

Student Support and Interventions Team Referral For Comprehensive Evaluation

This referral form is completed by the RtI2 committee when the decision is made to refer a student for an initial comprehensive evaluation for ANY Special Education consideration. Data and documentation gathered through the tiered intervention process should be reviewed prior to referral.

Parent Referral

School Referral

Name (L,F,M): _____ Birth Date ___/___/___ Age _____
 Race/Ethnicity _____ Gender _____ Grade _____
 School _____ Teacher _____
 Parent(s) _____
 Address _____
 Phone (home) _____ Work _____ Cell _____
 Email address _____ Primary Language spoken _____

SLD Problem Identification (Underlying basic skill inhibiting the student's success in reading, math, writing)

- Basic Reading Skills (Specify: _____)
 Reading Fluency Reading Comprehension Math Calculation Math Problem Solving
 due to (pick one: ___ reading problems ___ understanding math concepts) Written Expression

For the skill area(s) checked above, include all of the following forms and data. Sort and label all the data by Tiers! Send originals; they will be returned. All forms must be complete and dated!

- _____ * Student benchmark data
 _____ * Student Progress monitoring data (**Must be close to the time of the referral decision**)
 _____ * Gap Analysis (**Must be close to the time of the referral decision**)
 _____ * Student Intervention Plan(s) **Include Tier I intervention Plans**
 _____ Fidelity Monitoring form(s)
 _____ * Intervention Log(s) **Point out changes made when little progress being made**
 _____ Parent notification letter(s) **Any changes in RtI program**
 _____ School RtI Decision Forms (For all Tier changes, Decision to refer)

Areas not considered SLD (please include only the * items of the above RtI2 documentation, if available):

- Attention/Behavior High Achievement Intellectual Disability
 Other (Specify: _____)

Please include:

-Any Previous Testing?: ___ YES (Include copy of report(s)) ___ NO

-Attendance (Fill out completely):

Year	Days present	Days absent	Days tardy
Current Year			
Last Year			
Retentions			
Schools Attended			

Student _____ DOB ___/___/___ School _____ Grade _____

-**Discipline Record:** Number of discipline reports _____ List Violations _____
Number of Out of School Suspensions _____ In-School suspensions _____ Detentions _____

-**Testing Information: TNReady or TCAP (BE SURE TO INCLUDE NATIONAL PERCENTILES IF AVAILABLE)**

Area	Year: Percentile/Level	Year: Percentile/Level	Year: Percentile/Level
Reading/ ELA			
Math			
Science			
Social Studies			

-**Academic Grades (EXPLAIN SCALE USED: _____)**

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

Exclusionary Factor- Complete Exclusionary Factors Worksheet

- **Please attach completed Exclusionary Factors Worksheet (FORM 13): Attached?** _____
- **Visual Impairment (Include vision evaluation results):** Does the student have a history of significant vision problems? _____
- **Hearing Impairment (Include hearing evaluation results):** Does the student have a history of significant hearing problems? _____
- **Behavior Problems:**

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

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

- **Medical:**

Does the student have any known medical issues that interfere with learning and current medications?

Additional Services (e.g., Speech, OT, PT) _____

Student _____ DOB ___/___/___ School _____ Grade _____

Describe classroom interaction with peers and teacher: _____

Additional Comments: _____

RTI² Team Signatures:

Name/Parent Date

Name/Parent Date

Name/Chair, Rtl School Decision Committee Date

Name/LEA Representative Date

Name/Regular Education Teacher Date

Name/Special Education Teacher Date

Name/Job Title Date

Name/Job Title Date

Name/Job Title Date

Tier III Interventions: Include Days, Times, Provider Name

Reading: _____

Mathematics: _____