Confidential RtI Team Student Referral

Student Information:

Student:	Grade:		Concern:
Parent/Guardian:		Phone #:	
Referring Teacher (s)		Date:	

Reason for Referral (Circle/Highlight the area)			
Reading and Writing	Math	Attendance	Social/Emotional

Student Strengths	Evidence Observed	Comments/parent contact

Student Weaknesses	Assessments	Grades	Previous Interventions
			Grade 5-
	Grade 5:		
	Grade 4:		
	Grade 3:		
	STAR ELA:		
	STAR Math:		
	Achieve 3000:		

	Check all that apply.	
Date Received:	Meeting Date:	

Oral	Oral Expression		
	Difficulty expressing thoughts and		
	ideas		
	Limited speaking vocabulary		
	Other:		

Spee	ch
	Stutters
	Difficulty articulating speech sounds
	Other:

Mem	Memory			
	Difficulty retaining information over			
	time			
	Difficulty remembering what is seen			
	Difficulty remembering what is heard			
	Other			

Attention and/or Organization
Difficulty with organization
Easily distracted
Difficulty beginning a task
Difficulty completing a task
Under-active/lethargic
Loses or forgets work/materials
Overactive/excessive motor
movements
Difficulty following classroom routines
Homework not completed and turned
in
Other:

Perceptual/Motor Skills			
Difficulty with coordination			
Difficulty with body space awareness			
Difficulty with letter formation			
Difficulty with spacing			
Letter/number reversals			
Difficulty copying from the board/book			
Difficulty with directional tracking			
Other:			

Social/Emotional	
,	
Lacks motivation	
Lacks self-control	
Easily frustrated	
Sudden change(s) in mood	
Inconsistency in performance	
Seeks frequent approval	
Interrupts/distracts class	
Verbally aggressive toward others	
Physically aggressive toward others	
Difficulty interpreting social cues	
Difficulty making/keeping friends	
Difficulty accepting responsibility for	
behavior	
Easily influenced by others	
Poor self-concept	
Expresses thoughts of dropping out	
Legal issues	
Sleeps in class/lethargic	
Poor hygiene or deterioration in	
appearance	
Home support concerns	
Wellness concerns-briefly explain	
below	
Seems tense and edgy	
Frequent psychosomatic	
complaints/nurse visits	

Date Received: Meeting Date:

