

CONFIDENTIAL
Torrington High School
Response To Intervention (RTI) Concern

Date: _____

Student Name: _____

Grade: 9 10 11 12

Referring Individual: _____

Title: _____

1. Specific reason for concern: Please check all that apply to student

- Reading Math Behavioral
 Writing Content Attendance
 Other: _____ (please specify)

2. List the student's: (Please list at least one)

<u>Strengths:</u>	<u>Needs:</u>

3. List Previous (Refer to RTI Checklist): (Please list at least two or check off attached list)

<u>Interventions/Modifications</u>	<u>Outcomes:</u>

4. Parental/Guardian Contact(s):

Date(s): _____
 Type of Contact: Email _____ Phone Call _____ Letter Home _____ Parent Meeting _____
 Result: Left a message _____ Spoke to parent/guardian _____ No answer/voicemail: _____

5. Student Contact(s):

Date(s): _____

6. Guidance/Specialist Contact(s):

Date(s): _____

Additional Comments about Parental/Student/Guidance/Specialist Contact(s):

7. Check one: special education student 504 regular education student

Please complete page 2 to the best of your knowledge and return to student's school counselor.

RTI Concern/Report Checklist

Student's Name _____ Date: _____

Teacher/Referring Individual _____

Behaviors: check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Disorganized | <input type="checkbox"/> Forgetful |
| <input type="checkbox"/> Defiant of rules | <input type="checkbox"/> Fails to accept responsibility |
| <input type="checkbox"/> Blames others | <input type="checkbox"/> Uses attention-getting behaviors |
| <input type="checkbox"/> Hyperactive or nervous | <input type="checkbox"/> Appears agitated |
| <input type="checkbox"/> Isolated or withdrawn | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Dishonest | <input type="checkbox"/> Obscene language |
| <input type="checkbox"/> Demonstrates aggressive behavior | |
| <input type="checkbox"/> Steals and or vandalizes other's property | |
| <input type="checkbox"/> Overly sensitive to criticism | |
| <input type="checkbox"/> Other(s): _____ | |

Academic Concerns: check all that apply

- Drop in grades
 - Inconsistent work
 - Lack of motivation
 - Incomplete homework
 - Incomplete classwork
 - Failing quiz grades
 - Change in participation
 - Does not follow directions
 - Gives up easily
 - Other(s): _____
-

Physical Concerns: check all that apply

- Frequently fatigued
 - Sleeping in class
 - Frequent requests for nurse or lav pass.
 - Frequent physical complaints
 - Slurred speech
 - Frequent illnesses
 - Other (s) _____
-

RTI Strategy Checklist:

Please check off ALL strategies that have been tried and whether or not they were successful.

Class-wide supports for work completion/skill acquisition:

- Mini due dates
- Checklists
- Activating/providing background/vocabulary knowledge
- Cooperative learning (teacher or student decided)
- Scaffolding curriculum
- Sign homework agenda
- Extra help outside of regular class time
- Vary pace of instruction
- Incorporate manipulative
- A variety of research based teaching methods
- Pre, During, or Post Reading Strategies
- Graphic organizers (Ex. Anticipation Guide, Point of View Guide, Venn Diagram, etc.)
- Modeling
- Using Visuals
- Reading guides
- Journals
- Study guides
- Real-life application
- Connections to students' life/school experience or interests
- Examples of finished products
- Other (Be Specific)

Class-wide supports for organization and studying:

- Teach system of organization
- Teach study and note taking skills
- Have a classroom notebook or binder available to students

Class-wide supports for behavior or defiance:

- Give students a break to cool themselves down
- Listen actively to your students
- Positive reinforcement/reinforcers

Additional comments regarding strategies used in the classroom including frequency and success

Directions: Please check the area(s) of concern that you may have
Note: This form DOES NOT have to be filled in for students with a 69 or below

Reading Concerns:

- | | |
|---|--|
| <input type="checkbox"/> Phonological / phonetic reading skills | <input type="checkbox"/> Inferring |
| <input type="checkbox"/> Reading fluency | <input type="checkbox"/> Fluency |
| <input type="checkbox"/> Sight vocabulary | <input type="checkbox"/> Academic Vocabulary |
| <input type="checkbox"/> Visualization | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Reading Comprehension (specific area?) _____ | |

Writing Concerns:

- | | |
|---|--|
| <input type="checkbox"/> Written expression | <input type="checkbox"/> Grammar and/or syntax |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Vocabulary |
| <input type="checkbox"/> Elaboration | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Fluency | <input type="checkbox"/> Other _____ |

Math Concerns:

- | | |
|--|--|
| <input type="checkbox"/> Basic skills | <input type="checkbox"/> Computation |
| <input type="checkbox"/> Functions | <input type="checkbox"/> Problem solving skills |
| <input type="checkbox"/> Ratios and proportional relationships | <input type="checkbox"/> Expressions and Equations |
| <input type="checkbox"/> Statistics and Probability | <input type="checkbox"/> Other _____ |

Behavior/Work Ethic Concerns:

- | | |
|--|---|
| <input type="checkbox"/> Does not follow routines and procedures | <input type="checkbox"/> Inappropriate language |
| <input type="checkbox"/> Does not complete assignments as expected | <input type="checkbox"/> Out of seat |
| <input type="checkbox"/> Aggressive behavior toward self/others | <input type="checkbox"/> Calls out |
| <input type="checkbox"/> Does not follow directions | <input type="checkbox"/> Unresponsive (head down) |
| <input type="checkbox"/> Disrupting others | <input type="checkbox"/> Distracted/off task |