Tier-2 Referral

Completed by the teacher or other school personnel

Student:_____Grade:_____

Date:_____

Campus:-

_____Teacher:_____

_

Name of Referring

Teacher_____

Academic Strengths and Weaknesses: Attach teacher observation form from all teachers

Background Information:

Home language: ☐ English ☐ Spanish ☐ Other

If Spanish is checked, please complete the following.

Educational Program: ☐ Bilingual Program ☐ Exited Bilingual If yes, what grade ___ ☐ LEP ☐ Parent Signed Waiver If yes, what grade:

_____

Is student considered "at risk" ☐ Yes ☐ No Why is the student "at risk"?_____

1. Did not perform satisfactorily on a readiness test (PreK-3)
3. Was not advanced from one grade level to the next
4. Did not perform successfully on TAKS or SDAA the previous or current school year subsequently performed at a level equal to 110% of the level of satisfactory
6. Has been placed in an alternative education program during the preceding or current year.
10. Is a student of limited English proficiency (LEP)
11. Is in the custody or care of the Department of Protective and Regulatory services or has been referred to the department by a school official, officer of juvenile court, or law enforcement official
12. Is homeless
13. Resided in the preceding school year or resides in the current school year in residential placement facility in the district, including a detention facility, emergency shelter, psychiatric hospital, halfway house, or foster group home

Has the student been retained ☐ Yes ☐ No *If yes, specify grade level*_____

Has the student been suspended for disciplinary action this year? ☐ Yes ☐ No ☐ NA

*Attach TEAMS Student Discipline Report and Attendance Report

Has student moved within the district?_____

Has student moved from another district?_____If so, when did the student enrolled in GCCISD?_____

Was the student in a special program in another district and if so, what program?_____

_____

Academic Profile

Current grades: *Attach a copy of current report card

Is student working on grade level? Reading ☐ Yes ☐ No / Math ☐ Yes ☐ No

Current DRA 2 or ELD 2 Reading Level: _____Approximate Grade Equivalent_____

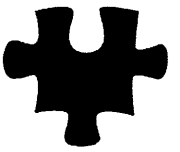
CURRENT assessment data:

GRADE 1 and 2 *Attach District Testing Profile if available. If not, complete the chart below.

1st or 2nd Grade	CBA 1	CBA 2	CBA 3	CBA 4
Reading				
Math				

GRADE 3-5 *Attach School Net report for current and previous years which including TAKS, Reading, Math, Writing, and Science Benchmarks and current STAR reading level.

Student:_____**Date:**_____



Intervention Plan

☐ Tier 2 ☐ Tier 3

Number of concerns addressed: (Circle) 1 2 3 4

It is recommended to focus on top one or two concerns.

Use a separate intervention form for each concern.

1. Area of Concern:_____

   As a team, determine possible causes for the concern:

_____

_____

_____

2. Goal of the Intervention: (Goal is to be observable and measurable)

_____

_____

_____

Interventions	Materials and Resources Utilized	Who Delivers	Frequency & Duration

How will progress be monitored?_____

How often will progress be monitored? _____

Who will monitor progress?_____

8. Who is responsible for monitoring fidelity, integrity and reliability?

_____

9. How often will fidelity, integrity and reliability be monitored?

_____

Signatures:

Name:_____**Position:**

_____

Name:_____**Position:**

_____

Name:_____**Position:**

_____

Name:_____**Position:**

_____

Name:_____**Position:**

_____

Name:_____**Position:**

_____

Name:_____**Position:**

_____

Name:_____**Position:**

_____

STUDENT:_____ **DATE:**_____ **STUDENT ID#** _____

TEACHER NAME: _____**SUBJECT:**_____ **CAMPUS:** _____

Teacher Observations of Academic Strengths and Weaknesses

Rank the student using the listed indicators

1=POOR 2=BELOW AVERAGE 3=AVERAGE 4=ABOVE AVERAGE 5=SUPERIOR

		Circle One				
A. Receptive Language						
1.	Comprehends basic word meanings.	1	2	3	4	5
2.	Follows simple instructions.	1	2	3	4	5
3.	Comprehends discussions.	1	2	3	4	5
4.	Understands jokes, analogies, and/or figurative speech.	1	2	3	4	5
5.	Recalls story details.	1	2	3	4	5
6.	Other: _____	1	2	3	4	5
B. Expressive Language						
7.	Displays adequate oral vocabulary.	1	2	3	4	5
8.	Relates a sequence of events in order.	1	2	3	4	5
9.	Uses appropriate sentence structure in conversation.	1	2	3	4	5
10.	Speaks fluently.	1	2	3	4	5
11.	Speaks with normal voice quality.	1	2	3	4	5
12.	Articulates words normally.	1	2	3	4	5
13.	Other: _____	1	2	3	4	5
C. Social Language Skills						
14.	Participates in large group discussions.	1	2	3	4	5
15.	Participates in small group discussions.	1	2	3	4	5
16.	Responds appropriately to questions/directions.	1	2	3	4	5
17.	Initiates questions/volunteers answers.	1	2	3	4	5
18.	Initiates/maintains conversations with peers.	1	2	3	4	5
19.	Initiates/maintains conversations with adults.	1	2	3	4	5
20.	Other: _____	1	2	3	4	5
D. Motor Coordination						
1.	Handwriting legibility (letter formation, spacing, etc.)	1	2	3	4	5
2.	Handwriting speed.	1	2	3	4	5
3.	Gross motor coordination.	1	2	3	4	5
4.	Fine motor coordination	1	2	3	4	5
5.	Mobility within school environment.	1	2	3	4	5
6.	Ability to master grade level TEKS in PE.	1	2	3	4	5
7.	Other: _____	1	2	3	4	5
E. Academic Performance						
1.	Decodes materials read (estimate grade level _____).	1	2	3	4	5
2.	Comprehends materials read (estimate grade level ____).	1	2	3	4	5
3.	Comprehends grade level materials presented orally.	1	2	3	4	5
4.	Performs math computations (estimate grade level _____).	1	2	3	4	5
5.	Solves math word problems (estimate grade level _____).	1	2	3	4	5
6.	Spells materials adequately (estimate grade level ____).	1	2	3	4	5

7.	Writes sentences/paragraphs appropriate for grade level.	1	2	3	4	5
8.	Exhibits organization in accomplishing tasks.	1	2	3	4	5
9.	Completes tasks on time.	1	2	3	4	5
10.	Retains instruction over time.	1	2	3	4	5
11.	Turns in homework.	1	2	3	4	5
12.	Daily grades.	1	2	3	4	5
13.	Test scores.	1	2	3	4	5
14.	Other: _____	1	2	3	4	5

F. Emotional/Behavioral/Social Adjustment

1.	Cooperates with teacher requests.	1	2	3	4	5
2.	Adapts to new situations.	1	2	3	4	5
3.	Accepts responsibility for own actions.	1	2	3	4	5
4.	Develops friendships.	1	2	3	4	5
5.	Works cooperatively with peers.	1	2	3	4	5
6.	Displays appropriate reaction to situation.	1	2	3	4	5
7.	Is pleased with good work.	1	2	3	4	5
8.	Initiates activities.	1	2	3	4	5
9.	Responds appropriately to praise and correction.	1	2	3	4	5
10.	Appears confident.	1	2	3	4	5
11.	Manages anger appropriately.	1	2	3	4	5
12.	Remains calm under stress.	1	2	3	4	5
13.	Other: _____	1	2	3	4	5

G. Self-Help Skills

1.	Cares for personal needs appropriate for age/grade.	1	2	3	4	5
2.	Skills exhibited during meals area appropriate for age/grade	1	2	3	4	5
3.	Can locate room and/or areas in school independently.	1	2	3	4	5
4.	Takes care of personal belongings appropriate for age/grade.	1	2	3	4	5
5.	Other: _____	1	2	3	4	5

____ Yes ____ No Do you consider the student's grades to be an accurate reflection of his/her performance? If no, explain

_____

_____

_____

_____

_____

Do you have any other comments concerning this student which would assist the RtI Team in the decision making process. Please list major strength and weakness.

_____

_____

_____

_____

_____

Integrity and Fidelity Monitoring Checklist
Tier 2 and Tier 3

Student's Name:_____

Date						
Time Began						
Time Ended						
1. Group size matched student's intervention plan	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
2. Duration of intervention session matched student's intervention plan	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
3. If intervention is scripted interventionist followed script as intended	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
4. If data was collected for the student, data was reported accurately	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
5. Data collected matched intervention plan	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
6. Interventionist was the person named as interventionist on the intervention plan	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
7. If "no" to item 6, is interventionist trained on the intervention being implemented?	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
Initials of Monitor						

Student Information from the Parent/Guardian

General Information

Dear Parent/Guardian of: _____

In order to serve the specific needs of your child, we need your input. Please complete all information requested.

Name of Father: _____ Occupation: _____

Name of Mother:_____ Occupation: _____

Name of Legal Guardian: _____

Do both parents live at home? ☐ Yes ☐ No

Address: _____

Phone: _____ Cell Phone: Mother:_____ Father: _____

Number of natural brothers and sisters:___ Ages: _____

Half brothers and sisters: ___ Ages: _____

Step brothers and sisters: ___ Ages: _____

Where is your child in relationship to birth order? _____

List all family/friends residing in the home.

Have any important changes occurred within the family during the past two years?

☐ Moves ☐ Births ☐ Deaths ☐ Illnesses ☐ Separations ☐ Divorce ☐ Job Changes

Do any family members have learning difficulties? If so, please explain. _____

_____

Language Use

First language learned by the student: ____ English ___ Other:_____

Language most frequently used by the student at home: ____ English____Other:_____

Language most frequently used by the parents with student: ____ English____Other:_____

Language most frequently used by adults with each other in the home: ____ English____Other:_____

Language most frequently used by student with siblings: ____ English____Other:_____

Has your child ever been instructed in a language other than English? ____Yes ____ No

If yes, what language? _____ For how long? _____

Health History

Pregnancy and Birth History

Did you have any of the following during this pregnancy? (Please check appropriate answer)

Toxemia	_____ Yes	_____No	_____ Unsure
Prolonged vomiting	_____ Yes	_____No	_____ Unsure
Kidney or bladder infection	_____ Yes	_____No	_____ Unsure
Vaginal spotting or bleeding	_____ Yes	_____No	_____ Unsure
High blood pressure	_____ Yes	_____No	_____ Unsure
German measles	_____ Yes	_____No	_____ Unsure
Other rashes, similar to measles	_____ Yes	_____No	_____ Unsure
Diabetes	_____ Yes	_____No	_____ Unsure
Any type of accident	_____ Yes	_____No	_____ Unsure
X-rays	_____ Yes	_____No	_____ Unsure
Drug or alcohol use	_____ Yes	_____No	_____ Unsure
Prescribed medications	_____ Yes	_____No	_____ Unsure
Other illnesses	_____ Yes	_____No	_____ Unsure

If yes on any item, please explain:_____

Please describe any other problems during pregnancy or delivery: _____

_____

Length of pregnancy:_____ Duration of Labor: _____ Birth Weight of Child:_____

Natural birth or Cesarean birth (circle one)

Please describe any problem the child may have experienced directly after birth:

_____

What treatment was given for this problem?_____

Any lasting effects of the problem? _____

Developmental History

At what age did each of the following occur?

Held head up:	_____	Held and drank from a cup:	_____	Sat alone:	_____
Fed self with spoon	_____	Crawled:	_____	Dressed self: (except shoes)	_____
Walked alone:	_____	Toilet Trained:	_____		
Said single words:	_____	Spoke 2 word sentences:	_____	Babbled:	_____

Do you feel that physical development has been normal?_____

Did you child experience any difficulties with sucking from the bottle or breast?_____

Did you child have any problems eating and/or drinking?_____

Medical History

Has the child had any of the following? (Check ✓ if yes and state age)

Asthma	☐	_____	Kidney Trouble	☐	_____
Poisonings	☐	_____	Heart Trouble	☐	_____
Allergies	☐	_____	Overdose	☐	_____
Tuberculosis	☐	_____	Diabetes	☐	_____
Conclusions	☐	_____	Tubes in Ears	☐	_____
Epileptic Seizures	☐	_____	Head	☐	_____
Visual Problems	☐	_____	Sickle Cell	☐	_____
Pneumonia	☐	_____	Ear Infections	☐	_____
HIV/AIDS	☐	_____	Other: _____		

Comments:_____

_____

Briefly describe serious illnesses, accidents or hospitalizations. Please give your child's age at the time of the illness, accident, or hospitalization:_____

_____

Is the child currently under a doctor's care for any health problem? _____ Yes _____ No

If yes, explain: _____

Is your child now taking any medicines? _____ Yes_____ No If yes, please list medication and what condition it taken for:_____

_____

_____

School History

Has your child mentioned problems with school? _____

Do you think your child has a problem at school? _____

What do you think is causing the problem? _____

Place check (✓) next to any educational problem that your child has currently:

_____ Has difficulty with reading	_____ Has difficulty with math
_____ Has difficulty with writing	_____ Has difficulty with speech/language
_____ Has difficulty with behavior	_____ Other _____
_____ Does not like school: (Explain)_____	

_____ Yes _____ No Has your child ever received any Special Education Services? If yes, give dates and types of service._____

_____ Yes _____ No Has your child ever been retained in a grade? If yes, what grades? And why?

_____

Place a check (✓) next to any behavior or problem that your child has currently:

_____ Has noticeable difficulty with speaking.
_____ Has difficulty understanding spoken language.
_____ Is aggressive towards others.
_____ Is more interested in things than in people.
_____ Has behavior that could be dangerous to self and others.
_____ Requires assistance in toileting.
_____ Sucks thumb.
_____ Has special fears or habits (Describe)
_____
_____
_____ Is slow to learn.
_____ Has lost language that was previously observed.
_____ Has frequent nightmares.
_____ Rocks back and forth.
_____ Bangs head.
_____ Holds breath.
_____ Is shy or timid.
_____ Is stubborn
_____ Eats poorly
_____ Has poor bowel control
_____ Is too active.
_____ Is impulsive.
_____ Gives up easily.

What activities does your child participate in at home? *(Check all that apply)*

☐ Watches television
☐ Plays electronic games
☐ Participates in sports
☐ Reads books
☐ Plays with others
☐ Sleeps more than usual
☐ Listens to music
☐ Spends time on the computer
☐ Other _____

What behaviors are frequently displayed by your child at home? *(Check all that apply)*

☐ Is honest
☐ Is helpful
☐ Is responsible
☐ Respects others
☐ Prefers to be alone
☐ Gets along with others
☐ Follows adult requests
☐ Has mood swings
☐ Hits and/or kicks others
☐ Other _____
☐ Throws tantrums
☐ Argues
☐ Disobeys
☐ Withdraws

What methods of discipline are used at home? *(Check all that apply)*

☐ Rewards for good behavior
☐ Verbal praise
☐ Special privileges
☐ Other _____
☐ Assigned responsibilities
☐ Early bedtime
☐ Removal of privileges
☐ Time out
☐ Spanking
☐ Extra chores

How does your child respond to discipline at home? *(Check all that apply)*

☐ Becomes obedient
☐ Withdraws
☐ Blames others
☐ Throws tantrums
☐ Cries
☐ Hits and/or kicks
☐ Refuses to obey
☐ Throws or breaks things
☐ Other_____

What are your child's strengths? _____

_____

_____

What are your child's weaknesses? _____

_____

_____

Are you experiencing any problems with your child at home? _____

_____

_____

Are there any concerns the school needs to be aware of? _____

_____

_____

What suggestions could you give the school to help your child? _____

_____

_____

Información del estudiante de los padres / tutores

Información General

Estimado padre o tutor de: _____

Con el fin de atender las necesidades específicas de su hijo, necesitamos su ayuda. Por favor, complete el formulario con toda la información solicitada.

Nombre del Padre: _____ Ocupación: _____

Nombre de la Madre: _____ Ocupación: _____

Nombre del guardián legal: _____ Ambos padres viven en el hogar? ☐ Sí ☐ No

Dirección: _____

Teléfono: _____ Teléfono celular: Madre: _____ Padre: _____

Número de hermanos y hermanas: _____ Edades: _____

Medios hermanos y hermanas: _____ Edades: _____

Hermanastros/hermanastras: _____ Edades: _____

¿Dónde está su hijo en relación con el orden de nacimiento? _____

Liste todos los familiares/amistades que residen en el hogar.

¿Ha habido cambios importantes dentro de la familia durante los últimos dos años? ____ Sí ___ No

☐ Mudanza ☐ Nacimientos ☐ Fallecimientos ☐ Separaciones ☐ Divorcio ☐ Cambios de trabajo

¿Algún familiar tiene dificultades de aprendizaje? Si es así, por favor explique. _____

_____

Uso del lenguaje

Primer idioma aprendido por el estudiante: _____inglés _____ Otro _____

Idioma más utilizado por el estudiante en casa: _____ inglés _____ Otro _____

Idioma más utilizado por los padres con el estudiante: _____ inglés _____ Otro _____

Idioma más utilizado por los adultos con los demás en casa: _____ inglés _____ Otro _____

Idioma más utilizado por el estudiante con sus hermanos: _____ inglés _____ Otro _____

¿Su niño ha sido instruido en un idioma aparte del inglés? _____ Sí _____ No

Si la respuesta es sí, ¿qué idioma? _____ ¿Por cuánto tiempo? _____

Historial de Salud

Historial del embarazo y nacimiento

¿Experimentó alguna de las siguientes durante este embarazo? (Por favor marque la respuesta apropiada.)

Toxemia	_____ Sí	_____ No	_____ Inseguro
Vómito prolongado	_____ Sí	_____ No	_____ Inseguro
Infección del riñón o de la vejiga	_____ Sí	_____ No	_____ Inseguro
Manchado o sangrado vaginal	_____ Sí	_____ No	_____ Inseguro
Hipertensión arterial (presión alta)	_____ Sí	_____ No	_____ Inseguro
Rubéola	_____ Sí	_____ No	_____ Inseguro
Otras erupciones, similar al sarampión	_____ Sí	_____ No	_____ Inseguro
Diabetes	_____ Sí	_____ No	_____ Inseguro
Cualquier tipo de accidente	_____ Sí	_____ No	_____ Inseguro
Rayos X	_____ Sí	_____ No	_____ Inseguro
Uso de drogas o alcohol	_____ Sí	_____ No	_____ Inseguro
Medicamentos recetados	_____ Sí	_____ No	_____ Inseguro
Otras enfermedades	_____ Sí	_____ No	_____ Inseguro

Si la respuesta es sí en cualquiera, por favor explique: _____

Por favor, describa cualquier otro problema durante el embarazo o el parto: _____

_____

Duración del embarazo: _____ Duración del parto: _____ Peso del niño al nacer: _____

Parto natural o el parto por cesárea (circule uno)

Por favor, describa cualquier problema que el niño pudo haber experimentado después de nacer: _____

_____

¿Qué tratamiento se le dio para este problema? _____

¿Tiene algún efecto a largo plazo a causa del problema?_____

_____

Historial del desarrollo

¿A qué edad ocurrieron las siguientes situaciones?

Sostener la cabeza: _____ Sostener y tomar de un vaso: _____ Sentarse por sí solo: _____

Alimentarse por sí solo con una cuchara: _____ Gatear: _____ Vestirse por sí solo: _____ (excepto ponerse los zapatos)

Caminar sin ayuda: _____ Ir al baño por sí solo: _____

Pronunció palabras singulares: _____ Habló en oraciones de 2 palabras: _____ Balbucear: _____

¿Cree usted que el desarrollo físico ha sido normal ? _____

¿Tuvo alguna dificultad con tomar el biberón o amamantar? _____

¿Te niño tiene problemas para comer y/o beber? _____

Historial Medico

¿ Ha tenido el niño alguno de los siguientes? (Marque con una ✓ si la contestación es sí y declare la edad.)

Asma ☐_____ Problemas renales ☐_____

Envenenamiento ☐_____ Problemas del corazón ☐_____

Alergias ☐_____ Sobredosis ☐_____

Tuberculosis ☐_____ Diabetes ☐_____

Asma ☐_____ Tubos en los oídos ☐_____

Ataques epilépticos ☐_____ Trauma en la cabeza ☐_____

Problemas visuales ☐_____ Anemia drepanocitosis ☐_____

Neumonía ☐_____ Infecciones del oído ☐_____

VIH/SIDA ☐_____ Otro: _____

Comentarios: _____

_____

Brevemente describa enfermedades graves, accidentes u hospitalizaciones. Por favor, provea la edad de su hijo en el momento de la enfermedad, accidente, u hospitalización: _____

_____

¿Está el niño bajo el cuidado de un médico por cualquier problema de salud? ____ Sí ___ No

Si la respuesta es sí, explique: _____

Actualmente, ¿está su hijo tomando algún medicamento? _____ Sí _____ No

Si la respuesta es sí, por favor liste los medicamentos y para que condición se toman: _____

_____

_____

Historial Escolar

¿Ha mencionado su hijo problemas con la escuela? _____

¿Cree que su hijo tiene un problema en la escuela? _____

¿Qué crees que esté causando el problema? _____

Por favor marque con una (✓) cualquier problema educativo que su hijo tenga actualmente:

Tiene dificultad con la lectura _____ Tiene dificultad con las matemáticas _____

Tiene dificultad con la escritura _____ Tiene dificultad con el habla/lenguaje _____

Tiene dificultad con el comportamiento _____ Otro: _____

No le gusta la escuela: (Explique) _____

Sí _____ No _____ ¿Su niño ha recibido algún servicio o algunos servicios del departamento de educación especial? Si la respuesta es sí, por favor de la fecha y el servicio recibido _____

Sí _____ No _____ ¿Ha sido retenido en un grado su niño?
Si la respuesta es sí, ¿cuál grado(s)? _____
¿Por qué? _____

Por favor marque con una (✓) al lado de cualquier problema de comportamiento que su hijo actualmente tenga:

_____Tiene una notable dificultad para hablar.
_____Tiene dificultad para entender el lenguaje hablado.
_____Es agresivo hacia los demás.
_____Está más interesado en las cosas que en las personas.
_____Tiene un comportamiento que podría ser peligroso para sí mismo y otros.
_____Requiere asistencia para ir al baño.
_____Se chupa el dedo.
_____Tiene miedos o hábitos especiales (Describa) _____
_____
_____Es lento para aprender.
_____Ha perdido lenguaje que fue observado anteriormente.

_____Tiene pesadillas frecuentes.
_____Se mueve hacia adelante y hacia atrás.
_____Se golpea la cabeza.
_____Contiene la respiración.
_____Es reservado o tímido.
_____Es terco.
_____Se alimenta mal.
_____Tiene problemas para ir al baño.
_____Es demasiado activo.
_____Es impulsivo.
_____Se da por vencido con facilidad.

¿En qué actividades participa su hijo en casa? (Marque todas las que apliquen)

☐ Ve la televisión ☐ Escucha música ☐ Lee libros
☐ Juegos electrónicos ☐ Juega con otros ☐ Pasa tiempo en la computadora
☐ Participa en los deporte ☐ Duerme más de lo habitual ☐ Otros _____

¿Qué comportamientos son frecuentemente exhibidos por su hijo en casa?
(Marque todas las que apliquen)

☐ Es honesto ☐ Se lleva bien con otros ☐ Tiene rabietas
☐ Es servicial ☐ Sigue solicitudes de los adultos ☐ Discute
☐ Es responsable ☐ Tiene cambios de humor ☐ Desobedece
☐ Respeta a otros ☐ Le pega o da patadas a otros ☐ Se recluye
☐ Prefiere estar solo ☐ Otros _____

¿Qué métodos de disciplina se utilizan en el hogar? (Marque todas las que apliquen)

☐ Recompensa por buen comportamiento ☐ Se asignan responsabilidades ☐ Tiempo solo *(Time out)*
☐ Elogios verbales ☐ Hora de acostarse temprana ☐ Pegar con la mano
☐ privilegios especiales ☐ Eliminación de los privilegios ☐ Tareas extras

☐ Otros _____

¿Cómo responde a la disciplina en el hogar su hijo? (Marque todas las que apliquen)

☐ Es obediente	☐ Tiene rabietas	☐ Se rehúsa a obedecer
☐ Es servicial	☐ Llora	☐ Avienta o quiebra cosas
☐ Culpa a otros	☐ Le pega o da patadas a otros	☐ Otro _____

¿Cuáles son los puntos fuertes de su hijo? _____

_____

_____

¿Cuáles son las debilidades de su hijo_____

_____

_____

¿Está teniendo problemas con su hijo en casa? _____

_____

_____

¿Hay algún asunto que la escuela debe tener en cuenta? _____

_____

_____

¿Qué sugerencias podría dar a la escuela para poder ayudar a su hijo?_____

_____

_____

Follow-Up RtI Meeting Tier 2

Student: _____ **Teacher:** _____

Meeting Date: _____ **Subject:** _____

Review the Previous Intervention

Did the intervention(s) result in student's progress? ☐ **Yes** ☐ **No**
Explain:

Rate the Results of the Intervention(s) Attempted

☐ High level of improvement ☐ Moderate level of improvement

☐ Slight level of improvement ☐ No improvement

Documentation

☐ **Progress Monitoring Reports**
- ☐ **DRA 2**
- ☐ **EDL 2**

☐ **Class Work**

☐ **Assessments**
- ☐ **CBA**
- ☐ **Benchmark**
- ☐ **Weekly Classroom**

☐ **Teacher Observations**

☐ **Fidelity Monitoring Form**

Discussion

Placement Options

☐ Exit Student from RtI Process: Why_____

_____

_____

☐ Refer to speech

☐ Continue in Tier 2 with new Tier 2 Intervention Plan (Develop new Intervention Plan)

☐ Student is referred to Tier 3 (Develop new Intervention Plan)

£ Data indicates that Dyslexia assessment is needed.*

£ Data indicates that Section 504 evaluation is needed. **

* If a referral is made to Dyslexia Program, have parent sign Parent Consent Assessment and Receipt of Rights for Rights pamphlet.

** If a referral is made to the 504 committee, have parent sign the Receipt of Rights and provide pamphlet. Provide parent the "Parent Information" section of the Section 504 packet.

☐ **RtI Team Leader** _____

☐ **Principal/Administrator** _____

☐ **Diagnostician** _____

☐ **Teacher** _____

☐ **Teacher** _____

☐ **Teacher** _____

☐ ***Speech Therapist** _____

☐ **LPAC Representative** _____

☐ **Dyslexia Teacher** _____

☐ **Parent** _____

☐ **Parent** _____

***Speech Therapist make be consulted rather than present.**

Attachments

Documentation must be provided for each concern. Data will be used to assist the RtI team in determining the most appropriate interventions for the student's success.

- ☐ All items from RtI student folder
- ☐ Nurses Form
- ☐ Work samples
- ☐ Current report card and report card from previous 2 years
- ☐ Report from GCCISD date base
- ☐ TEAMS Attendance Report Card
- ☐ TEAMS Student Discipline Report
- ☐ TEAMS Testing Profile (if available)