

Date:

Hereford ISD

FORM

R

RTI Student Data Referral Form

Step 1

Student Information

Student: _____ Grade: _____ Student ID #: _____

Campus: _____ Teacher: _____

Date of birth: _____ Race/Ethnicity: _____ Gender: _____ SES: _____

Name of Referring Teacher: _____ Signature: _____

Name of Parent/Guardian: _____ Phone: _____

Parent/Guardian contact prior to referral: ____Phone call ____Note home ____Conference

Step 2

Assess Concern(s)

List and describe area(s) of concern with academic progress, if any: _____

List and describe area(s) of concern with behavior, if any: _____

List and describe area(s) of concern with emotional/social development, if any: _____

List and describe other area(s) of concern: _____

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Academic Information - Compare this student to other students on same grade level.

Indicator	Below Average	Average	Above Average
Spoken Language Skills	1	2	3
Reads aloud with fluency	1	2	3
Uses decoding skills	1	2	3
Comprehends text read	1	2	3
Comprehends word meaning	1	2	3
Performs mathematical computations at expected grade level	1	2	3
Applies mathematical reasoning at expected grade level	1	2	3
Processes information and formulates answers quickly	1	2	3
Expresses ideas in writing	1	2	3
Applies Effort / Is motivated	1	2	3
Exhibits organizational skills	1	2	3
Is able to work independently	1	2	3
Is able to work as a member of group	1	2	3
Completes task on time	1	2	3
Retains instruction from week to week	1	2	3

Behavioral Information - Rate student behavior based on observation.

Behavior	Never	Sometimes	Always
Follows classroom rules	0	1	2
Complies with adult requests	0	1	2
Expresses dissatisfaction appropriately	0	1	2
Works cooperatively with peers	0	1	2
Being tasks promptly	0	1	2
Shifts from one uncompleted task to another	0	1	2
Responds appropriately to redirection	0	1	2
Interrupts instruction	0	1	2
Seeks attention from peers	0	1	2
Behavior results in disciplines referrals	0	1	2

Identify the situations where the concerns occur most/least often: _____

Health Information

Attention: School Nurse

Student: _____

Teacher: _____

Return to: _____

by: _____

Vision	Hearing
Date of most recent screening: ____/____/____ Type of screening: _____ Results: <input type="checkbox"/> Within normal limits <input type="checkbox"/> Not within normal limits Rt eye 20/_____ Lt eye 20/_____ <input type="checkbox"/> Yes <input type="checkbox"/> No Further assessment needed <input type="checkbox"/> Yes <input type="checkbox"/> No Recommendations for follow-up treatment	Date of most recent screening: ____/____/____ Type of screening: _____ Results: <input type="checkbox"/> Within normal limits <input type="checkbox"/> Not within normal limits <input type="checkbox"/> Yes <input type="checkbox"/> No Further assessment needed <input type="checkbox"/> Yes <input type="checkbox"/> No Recommendations for follow-up treatment
Comments:	Comments:

____ Yes ____ No

Does this student show any signs of health or medical problems?

____ If yes, please explain: _____

____ Yes ____ No

Is there a need for further assessment or referral of a medical problem?

____ If yes, please explain: _____

____ Yes ____ No

Is this student taking any medication?

____ If yes, please explain: _____

____ Yes ____ No

Is there a medical condition that could interfere with learning?

____ If yes, please explain: _____

____ Yes ____ No

Do you know of other health conditions that could affect this student's school performance? If yes, please explain: _____

(Use back of this form if additional space is needed)

Signature of Nurse_____
Date

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Step 3

Student Strengths/Incentives

- List the strengths the student best demonstrates:

- List incentives/rewards that the student responds to in a positive way:

- The student's preferred learning style is:

___ Visual ___ Auditory ___ Tactile/Kinesthetic

Step 4

Background Information

Home Language Survey

Date completed: _____ Language spoken at home: _____

Language student uses at school: _____

Attendance

This student has been absent _____ days out of _____ school days this year to ____ date.

Reasons for absences: _____

Compared to last year, this student has been absent (*Circle one*):

More

Less

About the Same

Has the student ever been retained? ___ Yes ___ No (*If yes, specify grade levels*): _____

Has the student ever been suspended for disciplinary reasons during the current school year?

___ Yes ___ No (*If yes, explain*): _____

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Step 5

Baseline Data Information

Current Grades

Please list current grades for student:

Student	Grade %	On Grade Level?
	ELA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Reading	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Spelling	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mathematics	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Science	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Studies	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Health/PE	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fine Arts	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Historical Evaluation of Grades

Please indicate the appropriate historical evaluation of grades:

Grades
<input type="checkbox"/> have improved each year
<input type="checkbox"/> have remained the same
<input type="checkbox"/> have dropped each year
<input type="checkbox"/> have dropped suddenly at grade level(s) _____
<input type="checkbox"/> data not available

Discuss historical implications of grades:

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Assessment Data (TAKS, TPRI, ITBS, Mid-Year Assessments)

Please rate this student’s overall test scores:

Scores
<input type="checkbox"/> have improved each year
<input type="checkbox"/> have remained the same
<input type="checkbox"/> have dropped each year
<input type="checkbox"/> have dropped suddenly at grade level(s) _____
<input type="checkbox"/> data not available

Comments regarding assessment: _____

Please bring all assessment data for student to the Tier-2 Initial Meeting including universal screening data, mid-year assessments, classroom assessments, TAKS, TPRI, etc.

Step 4

Interventions Attempted

List the interventions that you have attempted to use to resolve previous concern(s):

Intervention(s)	Begin Date	End Date	Description of Effectiveness

(Use additional notes section at end of form if needed.)

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(Continued from Step 6)

Document Attempts to meet needs within the Core Academic Classroom

Mark the strategies used over a reasonable period of time in response to this student's problem.	Give Duration Cite Evidence describing student being successful or not successful
Alternative reading materials	
Study sheets for review and drill (Advanced organizers)	
Flexible small groups	
Read with student	
1:1 with teacher / aide	
Increase use of manipulatives	
Help from volunteer tutor (adult / peer)	
Increase repetition and drill	
Skill based learning groups	
Increase positive reinforcement	
Break assignments into small steps (segmenting)	
Frequent checks for understanding	
Provide rewards for task completion	
Enlist parent support to review skill at home	
Instructional software (list: _____)	
Alternative math materials	
Other:	
Other:	

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(Continued from Step 6)

Attempts at Concern(s) Resolution

Of the four areas listed below, which have been changed in some way in an attempt to address the concern(s)? Check the area(s) and describe what was attempted. Give duration and describe evidence of student being successful or not successful.

___ **Instruction:** Changing ways the student acquires skills in the classroom

___ **Presentation:** Changing how lessons are delivered and materials are displayed

___ **Materials:** Changing student and teacher materials for instruction

___ **Environment:** Changing the physical learning environment and classroom arrangement

___ **Other:**

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Step 7

Addressing Problem Behavior

Teacher fills out this section ONLY if student is being referred to the RtI for behavioral concerns. *(If behavior is not an issue, skip to Step 8 of this form.)*

Describe the Concern(s)

Use measurable terms to describe the actions and frequency of the concern(s).

Rating the Frequency of Behavior

When does the behavior occur?

Mark each as **0** (Never), **1** (Sometimes), or **2** (Always).

___ During certain types of activities or tasks, such as math or independent work

(Explain): _____

___ On a particular day or days of the week, such as Fridays

(Explain): _____

___ At a particular time or times of the day, such as lunch or transitions

(Explain): _____

___ Under specific environmental conditions, such as in crowds or outdoor recess

(Explain): _____

___ When physically tired, hungry, or sick

(Explain): _____

___ When interacting with certain individuals or groups

(Explain): _____

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Discuss Behavior Concern(s)

Teacher fills out this section ONLY if student is being referred to the RtI team for behavior concerns. (If, behavior is not an issue, skip to Step 8 of this form.)

Describe the specific expectations you have for the student that are not being met.

How have you conveyed your expectations to the student?

Do you think student cannot (is unable to) or will not (is unwilling to) demonstrate the appropriate/desire behavior? Why?

What appropriate/acceptable behavior(s) could the student use as a substitute for the behavior regarded as unacceptable?

(Use additional notes section at end of form if needed)

Additional Notes

(Please indicate the step number that you are referencing.)

[illegible]
