RtI Tier III Student Referral Form

Teacher(s) _____ Date Submitted _____

Student Name_____ Grade _____ Age _____

Reason for Referral: ☐ Academic Current Average: _____ ☐ Absences (# _____) ☐ Tardies (# _____)

☐ Behavioral Office Referrals #: _____

Assessment Data:

☐ STAAR Math   Score(s):_____   ☐ STAAR Reading   Score(s):_____

☐ Progress Report   Score(s): _____   ☐ ISIP (iStation)   Score(s): _____

☐ TELPAS   Score(s): _____   ☐ SRI   Score(s): _____

☐ Other   Assessment: _____   Score(s): _____

Prior RtI Referral: ☐ Yes   ☐ No   Prior Retention: ☐ Yes ☐ No   Grade _____

Subject(s) Currently Failing: _____

Please describe the **specific concerns** prompting this referral. What makes this student difficult to teach? List any academic, social, emotional, or medical factors that negatively impact the student's performance.

_____

_____

How do this student's academic skills compare with those of an average student in your classroom?

_____

_____

In what settings/situations does the problem occur **most** often?

_____

In what settings/situations does the problem occur **least** often?

_____

What are the student's strengths, talents, and/or specific interests?

1._____   2. _____

3._____   4. _____

What would be the best day(s) and time(s) for someone to observe the student having the difficulties that you describe above?

_____

Note to Teacher: Please attach a copy of the Secondary Tier II Action Plan to this form before submitting to the RtI Team.

Lago Vista ISD
Academics & Student Services