***RTI Referral Request Form***

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| **Student Name** |  |
| **Grade** |  |
| **Referring Teacher** |  |

***Please circle ‘yes’ or ‘no’ for each question.***

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| **Have Tier I interventions (differentiation of instruction) been attempted for a minimum of three to four weeks with above student?** | **YES** | **NO** |
| **Have interventions been documented?** | **YES** | **NO** |
| **Have you discussed the above named student with your grade level team?** | **YES** | **NO** |
| **Is there documentation of suggested interventions by your team members (grade level meeting minutes)? If yes, please attach meeting minutes to this form.** | **YES** | **NO** |
| **Have you attempted the suggested interventions from team members?** | **YES** | **NO** |

**In order to better help you and your student, please list the top one or two concerns you have for the above named student. Be *very* specific as these will be the first concerns we discuss in meeting one.**

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| **Concern One** |  |
| **Concern Two**  **(if needed)** |  |