RtI Referral Checklist

Pre-Referral
- Identify your primary concern(s) (measurable and observable)
- Refer to “Initial Referral: Prior Interventions Checklist” (in your Referral packet) for ideas to try prior to completing the referral
- Look at the Pre-Referral Intervention Manual (PRIM) for additional ideas to try
- Try an intervention on your own for approximately 4 weeks while collecting DATA on the student’s progress (may be through Lexia/Ascend or AIMSweb; see Miss Hettiger for additional data keeping ideas)

Referral Process
- If student is showing little or no progress, you may try another intervention or.....
- Complete the “Student Assistance Initial Referral” (You have 3 copies)
- Turn Referral in to Miss Hettiger
- A liaison (a member from the RtI team) will be assigned to your case and they will contact you within 1-2 days.
- With the Liaison, determine which teachers/staff members you will need to collect additional information
- Liaison will provide you with the checklists to distribute
- All data from staff members will need to be returned to referring teacher or liaison within 1 week
- Liaison and referring teacher meet to complete Data Summary Chart and Case Summary Form (This must be completed within 1-2 days of receiving data from other staff)
- Liaison will meet with Miss Hettiger to schedule the meeting.

Post Referral
- Have the meeting
- Miss Hettiger will email meeting notes to everyone
- Classroom teacher will contact parent after the meeting to set up a conference to go over the results of the meeting (teacher may choose to have Liaison present for this conference).
- Meet with Liaison to review data and progress and turn in this information to Miss Hettiger the Monday before the scheduled follow-up meeting
- Have follow-up meetings as necessary
- See liaison with any questions you may have throughout this process
Sullivan School District #300
Solutions Collaboration

Referral Date: ____________________  Meeting Date: ____________________

Student Name: ____________________  Grade: _______________________

Gender: ____________________________

Referring Teacher: ________________  Reason for Referral: _______________
Was the Parent Notified: ___________  Date of Notification: ___________

**Classroom Performance:**

<table>
<thead>
<tr>
<th></th>
<th>Attendance Problem</th>
<th></th>
<th>Tardiness Problem</th>
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<tbody>
<tr>
<td></td>
<td>Drop in grades, lower achievement</td>
<td></td>
<td>Decrease in class participation</td>
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<tr>
<td></td>
<td>Does not ask for help when needed</td>
<td></td>
<td>Gives up easily when frustrated</td>
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<tr>
<td></td>
<td>Has failed to complete ___% of his/her homework</td>
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<tr>
<td></td>
<td>Fails to complete ___% of in-class assignments</td>
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<td></td>
<td>Difficulty staying focused; easily distracted by others</td>
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<td></td>
<td>Difficulty with immediate recall</td>
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<td>Disorganized with school materials</td>
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<td></td>
<td>Prefers to work alone</td>
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<td>Modified and reduced assignments</td>
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</tbody>
</table>

Comments: ____________________________________________________________

**Social Skills:**

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<th>Lacks positive peer relationships</th>
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<th>Disrespectful toward authority</th>
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<tbody>
<tr>
<td></td>
<td>Disturbs other students during activities</td>
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<td>Uses leadership skills inappropriately</td>
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<td>Frequently argues with the teacher</td>
<td></td>
<td>Hits and/or pushes other students</td>
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<td></td>
<td>Does not easily accept constructive criticism</td>
<td></td>
<td>Teases other students</td>
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<tr>
<td></td>
<td>Makes inappropriate remarks to classmates</td>
<td></td>
<td>Lacks self- Confidence</td>
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<tr>
<td></td>
<td>Makes inappropriate remarks to adults</td>
<td></td>
<td>Frequently ridiculed by classmates</td>
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<td></td>
<td>Withdrawn, has difficulty in relating to others</td>
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<td>Appears unhappy/sad</td>
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<td></td>
<td>Lacks control in unstructured situations</td>
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<td>Change in friends</td>
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<td></td>
<td>Disruptive behavior</td>
<td></td>
<td>Defiance of classroom rules</td>
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<tr>
<td></td>
<td>Cheating</td>
<td></td>
<td>Sudden outbursts in anger</td>
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<td></td>
<td>Obscene language, gestures</td>
<td></td>
<td>Noisy/boisterous</td>
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<tr>
<td></td>
<td>Erratic behavior/mood swings</td>
<td></td>
<td>Does not take responsibility for inappropriate comments or actions</td>
</tr>
</tbody>
</table>

Comments: ____________________________________________________________________________
Physical Symptoms:

- Smells of smoke, alcohol, or marijuana
- Slurred speech
- Appears sleepy/lethargic
- Deteriorating personal appearance
- Frequent complaints of nausea/headaches
- Poor hygiene

Comments: 

Academic Strengths:

- Reads at/above grade level
- Has average/above average grades
- Works well independently
- Concentrates for long periods of time
- Attentive
- Interested
- Pays attention to detail
- Completes assignments
- High Vocabulary

Comments: 

What “skills for living” do you believe would be most beneficial to this student?

Comments: 

What “support systems and resources” do you believe would be the most beneficial to this student?

Comments: 
Initial Referral: Prior Interventions Checklist

Please indicate what types of interventions you have tried prior to the referral and the results achieved. Circle the number of the appropriate intervention(s) utilized.

1. Spoke to student privately.
2. Gave student help during advisory, study hall, before/after school.
3. Preferential seating.
4. Contact parent regarding behavior or academic issues.
5. View cumulative file.
6. Parent/Teacher Conference.
7. Reduced/modified assignments.
8. Have set up a contingency management program with student.
9. Have assigned student office discipline referral.
10. Have referred student to social worker or administrator.
11. Referred student to homework hangout.
12. Referred student to study hall for late assignments.
13. Other (Please explain) __________________________________________________________
14. Other (Please explain) __________________________________________________________

Please circle the Research-Based Interventions that have been tried with this student and attach data.

Lexia  Reading Plus  Paired Reading
Repeated Reading Practice  Error Correction/Word Drill  Assisted Reading
Listening Passage Preview  Ascend Math  PBIS
Check-In/Check-Out  ___________________________  ___________________________