

RTI Team Teacher Referral Form

Please answer the questions below so that we will be better prepared at the initial RTI meeting to discuss the needs and challenges of this student.

Student Name: _____ Grade: _____

Person(s) on Team Making Referral: _____ Date: _____

Date Parent Was Contacted About This RTI Referral: _____

Teacher who made contact? _____

DO NOT CONTINUE COMPLETING THIS FORM UNTIL PARENTAL NOTICE OF THIS REFERRAL HAS OCCURRED

What is this child's last STAR ELA percentile? _____

What is this child's last STAR Math percentile? _____

Current School or Agency Support Services or Program(s) in Place for This Student (e.g., counseling, tutoring, etc.):

What are several strengths, talents, or specific interests for this student?

1. _____
2. _____
3. _____

Instructional Information

What targeted behaviors have been identified that need to be addressed for this student? (Should be evident in student work samples.) List the specific academic, social, emotional, or medical factors that seem to negatively affect the student's progress. (If the problem is primarily *behavioral*, how often does the problem occur, how intense is it, and for how long does the problem last? If the problem is primarily *academic*, what specific deficits does the student have in particular academic skills or competencies?)

Interventions Attempted: Please describe specific attempts that have made this year to meet this student's academic, social, and/or emotional needs:

Dates attempted (minimum 10 days)	Targeted Behavior	Intervention/Strategy (refer to Tier 1 Database)	Method of Collecting Data	Results

Was the intervention successful?

- Yes - continue
- No - go to next step

Next Steps

Dates attempted (minimum 10 days)	Targeted Behavior	Intervention/Strategy (refer to Tier 1 Database)	Method of Collecting Data	Results

Please submit the data you have collected for the interventions with this form. In addition, a minimum of 4 work samples MUST be included to proceed with the RTI referral. Work samples may include: writing samples in student's handwriting, tests that show difficulties, classwork not homework, labs with data and Document Based Questions (DBQ), math worksheets with calculations.

Multiple choice tests, fill-ins, matching or any other work that does not show original student ideas or thought processes are not appropriate and should not be included.

Thank you, RTI team

**SOUTH ORANGETOWN MIDDLE SCHOOL
RESPONSE TO INTERVENTION (RTI) PLAN**

Student Name:

Grade:

Gender: M F

Members Present:

Academic concerns:

Follow Up Date:

INTERVENTION ONE: Tier (circle one) I II III		
Intervention:	Minutes: Frequency (3x per wk): Duration (total # of wks):	Implemented by:
	Desired Outcome:	Determination: <input type="checkbox"/> Outcome Achieved Continue Intervention <input type="checkbox"/> Move to next tier (see attached) Follow-up Date: _____ Date by which liaison will check progress with person implementing intervention
	How Success of Intervention will be measured:	
INTERVENTION TWO: Tier (circle one) I II III		
Intervention:	Minutes: Frequency (x per wk): Duration (total #of wks):	Implemented by:
	Desired Outcome:	Determination: <input type="checkbox"/> Outcome Achieved <input type="checkbox"/> Continue Intervention <input type="checkbox"/> Move to next tier (see attached) Follow-up Date: _____ Date by which liaison will check progress with person implementing intervention
	How Success of Intervention will be measured:	
INTERVENTION TWO: Tier (circle one) I II III		
Intervention:	Minutes: Frequency (x per wk): Duration (total # of wks):	Implemented by:
	Desired Outcome:	Determination: <input type="checkbox"/> Outcome Achieved <input type="checkbox"/> Continue Intervention <input type="checkbox"/> Move to next tier (see attached) Follow-up Date: _____ Date by which liaison will check progress with person implementing intervention
	How Success of Intervention will be measured:	