***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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**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

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**Additional Comments**:

**Date of Contact:**

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**Date of Contact:**

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**Additional Comments**: