

INITIAL RTI FORM

Please return this completed form to a RTI Team member in preparation for discussing student needs at a RTI meeting. Review the RTI ORDER of PROCEDURES CHECKLIST as you begin this process for problem solving.

STUDENT GENERAL INFORMATION Date

Student Name: _____ Date of Birth: _____ Grade/ School Year: _____

Dominant Language: _____ (attach home language survey, bilingual questionnaire, and language proficiency levels if English Language Learner)

Person(s)/Teacher/Data Team Making Request: _____

Please note any medical or health concerns for this student: (identify medication if known) _____

Date/Results: Vision Screening: _____ Hearing Screening: _____

Attendance Summary: # of absences _____ out of # of school days so far _____

of tardies _____ (identify specific class if appropriate) _____

Years in School (pre K-12): _____

Number of Previous Schools Attended: _____

Grade(s) Repeated: _____

Current school or agency support services or program(s) currently in place for this student (e.g., counseling, tutoring, etc.):

ACADEMIC/BEHAVIORAL INFORMATION

Please use the guide below to provide the most *current* information on the assessment pieces that are available to you at this time.

Current Grades: Date: _____ (attach report card if available)	CSAP DATA: Date: _____ (attach graphs if available)	NWEA/Ed.Performance/ Edison/TeraNova (attach graphs if available)	Benchmarks/ Progress Monitors (CBM) Check probe being used and attach graphs. GET IT, GOT IT, GO:
Reading _____ Language Arts _____ Math _____ Spelling _____ Writing _____ Science _____ Social Studies _____ Other _____	Area Classification Reading U PP P Adv. Writing U PP P Adv. Math U PP P Adv. Science U PP P Adv.	Date: _____ Area Score Av.Range Reading _____ Writing _____ Math _____ Other _____	PN _____ Rhyming _____ Allit. _____ DIBELS: ISF _____ LNF _____ PSF _____ NWF _____ ORF _____ Retell _____ Word Use Fluency _____ AIMSWEB: Early Literacy: LNF _____ LSF _____ PSF _____ NWF _____ Early Numeracy: OC _____ NI _____ QD _____ MN _____ Reading: ORF _____ MAZE _____ Math: MC _____ MFacts _____ Writing: Spelling _____ Wr.Exp. _____

Attach SWIS data if available.	Number	Date(s)	Describe Incident or Concerns
Office Referrals/minors			
In School Suspension			
Out of School Suspension			
Expulsion			

Student Name: _____

Teacher Name: _____

UNIVERSAL INTERVENTIONS & PROBLEM-IDENTIFICATION INFORMATION

Requests for assistance with problem solving team must be based upon observable academic or behavioral performance. Isolated instances of negative learning behaviors/unsatisfactory or outstanding performance are generally not grounds for request; however, if basic trends are evident, a request would be appropriate. Please mark all interventions implemented to enhance your universal curriculum and instruction prior to making this request.

Remember, “ *If it is not written down, then it didn’t happen.*”

Intervention Area	Interventions Implemented	Explain Specifics and Results of Each Intervention, including length of time implemented
Focus	Pre-teaching or Additional Practice <input type="checkbox"/> Explicit Instruction (narrowed instructional focus on a specific skill) <input type="checkbox"/> Systematic Sequential Instruction (instruction in incremental steps) <input type="checkbox"/> Frequent Distributed Practice (such as throughout the day) with Corrective Feedback	
Intensity	Change Instructional Group Size <input type="checkbox"/> Small group (6 – 10) <input type="checkbox"/> Small group (2 – 5) <input type="checkbox"/> Individualized	
Time	Increase Instructional Time <input type="checkbox"/> Increase amount of time <input type="checkbox"/> Increase frequency of times instructed	

PLEASE CHECK ALL RELEVANT ITEMS & ALSO MARK (WITH 1,2,3) THE 3 MAIN AREAS OF CONCERN TO TARGET INTERVENTIONS :

ACADEMIC CONCERNS:

READING:

MATH:

WRITTEN LANGUAGE

OTHER:

Phonemic Awareness

Calculation

Spelling

Oral Expression

Phonics

Problem Solving

Composition

Speech: Articulation

Fluency

Listening Comprehension

Vocabulary

Handwriting

Comprehension

Description/Explanation of Main Academic/Behavior Concerns: _____

Use this space to document any parent communication regarding the student’s academic and/or behavior concern being addressed in Tier I. Please note that when a request to the RTI team is made (Tier II), a parent contact is required to notify parents of the RTI process and to invite them to their child’s first RTI meeting. Phone, email, personal conference, and written contact are all acceptable.

Date	How Contacted	Person Contacted	Content of Communication

Attached is the completed PARENT CONTACT & INFORMATION FORM of (date) _____

Attached is the completed STUDENT INTERVIEW FORM of (date) _____

Attached is the completed CLASSROOM OBSERVATION FORM of (date) _____