



Rtl Tier III Student Referral Form – Secondary

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 Rtl 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 Rtl Team.