

**Hamblen County Schools**

**Referral Decision Tree**

*(To be completed at follow-up RTI<sup>2</sup> Team meeting prior to making a Special Education Referral)*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date of Review: \_\_\_\_\_

<b>Tier III Intervention(s) have occurred daily for 45 minutes in addition to core instruction</b> <input type="checkbox"/> Intervention logs attached <input type="checkbox"/> (5) Fidelity checks completed and attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Implementation integrity has occurred with at least 80% fidelity</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Student has been present for majority of intervention sessions (at least 80% of the time)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Tier III intervention(s) adequately addressed the student's area of need</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Tier III intervention was appropriate and research-based</b> <b>Research based interventions are:</b> <input type="checkbox"/> Explicit <input type="checkbox"/> Systematic <input type="checkbox"/> Standardized <input type="checkbox"/> Peer reviewed <input type="checkbox"/> Reliable/valid <input type="checkbox"/> Able to be replicated	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Progress monitoring has occurred with at least 10-15 weekly data points –OR- 8-10 bi-monthly data points at Tier III</b> <input type="checkbox"/> Progress monitoring graphs attached <input type="checkbox"/> Parent notification letters attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Gap analysis indicates that student's progress is not sufficient for making adequate growth with current interventions</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>The following have <i>preliminarily</i> been ruled out as the <i>primary</i> cause of the student's lack of response to intervention</b> <input type="checkbox"/> Visual, motor, or hearing disability <input type="checkbox"/> Emotional disturbance <input type="checkbox"/> Cultural factors <input type="checkbox"/> Environmental or economic factors <input type="checkbox"/> Limited English proficiency <input type="checkbox"/> Excessive absenteeism	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*\* If the Intervention team answered, "Yes" to all of the above questions, the team should consider referring for a psycho-educational evaluation. If the Intervention team answered "No" to any of the questions, that area should be addressed prior to referral.

**Team members involved in approving this plan with name and relationship to the student:**

Chairperson: \_\_\_\_\_

Interventionist: \_\_\_\_\_

Principal/Designee: \_\_\_\_\_

Team Member: \_\_\_\_\_

Team Member: \_\_\_\_\_

Parent : \_\_\_\_\_