Independent School Districts

Random Moment Time Study

Participant Response Drop-down Changes
Moment – Questions for all participants

WHO Was With You?

WHAT Were You Doing?

WHY Were You Performing this Activity?
Response -

Question: Who was with you?

1. Who was with you?

Please select an answer...

- Special Ed student
- Student - Not Special Ed
- Student with learning disability (dyslexia, language difficulty, reading difficulty, math difficulty, etc.)
- Multiple students
- Teachers, Aides, or School Administrator(s)
- Related Service Provider
- Parent, Guardian, or Caregiver
- No one, alone
- Not Working
- Other - please specify below
Response – Drop Downs

Question: Who Was With You?

1. Special Ed student
   - With health Impairment (chronic medical condition)
   - With physical disability
   - With intellectual disability (IDD)
   - With mental health/psychological disability (emotionally disturbed, etc.)
   - With autism

2. Student not Special Ed

3. Student with learning disability (dyslexia, language difficulty, reading difficulty, math difficulty, etc.)

4. Multiple students
   - All with either a disability or medical impairment
   - Some with disability or medical impairment and some with no disability or impairment
   - All without any disability or medical impairment
Response – Drop Downs

Question: Who Was With You?

5. Teachers, Aides, or School Administrator(s)
6. Related Service Provider
7. Parent, Guardian or Caregiver
8. No one, alone
9. Not Working
   - Paid time off
   - Unpaid time off
10. Other
Response –

Question: What were you doing?

2. What were you doing?

Please provide a 2-4 sentence description of the ONE activity/service that you were MOST involved in (i.e. teaching, therapy, supervision, cueing, staff meeting, prompting, reading, lunch, monitoring, testing, redirection, evaluation, etc.) Do not use proper names or acronyms.
Response –

Question: What were you doing? (Text Box)

Please provide a 2-4 sentence description of the ONE activity/service that you were MOST involved in (teaching, therapy, supervision, cueing, staff meeting, prompting, reading, lunch, monitoring, testing, redirection, evaluation, etc.)

Please keep in mind:

- When providing PCS the “WHAT” is more about why the student needs your support rather than what is going on in the class.
- You are describing exactly what took place only in the 60 seconds of the moment.
- The person coding the moment has no background or knowledge of ISD job descriptions; tasks performed or what Special Education is.
- Don’t use acronyms in the description.
- Don’t use people’s names in the responses.
- If not working, indicate if it was paid or unpaid time off.
Response –

Question: Why were you performing this activity?

To ensure safety for student(s) from self, others, environment that they cannot perceive independently
To keep the student on task, in seat, awake that they cannot manage independently
To assist the student physically
To assist the student intellectually (read or repeat instructions, demonstration, hand over hand)
To assist the student toileting
To monitor the student that requires supervision or physical assistance
To transition the student that requires supervision or physical assistance
To assist the student feeding/eating that requires supervision or physical assistance
To monitor/intervene with behaviors (aggression, self-stimulation, verbal interference, etc.)
To provide classroom instruction
To supervise students in general population
To provide medication/medical care/first aid
To provide therapy (Speech, OT, PT, Sensory stimulation)
To conduct assessment/evaluation
To provide or obtain information to or from a student’s family
To determine student’s/family’s eligibility for Medicaid/Health benefits
To determine student’s/family’s eligibility for other programs/benefits
To upgrade professional skills through training
To improve social/vocational/educational services for the district’s students
To improve health related services for the district’s students
To coordinate/provide transportation
To coordinate/provide translation
To provide counseling
To participate in a meeting
Not Working
Other - please specify below
Response – Drop Downs

Question: Why were you performing this activity?

1. To ensure safety for student(s) from self, others, environment that they cannot perceive independently
   - Per IEP
   - Without IEP

2. To keep the student on task, in seat, awake that they cannot manage independently
   - Per IEP
   - Without IEP

3. To assist the student physically
   - Per IEP
   - Without IEP

4. To assist the student intellectually (read or repeat instructions, demonstration, hand over hand)
   - Per IEP
   - Without IEP
Question: Why were you performing this activity?

5. To assist the student toileting
   - Due to disability (cognitive, physical, or mental health) – Per IEP
   - Due to disability (cognitive, physical, or mental health) – Without IEP
   - As part of age appropriate toilet training (Pre-K and Kindergarten)

6. To monitor the student that requires supervision or physical assistance
   - Per IEP
   - Without IEP

7. To transition the student that requires supervision or physical assistance
   - Per IEP
   - Without IEP

8. To assist the student feeding/eating that requires supervision or physical assistance
   - Per IEP
   - Without IEP
Response – Drop Downs

Question: Why were you performing this activity?

9. To monitor/intervene with behaviors (aggression, self stimulation, verbal interference, etc.)
   - With BIP (Behavioral Intervention Plan) Per IEP
   - With BIP (Behavioral Intervention Plan) Without IEP
   - Without BIP - Per IEP
   - Without BIP - Without IEP

10. To provide classroom instruction

11. To supervise students in general population

12. To provide medication/medical care /first aide
   - Per IEP
   - Without IEP

13. To provide therapy (Speech, OT, PT, Sensory stimulation)
   - Per IEP
   - Without IEP
Question: Why were you performing this activity?

14. To conduct assessment/evaluation
   - Full Individual Evaluation (FIE) for Special Ed determination
   - Academic Assessment
   - Hearing/Vision Assessment
   - Speech, OT, PT, Nursing or Nutritional Assessment

15. To provide or obtain information to or from student’s family
   - Regarding SHARS (School Health and Related Services)
   - Regarding all other services

15. To determine student’s/family’s eligibility for Medicaid/Health benefits

16. To determine student’s/family’s eligibility for other programs/benefits

17. To upgrade professional skills through training
   - Through medical/health related training
   - Through educational training
Question: Why were you performing this activity?

18. To improve social/vocational/educational services for the district’s students
19. To improve health related services for the district’s students
20. To coordinate/provide transportation
   - For medical services for a specific student
   - For social/vocational/educational purposes
21. To coordinate/provide translation
   - For medical services for a specific student and/or student’s family
   - For social/vocational/educational purposes
22. To provide counseling
   - Academic Counseling
   - Vocational Counseling
   - Mental Health Counseling per IEP
   - Mental Health Counseling without IEP
   - Other
Question: Why were you performing this activity?

23. To participate in a meeting
   - Staff – Academic discussion
   - Staff – SHARS Medical/Medicaid discussion
   - IEP – Academic discussion
   - IEP - SHARS Medical/Medicaid discussion
   - Other

24. Not working
   - Paid Time Off
   - Unpaid Time Off

25. Other
   Please explain why you chose the answer “Other” – please specify below
Complete Time Study - Review and Submit (Print)

Random Moment Time Study

CONGRATULATIONS KIM KASNER, YOU HAVE COMPLETED THE TIME STUDY!

Random Moment Time: 04/01/2015, 08:41 AM Central Time

Thank you for participating in the time study! You have now completed the necessary steps required for participation. We appreciate your participation in this important program. You may now logout or close this window.

Print Confirmation Receipt

Reference Materials
- RMTS Information Website (TX - HHSC)
- RMTS Participant Manual 2-11-09

Do You Need Help?
For any additional questions, please contact the Fairbanks Client Information Center at (888) 321-1225.

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Complete Time Study -
Review and Submit (Confirmation Receipt)

Random Moment Time Study

TARA MADRIGAL, YOUR TIME STUDY IS COMPLETE AND WAS CERTIFIED BY FAIRBANKS AT 04/10/2015, 09:10 AM CENTRAL TIME.

Random Moment Time: 04/08/2015, 08:59 AM Central Time

Here are your answers:

Who was with you?
Student, Special Ed (Age 3-20)

What were you doing?
I was providing a direct medical service to the child.

Why were you performing this activity?
To provide an educational service as defined on a student's IEP

Print

For questions, please contact Fairbanks LLC Client Information Center: (888) 321-1225 or info@fairbanksllc.com

Welcome: [Redacted] (Logout)
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