

**RTI TIER 1 REFERRAL FORM**  
**(To be completed for students being referred for Tier 1 intervention)**

<b>Student Name:</b>		<b>School:</b>	<b>Today's Date:</b>
<b>Teacher Name:</b>		<b>Grade:</b>	<b>Student D.O.B:</b>
<b>Attendance:</b> Number of absences for this year. _____  Does student attend school regularly? _____ If attendance is irregular, do you know the reason?			
<b>Areas of concern (please check all that apply)</b>			
<u>Language Arts</u>  ___ Decoding ___ Reading Comprehension ___ Reading Fluency		<u>Mathematics</u>  ___ Computation ___ Problem Solving ___ Number Sense	
<div style="text-align: center;"><b>Additional Concerns (please describe)</b></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           ___ Social/Emotional/Behavioral            ___ Language (receptive/expressive)            ___ Motor Skills            ___ Other:         </div> <div style="width: 60%;">Describe:</div> </div>			
<b>Student's Strengths:</b>			
<b>Test Scores for Current Year</b>	<u>Reading:</u>  NYS ELA _____ STAR _____ F&P _____	<u>Math:</u>  NYS Math Test _____ STAR _____	<u>Writing:</u>  *** Writing Sample***

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**Current Supports:**   ☐ Counseling                      ☐ ENL                      ☐ Physical Therapy  
                                 ☐ 504 Accommodations                      ☐ Occupational Therapy  
                                 ☐ Speech/Language Therapy                      ☐ Aide                      ☐ Other:

**Additional Information:**

Is the student from a bilingual home?                      ☐ yes                      ☐ no  
Does the report card reflect difficulty in the area of concern?                      ☐ yes                      ☐ no  
Have current concerns been discussed with the parent?                      ☐ yes                      ☐ no  
Has the child experienced a family crisis in the past six months?                      ☐ yes                      ☐ no (if yes, please describe)  
  
Does the student receive services outside of school?   ☐ No    ☐ Don't Know    ☐ Yes (if yes, please describe)

**Known Health Concerns:**

Is the student on medication? ☐ yes    ☐ no                      For what reason? (allergies, ADHD, diabetes, etc.)

Any other health concerns?

Does the student use:   ☐ glasses                      ☐ hearing aids                      ☐ other:

**Tier 1 Intervention Recommended:**

☐ Yes    ☐ No

**Date of Review:** \_\_\_\_\_

**Principal's Initials:** \_\_\_\_\_

**\*\*\*A Writing sample must be included with the Tier 1 referral.\*\*\***