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| --- |
| **Michigan City Area Schools**  **Elementary School**  **Response to Instruction Referral Form**  Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral Date:\_\_\_\_\_\_\_\_\_\_  Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referring Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level:\_\_\_\_\_\_\_\_\_\_\_  Please Circle Number of Absences/Tardies \_\_\_/\_\_\_  Previous RtI: Yes No When? \_\_\_\_ Number of Behavior Referrals\_\_\_\_\_\_\_  Previously Retained: Yes No What grade?\_\_\_\_ Ethnicity\_\_\_\_\_\_  Does the student have a current or previous IEP? Yes No  If yes, what is/was the area of eligibility? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Known Medical Information**  **Please state any known medications/health concerns:**  **Please state results of last known hearing/vision screening:**  **Hearing \_\_\_\_\_\_\_\_\_\_ Pass Fail Vision \_\_\_\_\_\_\_\_\_\_\_ Pass Fail** |
| **ISTEP Data**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Grade** | **ELA** | **Math** | **Science** | **Social Studies** | | 3 |  |  |  |  | | 4 |  |  |  |  | | 5 |  |  |  |  |   ***\*Include the standard score and the cut score for DNP (example: 510/515)***  **K-6 Data**  **Please fill in all current data**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | GP1 | GP2 | GP3 | GP 4 |  | Scholastic Reading Inventory | Fall  Lexile | Winter Lexile | Spring Lexile | | Language Arts |  |  |  |  | 3th |  |  |  | | Mathematics |  |  |  |  | 4th |  |  |  | | Science |  |  |  |  | 5th |  |  |  | | Social Studies |  |  |  |  | 6th |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | mClass | iRead | Other data  \_\_\_\_\_\_\_\_\_\_\_\_ | Other Data  \_\_\_\_\_\_\_\_\_\_\_\_\_ | Other Data  \_\_\_\_\_\_\_\_\_\_\_\_\_ | | K |  |  |  |  |  | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  |   Attach grade report. |

**Elementary RTI**

**INTERVENTION FORM**  Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Strengths:

Student’s Weaknesses:

**Academic Intervention Timeline Effect**

1.

2.

3.

(If additional space is needed, please use back of this sheet)

**Behavior Intervention: Timeline Effect:**

1.

2.

**Date of Parent/Guardian Contact(s) Outcome**