

**Michigan City Area Schools
Middle School/High School
Response to Instruction Referral Form**

Student Name _____
 Birthday _____
 Referring Teacher _____

Referral Date: _____

Grade Level: _____

Please Circle

Previous Rtl: Yes No

When? _____

Previously Retained: Yes No

What grade? _____

Number of Absences/Tardies ____/____

Number of Behavior Referrals _____

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
5				
6				
7				

**Include the standard score and the cut score for DNP (example: 510/515)*

6-8 ACUITY

Please fill in all current data

Acuity	(A)	(B)	(C)		Scholastic Reading Inventory	Fall Lexile	Winter Lexile	Spring Lexile
Language Arts					5th			
Mathematics					6th			
Science					7th			
Social Studies					8th			

Attach grade report.

Secondary 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