



**Response to Intervention:  
Academic and Behavior  
Step-by-Step Guidance Document**

**Intervention Planning and Tracking Form**

**Referral Form**

**Team Members/Roles**

**20 Minute Meeting Protocol**

**Meeting Minutes Form**

**Parent Notification Template**

**Health Form**

Revised October 2016

# **The Response to Intervention and Behavior Intervention Planning/Tracking Form Step-by-Step Guidance Document**

## **Step One - All teachers provide Tier 1 interventions**

All teachers provide quality classroom instruction and behavior expectations for all students. Universal screening data will identify students who need academic support at Tier 1. Teachers provide differentiated instruction, small group instruction, or other supports as needed. Behavior concerns are addressed through a class wide behavior management plan and intervention support as needed. Teachers will record intervention and progress monitoring data for academic and/or behavior concerns on the Intervention Planning/Tracking Form.

## **Step Two - The Intervention Planning/Tracking Form**

Complete the Intervention Planning/Tracking Form for all students receiving either Tier 1, Tier 2 or Tier 3 level support.

- a. Complete the student profile: Fill in student name, teacher of record, school, grade, D.O.B. ID#, date of referral, circle if they are receiving ENL Services, write in NYSESLAT results, and have the principal sign the referral.
  - a. For a behavior referral. This additional information is required: How many times the student has been sent to SAVE, SAC, or out of school suspension.
- b. Statement of the Problem” - this is where you clearly define what the academic or behavior concern is. For example: Joe only knows 10/100 sight words (or) Joe constantly taps on the desk during academic time.
- c. Circle the level of intervention. This form will be used for Tier 1, Tier 2 and Tier 3.
- d. Assessment Data – This is the data tool used to determine benchmark (iRead, iReady, other)
- e. Complete “S.M.A.R.T. Goal” - A SMART goal is Specific, Measurable, Achievable, Relevant and Time-Bound. For example: Joe will be able to identify 5 sight words from the first 100 word list in one week (put in target put date).
- f. Intervention - Fill in all parts of the chart
  - a. Clearly indicate the exact research-based intervention that will be used for the skill that will be targeted.
  - b. Frequency - is how often the intervention will occur. For example: Three times a week for 30 minutes.
  - c. Ratio - indicate the teacher to student ratio
  - d. Dates of intervention - the dates the intervention took place
  - e. Intervention provider - the name of the teacher providing the intervention.
- g. Progress Monitoring - Write the name of the formative assessment that will be used for progress monitoring (examples: iRead, iReady, Running Records, CBM)
  - Academic: (Name of Assessment). Progress monitoring occurs 3 times a year for all students K - 5, once a month (or more) for students at Tier 1, twice a month at Tier 2, and weekly at Tier 3.
  - Behavior: Progress monitoring data plan will be developed: (i.e.: behavior tracking form) follow up meeting every 4-6 weeks

*Complete the entire chart. You must include the dates of the progress monitoring, the person providing the intervention, the results of the progress monitoring and the principal's initials.*

Additional progress monitoring sheets can be downloaded as needed.

### **Step 3 - When to request a RtI meeting. Complete the RtI Referral Form**

Tier 1 interventions typically last 6-8 weeks per intervention. At least two cycles of Tier 1 interventions should be provided before an initial meeting is requested. The Intervention Planning/Tracking Form is to be completed in its entirety before proceeding.

After multiple attempts at Tier 1 have not been successful, the teacher will request a RtI meeting. Prior to the meeting, the RtI - Teacher Referral Form will be completed in its entirety.

- a. Follow the steps below to complete the Teacher Referral Form:
  - a. Fill out the General Information Section
    - i. Referring teacher
    - ii. Date - the date you are filling out the referral
    - iii. Student's name - full name
    - iv. Grade
    - v. ID#
    - vi. Date of birth
    - vii. Check off if the student has been retained and the grade of the retention
    - viii. Dominant language - this is the language that the parent identified at registration
    - ix. Parent/Guardian name, address, and phone number.
    - x. Name of person who contacted the parent/guardian.
    - xi. Check off all of the methods that were used to contact the parent/guardian
    - xii. If parent contact was *not* made, indicate how many attempts were made to contact the parent/guardian.
    - xiii. Indicate if an administrator was contacted about this referral and which administrator was contacted.
    - xiv. Indicate the student's attendance. Example: Absent 35 days since September 1.
    - xv. Indicate if contact has been made with the attendance officer and when (if applicable).
    - xvi. List any school or agency support services that are in place for the student. Example: Joe works with Ms. Doe the social worker.
  - b. Complete the student strengths, talents or specific interest section.
    - a. This will help the team match interventions specific to the student. For example: Joe likes to draw. He enjoys reading books about airplanes.
  - c. State any medical or health concerns. *For example: Joe wears glasses, but they broke and have not been replaced.*

- d. Instructional Information - complete this entire chart. Academic areas will need a quantifiable number. You can use a report card grade, reading or math level, etc. For Behavioral, Social/Emotional and Occupational, check off any and all that are of concern.
- e. Academic Concerns: In this box, clearly indicate what the most pressing concern is for the student. *For example: Joe only knows 5 sounds and 5 letters. He is not reading fluently. He struggles during independent reading time.*
- f. Behavior Concerns: In this box, clearly indicate what the most pressing concern is for the student. *For example: Joe constantly taps his hands or his pencil against the desk. He needs to get up and move. He doesn't respond to re-direction.*
- g. Data - Provide the most recent data for Running Records, iRead, iReady, SRI, SMI, State ELA and Math and/or other data that would help identify the student's needs. (Classroom assessments are also applicable).
- h. Intervention Record. In this box, describe what research-based interventions you have already provided (this can be found on the Intervention Planning/Tracking Form).

**\*This entire packet must be completed before the RtI Chairperson will schedule a meeting.**

## **Quick Notes**

**Tier 1** is on-going throughout the year as needed. Interventions take place for about 6-8 weeks. A minimum of two cycles at Tier 1 with data collection takes place prior to a meeting. Tier 1 takes place in the classroom by the classroom teacher.

Before moving to **Tier 2**, all Tier 1 interventions are implemented and progress monitoring is documented.

*Please note: Any student receiving Tier 2 interventions will still receive Tier 1 interventions by the classroom teacher.*

**Tier 3** Interventions will be decided at a RtI Meeting.

*Please note: Any student receiving Tier 3 interventions will still receive Tier 1 interventions by the classroom teacher.*

**Tier 4** will occur upon the request of the RtI team. The supervisor for Special Education and the RtI Specialist need to be in attendance. If the RtI is for a behavioral intervention, the Behavior Specialist, Psychologist or Social Worker should be in attendance as well.

# School-Wide Systems for Student Success: A **Response to Intervention** (RTI) Model

## Academic Systems

## Behavioral Systems

### Tier 3/Tertiary Interventions

- Individual students
- Assessment-based
- High intensity

1-5%

1-5%

### Tier 3/Tertiary Interventions

- Individual students
- Assessment-based
- Intense, durable procedures

### Tier 2/Secondary Interventions

- Some students (at-risk)
- High efficiency
- Rapid response
- Small group interventions
- Some individualizing

5-15%

5-15%

### Tier 2/Secondary Interventions

- Some students (at-risk)
- High efficiency
- Rapid response
- Small group interventions
- Some individualizing

### Tier 1/Universal Interventions

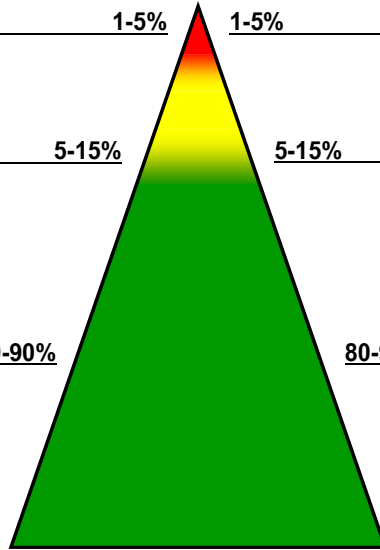
- All students
- Preventive, proactive

80-90%

80-90%

### Tier 1/Universal Interventions

- All settings, all students
- Preventive, proactive



Illinois PBIS Network, Revised May 15, 2008.  
Adapted from "What is school-wide PBS?"  
OSEP Technical Assistance Center on Positive  
Behavioral Interventions and Supports.  
Accessed at <http://pbis.org/schoolwide.htm>

# Newburgh Enlarged City School District

## Response to Intervention

### Intervention Planning/Tracking Form

This form is used to document Tier 1, Tier 2, or Tier 3 interventions and student progress. A separate form is used for each level of intervention that is being provided. A copy of this document must be added to the referral packet given to the RtI team when a student is referred to the RtI team and provided to the parent when the student is in Tier 2 or Tier 3.

Student: _____	Teacher: _____	
School: _____	Grade: _____	D.O.B. _____
ID#: _____	Date: _____	
Number of days in: SAVE _____	SAC _____	Out of School Suspension: _____
ENL Student: Yes/No	NYSESLAT results _____	Receiving ENL: Yes/No
Principal's Signature (to acknowledge the RtI referral)		

**Statement of Problem (s)** (*Clearly define student concerns*):

1.

2.

**Level of intervention:**    Tier 1        Tier 2        Tier 3

**Assessment data used to determine academic concern (baseline data):**

Type of Assessment	Date Administered	Results

**S.M.A.R.T Goal (outcome):**

**Intervention(s)**

Name of Research based intervention	Frequency	Ratio: student to teacher	Dates of intervention (s)	Intervention provider

**Progress Monitoring**

<b>Name/Type of Formative Assessment:</b>				
	Date of Progress Monitoring	Person providing the intervention (s)	Results	Principal's Initials
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				
<b>Name/Type of Formative Assessment:</b>				
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				

# Newburgh Enlarged City School District

## Progress Monitoring Form

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_

Date \_\_\_\_\_ Tier \_\_\_\_\_ School \_\_\_\_\_

### Intervention(s)

Name of Research based intervention	Frequency	Ratio: student to teacher	Dates of intervention (s)	Intervention provider

### Progress Monitoring

Name/Type of Formative Assessment:				
	Date of Progress Monitoring	Person providing the intervention (s)	Results	Principal's Initials
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				
Name/Type of Formative Assessment:				
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				

## Newburgh Enlarged City School District

### RtI - Teacher Referral Form

Please provide the information below so that we will be better prepared at the initial RtI meeting to talk with you about the needs of your student.

Referring Teacher: \_\_\_\_\_ School: \_\_\_\_\_

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

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

ID # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Has the student been retained? No \_\_\_\_\_ Yes \_\_\_\_\_ Grade retained: \_\_\_\_\_

Dominant Language: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date(s) of parent/guardian contact: \_\_\_\_\_

Name of person who contacted parent/guardian \_\_\_\_\_

Please check off all methods used to contact parent/guardian:

Face -to- face     Phone call     Note home with student

Note mailed home

If you were unable to contact parent, how many attempts were made? \_\_\_\_\_

Has an administrator been notified? \_\_\_\_\_ (Name) \_\_\_\_\_

How is the student's attendance? \_\_\_\_\_

State number of days absent: \_\_\_\_\_

Has the attendance officer been contacted (if applicable)? Yes/No

(Dates) \_\_\_\_\_

List any current school or agency support services or programs in place for this student:

\_\_\_\_\_

What are several strengths, talents, or specific interests for this student?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

State any medical or health concerns for this student:

Instructional Information

Consider any academic, social, emotional, or medical factors that seem to negatively affect the student's progress. Please check all that apply. (For academic concerns, please provide data).

<b>Academic</b>	<b>Behavioral</b>	<b>Social/Emotional</b>	<b>Occupational</b>
Reading ____	Attention ____	Immaturity ____	Fine Motor ____
Writing ____	Motivation ____	Home related issues _____	Gross Motor ____
Mathematics ____	Social Skills ____	Self- Esteem	Organizational ____
Science ____		Aggressive	Handwriting ____
Social Studies ____			

Please describe the specific academic concerns for this student.

Please describe the specific behavior concerns for this student.

**Please provide the following data:**

Running Record Level \_\_\_\_\_ State Assessment: ELA \_\_\_\_\_ Math \_\_\_\_\_

iRead \_\_\_\_\_ iReady \_\_\_\_\_ SRI \_\_\_\_\_ SMI \_\_\_\_\_

### Intervention Record

Briefly describe the nature of the interventions you have provided:

\*Please note a copy of the Tier 1 and/or Tier 2 intervention plan(s) must be included with this referral.

## The RtI Team Meeting Members/Roles

The initial RtI meeting is an opportunity for a team to discuss academic, social/emotional and/or behavioral concerns that a teacher has for a student.

<b>Suggested Committee Members</b>	<b>Responsibility</b>
RtI Chairperson	Creates initial referrals, schedules meetings, maintains paperwork, creates and implements the agenda at meetings, maintains RtI M Direct, facilitates the meetings, monitors interventions, <u>conducts fidelity checks of each level of intervention</u> , contacts parents
Administrator	Attends meetings, monitors RtI referrals at the classroom level, ensures that year-to-year RtI is being implemented and plans from previous years are in place for current school year as necessary.
Time Keeper	Keeps track of time in each meeting. Monitors the team's use of time and politely reminds team members when time is running out during a particular stage of the meeting. Keeps the meeting on task, ensuring the meeting begins and ends on time.
Recorder	Responsible for completing the meeting minutes and takes any additional notes.
Case Manager	Assigned to assist the teacher with the referral process. Makes brief check-ins throughout the intervention cycles. (Case managers can be the RtI chairperson, Math Specialist, Reading Specialist, other designated school personnel, or school administrator. (The case manager will be decided at the initial meeting).
School Psychologist and/or Social Worker*	Only attends meetings that deal with behavior issues, conducts testing, and provides interventions as needed. Attends Tier 3 meetings at the point of recommending Tier 4 and a request for a referral to Special Education.
Nurse, Health Care Provider	Completes health report for referred student, may attend meetings. In absence, the health report will be given to the RtI chairperson the day before a scheduled meeting.

Reading Specialist	Attends meetings, provides interventions, and completes progress monitoring.
Classroom Teacher	Attends meetings when necessary, provides Tier 1 and Tier 2 interventions and progress monitors.
Parent	Invited to meetings, receives recommendations for implementing interventions in the home as appropriate.
Other	Teachers who may be available to provide interventions (special area teachers, co-teachers).

## RtI Team: “20 Minute Meeting” Protocol

The RtI meeting will take 20 minutes. The following is the RtI “20 Minute Meeting” Protocol.

1. The meeting must start and end on time.
2. Step 1: The RtI chairperson will introduce the protocol for the meeting - **2 minutes. (See introduction script).**
3. Step 2: Teacher concerns: The classroom teacher, AIS provider and the Health service provider will discuss specific academic, behavioral, or health concerns only - **2 minutes.**
4. Step 3: Discuss Student Strengths and Talents – **1 minute.**
5. Step 4: Review background and baseline data – **2 minutes.**
6. Step 5: Select Target Teacher Concerns – **2 minutes.**
7. Step 6: Set Academic and/or Behavioral Goals – **4 minutes.**
8. Step 7: Design an Intervention Plan – **4 minutes.**
9. Step 8: Plan to contact parents – **1 minute.**
10. Step 9: Review the Intervention and Monitoring Plans – **2 minutes.**

View a Response to Intervention meeting at:

<http://www.hamburgschools.org/Page/5878>

## Suggested RTI Meeting Introductory Script

### *RTI Team Introductory Script: Share With Referring Teacher at the Start of the Initial Meeting*

"Welcome to this initial RTI Team meeting. We are meeting with you today to discuss concerns that you have about a student, \_\_\_\_\_.

The purpose of this meeting is for us all to work together to come up with practical ideas to help this student to be more successful in school. I am the facilitator for today's meeting. The person taking notes during the meeting will be \_\_\_\_\_. The case manager for this student is \_\_\_\_\_. The time-keeper for the meeting is \_\_\_\_\_.

You can expect this meeting to last about \_\_\_\_ minutes. By the time you leave, we should have a complete student intervention plan put together to help address your concerns.

Our team and you have a lot to do today and only limited time in which to do it. To help us to work efficiently and not waste your time, we will follow a structured problem-solving model that goes through several stages. Together, our team and you will:

- Assess your major concerns about the student
- Help you to pick the one or two most important student concerns for us to work on today
- Set specific student goals for improvement
- Design an intervention plan with strategies to help that student improve, and
- Decide how to share information about this plan with the student's parent(s)

As the student's teacher, you are the most important participant in this meeting. Please let us know at any time if you disagree with, or have questions about, our suggestions. Our meeting will not be a success unless *you* feel that the intervention ideas that we offer will address the student's difficulties and are feasible for you to do.

Our meeting notes will document the student's referral concerns and the intervention plan that we come up with. These notes may be shared with others who are not here today, including child's parent(s) and the building administrator. However, we ask that everyone here keep the *conversations* that take place at this meeting confidential.

Do you have any questions?"

## Newburgh Enlarged City School District

RTI Team: 20 Minute Meeting Protocol: Meeting Minutes Form: Elementary Level  
(Adapted from: Interventioncentral.org)

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_

Student ID# \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

<b>Attendees</b>	<b>Name</b>
RtI Chairperson	_____
Classroom Teacher	_____
Administrator	_____
School Psychologist	_____
Social Worker	_____
AIS Provider	_____
Nurse/ Health Practitioner	_____
Parent	_____
Other	_____
Other	_____

**Step 1 – Introduction to the RtI Meeting: (See sample script attached)**  
(Allotted time: 2 minutes) (Steps 1 – 5 can take approximately 7 – 9 minutes)

**Step 2: Assess Teacher Concerns (Allotted time: 2 minutes)**

(This can be filled in by RtI chairperson prior to the meeting from the information on the referral)

Review concerns listed on the RtI Teacher Referral Form with the referring teacher and team. List primary concerns.

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**Student Name** \_\_\_\_\_

**School** \_\_\_\_\_

**Step 3:**

Inventory Student Strengths & Talents (Allotted time: 1 minute)

*This can be filled in by RtI chairperson prior to the meeting from the information on the referral.*

List student strengths, talents, and/or any preferred activities or incentives that motivate the student:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Step 4:**

Review Background/Baseline Data (Allotted Time: 2 Minutes)

Review any background or baseline information collected on the student (e.g., attendance and office disciplinary referral records, student grades, Curriculum-Based Measurement data, Daily Behavior Report Card ratings, direct-observation data, etc.)

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**Step 5:**

Select Target Teacher Concerns (Allotted Time: 2 minutes)

Define the top 1-2 concerns in **observable terms** (top 1-2 difficulties that most interfere with the student's functioning in the classroom):

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Hint: Behavior problems should include relevant information about *frequency*, *duration*, and/or *intensity* of behavior (e.g., using data from Teacher Behavior Report Cards, direct observations). Academic problems should have data regarding student *fluency* and *accuracy* in the area of concern (e.g., curriculum-based assessment), as well as information about *work completion*.

**Student Name** \_\_\_\_\_

**School** \_\_\_\_\_

**Step 6:**

Set Academic and/or Behavioral Outcome Goals and Methods for Progress-Monitoring  
(Allotted Time: 4 minutes)

**Intervention/Goal #1:** \_\_\_\_\_

<b>Action</b>	<b>Response</b>
1. Describe in measurable, observable terms the skill or behavior that is to be improved.	
2. What is the target date to achieve this goal?	_____/_____/_____
3. What is the goal (level of proficiency) that the student is expected to achieve by the date listed in number 2 above?	
4. What measure(s) will be used to monitor student progress?	<b>a.</b> _____ <b>b.</b> _____
5. How frequently will this goal be monitored? (e.g., weekly? daily?)	
6. Who is responsible for monitoring this goal?	

Student Name \_\_\_\_\_

School \_\_\_\_\_

**Intervention/Goal #2:** \_\_\_\_\_

<b>Action</b>	<b>Response</b>
1. Describe in measurable, observable terms the skill/behavior that is to be improved.	
2. What is the target date to achieve this goal?	_____/_____/_____
3. What is the goal (level of proficiency) that the student is expected to achieve by the date listed in number 2 above?	
4. What measure(s) will be used to monitor student progress?	<b>c.</b> _____ <b>d.</b> _____
5. How frequently will this goal be monitored? (e.g., weekly? daily?)	
6. Who is responsible for monitoring this goal?	

Adapted from the School-Based Intervention Team Project Complete Forms & Related Resources, available at:

<http://www.interventioncentral.org/htmldocs/interventions/sbit.php>. Used with permission.

**Student Name** \_\_\_\_\_ **School** \_\_\_\_\_

Step 7:

**Design an Intervention Plan**

(Allotted Time: 4 minutes)

State the Intervention (s):

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<b>Intervention Preparation Steps:</b> Describe any preparation (creation or purchase of materials, staff training, etc.) required for this intervention.	Person Responsible
1.	
2.	
3.	
<b>Intervention Steps:</b> Describe the steps of the intervention. Include enough detail so that the procedures are clear to all who must implement them.	Person Responsible
1.	
2.	
3.	
4.	
5.	

**Step 8:**

Plan to Contact Parents

(Allotted Time: 1 Minute)

Who will share information from this meeting with the student's parent(s) and when?

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**Student Name** \_\_\_\_\_ **School** \_\_\_\_\_

**Step 9:**

Review the Intervention & Monitoring Plans (Allotted Time: 2 minutes)

At the close of the meeting:

- The recorder reviews the main points of the intervention & monitoring plans with the team.
- The team selects a date and time for the follow-up RtI Team meeting on this student.

(NOTE: Generally, follow-up meetings are scheduled 6-8 instructional weeks from the start date of the intervention (Step 6).

Next meeting date & time: \_\_\_\_\_

- The case manager reviews the agreed-upon time within the next school week to meet with the referring teacher(s):

Date and time for case manager to meet with the referring teacher(s):

\_\_\_\_\_

## Newburgh Enlarged City School District

Dear Parent/Guardian of: (Name of Student)

In the Newburgh Enlarged City School District we use an instructional model called Response to Intervention (RtI). RtI is instructional support provided to your child to meet his or her learning needs. This research-based instruction is in addition to the regular classroom instruction.

As part of our district-wide efforts to improve student achievement, all students in the elementary grades, K – 5, are given universal screenings three times a year to measure progress over time. Interventions are provided as needed to all students who did not meet expected levels of achievement in reading and/or mathematics. Progress is monitored on a regular basis to check the effectiveness of the interventions.

Your child's progress has been reviewed and an intervention plan was put in place to assist your child in making successful progress in school. The intervention plan is attached for your review.

Your child is receiving:

- Tier 2 Interventions:** Your child is receiving additional instruction in a small group setting. It is being provided by \_\_\_\_\_.

Your child's progress will be monitored by the intervention provider and shared with the RtI team.

- Tier 3 Interventions:** Your child struggled in Tier 2 so additional supports are being provided in a small group setting (1 to 2 students). Your child will receive more intensive interventions at this level. It is being provided by \_\_\_\_\_.

Your child's progress will be monitored by the intervention provider and shared with the RtI team.

- Tier 4 Interventions:** Tier 2 and Tier 3 interventions have not been successful, a request will be made for a special education referral. As a parent, you have the right to request an evaluation for special education and/or services.

If you have any questions or concerns, please do not hesitate to contact your child's teacher.

Sincerely,

Building Principal

Cc: Supervisor of Special Education assigned to building  
RtI Chairperson  
Classroom Teacher

Estimados Padres/Madres/Guardianes de: \_\_\_\_\_

En el Distrito Extendido Escolar de la Ciudad de Newburgh usamos un modelo de instrucción llamado Respuesta a la Intervención (RTI). RTI es un apoyo a la instrucción que se le provee a su hijo/hija para satisfacer sus necesidades de aprendizaje. Esta instrucción basada en la investigación es adicional a la instrucción regular en el salón de clase.

Como parte de nuestros esfuerzos de todo el distrito mejorar el rendimiento de los estudiantes, todos los estudiantes en los grados elementales, K - 5, se les dan proyecciones universales tres veces al año para medir el progreso a través del tiempo. Las intervenciones se les proveen según sea necesario para todos los estudiantes que no cumplan con los niveles de rendimiento en lectura y matemáticas. El progreso es monitoreado en forma regular para comprobar la eficacia de las intervenciones.

El progreso de su hijo/hija ha sido revisado y un plan de intervención fue establecido para ayudar a su hijo/hija a progresar con éxito en la escuela. El plan de intervención se adjunta para su revisión.

Su hijo/hija está recibiendo:

- Intervenciones 2º Nivel: Su hijo/hija está recibiendo instrucción adicional en un grupo pequeño. Está siendo presentada por \_\_\_\_\_.

El progreso de su hijo/hija será supervisado por el proveedor de la intervención y compartido con el equipo de RTI.

- Intervenciones 3º Nivel: Su hijo/hija tiene dificultad en el Nivel 2 de modo que recibe ayuda adicional en un grupo pequeño (de 1 a 2 estudiantes). Su hijo/hija recibirá intervenciones más intensivas en este nivel. Esta será suministrada por \_\_\_\_\_.

El progreso de su niño/niña será supervisado por el proveedor de la intervención y compartido con el equipo de RTI.

- Intervenciones 4º Nivel: Las intervenciones niveles 2 y 3 no han tenido éxito, se hará una petición de referencia para educación especial. Como padre, usted tiene el derecho de solicitar una evaluación para la educación y servicios especiales.

Si usted tiene alguna pregunta o inquietud, por favor no dude en ponerse en contacto con el maestro/a de su hijo/a.

Sinceramente,

El Principal del Edificio

cc: Daniella Lans, Supervisor de Educación Especial asignado al edificio  
Adair Santoro, Presidente de RTI  
Maestro de salón de clase

# Newburgh Enlarged City School District

## Health Form for RtI

Student \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

RtI Meeting Date and Time: \_\_\_\_\_ School \_\_\_\_\_

**Medical History** (Including chronic health conditions, allergies, and significant health issues)

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### Screenings

Type	Date	Results	Referral Date (s)	Findings (if any)
Vision				
Hearing				

Describe any other significant observations/referrals:

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Frequency of health office visits. Briefly describe the nature of visits.

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Signature of CPNP/SNT:

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## Response to Intervention Pre - Meeting Checklist

<b>Did I ...</b>	
	completely fill out RTI referral form?
	implement Tier 1 or Tier 2 interventions?
	complete Tier 1 or Tier 2 progress monitoring form for each intervention?
	enclose benchmark data?

