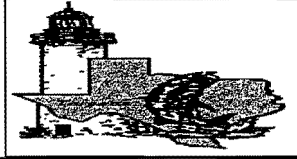


Garriga Elementary School
RTI-SOS Team
Recommendation for Review



RTI Data Recommendation Forms

Date: _____

Student: _____ ID#: _____ DOB: _____

Parent(s) Name: _____ Address: _____

City & State: _____ Phone #'s: _____

Teacher: _____ Grade Level: _____

Behavioral Concerns:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

Academic Concerns:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

Physical or Health Concerns:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

In School Interventions Tried and Duration (i.e. Tutoring 4 days)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Outcome of Interventions (Behavioral and Academic):

How have you made the parent aware of academic/behavioral concerns?

Interventions Offered to Parents and When Offered:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How has your instruction changed in order to meet the needs of the child?

Currently, the child is:

___ Passing ___ Failing ___ Borderline Fail/Pass

The following documentation needs to be attached to all RTI Recommendation forms:

- Report Cards (signed copy)
- Progress Reports (signed copy)
- Copy of all parent notes
- Daily samples of work in which you are recommending intervention
- Copy of any parent meeting you've had about this child

Teacher Name

Teacher Signature

Date

Date reviewed by RTI Committee: _____

Reviewed by:

Administrator and Date

Member and Date

Member and Date

Member and Date

Member and Date

Member and Date

Member and Date

RTI Committee Recommendations and Timeline

