

Hunter-Tannersville CSD

RTI Team Teacher Referral Form

Please answer the questions below so that we will be better prepared at the initial RTI meeting to talk with you about the needs of this student.

**General Information**

Person Making Referral: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Date Parent was Contacted Regarding Concern: \_\_\_\_\_ By Whom?: \_\_\_\_\_

Medical or health concerns for this student: \_\_\_\_\_

How is the student's attendance this year? \_\_\_\_\_

Current school or agency support services or program(s) in place for this student (e.g., counseling, tutoring, etc.): \_\_\_\_\_

What are several strengths, talents, or specific interests for this student?  
\_\_\_\_\_  
\_\_\_\_\_

**Instructional Information**

What makes this student difficult to teach? List any academic, social, emotional, or medical factors that seem to negatively affect the student's progress. (If the problem is primarily behavioral, how often does the problem occur, how intense is it, and for how long does the problem last? If the problem is academic, what specific deficits does the student have in a particular academic skills or competencies?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does this student's academic skills compare to those of 'average' children in your classroom? (e.g., How does the student compare to peers in reading, math, writing, organizational skills?):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is this student's estimated current reading level? \_\_\_\_\_

List any other general information about the student's academic or abilities (e.g., test results) that may shed light on your referral concern: \_\_\_\_\_

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**Problem-Identification Information**

**Interventions Attempted:** Please describe specific attempts that you or others have made this year to meet this student's academic, social, and/or emotional needs:

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Intervention	Dates Began-Ended	Person(s) Responsible	Outcome

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If the referral concern is in academics, how much time during the period/day does the student receive instruction in the area(s) of difficulty?

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When have you observed the problem occurring the most?: \_\_\_\_\_

What would be the best day(s)/time(s) for a member of the RTI team to observe the student having difficulties that you describe above? (Please attach a copy of the student's daily schedule, if available):

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Other: