

Sheffield-Sheffield Lake City Schools RTI Team Student Referral

What is the purpose of this referral?

_____ Intervention/Strategy Brainstorming

_____ Tier 1 Intervention Review

Prior to the Meeting:

	Parent notified by classroom teacher
	Observation Checklist completed & attached, Form B
	Tier 1 Classroom Intervention Plan completed & attached, Form C (only necessary for Tier 1 Intervention Review meetings)
	Progress Monitoring Data collected & attached (only necessary for Tier 1 Intervention Review meetings)

Student Information

Student:	Grade/Homeroom Teacher:
Date of Birth:	Referring Teacher:
Parent/Guardian:	Phone #:
Check any that apply: _____ Current IEP _____ Current 504 Plan _____ Current Behavior Plan _____ RIMP _____ Retention _____ Assigned _____ Previous evaluation/services _____ Attendance Concerns _____ Medical issues/Diagnosis: _____ _____ District Transfer(s): _____	

Reason for Referral:

Circle/Highlight the Area: Academic Behavior/Attendance Social-Emotional

Student Strength(s)	Evidence Observed	Comments

Student Weakness(es)	Evidence Observed

Date Received: _____

Meeting Date: _____

Sheffield-Sheffield Lake City Schools
RTI Team Observation Checklist K-5
Check all that apply.

Reading	
<input type="checkbox"/>	Difficulty with letter names
<input type="checkbox"/>	Difficulty with letter sounds
<input type="checkbox"/>	Difficulty with phonemic awareness
<input type="checkbox"/>	Difficulty with phonics
<input type="checkbox"/>	Limited reading vocabulary
<input type="checkbox"/>	Dysfluent reading
<input type="checkbox"/>	Difficulty with reading comprehension
<input type="checkbox"/>	Other:

Perceptual/Motor Skills	
<input type="checkbox"/>	Difficulty with coordination
<input type="checkbox"/>	Difficulty with body space awareness
<input type="checkbox"/>	Difficulty with letter formation
<input type="checkbox"/>	Difficulty with spacing
<input type="checkbox"/>	Letter/number reversals
<input type="checkbox"/>	Difficulty copying from the board/book
<input type="checkbox"/>	Difficulty with directional tracking
<input type="checkbox"/>	Other:

Written Expression	
<input type="checkbox"/>	Difficulty with writing speed
<input type="checkbox"/>	Difficulty with spelling
<input type="checkbox"/>	Difficulty with writing mechanics
<input type="checkbox"/>	Difficulty expressing thoughts in writing
<input type="checkbox"/>	Difficulty organizing thoughts in writing
<input type="checkbox"/>	Other:

Attention and/or Organization	
<input type="checkbox"/>	Difficulty with organization
<input type="checkbox"/>	Easily distracted
<input type="checkbox"/>	Difficulty beginning a task
<input type="checkbox"/>	Difficulty completing a task
<input type="checkbox"/>	Under-active/lethargic
<input type="checkbox"/>	Loses or forgets work/materials
<input type="checkbox"/>	Overactive/excessive motor movements
<input type="checkbox"/>	Difficulty following classroom routines
<input type="checkbox"/>	Homework not completed and turned in
<input type="checkbox"/>	Other:

Mathematics	
<input type="checkbox"/>	Difficulty understanding number sense
<input type="checkbox"/>	Difficulty with basic operations
<input type="checkbox"/>	Difficulty with Addition fact fluency
<input type="checkbox"/>	Difficulty with Subtraction fact fluency
<input type="checkbox"/>	Difficulty with Multiplication fact fluency
<input type="checkbox"/>	Difficulty with Division fact fluency
<input type="checkbox"/>	Difficulty solving word problems
<input type="checkbox"/>	Other:

Social/Emotional	
<input type="checkbox"/>	Lacks motivation
<input type="checkbox"/>	Lacks self-control
<input type="checkbox"/>	Easily frustrated
<input type="checkbox"/>	Sudden change(s) in mood
<input type="checkbox"/>	Inconsistency in performance
<input type="checkbox"/>	Seeks frequent approval
<input type="checkbox"/>	Interrupts/distracts class
<input type="checkbox"/>	Verbally aggressive toward others
<input type="checkbox"/>	Physically aggressive toward others
<input type="checkbox"/>	Difficulty interpreting social cues
<input type="checkbox"/>	Difficulty making/keeping friends
<input type="checkbox"/>	Difficulty accepting responsibility for behavior
<input type="checkbox"/>	Easily influenced by others
<input type="checkbox"/>	Poor self-concept
<input type="checkbox"/>	Expresses thoughts of dropping out
<input type="checkbox"/>	Legal issues
<input type="checkbox"/>	Sleeps in class/lethargic
<input type="checkbox"/>	Poor hygiene or deterioration in appearance
<input type="checkbox"/>	Home support concerns
<input type="checkbox"/>	Wellness concerns-briefly explain below
<input type="checkbox"/>	Seems tense and edgy
<input type="checkbox"/>	Frequent psychosomatic complaints/nurse visits
<input type="checkbox"/>	Other:

Listening Comprehension	
<input type="checkbox"/>	Difficulty understanding spoken language
<input type="checkbox"/>	Difficulty following verbal directions
<input type="checkbox"/>	Other:

Oral Expression	
<input type="checkbox"/>	Difficulty expressing thoughts and ideas
<input type="checkbox"/>	Limited speaking vocabulary
<input type="checkbox"/>	Other:

Speech	
<input type="checkbox"/>	Stutters
<input type="checkbox"/>	Difficulty articulating speech sounds
<input type="checkbox"/>	Other:

Memory	
<input type="checkbox"/>	Difficulty retaining information over time
<input type="checkbox"/>	Difficulty remembering what is seen
<input type="checkbox"/>	Difficulty remembering what is heard
<input type="checkbox"/>	Other:

Tier 1 Classroom Intervention Plan

Student	
Classroom Teacher	
Specific Skill Addressed by Intervention	
Tier 1 Intervention	
Frequency & Duration	
Progress Monitoring Tool	
Goal	
Start Date	

- *A **minimum of three data points** needed to indicate a trend.*
- *For all interventions, **provide either a graph or an organized list** of your data identifying the progress monitoring tool you used to gather that data.*