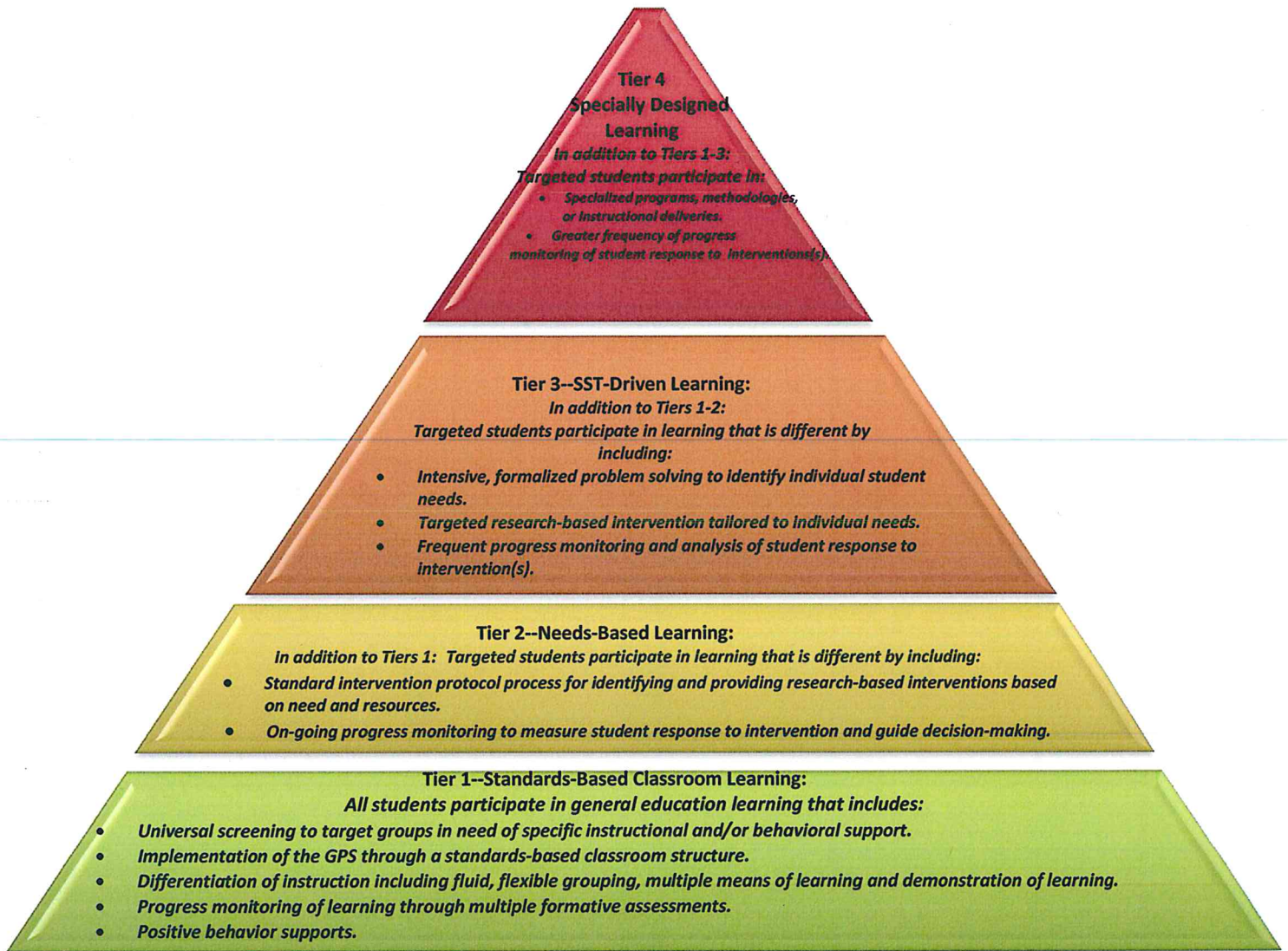


Pelham City Schools

Response to Intervention: Georgia's Student Achievement Pyramid of Interventions

Administrative Guide and Teacher Handbook



Introduction

Response to Intervention (RTI): The Georgia Student Achievement Pyramid of Interventions is a K-12 general education initiative to ensure that all students receive the quality education they deserve. In Georgia, RTI is a four-tier process in which the academic skills of all students are universally screened. Students needing additional assistance to improve skills receive research-based interventions, teachers measure and monitor students' progress, and teams use data to make instructional decisions. In addition to academic skills, behavior, social skills, and speech are also evaluated, interventions performed, and progress monitored.

RTI is based on the following core principles:

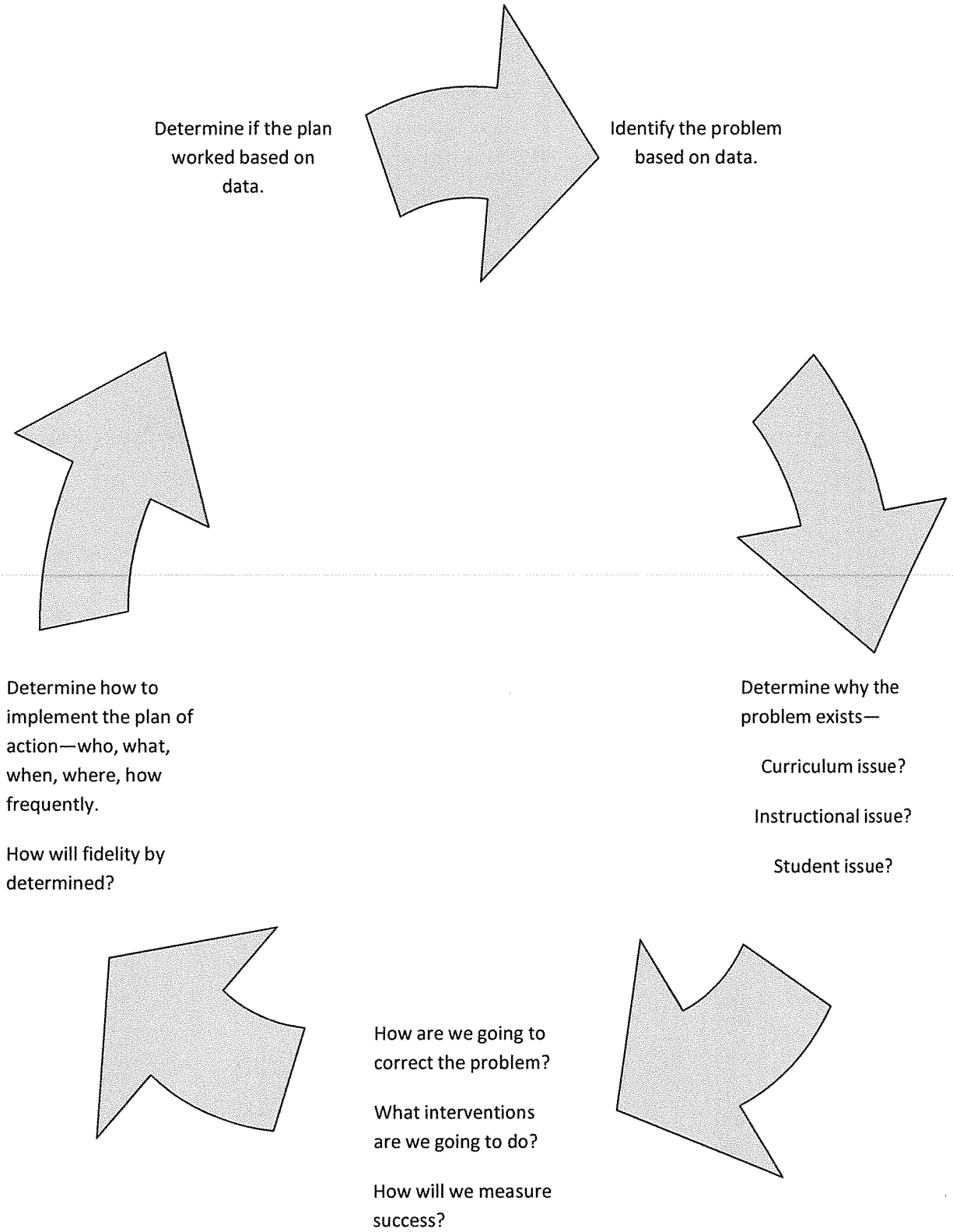
- Effectively teach all children
- Intervene early
- Use a multi-tier model of service delivery
- Use a problem-solving method to make decisions
- Use research-based, scientifically validated interventions/instruction
- Monitor student progress
- Use data to make decisions
- Use assessments for three different purposes:
 - (1) Screening: Apply to all students to identify those who are not making progress at expected rates—those with an “educational fever.”
 - (2) Diagnostics: Determine students' strengths and weaknesses in each skill area. Find out what students can and cannot do in important academic and behavioral domains.
 - (3) Progress Monitoring: Determine if academic or behavioral interventions are producing desired effects.

In order for RTI to be effective, three key components of RTI must exist:

- **High-quality instruction/intervention:** Instruction or interventions matched to students' needs that have been demonstrated through scientific research and practice to produce high learning rates for most students.
- **Learning rate and level of performance:** Learning rate refers to a student's growth in achievement or behavior competencies over time compared to prior levels of performance and peer growth rates. Level of performance refers to a student's relative standing on some dimension of achievement/performance compared to expected performance (either criterion- or norm-referenced). Decisions about the use of more or less intense interventions are made using information on learning rate and level.
- **Important educational decisions** about intensity and likely duration of interventions are based on individual student response to instruction across multiple tiers of intervention. Decisions about the necessity of more intense interventions, including eligibility for special education, exit from special education or other services, are informed by data on learning rate and level.

Adapted from Batsche, G., Elliott, J., Graden, J.L., Grimes, J., Kovaleski, J. F., Prasse, D., Reschly, D.J., Schrag, J. and Tilly III, W. D. (2005). *Response to intervention: Policy considerations and implementation*. Alexandria, VA: National Association of State Directors of Special Education.

RTI Uses Problem-Solving As a Continuous Process



Pelham City Schools' Pyramid of Interventions Structure

TIER	% OF STUDENTS	INTERVENTIONS/DOCUMENTATION
<p style="text-align: center;">Tier 1</p> <p style="text-align: center;">Standards-Based Classroom</p> <ul style="list-style-type: none"> • GSE/GPS Implementation • Differentiated Instruction • Universal Screening • Progress Monitoring • Positive Behavior & Social Supports 	<p style="text-align: center;">Tier 1</p> <p>100% are universally screened 90% Remain in Tier 1</p> <p>**If 80%-100% of students are not successful in the general classroom setting, then there may be a curriculum or instructional issue.</p>	<p style="text-align: center;">Tier 1</p> <ul style="list-style-type: none"> • Target GSE/GPS • Examples of Differentiated Instruction • Classroom Rules/Behavior Expectations • Universally screen three (3) times a year. • Progress Monitor-- Students may be progress monitored monthly
<p style="text-align: center;">Tier 2</p> <p style="text-align: center;">Needs-Based Learning</p> <ul style="list-style-type: none"> • Targeted students participate in the regular classroom and receive small group research-based interventions • Small group interventions focus on specific GSE/GPS skills. • Small group or individualized behavior interventions • More frequent progress monitoring 	<p style="text-align: center;">Tier 2</p> <p>10% of students will move from Tier 1 to Tier 2</p>	<p style="text-align: center;">Tier 2</p> <ul style="list-style-type: none"> • Students will receive 30 min. of research-based interventions (academic and/or behavioral), <u>to supplement the regular classroom instruction</u>, a minimum of two (2) days a week or as prescribed. • Students will be progress monitored every other week. • Students will remain in Tier 2 for at least six to eight (6-8) weeks. • Data will be reviewed by data teams monthly • Decisions based on data will be made to determine whether the student remains in Tier 2 and receives the same interventions, remains in Tier 2 but receives different interventions, has made adequate progress and moves back to Tier 1, has made little or no progress and needs to be moved to Tier 3. Students should receive an intervention for at least six (6) weeks before changing to a new intervention. Professional discretion will be used.
<p style="text-align: center;">Tier 3</p> <p style="text-align: center;">SST-Driven Learning</p> <ul style="list-style-type: none"> • Targeted students participate in the regular classroom and receive intensive, individual-based academic and/or behavioral interventions • Functional Behavioral Analysis and Behavior Intervention Plan • More frequent progress monitoring 	<p style="text-align: center;">Tier 3</p> <p>5%-10% of students will move to Tier 3</p>	<p style="text-align: center;">Tier 3</p> <ul style="list-style-type: none"> • Gather additional information about student. • Include school specialists in the problem-solving process. • Students will receive 30 min. of research-based interventions (academic and/or behavioral), <u>to supplement the regular classroom and Tier 2 instruction</u>, a minimum of three (3) days a week or as prescribed. • Behavioral data may need to be collected daily. • Students will be progress monitored every week. • Students will remain in Tier 3 for at least four to six (4-6) weeks (Minimum 12 weeks for Tier 2 & 3). • Data will be reviewed by data teams monthly. • Decisions based on data will be made to determine whether the student remains in Tier 3 and receives the same interventions, remains in Tier 3 but receives different interventions, has made adequate progress and moves back to Tier 1 or 2, has made little or no progress and needs to be referred for evaluation. Students should receive an intervention for at least six (6) weeks before changing to a new intervention. The six (6) week period for an intervention can include time while placed in Tier 2 and Tier 3. Professional discretion will be used.
<p>Tier 4</p> <p style="text-align: center;">Specially-Designed Learning</p> <ul style="list-style-type: none"> • Targeted students participate in specialized programs, methodologies, or instructional deliveries. • Includes special education, gifted, Section 504, and ESOL 		

Universal Screening Tools

Universal screening is used to identify underperforming students and to determine the rate of increase for the district, school, classroom, and student in reading and math. The universal screening tool will not identify why students are not performing as expected, but will identify those below grade level in those academic areas.

Universal screeners should be:

- Easily administered
- Research based
- Highly correlated to skills being assessed
- Benchmark or predictor of future performance
- Reliable and Valid
- Sensitive to small increments of change
- Expected identified rates of increase
- Data analysis and reporting component

Georgia's summative assessments (EOC and EOG) can be a part of the universal screening process, but additional screeners will be needed to ensure appropriate identification of those students needing additional support.

Universal Screening Tools available in Pelham City Schools (not all will be used, but are available for use):

Pelham Elementary School

DIBELS

RI –Reading Inventory (Formerly SRI)

IStation

IKAN

MBSP

AimsWeb – MAZE, M-Comp, M-Cap, Number Identification, Missing Number, Quantity Discrimination

Behavior Referral Data/SWSS

Attendance Data

Articulation Screeners

Pelham City Middle School

RI –Reading Inventory (Formerly SRI)

IStation

MBSP

AimsWeb – MAZE, M-Comp

Behavior Referral Data/SWSS

Attendance Data

Articulation Screeners

Pelham High School

RI –Reading Inventory (Formerly SRI)

Teacher-designed Math Assessment

Behavior Referral Data/SWSS

Attendance Data

Articulation Screeners

Academic and Behavior Intervention Resources

The following is a list of resources that may be used to provide Tier 2 and/or Tier 3 academic and/or behavior interventions for students in RTI. Please note that this is not an exhaustive list.

Reading			
Name of Intervention	Delivery Method	Grade Level	Tier
Odysseyware SPARK	Computer-Based	K-12	2
IStation	Computer-Based	K-8	2 and 3
Read Well (Jell Wells/Below Grade Level)	Direct Instruction	K-5	2 and 3
Journeys Decoding Power	Direct Instruction	3-5	3
RAVE-O	Direct Instruction	1-3	3
Rewards	Direct Instruction	4-8	3
SRA Reading	Direct Instruction	K-8	3
Language Live	Computer-Based w/ Direct Instruction	6-12	3

Math			
Name of Intervention	Delivery Method	Grade Level	Tier
Odysseyware SPARK	Computer-Based	K-12	2
IXL	Computer-Based	K-12	2 and 3
IStation	Computer-Based	K-8	2 and 3
Number Worlds	Direct Instruction	K-5	3
SRA Corrective Math	Direct Instruction	3-8	3
TransMath/VMath	Direct Instruction	6-12	3

Behavior			
Name of Intervention	Delivery Method	Grade Level	Tier
Check In Check Out	Direct Instruction	K-12	2 and 3
Behavior Contract	Direct Instruction	K-12	2 and 3
Functional Behavioral Analysis w/ Behavior Intervention Plan	Direct Instruction	K-12	2 and 3
Second Step	Direct Instruction	1-5, 6-8	2
ABE	Computer-Based	K-12	3

Other Resources:

What Works Clearinghouse
 Best Evidence Encyclopedia
 Intervention Central

<http://ies.ed.gov/ncee/wwc/>
<http://www.bestevidence.org/>
<http://www.interventioncentral.org/>

Academic and Behavior RTI Tier 2 and Tier 3 Procedures for Pelham City Schools

1. Students will be identified as needing to be placed in RTI for Tier 1, Tier 2, or Tier 3 interventions based on universal screening results, progress monitoring results, past academic performance (classroom and/or formal assessments), behavioral data, and/or teacher recommendations. (Elementary teachers progress monitoring all of their Tier 1 students may use Form 2 for documentation.)
2. Students in RTI will receive academic interventions 2-5 times a week for 30-60 minutes/day, as prescribed. Behavior interventions should be implemented with fidelity based on the curriculum and specified frequency and duration. Interventions should be individualized to address students' specific areas of weakness. Specific performance goals should be set based upon individual student's current level of performance and their grade level norm. **Document the intervention, start date, duration, and description on Form 1. The specific performance target/goal and date should be written on the form, along with the baseline score and date.**
3. Students will be progress monitored every other week for Tier 2 and every week for Tier 3. Progress monitoring tools for each specific skill/behavior will remain the same regardless of the intervention being used. Progress monitoring results should be maintained on the Progress Monitoring Summary, Form 3. **The progress monitoring tool, frequency, and person responsible, date, score, and any necessary comments should be written on Form 3. The baseline score and date should also be written.**
4. Progress monitoring data will be reviewed monthly by the data team. Data teams should analyze students' baseline performance, current performance (progress monitoring results as well as classroom performance), grade-level norms, and performance goals previously set. Decisions should be made as to whether or not to continue the current interventions (Students should receive an intervention for at least six (6) weeks before changing to a new intervention), change interventions, advance to different tier, or return to previous tier. **Decisions made should be indicated on Form 3.**
5. Parents may be invited to attend meetings regarding their individual students in Tier 2. **Teachers should document these meetings using Form 4 or comparable form. Agendas 1 or 2 may be used to guide the discussion.**
6. The SST (Student Support Team) Process will begin when students are advanced to Tier 3. The school level SST/RTI Coordinator or designee will schedule meetings and inform participants of the meeting. Administrators and parents will be invited to these meetings. **Forms 5-6 are utilized during the SST process.**
7. When students are advanced to Tier 3, obtain permission for **hearing/vision, cognitive, academic, processing, and/or behavior screening using Form 7.**
8. If it is expected that the SST will refer the student to Tier 4 at the next SST meeting, the referring teacher will complete the **REFERRAL TO TIER 4/SPECIAL EDUCATION Form 8 with supporting documentation** and submit to their school level SST/RTI Coordinator, who will then send the referral to the special education department for review. Upon approval, the school level SST/RTI Coordinator will be asked to schedule the final SST meeting.
9. If the SST refers a student for further testing, teachers **MUST** continue interventions & progress monitor throughout the entire duration of evaluation, sending weekly progress monitoring data to the school psychologist (Karen Mobley).
10. School level SST/RTI Coordinators are as follows: PES – Laurie Walton; PCMS – Dera Harkins/Sara Wingate; PHS – Josi Lewis/Sara Wingate.

SUMMARY OF INTERVENTIONS AND DATA PRIOR TO REFERRAL

NAME _____ GRADE _____ TEACHER _____

DOB _____ DATE OF MEETING _____

VISION SCREENING DATE _____ PASSED: YES or NO

HEARING SCREENING DATE _____ PASSED: YES or NO

AREA OF DIFFICULTY _____

<p>For initial eligibility – List the interventions used for which data will be provided in next section.</p> <p>Performance Summary:</p> <p>Baseline _____</p> <p>Date _____</p> <p>Target/Goal _____</p> <p>Date _____</p> <p>Progress Monitoring Tool:</p> <p>_____</p> <p>Frequency: _____</p>	<p>Intervention #1 _____</p> <p>Date Implemented: _____ Date Ended: _____</p> <p>Frequency and Duration of Intervention: _____ (ex., 3 times a week, 30 minutes each session)</p> <p>Brief Description of the Intervention:</p> <p>Intervention #2 _____</p> <p>Date Implemented: _____ Date Ended: _____</p> <p>Frequency and Duration of Intervention: _____ (ex., 3 times a week, 30 minutes each session)</p> <p>Brief Description of the Intervention:</p>
--	--

For initial eligibility – List the interventions used for which data will be provided in next section.

Performance Summary:

Baseline _____

Date _____

Target/Goal _____

Date _____

Progress Monitoring Tool:

Frequency: _____

Intervention #3 _____

Date Implemented: _____ Date Ended: _____

Frequency and Duration of Intervention: _____

(ex., 3 times a week, 30 minutes each session)

Brief Description of the Intervention:

Intervention #4 _____

Date Implemented: _____ Date Ended: _____

Frequency and Duration of Intervention: _____

(ex., 3 times a week, 30 minutes each session)

Brief Description of the Intervention:

Tier 1 Progress Monitoring

Progress Monitoring Summary for: _____
(Student)

Grade Level Progress Monitored: _____

	Reading: DIBELS/Ri/IStation	Math: MBSP/AimsWeb/ IStation	Behavior: Referrals
August Date			
September Date			
October Date			
November Date			
December Date			
January Date			
February Date			
March Date			
April Date			
May Date			

Tier Recommendation:

_____ Remain in Tier 1

_____ Advance to Tier 2

Classroom Teacher/Intervention Provider Signature Date

PROGRESS MONITORING SUMMARY

Student _____ **Grade** _____

Circle One: **Tier 2** or **Tier 3**

Baseline Score: _____ Date: _____

Progress Monitoring Tool Used: _____

Person Responsible: _____ /Frequency of Testing: _____

	Results of Progress Monitoring	Outcomes/Comments
Probe 1 – Date:		
Probe 2 – Date:		
Probe 3 – Date:		
Probe 4 – Date:		
Probe 5 – Date:		
Probe 6 – Date:		
Probe 7 – Date:		
Probe 8 – Date:		
Probe 9 – Date:		
Probe 10 – Date:		
Probe 11 – Date:		
Probe 12 – Date:		

Tier Recommendation: *This part should be completed after the intervention has been implemented and data reviewed.*

- _____ Standard intervention was successful; return to previous tier.
- _____ Standard intervention is showing progress; continue interventions.
- _____ Standard intervention was not successful; change intervention.
- _____ Standard intervention was not successful; refer for further testing.

Documentation of Intervention Fidelity and Integrity: By signing below, you are affirming that the above intervention has been implemented with fidelity and integrity.

Teacher/Intervention Provider Signature _____ Date _____

Administrator Signature _____ Date _____

Tier Two Parent Meeting Agenda

- I. Introductions – All introduce themselves, their role and/or relationship with student and state at least one strength of the student. Parents need to hear good things about their child before problems are discussed. This sets a positive tone for the meeting.
- II. Purpose of the Meeting Discussed
 - A. Describe academic/behavior problem
 - B. Present Baseline Data for each area
- III. Discuss the appropriate academic/behavior grade level expectation
- IV. Discuss any other factors contributing to difficulties (home, social). Seek parent input .
- V. Develop Strategies

 - A. Identify reasonable short-term goal to reach identified standard
 - B. Review Research Based Interventions available
 - C. Select Intervention-related to identified areas of concern from and specific student need.
 - D. Determine schedule of intervention
 - E. Determine who will be responsible for conducting the intervention
 - F. Determine the assessment used to progress monitor
- VI. Schedule a Follow Up meeting Date and Time
- VII. Dismiss

Pelham City Schools
RTI- Tier Two
Meeting Minutes

I. Student's Name: _____

Date: _____

Members Present (Signature required)

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

II. Meeting Notes:

Student Performance Data: ELA EOC/EOG _____ Science EOC/EOG _____ Math EOC/EOG _____ Soc. Stu EOC/EOG _____ Lexile Score _____ Attendance _____ Discipline _____ Other _____		Staff Concerns:
Student's Areas of Strength:	Parent Concerns:	
Student's Areas of Concern:		
Meeting Notes/Summary:		
Next Steps/Recommendations:		

Meeting Decision:

- Problem resolved, exit to Tier 1.
- Progress made but problem not resolved, remain at Tier 2.
- Inadequate progress made, move on to Tier 3/SST, consult school psychologist
- The child's disability requires immediate consideration of special education (requires consultation with school psychologist)
State reason: _____

Next Meeting Date (if applicable): _____

III. Parent Approval

___ I agree with the committee decisions.

___ I disagree with the committee decisions

Parent/Guardian Signature: _____ Date: _____

Follow Up Tier Two/Three Parent Meeting Agenda

- I. Introductions
- II. Establish an End Time for Meeting (Not required but helps maintain focus)
- III. Purpose of the Meeting Discussed
 - A. Review Target Academic/Behavior Problem
 - B. Review Baseline Data Recorded in Previous Meeting
- IV. Provide Data Collected Since the Last Meeting.
- V. Determine if Previous Short Term Goal was Met
 - A. If Goal **WAS** Met: Continue intervention and Increase the Goal
 - B. If Goal was **NOT** Met: Change Intervention or Goal
- VI. Identify a Reasonable Short Term Goal
 - A. Identify Intervention to be Used
 - B. Identify Who Will Deliver Intervention
 - C. Identify the Schedule of the Intervention
 - D. Identify Assessment Measure (Progress monitoring tool) and Schedule (How often student will be probed)
- VII. Schedule Follow Up Meeting Date and Time
- VIII. Dismiss

**Response to Intervention Checklist
For Student Support Team (Tier Three)**

This checklist serves as a guide to completing the RTI process and may not be all inclusive for all RTI/SST cases.

___ 1. General Education teacher contacts parent. ***Parent attendance necessary.***
Date: ___/___/___

___ 2. Initial SST meeting held with the teacher, the parent, school psychologist (if possible), School Administrator and RTI Coordinator (if possible).

___ Date Meeting Held: ___/___/___
___ Baseline DATA from Tier 2 reviewed
___ Interventions developed to address individual student needs
___ Cumulative records reviewed
___ Related social or home issues discussed

___ 3. Interventions implemented with fidelity and progress monitored regularly
Attach documentation with teacher signature and date(s).

___ 4. Follow up SST meeting scheduled
___ Parent Invitation sent home or mailed: ___/___/___
Attach copy.

___ 5. Follow up SST meeting held
___ Date Meeting Held: ___/___/___
___ Review DATA from progress monitoring plan
___ If progress **is** being made, continue with intervention and set a new goal
___ If progress **is not** being made, review other interventions and create new intervention and progress monitoring plan with a new schedule

(Interventions must be delivered for a minimum of **6 weeks**. Multiple meetings may be held to review and adjust goals and interventions during those **6 weeks** as deemed appropriate for the student by the SST.)

___ 6. Conduct additional SST meeting(s) as needed following steps 4 and 5 above.

___ 7. If final SST meeting is scheduled to discuss a referral to special education, complete and submit the **REFERRAL TO TIER 4/SPECIAL EDUCATION Form 8**, before scheduling meeting. The special education department will review the data and advise whether or not the team should move forward with the recommendation. If approved, the meeting should be scheduled and the Special Education Parent Mentor should attend the meeting.

Things to be included in Tier 3 folders:

Discipline/Academic Reports	Conference Forms
Anecdotal Notes	Parent Communication (emails, phone logs, notes)
Assessments used for Progress Monitoring	Screening Information (hearing/vision, cognitive, academic, processing, behavioral)
Logs with Graphs	

**Pelham City Schools
SST – Tier Three
Meeting Minutes**

I. Student's Name: _____

Date: _____

Members Present (Signature required)

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

II. Meeting Notes:

<p>Student Performance Data: ELA EOC/EOG _____ Science EOC/EOG _____ Math EOC/EOG _____ Soc. Stu EOC/EOG _____ Lexile Score _____ Attendance _____ Discipline _____ Other _____</p>	<p>Staff Concerns:</p>
<p>Student's Areas of Strength:</p>	<p>Parent Concerns:</p>
<p>Student's Areas of Concern:</p>	
<p>Meeting Notes/Summary:</p>	
<p>Next Steps/Recommendations:</p>	

Meeting Decision:

- Problem resolved, exit to a lower tier: ___1___2
- Progress made but problem not resolved, redesign or modify intervention remain at Tier 3.
- Progress made, but resources needed to maintain intervention are beyond what is available in general education.
- Inadequate progress made. Student remains below 10th %tile AND growth level remains below that of average peers/age.
- The child's disability requires immediate consideration of special education
- Student is in need of comprehensive evaluation.

Next Meeting Date (schedule meeting for 4-6 weeks): _____

III. Parent Approval

___ I agree with the committee decisions.

___ I disagree with the committee decisions

Parent/Guardian Signature: _____ Date: _____

Screening Permission Form

Pelham City Schools
203 Mathewson Ave.
Pelham, GA 31779
Tel: (229) 294-8715
Fax: (229) 294-2760

Date: _____

Dear Parent:

Your child, _____, has been experiencing some difficulties in the classroom. With your permission, we would like for the school nurse to conduct a hearing and vision screening and/or the school psychologist to conduct screening for cognitive, academic, processing, and/or behavior. The purpose of these screenings is to determine whether problems in these areas might be causing or contributing to your child's difficulties in class.

Please complete the information below so that we may proceed with screening. We appreciate your support of our efforts. If you have any questions, please contact Kimberly NeSmith at (229) 294-8715.

Yes, I agree for Pelham City Schools to conduct screenings on my child.

No, I do not agree for Pelham City Schools to conduct screenings on my child.

Parent/Guardian Signature

Date

DATE REC'D BY SPED DEPT _____

PELHAM CITY SCHOOLS REFERRAL TO TIER 4/SPECIAL EDUCATION

Name: _____ DOB: _____
 School: _____ Grade: _____

RTI DOCUMENTATION

Specific Reason for Referral: _____

Progress Monitoring Tool: _____

Results of Baseline Data: _____ Date: _____

Intervention Goal: _____

	Tier 2 Start Date:	Tier 3 Start Date:
Evidence-Based Intervention & Frequency Implemented		
	Tier 2 End Date:	Tier 3 (cont until eligibility is determined)
Intervention Data <i>(level of functioning after intervention occurs; summarize data obtained from progress monitoring)</i>		

ATTACH GRAPH(S) OF ALL DATA POINTS

PASSED VISION SCREENING DATE: _____ WEARS GLASSES OR CONTACTS? YES OR NO
 PASSED HEARING SCREENING DATE: _____ WEARS HEARING AIDS? YES OR NO
 ~~~~~ATTACH FORM SIGNED BY SCHOOL NURSE~~~~~

Please attach any other relevant information that is not available through Infinite Campus!

PELHAM CITY SCHOOLS PELHAM, GA (229) 294-8715  
Parental Consent for Functional Behavior Assessment

\_\_\_\_\_ Date

Dear Parent of: \_\_\_\_\_,

Your child was recommended for a *Functional Behavior Assessment* by his/her IEP Committee or RTI Team.

If you have any questions about the process or want to know more details about the assessment, please contact me at the number below.

Please sign to let us know whether or not you agree for this assessment to take place and return this letter to:

\_\_\_\_\_

If you do not return this form by \_\_\_\_\_, we will contact you  
Date  
about your decision.

Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

Yes, I agree for my child, \_\_\_\_\_, to be assessed.

No, I do not agree for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

|                                                                                                      |          |          |
|------------------------------------------------------------------------------------------------------|----------|----------|
| NAME: _____ DATE: _____                                                                              |          |          |
| <b>Referral Checklist</b>                                                                            | <b>Y</b> | <b>N</b> |
| Was the vision/hearing screening passed and the form (signed by the nurse) attached?                 |          |          |
| Is the area of concern explained thoroughly?                                                         |          |          |
| Is the intervention evidence-based and appropriate for the area of concern?                          |          |          |
| Are interventions documented every two weeks in Tier 2?                                              |          |          |
| Are interventions documented every week in Tier 3?                                                   |          |          |
| Is there a reasonable explanation for any gaps in data?                                              |          |          |
| If yes, please explain here:                                                                         |          |          |
|                                                                                                      |          |          |
| Is the data presented on an easy to read graph?                                                      |          |          |
| Has the Background Information Form been completed appropriately and attached?                       |          |          |
| Has the Informal Sensory Screener been completed and attached?                                       |          |          |
| Are work samples in the area of concern attached?                                                    |          |          |
| Has an observation (by a certified sped teacher) in the area of concern been completed and attached? |          |          |

Referring Teacher Signature: \_\_\_\_\_