**Student Referral to RTI Team**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_\_\_\_\_

Parents/Guardians and Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendance: Current Absences \_\_\_\_\_\_\_\_Last Year’s Absences \_\_\_\_\_\_\_ Retention \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tier\_\_\_\_\_ Date: \_\_\_\_\_ Tier \_\_\_\_\_ Date: \_\_\_\_\_ Tier\_\_\_\_\_ Date: \_\_\_\_\_ Tier \_\_\_\_\_ Date: \_\_\_\_\_

Screenings: Vision: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Hearing: \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Other Schools Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **TCAP/TN Ready** | **Scale Score** | **BB/B/PA/A** |
| ELA |  |  |
| Math |  |  |
| **STAR** | **Percentile** | **Grade Eqiv** |
| Early Lit. |  |  |
| Reading |  |  |
| Math |  |  |
| **AIMSWEB** | **Percentile** |  |
| Math |  |  |
| ELA |  |  |

**Grades:**

ELA: \_\_\_\_\_\_\_\_\_\_\_\_ Math: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Science: \_\_\_\_\_\_\_\_\_ Social Studies: \_\_\_\_\_\_\_\_\_\_\_\_

**Behavior Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Classroom Area of Concern:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reading:** |  |  |  |
| \_\_\_\_\_Phonological Awareness | \_\_\_\_\_Phonics | \_\_\_\_\_Vocabulary | \_\_\_\_\_Fluency |
| \_\_\_\_\_Comprehension | \_\_\_\_\_Written Expression |  |  |
| **Math:** |  |  |  |
| \_\_\_\_\_Numeracy | \_\_\_\_\_Calculation | \_\_\_\_\_Reasoning |  |

**Other Programs and Interventions:** \_\_\_\_\_ESL \_\_\_\_\_SPED \_\_\_\_\_Counseling \_\_\_\_\_Speech/Language