

## Response to Intervention "One Concern" Form

<b>Student Name:</b> _____	<b>Teacher/Grade:</b> _____
<b>Student's Birthday:</b> _____	<b>Date of Request:</b> _____
<b>Meeting Time and Date:</b> _____	<b>Follow Up:</b> _____

<b>Team Members Present:</b>
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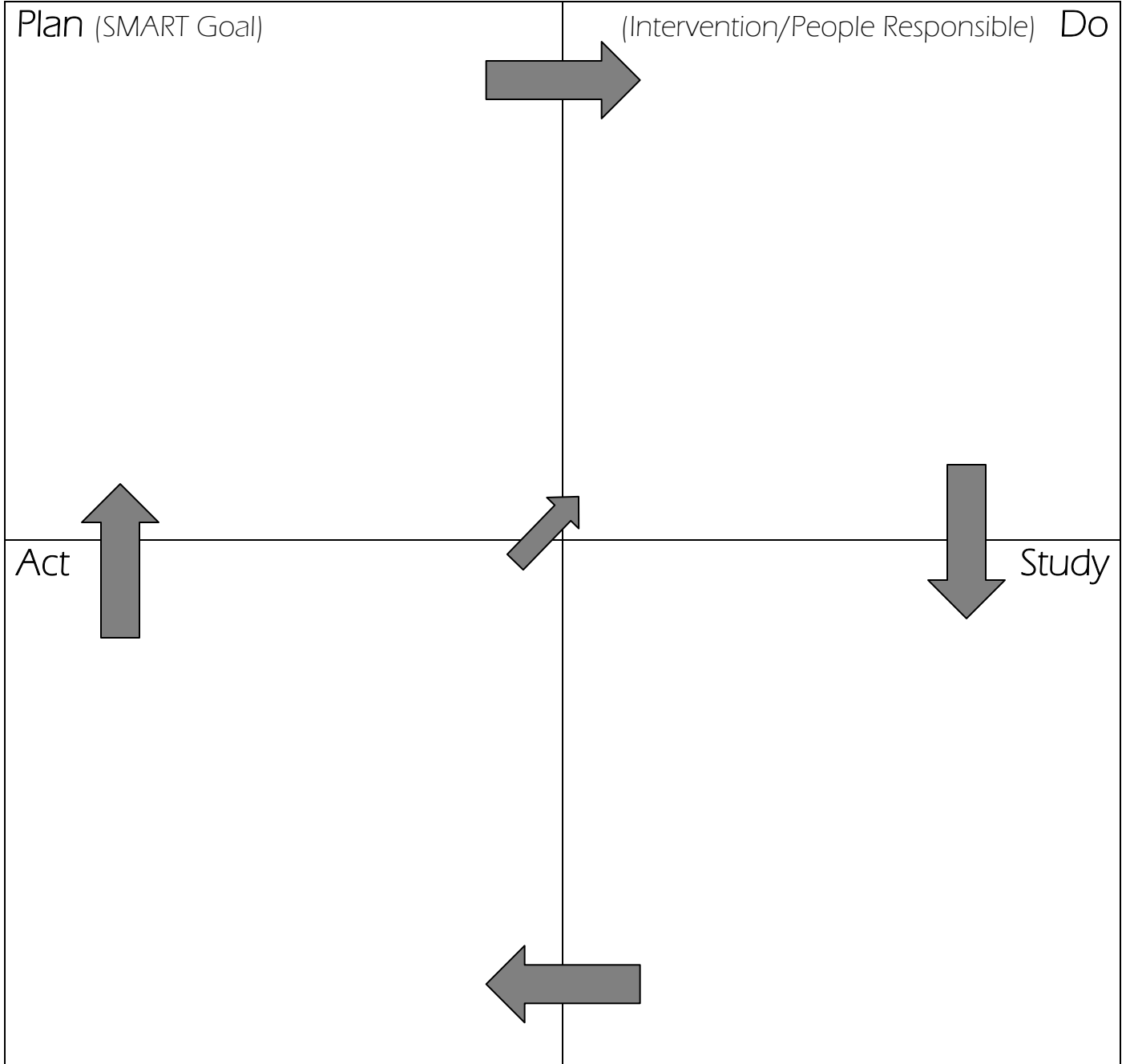
<b>Description of Measurable Concern:</b>
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Classroom Interventions	Data (AimsWeb, Behavior Chart, etc)
	Duration:  Frequency:  Intensity including group size:  Attach Progress Monitoring/Assessment Data

**Parent Information:**

### Student Assistance Plan

Area of Concern:



Whittier Elementary School  
 Colorado Springs School District 11  
 Classroom Teacher Documentation of Parent Contact

<b>Student Name</b> _____	<b>ID#</b> _____
<b>Parent Name</b> _____	<b>Home #</b> _____ <b>Work #</b> _____

Date of Contact	Type of Contact	Issues Discussed

C = Conference  
 T = Telephone  
 H = Home Visit

Explain to the parent the problem the student is having in class and that you are calling for some input. Bring up the following points in a conversational manner. **THANK THE PARENT FOR THEIR TIME AND INPUT!**

School/Academics Notes:

- Tell me about your child's academic performance.
- What has been done to help in the areas of difficulty?
- Has the student been truant from school?  
extracurricular activities at school?
- What academic goals do you have for your child?
- Subject(s) and areas of difficulty?
- Is your child tardy to school or class often?  
• Is your child involved in

Home/Out of school behaviors notes:

- Tell me about your child's social development.
- Have there been any recent changes in behavior?  
friends?
- Have you noticed any emotional outbursts?
- Child involved in extracurricular activities at outside of school?  
away from school?
- Does your child read for pleasure? If so what types of things?
- Have there been any changes in the family?
- Any changes in your child's relationships to
- Have you noticed a change in attitude?
- What does your child enjoy doing when

Health notes:

- Tell me about your child's physical development.  
home or school?
- Does your child wear glasses?
- Has your child had a major illness in the past year
- Is child on any medication? If so, is it taken at
- Does your child have hearing problems?