

Hancock County SIS/RTI Referral and Summary Report Form

REFERRAL (Initiated when referring personnel has enough data to support the need for intervention beyond the Core Student Instruction (Tier I, Tier II or Tier III.))

1. Personnel Making Referral

| | |
|-------|--|
| Name: | Is student in Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No Current Eligibility _____ |
|-------|--|

2. Student Identification Information

| | |
|-----------------------|--|
| Name: | Date of Birth: |
| School: | Grade: |
| Teacher(s) Referring: | <input type="checkbox"/> Parent notified that student is placed in RTI. Date: |

Area Addressed (Choose only one area per form.): Reading Writing Math Language Proficiency
 Motor Social Adaptive Speech Emotional Behavioral Communication

(Preschool Only) Area Addressed: Cognitive

Is the child in RTI for another area? Yes No (If yes, the other area should be documented on another form.)

School-based Screening Complete Vision Date: _____ Hearing Date: _____ (Must be within 1 year.)

3. Universal Screening Data Including Current Levels/Stanines (Copy & paste from MAP template.)

4. Referring Comments (Problem Identification and Analysis)

5. Previous Interventions and Results (if applicable)

STUDENT INTERVENTION PLAN Tier II **Begin Date:** _____ **End Date:** _____

6. School-Based Student Intervention Development Committee—List all participants and their position.

7. Plan for Tier II

| Subject Area Standards/ Components to be Addressed | Intervention Strategies/Methods to be Used (Note: Research-based required) | Time Start Date & End Date* |
|--|---|-----------------------------|
| | | |

*(i.e. Tier II is approx. 2 days per week for 30 min. per day in groups of ≤ 5.)

| Personnel Needed | Monitoring Plan—Data Collection: Frequency, charting, analysis method, # of data points to be collected before analysis, and decision rules. |
|------------------|--|
| | |

8. Expected Measurable Goals (AIMSweb or behavioral or other standardized measure)

INTERVENTION SUMMARY REPORT Tier II

9. Intervention Summary Report(s) (NOTE: Supporting documentation may be attached.)

| | |
|---|-------|
| Intervention Personnel Completing Report: | Date: |
|---|-------|

10. Summary of Weekly Interventions for Tier II (Anecdotal Notes and Plans)

11. Intervention Personnel Recommendation

Return to
 Continue
 Move to
 Tier I
 Tier II
 Tier III

12. Summary of Tier II Results

Your summary should include the following statement: Intervention personnel used Name of Intervention to address *Student's* Reading Fluency. The student received X minutes of instruction from Personnel X times per week. Student's goal was to achieve XX WRC. From DD/MM/YY to DD/MM/YY student showed minimal progress / variable progress / insufficient progress. The student showed strengths in , and struggled with . The student fell short of or met his/her goal by achieving XX WRC.

Ex—"Intervention personnel used AMPS (specific program or strategy) to address Timmy's reading comprehension skills. Timmy received 20 minutes of instruction from Mr. Burton 3 times per week. Timmy's goal was to achieve 80% accuracy on 3 stories in a row. From 09/01/13 to 11/01/13, Timmy showed variable progress. Timmy was motivated to do well and put his best effort forward during intervention instruction. He did well answering factual questions, but struggled with inferential questions. Timmy fell short of his goal and reached 75% accuracy on one story throughout the intervention."

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STUDENT INTERVENTION PLAN Tier III

Begin Date:

End Date:

13. Plan for Tier III

| Subject Area Standards/ Components to be Addressed | Intervention Strategies/Methods to be Used (Note: Research-based required) | Time Start Date & End Date* |
|--|---|-----------------------------|
| | | |

**(i.e. Tier III is approx. 3 days per week or more for 30 min. per day in groups of ≤ 3.)*

| Personnel Needed | Monitoring Plan—Data Collection: Frequency, charting, analysis method, # of data points to be collected before analysis, and decision rules. |
|------------------|--|
| | |

14. Expected Measurable Goals (AIMSweb or behavioral or other standardized measure)

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FINAL SCHOOL-BASED COMMITTEE RECOMMENDATION

15. Intervention Summary Report(s) (NOTE: Supporting documentation needs to be attached.)

| | |
|---|-------|
| Intervention Personnel Completing Report: | Date: |
| | |

16. Summary of Weekly Interventions for Tier III (Anecdotal Notes and Plans)

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| |
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17. Committee Recommendation

Return to
 Continue
 Move to
 Tier I
 Tier II
 Tier III
 Refer to District RTI Committee

18. Summary of Tier III Results

Your summary should include the following statement: Intervention personnel used Name of Intervention to address *Student's* Reading Fluency. The student received X minutes of instruction from Personnel X times per week. Student's goal was to achieve XX WRC. From DD/MM/YY to DD/MM/YY student showed minimal progress / variable progress / insufficient progress. The student showed strengths in , and struggled with . The student fell short of or met his/her goal by achieving XX WRC.

Ex—"Intervention personnel used AMPS (specific program or strategy) to address Timmy's reading comprehension skills. Timmy received 20 minutes of instruction from Mr. Burton 3 times per week. Timmy's goal was to achieve 80% accuracy on 3 stories in a row. From 09/01/13 to 11/01/13, Timmy showed variable progress. Timmy was motivated to do well and put his best effort forward during intervention instruction. He did well answering factual questions, but struggled with inferential questions. Timmy fell short of his goal and reached 75% accuracy on one story throughout the intervention."

19. Before moving to District RTI Committee all components of this checklist must be met.

- At least 6 data points of Tier III data is dated after a student began using glasses/hearing aids or began using a new medication to address symptoms of ADHD or other relevant condition.
- The student falls below the average range compared to same age peers (10th %tile) according to AIMSweb or RTI assessments. What %tile does the student fall at: _____ MAP Data _____ RTI Assessments
- Yes No Did this student exhibit behavior that may have negatively impacted their intervention performance? If yes, explain:
- Yes No Does the student have gross motor or fine motor deficits? If yes, explain:
- Yes No Has the student been referred for special education before? If yes, what area?
- List and explain any other factors you feel have not been addressed:

20. School-Based Student Intervention Development Committee Comments

21. School-Based Committee Signatures

| | | | |
|------------|-------|------------|-------|
| Signature: | Date: | Signature: | Date: |
| Signature: | Date: | Signature: | Date: |

DISTRICT RTI COMMITTEE

Begin Date:

End Date:

22. Decision

- Move to Referral Return to School—see comments

District RTI Committee Comments

District RTI Committee Signatures

| | | | |
|------------|-------|------------|-------|
| Signature: | Date: | Signature: | Date: |
| Signature: | Date: | Signature: | Date: |
| Signature: | Date: | Signature: | Date: |
| Signature: | Date: | Signature: | Date: |