

RTI² Referral to Special Education Checklist

Student Name: _____

RTI² Meeting Date: _____

School: _____

Grade: _____

Did student work through Tier 2 Intervention? _____ Yes _____ No

How many weeks in Tier 2 intervention? _____

How many weeks has student been receiving intervention in Tier 3? _____

What grade level is student working on in Tier 3? _____

What interventions have been implemented? 1. _____

2. _____

3. _____

Has the intervention time been changed? _____ Yes _____ No

Has the intervention teacher been changed? _____ Yes _____ No

Has the student been retained at any level? _____ Yes _____ No

If yes, what grade level was student retained? _____

Did the student attend Preschool? _____ Yes _____ No

If yes, number of years attended? _____

How many weeks does the Gap Analysis show to reach grade level? _____

Have fidelity checks been completed? _____ Yes _____ No

Does the RTI² Team recommend referring this student to Tier 4 (Special Education)?

_____ Yes _____ No

Name of individual who will take over folder for Tier 4? _____