This principle is one of the 10 evidence-based principles, identified in a scoping review, that can guide the organization and delivery of services for students with disabilities in integrated classrooms.

**Building students' capacities by using whole-class instructional methods and interventions, and then gradually adapting or adding specific interventions according to individual student needs and their responses to previous interventions.**

**References:**


**Principle 10: Multi-Level Services**

Dana Anaby, Chantal Camden and the GOLDs/OR Group

dana.anaby@mcgill.ca
chantal.camden@usherbrooke.ca
**EXAMPLES**

- **Graduated supports (prevention-to-intervention) for young children with chronic conditions** (Bagnato et al., 2004)

- **Adjusting supports as children with traumatic brain injury move through the recovery process and gradual return to school** (Gioia et al., 2014)

- **Tiered individual remediation plans offered for middle school students with at-risk behaviour** (Johnson, 2012).

---

**Evidence & OUTCOME**

In combination with other principles, multi-level services:

- Are effective in improving, with increased intervention dosage, teachers’ management of behaviours in children (Li-Grinning et al., 2014)

- Increase student attention and improve classroom behaviours as rated by teachers (Holmes et al., 2015)

- Improve measures of student achievement for students in disadvantaged areas (Johnson, 2012)

---

**Application IDEAS**

- Having clear procedures in place for determining the appropriate tier or level of intervention for each student

- Determining risk status for entering and exiting a tier

- Providing training or having a professional available for supervision of a class to provide feedback and consultation on grading activities to fit student needs