|  |
| --- |
| **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 NoIf 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 | FallLexile | 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**