***CONFIDENTIAL*** Date

|  |  |  |
| --- | --- | --- |
| Student- | School – | Teacher- |

Grade:       Age:       Date of Birth:       Language Spoken at Home:

**Torrington Public Schools**

**Teacher Request for RTI Meeting**

**PRIOR TO INITIATING A STUDENT RTI TEAM MEETING:**

1. Complete background information in Section A below.

2. Confer with colleagues and document interventions and outcomes in Section B.

A. Background Information/Area(s) of Concern:

|  |  |  |  |
| --- | --- | --- | --- |
| Reading | Math | Behavioral | Fine Motor |
| Writing | Content | Communication | Gross Motor |

Review the student’s records. Educational History:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Previous RTI Student | Repetition of grades | Transfer Student | Poor attendance | Health issues |
| ESL | Preschool Experience | 504 Student | Other | |

B. Collaborative effort to address concern

Staff Consulted:

|  |  |  |
| --- | --- | --- |
| **Intervention/Accommodation**  [Refer to **RtI SUGGESTED STRATEGIES CHECKLIST**] | **Dates**  **From…………….To** | **Outcome** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*If more room is needed, continue documenting and attach.*

IF CONCERN PERSISTS:

**1. Record current data on reverse.**

**2. Schedule an RTI meeting.**

**3. Contact parent(s) and/or guardian(s)**

**Date of Contact:**

**Communication by means of:**  Email  Phone Call  Letter Home  Parent Meeting

**Result:**  Left a message  Spoke to parent/guardian  No answer/voicemail

**Outcome**:

***CONFIDENTIAL*** Date

|  |  |  |
| --- | --- | --- |
| Student- | School - | Teacher- |

**Student Performance History**

If attendance concern, bring a print off of the attendance history from Power School

History of Language Arts Assessment(s)

History of Math Assessment(s)

LAS Scores

CMT Scores

**Informal Assessments /Student Work Samples** [Attach if helpful to support your concern]

Scores: Tests/Quizzes

Overall Grades

**Reading Concern(s):** *[Check only those that apply]* **Comment:**

Phonological / phonetic reading skills

Reading fluency

Sight vocabulary

Visualization

Reading Comprehension – Questioning/Predicting

Reading Comprehension – Interpretation

Reading Comprehension – Reflection

Inferring

Other: *specify*

**Writing Concern(s):** *[Check only those that apply]* **Comment:**

Written expression

Spelling

Elaboration

Organization

Fluency

Other:*specify*

**Math Concern(s):** *[Check only those that apply]* **Comment:**

Difficulty with math language (directions/instructions/math discourse/vocabulary)

Basic skills/mental math strategies

Math concepts

Computation

Problem Solving Skills

Other: *specify*

**Health *(See school nurse for input)***

Vision concerns

Hearing concerns

Medication(s): *specify*

Other: *specify*

***CONFIDENTIAL*** Date

|  |  |  |
| --- | --- | --- |
| Student- | School - | Teacher- |

**Behavior / Work Ethic**

Does not follow directions

Off task, unfocused

Aggressive behavior toward self

**Observable Behavior Rating Scale**

0 – Never

1 – Occasionally

2 - More than average for age

3 - Always

Aggressive behavior toward others

Unresponsive (head down, etc…)

Not listening / distracted

Argumentative / defiant

Disrupting others

Inappropriate language

Leaves room without permission

Does not follow routines and procedures

Does not complete assignments as expected

Does not complete homework assignments

Other: *specify*

**Inappropriate Behavioral Setting**

Upon entering school

**Observable Behavior Rating Scale**

0 – Never

1 – Occasionally

2 - More than average for age

3 - Always

Before lunch, during lunch, after lunch

Hallways

Dismissal

Bus

During class/independent work

During class/teacher directed

A.M. and/or P.M.

Before medication

Other: *specify*

**Student Strengths**

Multiple Intelligences (spatial, linguistic, logical, mathematical, bodily-kinesthetic, musical, interpersonal, intrapersonal, naturalistic, existential):

Student Characteristics (things that the student does well naturally)

Other

**Notes:**

***CONFIDENTIAL*** Date

|  |  |  |
| --- | --- | --- |
| Student- | School - | Teacher- |

**RTI SUGGESTION STRATEGY CHECKLIST**

***FOR THE REGULAR EDUCATION CLASSROOM* [*Note if effective or not [Use+ for yes and – for no]***

**INSTRUCTIONAL STRATEGIES**

|  |  |
| --- | --- |
| Break the workload into chunks | Highlight key words |
| Modified content | Concrete examples (charts, pictures, number lines) |
| Check work in progress | Review directions |
| Extra drill and practice | Repeat instructions |
| Use of manipulatives | Daily feedback |
| Multi-sensory approach | Oral reminders |
| Visual reinforcement | Display key vocabulary |
| Provide models |  |

**Notes:**

**BEHAVIORAL MANAGEMENT/SUPPORT**

|  |  |
| --- | --- |
| Positive reinforcement | Behavior intervention plan |
| Cue expected behavior | Individual/small group support |
| Clear expectations | Conference or phone contact with parent |
| Proximity/touch control | Conference with student |
| Structure transitions | Teacher detention |
| Behavior contracts | Loss of privilege |
| Set/post classroom rules |  |

**Notes**:

**CLASSROOM STRATEGIES**

|  |  |
| --- | --- |
| Clear work area | Small groups with paraprofessional |
| Buddy system | Work independently |
| Preferential seating | Social groups (lunch, recess, etc.) |
| Small group instruction | Other (explain): |

**Notes**:

**ORGANIZATION**

|  |  |
| --- | --- |
| Give one paper at a time | Post routines/agenda |
| Daily assignment list | Post assignments |
| Desktop list of tasks | Agenda |
| Folders to hold work | Pencil box |
| List of sequential steps | Graphic organizers |
| Provide a study guide |  |

**Notes**:

**TEST/QUIZZES/ASSESSMENTS**

|  |  |
| --- | --- |
| Extra time on tests/projects/written work | Simplify test wording |
| Shortened tasks | Study group/guide |
| Check-in dates for long projects | Tests/quizzes read |
| Extra response time | Other (explain): |

**Notes:**

***CONFIDENTIAL*** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Student- | School - | Teacher- |

**School to Home Communication Log (Handwritten)**

**HOME CONTACT OF TEACHER CONCERN:**

**Date of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Communication by means of:** \_\_\_\_Email \_\_\_\_Phone Call \_\_\_\_Letter Home \_\_\_\_Parent Meeting

**Result:** \_\_\_\_Left a message \_\_\_\_ Spoke to parent/guardian \_\_\_\_No answer/voicemail

**Additional Comments**:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***CONFIDENTIAL*** Date

|  |  |  |
| --- | --- | --- |
| Student- | School - | Teacher- |

**School to Home Communication Log (Electronic Version)**

**HOME CONTACT OF TEACHER CONCERN:**

**Date of Contact:**

**Communication by means of:**  Email  Phone Call  Letter Home  Parent Meeting

**Result:**  Left a message  Spoke to parent/guardian  No answer/voicemail

**Additional Comments**:

**Date of Contact:**

**Communication by means of:**  Email  Phone Call  Letter Home  Parent Meeting

**Result:**  Left a message  Spoke to parent/guardian  No answer/voicemail

**Additional Comments**:

**Date of Contact:**

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