Piqua City Schools
Response to Intervention Team
Request for Assitance/Tier 3 support

| | |
|---|---|
| Student Name: | Date of Birth: |
| Parent/Guardian: | Student ID # |
| Address: | Grade: |
| | Building: |
| Phone: | Homeroom Teacher: |

**Primary Reason(s) for RtI Referral (please rank if more than 1):**

_____ Academic _____ Behavioral _____ Emotional _____ Other

**If Academic, please indicate top three areas of concern, or fewer. Rank 1-3 with 1 as greateast concern:**

_____ Reading Decoding _____ Reading Fluency _____ Reading Comprehension
_____ Math Calculation _____ Math Fact Fluency _____ Math Reasoning/Problem Solving
_____ Written Expression (organization, content, mechanics) _____ Spelling

*Please specifically define the problems associated with the area marked with the number* 1 .

**If Behavioral or Emotional, describe the behaviors impacting achievement:**

**Current Tier 2 interventions**

| Research Based Interventions | #days/week, # min/day | Dates Implemented | | Person Responsible |
|---|---|---|---|---|
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**Progress Monitoring Data from Tier 2 interventions (or see attached Data Collection Form):**

| Progress Monitoring Tool | Date | Data/Score | Benchmark/ Expectation |
|---|---|---|---|
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**Student's strengths, skills, talents, and/or interests:**

☐ **Complete Grade Level Data Colelction Form.** Please update Data Collection Form on an ongoing basis as progress monitoring occurs.

☐ **Review student's cumulative folder.** List any relevant history (assessments, teacher/report card comments, data, etc.) to the reported problem

☐ **Review previous school(s)/district(s) attended**. List previous school districts and years attended as well as years attended at current school.

☐ **Review Attendance.** List any known ongoing medical conditions that may be attributing to absences.

Full Days Absent: _____ Days Tardy: _____ Early Dismissals: _____

☐ **Review Current Grades:**

Reading: _____ Math: _____ Written Language: _____ Science: _____ Soc. Stud: _____

☐ **Contacts with parent/guardian regarding area(s) of concern.** List date, type of contact (e.g., phone, email, face-to-face/conferences, etc.)

**Please answer Yes/No to each of the following questions:**

**Communication Skills:**

Does student use correct grammar when speaking?

Does student speak in 5-7 word sentences?

Is student easy to understand?

Does student answer comprehension questions after hearing grade level story read aloud?

Does student follow 1-step directions in the classroom? 2-step? More than 2 step?

**Fine Motor Skills:**

Does student form lettters correctly?

Does student space and align letters so work is easily read?

Does student use other grade-appropriate fine motor skills well (e.g., cut using scissors, use utensils, zip coat, fasten buttons)?

**Medical:**

Do you have concerns regarding student's vision? Hearing?

Date of last screening, if available?

Does the student wear corrective lenses or a hearing aid? If yes, which?

Does the student take medication that is known to the school?

If so, what type of medication and for what purpose?

List any medical diagnoses known:

Form Completed by: _____ Date Submitted: _____

Form Received by: _____ Date Received: _____