

**Grant RtI Intervention Team Referral  
Tier 1 Concerns**

Student Name: \_\_\_\_\_ Date : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Preparing staff member: \_\_\_\_\_

Name of other Staff who regularly work with this student and who have been consulted in the problem solving process: \_\_\_\_\_  
\_\_\_\_\_.

1. **Student is having difficulty achieving in the classroom due to:**( attach referral checklist)

- Academic Skills     Academic Performance     Behavioral Concerns  
 Attendance/tardy

Specific Concerns in observable terms if possible: \_\_\_\_\_  
\_\_\_\_\_

**P  
L  
A  
N**

1. Check the student's cumulative file. Has he/she been considered for Interventions in the past?  Yes  No If yes, when? \_\_\_\_\_  
\_\_\_\_\_

2. Provide a specific, concrete description of the concerns you have for this student. Describe the concerns in **observable** terms: \_\_\_\_\_  
\_\_\_\_\_

3. What is the duration of the problem?  Less than 1 month  
 1 – 3 Months     3 – 6 Months     6 months or longer

**P  
L  
A  
N**

Cont.

Complete the PDSA process for each concern:

Concern	Strategies/Interventions Tried List Specific Programs & Strategies	Dates Implemented	Student Response (Use data points when available)

DATE	ASSESSMENT AND RESULTS
	CSAP Reading _____ CSAP Writing _____ CSAP Math _____ CSAP Science _____
	MAP Fall _____ Spring _____
	ADAMS 50
	DIBELS: Benchmark F___ W___ S___ Bring Progress Monitoring Booklet and Aimsweb individual graph SRI _____
	Other:  Short Cycle Assessments _____  Quarterly Writing _____