



RTI Team Referral Form

Student Name:

Referral Date:

Current Grade Level:

Referring Teacher:

1. The student appears to be having difficulty with the following: (Check any that apply.)

- Reading skills
- Reading strategies
- Reading independently
- Achieving on formal reading assessments
- Achieving on formal *and* informal reading assessments
- Retaining reading skills and/or strategies
- Behavioral issues
- Attendance/tardiness issues

2. Has this student been referred to an RTI Team in the past?

- Yes *Date of last referral* _____
- No

3. Provide a specific description of the concerns you have for this student. Describe these concerns in observable terms.

4. How long have you been concerned about these particular issues?

- Less than one month.
- One to two months
- More than two months

5. Briefly describe your Tier I intervention approaches.

Student Concern	I have tried...	Dates Implemented	Student Response

6. Assessment Data

Assessment	Performance
AIMSweb	LNF Fall___ Winter___ Spring___
	PSF Fall___ Winter___ Spring___
	NWF Fall___ Winter___ Spring___
	ORF Fall___ Winter___ Spring___
DRA	Fall___ Winter___ Spring___
WRSD Sight Word Assessments	
Foundations (or alternative) Assessments	
WRSD Reading Benchmark Conference	Winter___ Spring___
Conferring Data	
Other	