Pinnacle School No. 35 Response to Intervention

**Referral to RTI Team for Tier III Intervention**

**Please submit completed form to T.Manscuk Person Making Referral: \_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Student Name: | Date: |
| Teacher: | ID#: **890-** | DOB: |
| Current Attendance | \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_Days present Days possible Tardy | Grade: | Age: |
| Parent/Guardian: | Home / Cell Phone: |

**Area of Concern:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * **Reading**
 | * **Writing**
 | * **Math**
 | * **Work Habits**
 | * **Behavior/Emotional**
 |
| \_\_Phonemic Awareness\_\_Phonics\_\_Fluency\_\_Vocabulary\_\_Comprehension\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_Conventions\_\_Ideas/Content\_\_Spelling\_\_Organization\_\_Fluency\_\_Other\_\_\_\_\_\_\_\_ | \_\_Number Sense\_\_Problem Solving\_\_Fluency\_\_Computation\_\_Other\_\_\_\_\_\_\_\_\_ | \_\_Organization\_\_Work Completion\_\_Attendance\_\_Other\_\_\_\_\_\_\_\_\_ | \_\_Social Skills\_\_Impulsivity\_\_Aggression\_\_Attention\_\_Other |

**List three strengths and needs on the area of concern that was selected from above:**

|  |  |
| --- | --- |
| **Strengths** | **Needs** |
|  |  |
|  |  |
|  |  |

**Assessments (DRA, SRI, NWEA, NYS Tests, etc.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Test** | **Date Administered** | **Performance Level** | **Scaled Score** | **Percentile** |
| NWEA |  |  |  |  |
| Aimsweb |  |  |  |  |
| DRA |  |  |  |  |
| STAR |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Have you contacted parents about concerns? No \_\_\_\_\_\_ Yes\_\_\_\_\_**

**Parental Support \_\_\_\_\_\_ Full \_\_\_\_\_\_\_\_Partial \_\_\_\_\_\_\_ No Contact**

|  |  |  |
| --- | --- | --- |
| **Date of Conference** | **Purpose of Conference** | **Outcome of Conference** |
|  |  |  |
|  |  |  |
|  |  |  |

**Contact Nurse**

|  |  |  |
| --- | --- | --- |
| **Vision** | **Hearing**  | **Other health concerns or medications on record** |
| Screening Date:  [ ]  Passed [ ]  Failed | Screening Date:  [ ]  Passed [ ]  Failed |  |

**Review Cum**

Previous Retention \_\_\_\_\_No \_\_\_\_\_Yes, at grade \_\_\_\_\_\_\_

Attendance Problem \_\_\_\_\_ No \_\_\_\_\_ Yes, at grade(s) \_\_\_\_\_\_

Previous CSE \_\_\_\_\_ No \_\_\_\_\_ Yes, at grade(s) \_\_\_\_\_\_ Outcome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IEP Services \_\_\_\_\_ No \_\_\_\_\_ Yes, at grade(s) \_\_\_\_\_\_ Services Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

504 Plan \_\_\_\_\_ No \_\_\_\_\_ Yes, at grade(s) \_\_\_\_\_\_ Outcome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FBA/BIP \_\_\_\_\_ No \_\_\_\_\_ Yes, at grade(s) \_\_\_\_\_\_ Outcome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Intervention \_\_\_\_\_ No \_\_\_\_\_ Yes, at grade(s) \_\_\_\_\_\_ Outcome\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note any other findings from cum with date that team should be aware of:

|  |  |
| --- | --- |
| **Date** | **Information Gathered**  |
|  |  |
|  |  |
|  |  |

**Contact other staff that is applicable**

|  |  |  |
| --- | --- | --- |
| **Date** | **Initial Steps/Resources Contacted** | **Information Gathered** |
|  | Contacted prior teacher |  |
|  | Contacted ESOL teacher | ESOL Level \_\_\_\_\_\_\_\_\_ |
|  | Consulted with grade level team |  |
|  | Other |  |

**Documented Tier II Interventions Attempted (Please attach: Documentation with Progress monitoring and Evidence)**

|  |  |  |
| --- | --- | --- |
| **Goal on Intervention** | **Dates (beginning – ending)** | **Student Response to Intervention (data)** |
|  |  |  |
|  |  |  |
|  |  |  |

**What’s NEXT?**

1. Please make a copy for your records and submit completed referral to T.Manscuk.
2. You will receive **one** e-mail for an Intervention Meeting date. Please record date and contact T. Manscuk if you cannot attend. Reminder e-mails will not be sent out.
3. On the date of the Intervention Meeting, please bring the following: Cum, Updated Intervention Documentation and Work Samples.