

Tier 2 and Tier 3 Observation Checklist

Observer: _____ Interventionist: _____
 School: _____ Grade: _____
 Start Time: _____ End Time: _____
 Program: _____ Skill(s): _____

The Intervention is:

Description	Yes	No
Provided by or supervised by a highly qualified teacher with training in area of intervention		
Targeting one specific area of need/deficit/skill per child		
Targeting as a skill that was identified as an area of need by an assessment		
Occurring in addition to Tier I instruction		
Delivered in a small-group format		
Delivered with fidelity		
Delivered with evidence based materials		
Provided the appropriate amount of time daily		
Provided the appropriate amount of time weekly		
Progress monitored at least every other week		

I certify that everything reported on this form is accurate and correct and that interventions are being implemented with integrity at least 80% of the time.

 Signature

 Date

Exclusionary Factors Worksheet

This worksheet is provided as a tool to determine whether each factor can be ruled out as the primary cause of a student's lack of progress within general education instruction and/or tiered intervention.

1. Lack of Instruction in Reading, Writing, and Math		
	Student has attended school regularly (absent less than 23% of the time)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Student has received tiered instruction and intervention in specific area of deficit	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Limited English Proficiency		
	Is there a language other than English spoken by this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there a language other than English spoken in the student's home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are there specific dialectical or cultural influences that would affect the student's ability to speak or understand English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Intellectual Disability		
	Student's performance is equally depressed in all academic areas	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Student's adaptive/self-help skills appear age appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Emotional Disturbance		
	Does the student exhibit behavioral/emotional difficulties that interfere with learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the student have a medical history and/or school history of emotional difficulties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If the answer to either question above is "yes", has an ecologically valid Functional Behavior Assessment (FBA) been conducted? Results of FBA: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Visual Impairment, Hearing Impairment/Deafness or Orthopedic Impairment		
	Vision has been screened and found to be within normal limits Results: Right eye (near)_____ Right eye (far)_____ Left eye (near) _____ Left eye (far) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hearing has been screened and found to be within normal limits Results: Right ear ____pass ____fail Left ear ____pass ____fail	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the student have a history of significantly delayed motor development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there a medical diagnosis for a motor impairment that would affect the student's ability to learn or access general classroom instruction/intervention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have any physical or motor impairments been observed or assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Environmental or Cultural Factors		
	Limited experiential background in majority based culture	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Transiency in elementary school years (at least two moves in a single school year)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Home responsibilities interfering with learning activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Residence in a depressed economic area	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Low family income at subsistence level	<input type="checkbox"/> Yes <input type="checkbox"/> No

Gap Analysis Worksheet

Student Name: _____

Date: _____

Grade: _____

Current Tier: _____

Assessment Used:	
Student's current performance:	
Student's current rate of improvement (ROI):	
Current benchmark expectation:	
End of year benchmark expectation:	
Number of weeks left in the school year:	

Step 1: Determine Gap

$\frac{\text{_____}}{\text{Current benchmark Expectation}} - \text{_____} = \text{_____}$ <p style="text-align: center;">Current performance Current Gap</p>	Is Gap Significant? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If Gap is significant complete Step 2



Step 2: Gap Analysis

$\text{_____} - \text{_____} = \text{_____}$ <p style="text-align: center;">End of year benchmark Current performance Difference</p>	
--	--



$\frac{\text{_____}}{\text{Difference}} \div \frac{\text{_____}}{\text{Weeks left in the year}} = \text{_____}$ <p style="text-align: center;">Rate of Improvement Needed</p>	Is this reasonable*? <input type="checkbox"/> Yes <input type="checkbox"/> No
OR	
$\frac{\text{_____}}{\text{Difference}} \div \frac{\text{_____}}{\text{Student's Current ROI}} = \text{_____}$ <p style="text-align: center;">Number of weeks to meet goal</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

*A reasonable ROI is one which is no more than twice (2x) the ROI of typical peers

Step 3: Conclusion:

School Psychologist Signature

Referral Decision Tree

(To be completed at follow-up RTI² Team meeting prior to making a Special Education Referral)

Student Name: _____ Grade: _____

Teacher: _____ Date of Review: _____

Tier 3 intervention(s) have occurred daily for 60 minutes in addition to core instruction <input type="checkbox"/> Intervention logs attached <input type="checkbox"/> (5) Fidelity checks completed and attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implementation integrity has occurred with at least 80% fidelity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student has been present for the majority of intervention sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tier 3 intervention(s) adequately addressed the student's area of need	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tier 3 intervention was appropriate and research-based Research based interventions are: <input type="checkbox"/> Explicit <input type="checkbox"/> Systematic <input type="checkbox"/> Standardized <input type="checkbox"/> Peer reviewed <input type="checkbox"/> Reliable/valid <input type="checkbox"/> Able to be replicated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Progress monitoring has occurred with at least 10-15 weekly data points –OR- 8-10 bi-monthly data points <input type="checkbox"/> Progress monitoring graphs attached <input type="checkbox"/> Parent notification letters are attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gap analysis indicates that student's progress is not sufficient for making adequate growth with current interventions	<input type="checkbox"/> Yes <input type="checkbox"/> No
The following have preliminarily been ruled out as the <i>primary</i> cause of the student's lack of response to intervention <input type="checkbox"/> Visual, motor, or hearing disability <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Excessive absenteeism <input type="checkbox"/> Cultural Factors <input type="checkbox"/> Environmental or economic factors	<input type="checkbox"/> Yes <input type="checkbox"/> No

** If the Intervention team answered "Yes" to all of the above questions, the team should consider referring for a psycho-educational evaluation. If the Intervention team answered "No" to any of the questions, that area should be addressed prior to referral.

Team members involved in approving this plan with name and relationship to the student:

General Education Teacher's Input

(Indirect Observation)

School System: _____ School: _____ Grade: _____

Name of Student: _____ Date of Birth: ____/____/____ Age _____

Carefully consider the following questions and provide as much information as possible regarding this student's typical daily performance in your classroom. His or her behavior should be evaluated in comparison to a typically functioning student of the same age and in terms of appropriate developmental stages and expectations.

Describe this student's reading skills (e.g., decoding, comprehension, and fluency).

Describe this student's math skills (e.g., calculation, numerical concepts, and word problems).

Describe other academic concerns/performance levels (e.g., science, social studies, and problem-solving skills).

Describe this student's behavior in the classroom (e.g., following rules, attention to task, organizational skills, relationships to peers, and problems or concerns).

Yes No This student does *not* perform academically in the classroom in a manner that is commensurate with current academic standards.

Printed Name of Person Completing Form

Job Title

Signature of Person Completing Form

Date

Direct Observation Form
(completed by school psychologist and sp ed. teacher)

Student: _____ Observer: _____

Date: _____ Start time: _____ End time: _____

Setting: Classroom instruction Tier III Intervention : _____

Teacher/interventionist: _____ Group size: _____

<hr/> Skill/Subskill	<hr/> (Skill/Subskill)
<hr/> (Skill/Subskill)	<i>OTHER COMMENTS & OBSERVATIONS:</i>
Observer Notes (what will you be looking for?) Key:	

Student Support and Interventions Team Referral

For Comprehensive Evaluation

This referral form is completed by the school based team when the decision is made to refer a student for a comprehensive evaluation for Special Education consideration. Data and documentation gathered through the tiered intervention process should be reviewed prior to referral.

Parent Referral

School/Teacher Referral

Name: _____ Birth Date ____/____/____ Age ____

Race/Ethnicity _____ Gender _____ Grade _____

School _____ School System _____

Teacher _____ Parent(s) _____

Address _____

Phone (home) _____ Work _____ Cell _____

Email address _____ Primary Language spoken _____

Problem Identification (check all that apply)*:

- Phonological Awareness Phonics Reading Fluency Reading Comprehension
- Vocabulary Math Calculation Math Problem Solving Written Expression
- Speech/Language Other _____

***For Reading, Math, and Writing Concerns, the following RTI² documentation MUST be included:**

- _____ Student benchmark data
- _____ Student Progress monitoring data
- _____ Student Intervention Plan(s)
- _____ Fidelity Monitoring form(s)
- _____ Intervention Log(s)
- _____ Parent notification letter(s)
- _____ Gap Analysis

Cumulative Record Review:

Attendance: Current Year _____ Days present _____ Days absent _____ Days tardy _____

 Last year _____ Days present _____ Days absent _____ Days tardy _____

 Retentions _____ List previous schools attended _____

Discipline Record: Number of discipline reports _____ List Violations _____

Number of Out of School Suspensions _____ In-School suspensions _____ Detentions _____

Testing Information: TCAP or other _____

	Year:	Year:	Year:
Area	Results/Percentiles	Results/Percentiles	Results/Percentiles
Reading/ ELA			
Math			
Science			
Social Studies			

Academic Grades:

Subject Area	Year/Semester	Year/Semester	Year/Semester	Year/Semester
Reading				
Math				
Science				
Social Studies				
Language Arts				
Spelling				
English				
Other:				

Exclusionary Factors

Please include relevant information as it applies to the following:

Limited English Proficiency:

Is there another language other than English spoken by the student? _____

Is there another language other than English spoken in the student's home? _____

Have English Learner services been provided? _____

Visual Impairment:

Does the student have a history of significant vision problems? _____

Hearing Impairment:

Does the student have a history of significant hearing problems? _____

Orthopedic Impairment:

Does the student have any physical or motor impairments: _____

Behavior Problems:

Does the student exhibit behavior(s) or emotional difficulties that interfere with learning?

Does the student have a current behavior plan or Functional Behavior Assessment (FBA)? _____

Environmental/Cultural/Economic Factors:

Are you aware of any environmental factors that may be impacting this student's ability to learn?

Motivational Factors:

Does the student want to succeed in school? Yes No

Does the student seek assistance from teachers, peers, or others? Yes No

Does the parent report efforts made at home to complete homework or study assignments? Yes No

Is the student making an effort to learn? Yes No

Are the student's achievement scores consistent with the student's grades? Yes No

Situational Trauma:

PARENT INPUT

Child's Name: _____ Birthdate: _____ Today's Date: _____

Mother's name: _____ Father's name _____

Child resides primarily with (check one): _____ Mother _____ Father

Both parents _____ Joint Custody _

Please list names of others living in the home.

<u>Name</u>	<u>Age</u>	<u>Relationship to Child</u>

Developmental/Medical History

1. Were any problems reported during pregnancy? (health, illnesses, injuries, medication)

Was pregnancy full-term? Yes/No How many weeks? _____ Child's Birth weight _____

Any other problems with labor or delivery? _____

2. Were developmental milestones met (check one): early _____ late _____ on time _____

Please list ages at which your child first: sat unaided _____; walked independently _____; spoke single words _____; spoke using 2-3 words _____; was toilet trained _____(days) _____(nights)

3. List important medical information including serious illnesses, injuries, and hospitalizations such as frequent ear infections, tubes in ears (hearing problems), seizures, allergies, etc. _____

4. Please list current medications your child is taking. _____

5. Has your child ever had visual problems or worn glasses? _____

6. Has your child ever received services for developmental and/or communication delays?

7. Has your child ever received a psychological or psycho-educational evaluation? If so, when and where?

8. Have special education services been provided in the past? _____

9. Describe any behavior problems noticed at home or reported by teachers: _____

Home/Community

1. What are your child's successes? _____

2. What things are hard for your child? _____

3. Please list any sports, hobbies, etc _____

4. How does your child get along with adults? _____ Peers? _____

5. Have there been any recent changes at home that may be impacting your child's performance at school?

Please report any other concerns or relevant information below or on the back of this page.

Response to Intervention (RTI²) Parent Letter
Tier 1 to Tier 2
K-8 Reading

Student: _____

Date: _____

Dear Parent,

Three times a year, each student is given a universal screening assessment *AimsWeb* to determine his or her reading abilities. Your child's scores show that he/she is experiencing some challenges in reading. Along with the universal screening, your child's progress has been monitored every two weeks or more. Although he/she is receiving direct reading instruction daily in Tier 1, he/she has still not shown the needed growth to maintain grade level progress.

Your child will now be receiving an additional 20-30 minutes of reading interventions each day in Tier 2. This Tier 2 intervention will be done in small groups with trained personnel using research based materials. Your child's progress will continue to be monitored every two weeks or more. Additional assessments maybe completed in order to inform instruction and intervention. It is our goal to provide the best instruction and materials to help your child succeed.

Providing daily opportunities for your child to read aloud and discuss what has been read at home, in any subject area, is strongly recommended. Reading is a skill and not a subject. Improvement in any skill area requires regular ongoing practice. If you have questions, or would like more information please contact your child's teacher.

Respectfully,

Insert Signatures

Insert School Contact Information

Lori Duncan
Claiborne County RTI² Supervisor
423-626-3543
LDuncan@k12tn.net

Please note:

Tier 1 means daily classroom instruction.

Tier 2 means additional support in a particular area of difficulty relating to Math or English Language Arts. It is usually 30 minutes a day.

Response to Intervention (RTI²) Parent Letter
Tier 1 to Tier 2
K-8 Math

Student: _____

Date: _____

Dear Parent,

Three times a year, each student is given a universal screening assessment *AimsWeb* to determine his or her math abilities. Your child's scores show that he/she is experiencing some challenges in math. Along with the universal screening, your child's progress has been monitored every two weeks or more. Although he/she is receiving direct math instruction daily in Tier 1, he/she has still not shown the needed growth to maintain grade level progress.

Your child will now be receiving an additional 20-30 minutes of math interventions each day in Tier 2. This Tier 2 intervention will be done in small groups with trained personnel using research based materials. Your child's progress will continue to be monitored every two weeks or more. Additional assessments maybe completed in order to inform instruction and intervention. It is our goal to provide the best instruction and materials to help your child succeed.

We encourage you to look at your child's math work regularly. Be sure to encourage your child to do his/her best and let them know you believe in his or her ability to improve. If you have questions, or would like more information please contact your child's teacher.

Respectfully,

Insert Signatures

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Response to Intervention (RTI²) Parent Letter
Tier 2 to Tier 3
K-8 Reading

Student: _____

Date: _____

Dear Parent,

Three times a year, each student is given a universal screening assessment *AimsWeb* to determine his or her reading abilities. Your child's scores show that he/she continues to struggle with reading. Along with the universal screening, your child's progress has been monitored every two weeks or more. Although your child is receiving direct reading instruction daily in Tier 1, and an additional 20-30 minutes of small group interventions in Tier 2, he/she has still not shown enough improvement. Your child will now be receiving an additional 40-60 minutes of Tier 3 reading interventions each day. This Tier III instruction will be done in very small groups with trained personnel using research based materials. Your child's progress will continue to be monitored. Additional assessments maybe completed in order to inform instruction and intervention. It is our goal to provide the best instruction and materials to help your child succeed. If you would like more information please contact your child's teacher.

Providing daily opportunities for your child to read aloud and discuss what has been read at home, in any subject area, is strongly recommended. Reading is a skill and not subject. Improvement in any skill area requires regular ongoing practice.

Respectfully,

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Tier 3 means more intensive support in a particular area of difficulty relating to Math or English Language Arts. It is usually 60 minutes a day.

Response to Intervention (RTI²) Parent Letter
Tier 2 to Tier 3
K-8 Math

Student: _____

Date: _____

Dear Parent,

Three times a year, each student is given a universal screening assessment *AimsWeb* to determine his or her math abilities. Your child's scores show that he/she continues to struggle with math. Along with the universal screening, your child's progress has been monitored every two weeks or more. Although your child is receiving direct math instruction daily in Tier 1, and an additional 20-30 minutes of small group interventions in Tier 2, he/she has still not shown enough improvement.

Your child will now be receiving an additional 40-60 minutes of Tier 3 math interventions each day. This Tier 3 instruction will be done in very small groups with trained personnel using research based materials. Your child's progress will continue to be monitored. Additional assessments maybe completed in order to inform instruction and intervention. It is our goal to provide the best instruction and materials to help your child succeed. If you would like more information please contact your child's teacher.

We encourage you to look at your child's math work regularly. Be sure to encourage your child to do his/her best and let them know you believe in his or her ability to improve. If you have questions, or would like more information please contact your child's teacher.

Respectfully,

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Response to Intervention (RTI²) Parent Letter
Returning to Tier 1
K-8 Reading

Student: _____

Date: _____

Dear Parent,

Three times a year, each student is given a universal screening assessment *AimsWeb* to determine his/her reading abilities. Your child's scores show that he/she has made some improvement in reading. Along with the universal screening, your child's progress has been monitored every two weeks or more. Your child has been receiving direct reading instruction daily in Tier I, and an additional 20-30 minutes of small group interventions in Tier 2. The RTI² program, along with your child's effort, has helped to show improved reading progress. At this time, your child will no longer need the additional Tier II interventions and will receive all reading instruction through his/her regular classroom. Your child's progress will continue to be monitored. Additional assessments maybe completed in order to inform instruction and intervention. It is our goal to provide the best instruction and materials to help your child succeed.

Reading aloud at home and discussing what is read will be of great importance to your child's continued growth. Please continue to encourage your child to give his/her best at school and let him/her know you believe in their ability to be successful. If you have questions or would like more information, please contact your child's teacher.

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Response to Intervention (RTI²) Parent Letter
Returning to Tier 1
K-8 Math

Student: _____

Date: _____

Dear Parent,

Three times a year, each student is given a universal screening assessment *AimsWeb* to determine his/her math abilities. Your child's scores show that he/she has made some improvement in math. Along with the universal screening, your child's progress has been monitored every two weeks or more. Your child has been receiving direct math instruction daily in Tier 1, and an additional 20-30 minutes of small group interventions in Tier 2. The RTI² program, along with your child's effort, has helped to show improved math progress. At this time, your child will no longer need the additional Tier II interventions and will receive all math instruction through his/her regular classroom. Your child's progress will continue to be monitored. Additional assessments maybe completed in order to inform instruction and intervention. It is our goal to provide the best instruction and materials to help your child succeed.

We encourage you to look at your child's math work regularly. Be sure to encourage your child to do his/her best and let them know you believe in his or her ability to improve. If you have questions, or would like more information please contact your child's teacher.

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Response to Intervention (RTI²) Parent Letter
Returning to Tier 2
K-8 Reading

Student: _____

Date: _____

Dear Parent,

Three times a year, each student is given a universal screening assessment *AimsWeb* to determine his or her reading abilities. Your child's scores show that he/she has made some improvement in reading. Along with the universal screening, your child's progress has been monitored every two weeks or more. Your child has been receiving direct reading instruction daily in Tier 1, and an additional 40-60 minutes of small group interventions in Tier 3 with trained personnel. The RTI² program, along with your child's effort, has helped to show improved reading progress. At this time, your child will no longer need the additional Tier 3 intervention. In order to maintain your child's progress, he/she will continue to receive an additional 20-30 minutes of Tier 2 small group interventions along with direct reading instruction through his/her regular classroom. Your child's progress will continue to be monitored. Additional assessments may be completed in order to inform instruction and intervention. It is our goal to provide the best instruction and materials to help your child succeed.

Reading aloud at home and discussing what is read will be of great importance to your child's continued growth. Please continue to encourage your child to give his/her best at school and let him/her know you believe in their ability to be successful. If you have questions or would like more information, please contact your child's teacher.

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Returning to Tier 2
K-8 Math

Student: _____

Date: _____

Dear Parent,

Three times a year, each student is given a universal screening assessment *AimsWeb* to determine his or her math abilities. Your child's scores show that he/she has made some improvement in math. Along with the universal screening, your child's progress has been monitored every two weeks or more. Your child has been receiving direct math instruction daily in Tier 1, and an additional 40-60 minutes of small group interventions in Tier 3 with trained personnel. The RTI² program, along with your child's effort, has helped to show improved math progress. At this time, your child will no longer need the additional Tier 3 intervention. In order to maintain your child's progress, he/she will continue to receive an additional 20-30 minutes of Tier 2 small group interventions along with direct math instruction through his/her regular classroom. Your child's progress will continue to be monitored. Additional assessments maybe completed in order to inform instruction and intervention. It is our goal to provide the best instruction and materials to help your child succeed.

We encourage you to look at your child's math work regularly. Be sure to encourage your child to do his/her best and let them know you believe in his or her ability to improve. If you have questions, or would like more information please contact your child's teacher.

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Response to Intervention (RTI²)
Progress Monitoring Letter
K-8 Reading

Student: _____

Date: _____

Dear Parent,

A letter previously notified you that your student is receiving additional reading interventions. During this intervention period, your child has been receiving small group, systematic intervention in reading. Your child has had his/her progress monitored every other week or more using assessments that are specific to the intervention being used. Attached you will find a copy of your child's progress monitoring. All progress monitoring is reported using a graph so that you can see the progress your child is making.

Based on our progress measurements, we believe your child is:

	Making good progress and we plan to discontinue the additional intervention.
	Making good progress and we plan to continue the additional intervention.
	Making good progress and we plan to decrease the amount of additional intervention time being provided.
	Making progress and we plan to continue the intervention at this time.
	Making limited progress and we plan to continue the intervention that we are providing.
	Making limited progress and we plan to consider changes in the intervention that we are providing.
	Making insufficient progress and we plan to change the intervention plan at this time. Further assessment and/or a parent meeting may be necessary.

As the school staff, we are pleased to have this opportunity to provide your child with this needed assistance. If you have additional questions or concerns, please contact your child's teacher.

Respectfully,

Insert Signature

Insert School Contact Information

Lori Duncan

Claiborne County RTI² Supervisor

423-626-3543

LDuncan@k12tn.net

Response to Intervention (RTI²)
Progress Monitoring Letter
K-8 Math

Student: _____

Date: _____

Dear Parent,

A letter previously notified you that your student is receiving additional math interventions. During this intervention period, your child has been receiving small group, systematic intervention in math. Your child has had his/her progress monitored every other week or more using assessments that are specific to the intervention being used. Attached you will find a copy of your child's progress monitoring. All progress monitoring is reported using a graph so that you can see the progress your child is making.

Based on our progress measurements, we believe your child is:

	Making good progress and we plan to discontinue the additional intervention.
	Making good progress and we plan to decrease the amount of additional intervention time being provided.
	Making good progress and we plan to continue the intervention at this time.
	Making progress and we plan to continue the intervention at this time.
	Making limited progress and we plan to continue the intervention that we are providing.
	Making limited progress and we plan to consider changes in the intervention that we are providing.
	Making insufficient progress and we plan to change the intervention plan at this time. Further assessment and/or a parent meeting may be necessary.

As the school staff, we are pleased to have this opportunity to provide your child with this needed assistance. If you have additional questions or concerns, please contact your child's teacher.

Respectfully,

Insert Signature

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Claiborne County RTI² Supervisor
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Name: _____

School Year: _____

RTI² Folder

Relevant documentation (listed below) is to be maintained in this folder

Tier I Documentation

Universal Screener assessment data _____
Student referral to RTI² team _____
Vision and hearing form _____

Tier 2 Documentation

Tier 2 decision tree _____ Date of initial RTI² Meeting _____
Student Intervention Plan _____
Intervention log(s) _____
Fidelity checklist(s) _____
Parent notification letter(s) _____
Intervention Documentation Form _____

Tier 2 Review documentation

_____ Plan successful, continue until benchmark is reached _____ Date of RTI² Meeting _____
Progress monitoring data _____
Intervention plan evaluation _____
_____ Modify plan and then review _____
Progress monitoring data _____
Intervention plan evaluation _____
Modified Student Intervention Plan _____

Tier 2 Review documentation

_____ Plan successful, continue until benchmark is reached _____ Date of RTI² Meeting _____
Progress monitoring data _____
Intervention plan evaluation _____
_____ Modify plan and then review _____
Progress monitoring data _____
Intervention plan evaluation _____
Modified Student Intervention Plan _____

Tier 2 Review documentation

_____	Plan successful, continue until benchmark is reached	_____	Date of RTI ² Meeting
	Progress monitoring data	_____	
	Intervention plan evaluation	_____	
_____	Modify plan and then review		
	Progress monitoring data	_____	
	Intervention plan evaluation	_____	
	Modified Student Intervention Plan	_____	

Tier 2 Review documentation

_____	Plan successful, continue until benchmark is reached	_____	Date of RTI ² Meeting
	Progress monitoring data	_____	
	Intervention plan evaluation	_____	
_____	Modify plan and then review		
	Progress monitoring data	_____	
	Intervention plan evaluation	_____	
	Modified Student Intervention Plan	_____	

Tier 2 Review documentation

_____	Plan successful, continue until benchmark is reached	_____	Date of RTI ² Meeting
	Progress monitoring data	_____	
	Intervention plan evaluation	_____	
_____	Modify plan and then review		
	Progress monitoring data	_____	
	Intervention plan evaluation	_____	
	Modified Student Intervention Plan	_____	

Tier 2 Review documentation

_____	Plan successful, continue until benchmark is reached	_____	Date of RTI ² Meeting
	Progress monitoring data	_____	
	Intervention plan evaluation	_____	
_____	Modify plan and then review		
	Progress monitoring data	_____	
	Intervention plan evaluation	_____	
	Modified Student Intervention Plan	_____	

Name: _____

School Year: _____

RTI² Folder

Relevant documentation (listed below) is to be maintained in this folder

Tier 3 Documentation

Tier 3 decision tree	_____	Date of RTI ² Meeting
Tier 2 gap analysis	_____	
Student Intervention Plan	_____	
Intervention log(s)	_____	
Fidelity checklist(s)	_____	
Parent notification letter(s)	_____	
Progress monitoring data	_____	

Tier 3 Review documentation

_____ Plan successful, continue until benchmark is reached	_____	Date of RTI ² Meeting
Progress monitoring data	_____	
Intervention plan evaluation	_____	
_____ Evaluation Requested		
Referral Decision Tree	_____	
Tier 3 gap analysis	_____	
Student Referral for evaluation form	_____	
Parent Input	_____	
Teacher input	_____	

Tier 3 Review documentation

_____ Plan successful, continue until benchmark is reached	_____	Date of RTI ² Meeting
Progress monitoring data	_____	
Intervention plan evaluation	_____	
_____ Evaluation Requested		
Referral Decision Tree	_____	
Tier 3 gap analysis	_____	
Student Referral for evaluation form	_____	
Parent Input	_____	
Teacher input	_____	

Tier 3 Review documentation

_____ Plan successful, continue until benchmark is reached	_____	Date of RTI ² Meeting
Progress monitoring data	_____	
Intervention plan evaluation	_____	
_____ Modify plan and then review		
Progress monitoring data	_____	

Intervention plan evaluation _____
Modified Student Intervention Plan _____

Tier 3 Review documentation

_____ Plan successful, continue until benchmark is reached _____ Date of RTI² Meeting
Progress monitoring data _____
Intervention plan evaluation _____
_____ Evaluation Requested _____
Referral Decision Tree _____
Tier 3 gap analysis _____
Student Referral for evaluation form _____
Parent Input _____
Teacher input _____

Tier 3 Review documentation

_____ Plan successful, continue until benchmark is reached _____ Date of RTI² Meeting
Progress monitoring data _____
Intervention plan evaluation _____
_____ Evaluation Requested _____
Referral Decision Tree _____
Tier 3 gap analysis _____
Student Referral for evaluation form _____
Parent Input _____
Teacher input _____

Tier 3 Review documentation

_____ Plan successful, continue until benchmark is reached _____ Date of RTI² Meeting
Progress monitoring data _____
Intervention plan evaluation _____
_____ Evaluation Requested _____
Referral Decision Tree _____
Tier 3 gap analysis _____
Student Referral for evaluation form _____
Parent Input _____
Teacher input _____

RTI² Intervention Record for School Records

School Name: _____ School Address/Phone: _____

Student Name: _____ Student Address/Phone: _____

Current Grade: _____ Gender: _____

Date Entered School: _____ Date Exited School: _____

Did student receive academic interventions? YES NO

Universal Screening Data

Type (Name) of Universal Screening	Percentile Score	Date Given

The following interventions were provided to this student: (attach additional documentation as needed)

Intervention Type	Area of Deficit	Duration	Progress Monitoring Data	Fidelity of Implementation

Signature: _____

Title: _____

Percentile Documentation Form

(Principal must complete and turn in to RTI² Supervisor for approval)

School: _____

Date: _____

Principal: _____

If the number of students in the lowest 25th percentile is greater than 15-20% of the total school population, the percentile can be lowered. It is important to keep in mind that some capacity for student movement in and out of intervention every 4 ½ weeks has to be maintained. If percentiles need to be lowered to accommodate student participation in RTI² process, principals must provide school documentation to address the decrease below the 25th percentile and provide a plan of action to increase percentiles.

Is the number of students in the lowest 25th percentile greater than 15 – 20% of your school population? _____ YES What percentage? _____

What is your recommended lowered percentile to be used at your school? _____

Reason for this lowered percentile?

Plan of Action to increase percentiles:

Principal Signature

Date



Central Office Only

Date Received: _____ Approved by: _____