

## Student Referral to RTI<sup>2</sup> Team

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

Parents/Guardian: \_\_\_\_\_ Contact info: \_\_\_\_\_

### Student's Current Performance

Target area	Benchmark score	√ if below 25 <sup>th</sup> percentile
<b>Reading</b>		
Phonological Awareness		
Phonics		
Reading Fluency		
Reading Comprehension		
Vocabulary		
<b>Math</b>		
Math Computation		
Math Problem Solving		
<b>Written Expression</b>		
Writing		
<b>Behavior</b>	<b>Disciplinary Measures</b>	
<b>Attendance</b>	<b>Number of absences and tardies</b>	
<b>Retentions</b>	<b>Year</b>	

**\*\*For the every skill area checked, please attach the corresponding page of easyCBM report.**

Informal/Additional Assessments	Score
Student's <b>Instructional</b> reading level	
Student's <b>Independent</b> reading level	
Other (please specify)	

### Special Education/Program Interventions:

- ESL
  Counseling
  Other: \_\_\_\_\_  
 Speech/Language
  Tutoring/ Reading Club