkbox"/> Instructional Intervention Program - Literacy	<input type="checkbox"/> Instructional Enrichment Program - Math
<input type="checkbox"/> Instructional Enrichment Program - Literacy	<input type="checkbox"/> Direct Referral To Behavioral Health Provider	<input type="checkbox"/> Other <input type="text"/>

***Classroom Strategies***

Because students spend most of their day in the classroom, classroom intervention is essential to any successful plan. This section provides a menu of interventions for the classroom. At least one item needs to be selected before initial submission of plan into the database can be completed.

<b>CLASSROOM STRATEGIES</b>			
<input checked="" type="checkbox"/>	Regular Contact With Parent/Guardian	<input type="checkbox"/>	Provision Of Extra Time
<input type="checkbox"/>	Visual Cues/Demonstration	<input type="checkbox"/>	Use Of Five Minute Warning Before Transition
<input type="checkbox"/>	Verbal Prompts	<input type="checkbox"/>	Creation Of A Quiet "Time Out" Space In Class For Student To Self-Regulate
<input type="checkbox"/>	Utilization Of Variety Of Instructional Modalities	<input type="checkbox"/>	Utilize Journal For Student To Self-Regulate
<input type="checkbox"/>	Limitation Of Number/Length Of Directions	<input type="checkbox"/>	Provision Of A Peer Or Adult Tutor/Mentor
<input checked="" type="checkbox"/>	Repetition Of Directions/Instruction	<input checked="" type="checkbox"/>	Utilization Of Lower Grade Texts As Alternate Material
<input type="checkbox"/>	Immediate Feedback	<input type="checkbox"/>	Provision Of Instructions Both Orally And In Print
<input type="checkbox"/>	Division Of Work Into Smaller Sections	<input type="checkbox"/>	Use Of Manipulatives
<input type="checkbox"/>	Reduction Of Distracting Stimuli	<input type="checkbox"/>	Provision Of Organizational Tools (Color Coding, Schedule)
<input type="checkbox"/>	Connection Of Material To Everyday Experience	<input type="checkbox"/>	Creation Of A Learning Contract With Specific, Measurable Objectives
<input type="checkbox"/>	Use Of High Interest Reading Materials	<input type="checkbox"/>	Creation Of A Behavior Contract With Specific Measurable Objectives
<input type="checkbox"/>	Alternation Of High Interest And Low Interest Activity	<input type="checkbox"/>	Functional Behavior Assessment And Behavior Plan
<input checked="" type="checkbox"/>	Change Of Seat	<input type="checkbox"/>	Development Of A Reward/Incentive System
<input type="checkbox"/>	Creation Of Leadership Opportunities	<input type="checkbox"/>	Frequent Verbal Reinforcement For Appropriate Behavior
<input type="checkbox"/>	Provision Of Examples Of Appropriate Work/Behavior	<input type="checkbox"/>	Use Of Daily Report
<input checked="" type="checkbox"/>	Utilization Of A Tape Recorder	<input type="checkbox"/>	Native Language Personnel, Assessment, Or Curriculum Supports

***School-Based Assessment Recommended***

This section allows for the team to refer to a school-based behavioral health provider. Each school is linked to behavioral health services (C&E services or SAP services). If a referral for a consultation by a C&E or SAP provider is recommended and completed, you **MUST** document the recommendations made once the consultation/ assessment is completed.

<b>SCHOOL BASED ASSESSMENT RECOMMENDED:</b>			
<input type="checkbox"/>	Assessment By Licensed Drug And Alcohol SAP Provider(*)		
<input type="checkbox"/>	Assessment By Licensed Mental Health SAP Provider (*)		
<input type="checkbox"/>	Referral To Consultation And Education (C&E) Specialists(*)		
<b>RECOMMENDATIONS FROM ASSESSMENT, CHECK ALL THAT APPLY:</b>			
<input type="checkbox"/>	Mental Health Treatment - Agency Based Outpatient	<input type="checkbox"/>	Drug/Alcohol Treatment - Outpatient
<input type="checkbox"/>	Mental Health Treatment - Agency Based Inpatient	<input type="checkbox"/>	Drug/Alcohol Treatment - Inpatient
<input type="checkbox"/>	Mental Health Treatment - School Based Outpatient	<input type="checkbox"/>	Referral To In-School Support/Aftercare Services
<input type="checkbox"/>	Mental Health Treatment - School Based Inpatient	<input type="checkbox"/>	Other Community Services
<input type="checkbox"/>	Mental Health Treatment - SBBH	<input type="checkbox"/>	Juvenile Probation
<input type="checkbox"/>	Mental Health Treatment - CARE	<input type="checkbox"/>	No Treatment Or Other Community Services Recommended
<input type="checkbox"/>	Mental Health Treatment - Partial Hospitalization	<input type="checkbox"/>	Information Not Available
<input type="checkbox"/>	Mental Health Treatment - Traditional Wraparound		

***Community Services Recommended***

This section allows for the team to identify outside services that will need to be contacted to provided additional supports or services for this student.

<b>COMMUNITY/AGENCY SERVICES RECOMMENDED BY CORE TEAM, CHECK ALL THAT APPLY:</b>			
<input type="checkbox"/>	Direct Referral To Health Provider - Agency Based		
<input type="checkbox"/>	Continuing Existing Mental Health Services		
<input type="checkbox"/>	Continuing Existing Drug/Alcohol Services		
<input type="checkbox"/>	Rape Action Center		
<input type="checkbox"/>	Domestic Violence Center		
<b>REFERRAL TO OTHER SOCIAL SERVICE AGENCIES</b>			
<input type="checkbox"/>	Department Of Human Services	<input type="checkbox"/>	Community-Based After-school Program
<input type="checkbox"/>	Family Centers	<input type="checkbox"/>	Community-Based Mentoring Program
<input type="checkbox"/>	Faith-Based Program	<input type="checkbox"/>	Other Community-Based Program
<input type="checkbox"/>	Department Of Public Health District Center	<input type="checkbox"/>	Other Hospital/Community Health Center
<input type="checkbox"/>	Private Health Center Provider	<input type="checkbox"/>	Truancy Prevention Program
<input type="checkbox"/>	Juvenile Probation	<input type="checkbox"/>	Other <input style="width: 100px;" type="text"/>

**SAVE**

***Finalization Page***

The first section addresses whether or not community agencies were effectively accessed. Indicate to what degree the recommended community agencies were accessed. If these agencies were not accessed or only partially accessed check off the reason these agencies were not accessed. You can select multiple reasons.

**Please note: Outcome fields will not be open for data entry until April 1, 2007.**  
**These fields will need to be completed for file to be considered complete.**

<b>WERE RECOMMENDED COMMUNITY/AGENCY SERVICES ACCESSED?</b>					
<input type="radio"/>	Yes	<input type="radio"/>	Some	<input type="radio"/>	No
<b>IF NO OR SOME, INDICATE WHY, CHECK ALL THAT APPLY</b>					
<input type="checkbox"/>	Services Unavailable	<input type="checkbox"/>	Parent/Guardian Refused		
<input type="checkbox"/>	Transportation Problems	<input type="checkbox"/>	Waiting List		
<input type="checkbox"/>	Cost Prohibitive	<input type="checkbox"/>	Pending Or Incomplete		
<input type="checkbox"/>	No Insurance	<input type="checkbox"/>	Other <input style="width: 100px;" type="text"/>		
<input type="checkbox"/>	Insurer Refused To Approve Level Of Care Recommended	<input type="checkbox"/>	Don't Know		

The second section addresses attendance. If a student is no longer attending, check off the reason.

IF STUDENT IS NOT ATTENDING SCHOOL, INDICATE WHY, CHECK ALL THAT APPLY:			
<input type="checkbox"/>	Student Receiving Homebound Instruction	<input type="checkbox"/>	Student Deceased-Non-Suicide
<input type="checkbox"/>	Student Dropped Out	<input type="checkbox"/>	Inpatient Treatment
<input type="checkbox"/>	Student Transferred - Case Closed	<input type="checkbox"/>	Juvenile Detention Facility
<input type="checkbox"/>	Student Absent - Non Compliance	<input type="checkbox"/>	Alternative Education
<input type="checkbox"/>	Student Deceased - Suicide	<input type="checkbox"/>	Student Transferred To Non Public
<input type="checkbox"/>	Student - Relocated	<input type="checkbox"/>	Other <input type="text"/>

The third section addresses the recommended school supports. If all of the school supports were provided, then check off “yes” in the first section. If there was only partial access then check off “some” and then address the reason below. If none of the school supports was accessed, then check off “No” and then address the reason below.

WERE RECOMMENDED SCHOOL SERVICES ACCESSED?					
<input type="radio"/>	Yes	<input type="radio"/>	Some	<input type="radio"/>	No
IF NO OR SOME, INDICATE WHY, CHECK ALL THAT APPLY					
<input type="checkbox"/>	Services Unavailable	<input type="checkbox"/>	Pending Or Incomplete		
<input type="checkbox"/>	Transportation Problems	<input type="checkbox"/>	School Scheduling		
<input type="checkbox"/>	Student Refused	<input type="checkbox"/>	Other <input type="text"/>		
<input type="checkbox"/>	Parent/Guardian Refused	<input type="checkbox"/>	Don't Know		
<input type="checkbox"/>	Waiting List				

The final section of the outcomes addresses overall student performance. Answer the questions based on a review of related data.

PERFORMANCE MEASURES					
THIS STUDENT'S ATTENDANCE HAS					
<input type="radio"/>	Improved	<input type="radio"/>	Remained the same	<input type="radio"/>	Declined
THIS STUDENT'S OVERALL ACADEMIC PERFORMANCE HAS					
<input type="radio"/>	Improved	<input type="radio"/>	Remained the same	<input type="radio"/>	Declined
THIS STUDENT'S OVERALL BEHAVIOR HAS					
<input type="radio"/>	Improved	<input type="radio"/>	Remained the same	<input type="radio"/>	Declined
THIS STUDENT WAS SUSPENDED AFTER INITIAL REFERRAL					
<input type="radio"/>	Yes	<input type="radio"/>	No		
THIS STUDENT VIOLATED D&A POLICY AFTER INITIAL REFERRAL					
<input type="radio"/>	Yes	<input type="radio"/>	No		
THIS STUDENT WAS					
<input type="radio"/>	Promoted	<input type="radio"/>	Graduated	<input type="radio"/>	Retained
<input type="radio"/>				<input type="radio"/>	Other
THIS STUDENT HAS BEEN ENROLLED IN SPECIAL EDUCATION PROGRAMMING SINCE REFERRAL					
<input type="radio"/>	Yes	If Yes, Date of Tier III Referral <input type="text"/>	(mm/dd/yyyy)	<input type="radio"/>	No

**5) Editing a Record/Reviewing an Intervention Plan:**

Any time after you have completed the first page of a record, you can return to it to finish or to add or review information, you can do this via the “Edit Record” function.

To Edit a student’s record, click “Edit Record”. You will be taken to the student search page.

**Edit**

HOME || NEW || PENDING || VIEW || ARCHIVE || TRANSFER || GOAL UNMET || ROLES

**Edit Records**  
**Cases Found: 6**

Note: The Case count reflects only the cases of students who are in your school currently.  
 This count does not include the cases who were transferred out of your school during this school year!

Action	Student Name	Student Transferred	Initial Date	Review Date	Goals Review Dates		
<input type="button" value="EDIT"/>	██████████	No	09/30/2005	10/30/2005	Goal 1: 03/29/2006	Goal 2: 03/29/2006	
<input type="button" value="EDIT"/>	██████████	No	01/25/2006	02/24/2006	Goal 1: 10/10/2006	Goal 2: 10/10/2006	
<input type="button" value="EDIT"/>	██████████	No	04/11/2005	05/11/2005	Goal 1:	Goal 2:	Goal 3:
<input type="button" value="EDIT"/>	██████████	No	09/28/2000	10/28/2000	Goal 1: 03/29/2006	Goal 2: 03/29/2006	
<input type="button" value="EDIT"/>	██████████	No	11/03/2003	12/03/2003	Goal 1: 03/21/2006	Goal 2: 10/10/2006	Goal 3: 10/10/2006
<input type="button" value="EDIT"/>	██████████	No	01/13/2006	02/12/2006	Goal 1: 05/28/2006	Goal 2:	

You then select the student whose information you would like to edit. You are then directed to the same page that you worked on when creating a new record. From here you will be able to make all the necessary adjustments to this record. This includes updating the goal section. If interventions have proven to be unsuccessful or if goals/indicators are no longer appropriate, the plan should be updated.

**6) Viewing a Record:**

This feature allows for you or your principal to view a summary form for quick access to information. To access this function, click “View ” on Main Menu page.

**7) Additional Notes:**

**Student Transfer:** If a student is transferring from one school to another, and CSAP has been started, the CSAP record will become accessible at the new site once the student’s location number has changed. **Because only one record can be created per year for each student, we recommend that before your team begins to add/edit information based on the intervention plan at your site, you print a hard copy of the previous school’s work.**

**Additional Goals:** To ensure that support plans are manageable, the program allows for only four goals. We encourage you and your team to adhere to this limit. However, if you begin with

four goals and then want to add a goal, you will need to either delete goal or type additional information in an indicator text box.

### 8) Archives:

Once you click on archive in the main menu you will be directed to a student search page. From this page you can look for student records from 2004 – 2005 and 2005 – 2006. You select which year you would like to search by selecting it from the drop down labeled: School Year.

Archives exist from 2002 – 2003 and from 2003 – 2004. You access these records through the word “Help” on tool bar at the top of the page.

**Search Archive**

HOME || NEW || PENDING || VIEW || ARCHIVE || TRANSFER || GOAL UNMET || ROLES

Search for an archived CSAP student record

Student ID :

Last Name :

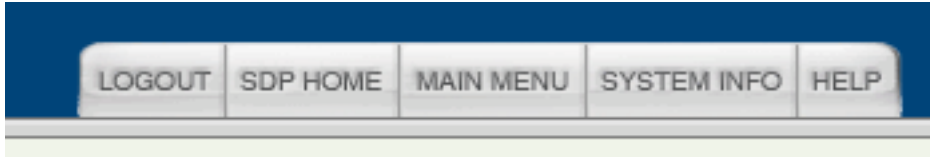
First Name:

School Year:

SEARCH

**9) Help:**

In the tool bar at the top of every page is a link to the “Help” page.



This will take you to a help page that has many links to different resources.

<p>If you want to print the entire CSAP form, click on blank CSAP form.  <a href="#">Blank CSAP Form</a></p> <p>If you want to print a particular section of the CSAP form, click the appropriate form.</p> <ol style="list-style-type: none"> <li>1. <a href="#">Demographics form</a></li> <li>2. <a href="#">Code of Conduct form</a></li> <li>3. <a href="#">Strengths/Concerns form</a></li> <li>4. <a href="#">Parent/Guardian Involvement CSAP form</a></li> <li>5. <a href="#">Goals CSAP form</a></li> <li>6. <a href="#">School/Community Supports &amp; Services CSAP form</a></li> <li>7. <a href="#">Finalizing CSAP form</a></li> </ol>		
<p><a href="#">User Manual</a></p>	<p><a href="#">List of Referral Providers</a></p>	<p><a href="#">List of Academic/Behavioral Goals</a></p>
<p>CBH Member Services Team 1-888-545-2606</p>		
<p><a href="#">Click here to go to 2002-2003 CSAP login page</a></p>		
<p><a href="#">Click here to go to 2003-2004 CSAP login page</a></p>		

**Questions/Concerns?** Your regional OSS CSAP / BH Liaison will be able to assist you.