

**Guzman Elementary Response to Intervention
Referral to RTI Team for Tier II or Tier III Intervention**

Please submit completed form to Veronica Izeta

Person Making Referral: _____

Student Name:			Date:
Teacher:		ID#:	DOB:
Current Attendance	_____/_____ Days present Days possible	Tardy	Grade: Age:
Parent/Guardian:		Home / Cell Phone:	

Area of Concern:

<input type="checkbox"/> Reading	<input type="checkbox"/> Writing	<input type="checkbox"/> Math	<input type="checkbox"/> Work Habits	<input type="checkbox"/> Behavior/Emotional
<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Phonics <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary <input type="checkbox"/> Comprehension <input type="checkbox"/> Other _____	<input type="checkbox"/> Conventions <input type="checkbox"/> Ideas/Content <input type="checkbox"/> Spelling <input type="checkbox"/> Organization <input type="checkbox"/> Fluency <input type="checkbox"/> Other _____	<input type="checkbox"/> Number Sense <input type="checkbox"/> Problem Solving <input type="checkbox"/> Fluency <input type="checkbox"/> Computation <input type="checkbox"/> Other _____	<input type="checkbox"/> Organization <input type="checkbox"/> Work Completion <input type="checkbox"/> Attendance <input type="checkbox"/> Other _____	<input type="checkbox"/> Social Skills <input type="checkbox"/> Impulsivity <input type="checkbox"/> Aggression <input type="checkbox"/> Attention <input type="checkbox"/> Other _____

List three strengths and needs on the area of concern that was selected from above:

Strengths	Needs

Assessments:

Test	Date Administered	Performance Level	Scaled Score	Percentile

Have you contacted parents about concerns? No _____ Yes _____
 Parental Support _____ Full _____ Partial _____ No Contact _____

Date of Conference	Purpose of Conference	Outcome of Conference

Contact Nurse

Vision	Hearing	Other health concerns or medications on record
Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Screening Date: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	

Review Cum

Previous Retention ____ No ____ Yes, at grade _____
 Attendance Problem ____ No ____ Yes, at grade(s) _____
 504 Plan ____ No ____ Yes, at grade(s) _____ Outcome _____
 FBA/BIP ____ No ____ Yes, at grade(s) _____ Outcome _____
 Previous Intervention ____ No ____ Yes, at grade(s) _____ Outcome _____
 Please note any other findings from cum with date that team should be aware of:

Date	Information Gathered

Contact other staff that is applicable

Date	Initial Steps/Resources Contacted	Information Gathered

Documented Tier II Interventions Attempted (Please attach: Documentation with Progress monitoring and Evidence)

Goal on Intervention	Dates (beginning – ending)	Student Response to Intervention (data)

What's NEXT?

1. Please make a copy for your records and submit completed referral to Veronica Izeta.
2. You will receive **one** e-mail for an Intervention Meeting date. Please record date and contact V. Izeta, if you cannot attend. Reminder e-mails will not be sent out.
3. On the date of the Intervention Meeting, please bring the following: Cum, Updated Intervention Documentation and Work Samples.