Tier 1 Principal Fidelity Checklist

School: ___________________________  School Year: ___________________________
Principal: ___________________________
Marking Period: ___________________________
Place the date in each column when completed.

<table>
<thead>
<tr>
<th>Teacher Name</th>
<th>Schedule Check</th>
<th>Lesson Plan Check</th>
<th>Lessons aligned to CCSS</th>
<th>Attends School RTI² meetings</th>
<th>Attends PD</th>
<th>Direct Observation</th>
</tr>
</thead>
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</table>
List of Students “At Risk”

Initial universal screening is administered and data collected by the teacher as soon as possible to identify students “at risk.” All students who fall below the 25th or identified percentile will receive appropriate interventions and will be monitored using progress monitoring. Teams work to determine and schedule appropriate interventions for each student.

School: ___________________ Date: _______________ Grade/Subject: ___________________

Universal Screening: ___________________ Year: _______________ Cut Score: _______________

Select One (X): Fall _______ Winter _______ Spring _______

Percent below: 25th percentile _______ 10th percentile _______

<table>
<thead>
<tr>
<th>Student</th>
<th>Teacher</th>
<th>Previous Intervention</th>
<th>Universal Screening Score</th>
<th>Other Data</th>
<th>Retained Yes/No</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Signatures of team members attending: _____________________________________________
__________________________________________________________________________
Tier 2 and Tier 3 Observation Checklist

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

The Intervention is:

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

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

<table>
<thead>
<tr>
<th>Factor</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Student has attended school regularly (absent less than 23% of the time)</td>
<td></td>
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<tr>
<td></td>
<td>Student has received tiered instruction and intervention in specific area of deficit</td>
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</tbody>
</table>

### 2. Limited English Proficiency

<table>
<thead>
<tr>
<th>Factor</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is there a language other than English spoken by this student?</td>
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<td></td>
<td>Is there a language other than English spoken in the student’s home?</td>
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<td></td>
<td>Are there specific dialectical or cultural influences that would affect the student’s ability to speak or understand English?</td>
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</tbody>
</table>

### 3. Intellectual Disability

<table>
<thead>
<tr>
<th>Factor</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Student’s performance is equally depressed in all academic areas</td>
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<td></td>
<td>Student’s adaptive/self-help skills appear age appropriate</td>
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</tbody>
</table>

### 4. Emotional Disturbance

<table>
<thead>
<tr>
<th>Factor</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Does the student exhibit behavioral/emotional difficulties that interfere with learning?</td>
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<td></td>
<td>Does the student have a medical history and/or school history of emotional difficulties?</td>
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<tr>
<td></td>
<td>If the answer to either question above is “yes”, has an ecologically valid Functional Behavior Assessment (FBA) been conducted? Results of FBA:</td>
<td></td>
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</table>

### 5. Visual Impairment, Hearing Impairment/Deafness or Orthopedic Impairment

<table>
<thead>
<tr>
<th>Factor</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Vision has been screened and found to be within normal limits</td>
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<td></td>
<td>Hearing has been screened and found to be within normal limits</td>
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<td>Does the student have a history of significantly delayed motor development?</td>
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<td>Is there a medical diagnosis for a motor impairment that would affect the student’s ability to learn or access general classroom instruction/intervention?</td>
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<td></td>
<td>Have any physical or motor impairments been observed or assessed?</td>
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</table>

### 6. Environmental or Cultural Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>Limited experiential background in majority based culture</td>
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<td>Transiency in elementary school years (at least two moves in a single school year)</td>
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<td>Home responsibilities interfering with learning activities</td>
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<td>Residence in a depressed economic area</td>
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<td>Low family income at subsistence level</td>
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<tr>
<td>Limited involvement in organizations and activities of any culture</td>
<td>□ Yes □ No</td>
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<td>Geographic isolation</td>
<td>□ Yes □ No</td>
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</table>

7. Motivational Factors

<table>
<thead>
<tr>
<th>Does the student attempt classroom assignments and/or homework?</th>
<th>□ Yes □ No</th>
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</thead>
<tbody>
<tr>
<td>Are group and/or standardized achievement scores consistent with student’s grades?</td>
<td>□ Yes □ No</td>
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</tbody>
</table>

8. Situational Trauma

<table>
<thead>
<tr>
<th>Has the student’s academic performance fallen dramatically within the last 6-12 months?</th>
<th>□ Yes □ No</th>
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<tbody>
<tr>
<td>Is there knowledge of any situations within the student’s family that would contribute to a drop in academic performance (e.g., death of family member, divorce of parent, etc)</td>
<td>□ Yes □ No</td>
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</tbody>
</table>

Please explain how any indicated factors have been ruled out as the determinant factors for this student’s lack of progress within general education instruction and/or tiered intervention:

____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
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

If Gap is significant complete Step 2

Step 2: Gap Analysis

Is this reasonable*?
□ Yes  □ No

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: __________

<table>
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<tr>
<th>Tier 3 intervention(s) have occurred daily for 60 minutes in addition to core instruction</th>
<th>□ Yes □ No</th>
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<tbody>
<tr>
<td>□ Intervention logs attached</td>
<td>□ (5) Fidelity checks completed and attached</td>
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</tbody>
</table>

| Implementation integrity has occurred with at least 80% fidelity | □ Yes □ No |

| Student has been present for the majority of intervention sessions | □ Yes □ No |

| Tier 3 intervention(s) adequately addressed the student’s area of need | □ Yes □ No |

| Tier 3 intervention was appropriate and research-based | □ Yes □ No |
| Research based interventions are: | |
| □ Explicit | □ Yes □ No |
| □ Systematic | □ Yes □ No |
| □ Standardized | □ Yes □ No |
| □ Peer reviewed | □ Yes □ No |
| □ Reliable/valid | □ Yes □ No |
| □ Able to be replicated | □ Yes □ No |

| Progress monitoring has occurred with at least 10-15 weekly data points –OR- 8-10 bi-monthly data points | □ Yes □ No |
| □ Progress monitoring graphs attached | □ Yes □ No |
| □ Parent notification letters are attached | □ Yes □ No |

| Gap analysis indicates that student’s progress is not sufficient for making adequate growth with current interventions | □ Yes □ No |

| The following have preliminarily been ruled out as the primary cause of the student’s lack of response to intervention | □ Yes □ No |
| □ Visual, motor, or hearing disability | □ Limited English Proficiency |
| □ Emotional Disturbance | □ Excessive absenteeism |
| □ Cultural Factors | |
| □ Environmental or economic factors | |

** 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)

<table>
<thead>
<tr>
<th>Student: ____________________________</th>
<th>Observer: ______________________</th>
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<tbody>
<tr>
<td>Date: __________________</td>
<td>Start time: _____________</td>
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<tr>
<td>Setting: Classroom instruction</td>
<td>Tier III Intervention: ____________</td>
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<tr>
<td>Teacher/interventionist: ______________</td>
<td>Group size: ________________</td>
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<tr>
<th>Skill/Subskill</th>
<th>(Skill/Subskill)</th>
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<table>
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<tr>
<th>(Skill/Subskill)</th>
<th>OTHERCOMMENTS &amp; OBSERVATIONS:</th>
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</thead>
</table>

**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 ____________________________________________________________________________

<table>
<thead>
<tr>
<th>Area</th>
<th>Results/Percentiles</th>
<th>Results/Percentiles</th>
<th>Results/Percentiles</th>
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</thead>
<tbody>
<tr>
<td>Reading/ ELA</td>
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<tr>
<td>Math</td>
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<tr>
<td>Science</td>
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<tr>
<td>Social Studies</td>
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</table>
Academic Grades:

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<tr>
<th>Subject Area</th>
<th>Year/Semester</th>
<th>Year/Semester</th>
<th>Year/Semester</th>
<th>Year/Semester</th>
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<tbody>
<tr>
<td>Reading</td>
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<td>Math</td>
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<td>Science</td>
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<td>Social Studies</td>
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<td>Language Arts</td>
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<td>Spelling</td>
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<td>English</td>
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<tr>
<td>Other:</td>
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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:**
Has the student experienced recent trauma? (i.e. parent divorce, death or illness of family member, etc)
_______________________________________________________________________________

Are there other situations that could create stress or emotional upsets? __________________________
_______________________________________________________________________________

Has there been a significant change in the student’s classroom performance within a short period of time (6-12 months)? _______________________________________________________________

Medical:
Does the student have any known medical issues that interfere with learning? _____________________
_____________________________________________________________________________________

Describe classroom interaction with peers and teacher:
_____________________________________________________________________________________

Additional Comments:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Person completing form:
_____________________________________________________________________________________

Name/Job Title
_________________________________________________________

Signature Date
_____________________________________________________

For Office Use only
Date Received:______________ Received From: ________________________________________
Date Parents notified _____________ Scheduled Meeting date: ________________
Parent Input

Child's Name: _____________________________ Birthdate: _____________ Today's Date: _____________

Mother’s name: ___________________________ Father’s name _______________________________

Child resides primarily with (check one): ______ Mother ______ Father ______ Joint Custody ______

Both parents ______

Please list names of others living in the home.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to Child</th>
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</table>

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
Insert School Contact Information

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

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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.

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Insert District/School Contact Information

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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.

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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.

Respectfully,

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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.

Respectfully,

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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 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 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.

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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: ______________________________________________

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| 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. |
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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,

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Insert School Contact Information

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

<table>
<thead>
<tr>
<th>Plan successful, continue until benchmark is reached</th>
<th>Date of RTI² Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress monitoring data</td>
<td></td>
</tr>
<tr>
<td>Intervention plan evaluation</td>
<td></td>
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| 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

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Date of RTI² Meeting</th>
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<tbody>
<tr>
<td>Tier 3 decision tree</td>
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<tr>
<td>Tier 2 gap analysis</td>
<td></td>
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<tr>
<td>Student Intervention Plan</td>
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## Tier 3 Review documentation

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| Evaluation Requested                   |                       |
| Referral Decision Tree                 |                       |
| Tier 3 gap analysis                    |                       |
| Student Referral for evaluation form   |                       |
| Parent Input                           |                       |
| Teacher input                          |                       |

## Tier 3 Review documentation

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| Evaluation Requested                   |                       |
| Referral Decision Tree                 |                       |
| Tier 3 gap analysis                    |                       |
| Student Referral for evaluation form   |                       |
| Parent Input                           |                       |
| Teacher input                          |                       |

## Tier 3 Review documentation

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| 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
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
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
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

<table>
<thead>
<tr>
<th>Type (Name) of Universal Screening</th>
<th>Percentile Score</th>
<th>Date Given</th>
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<tbody>
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The following interventions were provided to this student: (attach additional documentation as needed)

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Area of Deficit</th>
<th>Duration</th>
<th>Progress Monitoring Data</th>
<th>Fidelity of Implementation</th>
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<tbody>
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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: _______________________________