

SAT/RTI Initial Paperwork Checklist Parochial Schools

Before turning packet in to the principal to make a referral for a special education evaluation, all must be attached:

_____ Parent Form – Developmental History Information and SAT/RTI Permission Form

_____ SAT/RTI Teacher Information Form (3 pages)

_____ SAT/RTI Tier I and Tier II Documentation Forms

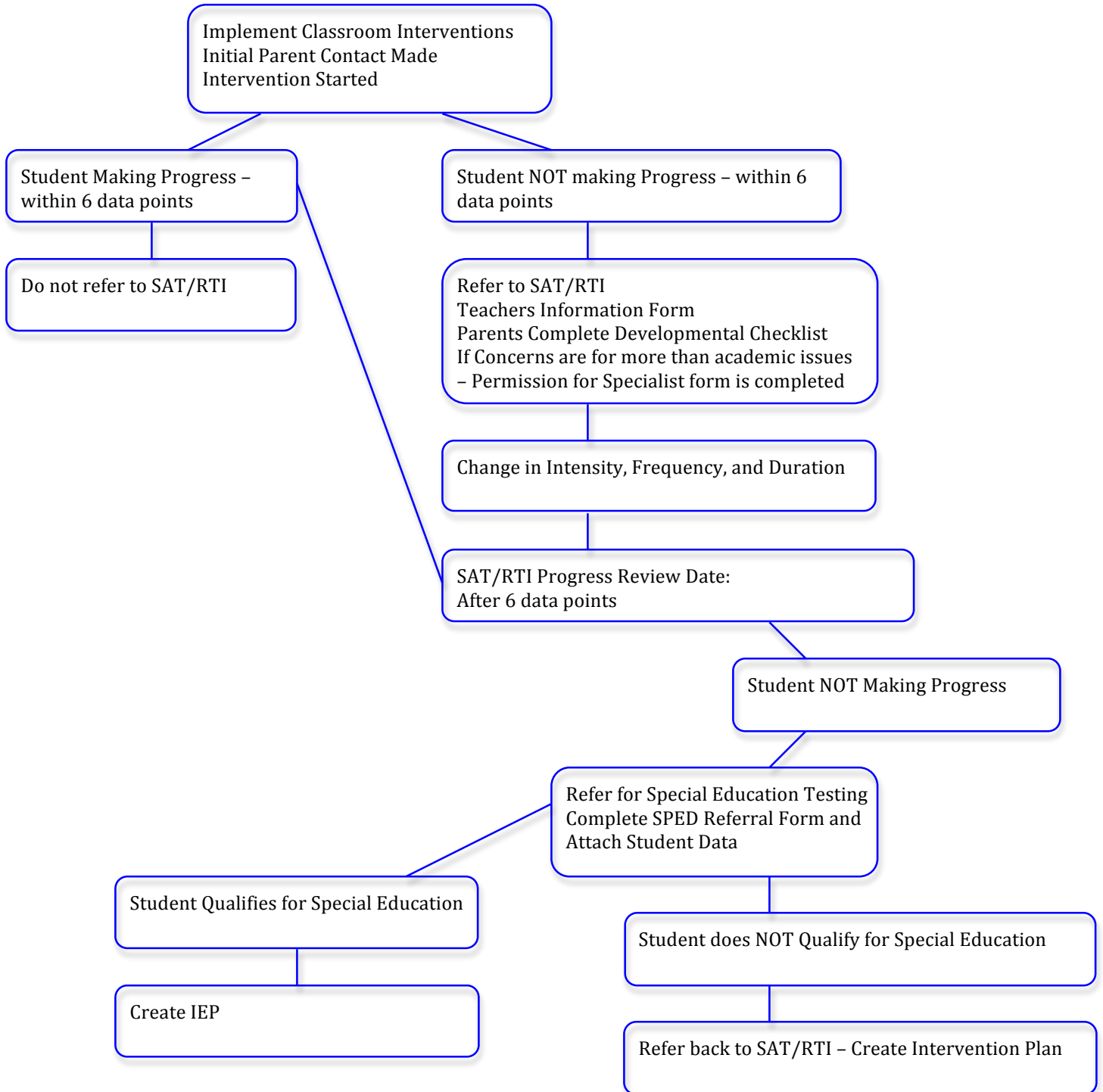
_____ NWEA printed scores

_____ Title I Needs Assessment (if available)

_____ Review of Initial Plan/SPED Referral

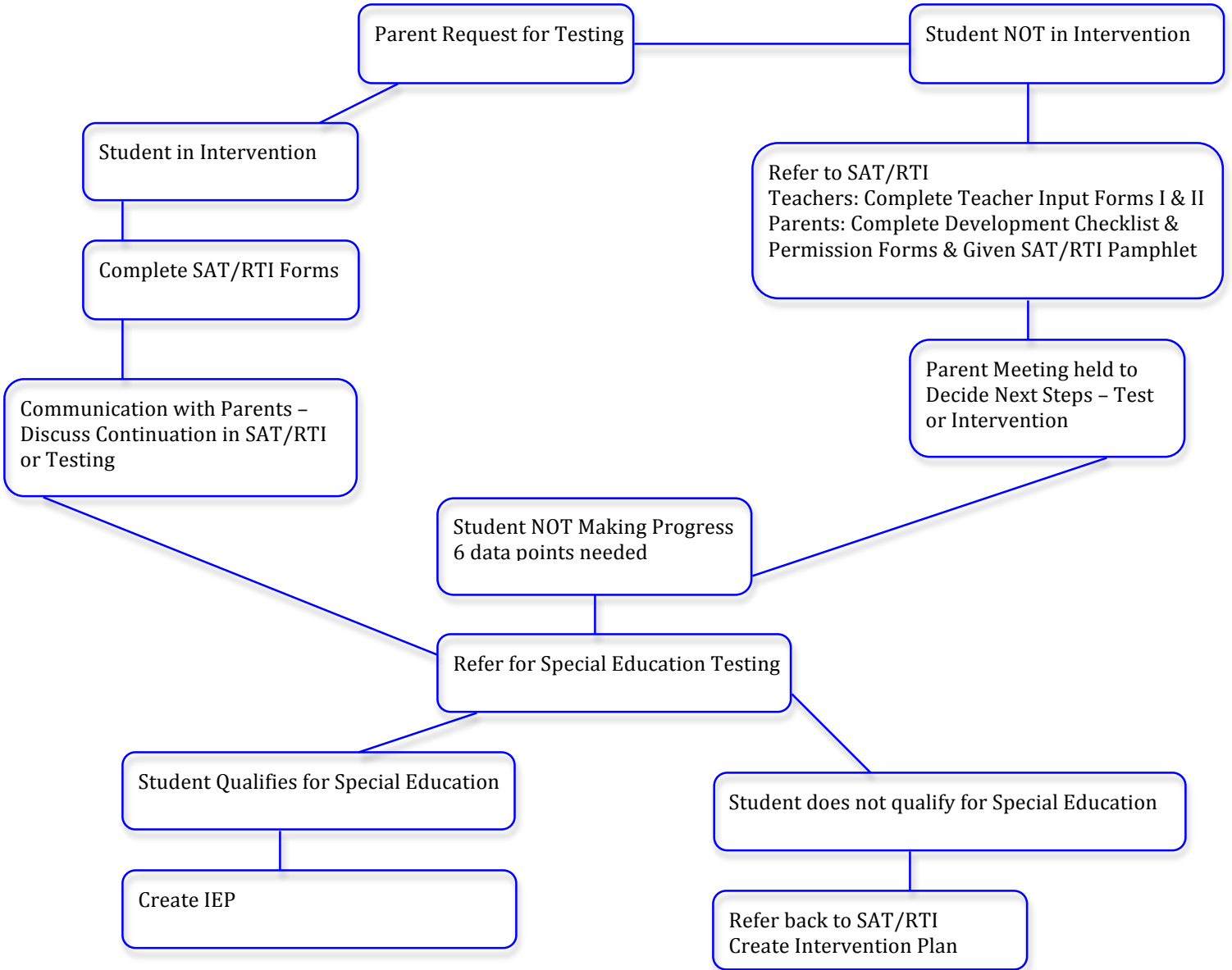
SAT/RTI Flow Chart

Teacher Concern



NOTE: 6 data points considered optional for grades K, HS, and move-ins
Tier III: SPED students or evaluated students who did not qualify and are not making progress

SAT/RTI Flow Chart Parent Concern



Note: 6 data points optional grades K, HS, and move-ins
Tier III: SPED students or evaluated students not making progress and did not qualify



Parent Form Developmental History Information

I. Student Information:

Student Name: _____ DOB: ____/____/____ Grade: _____

Teacher: _____ School: _____

Parent(s)/Guardian: _____ Email: _____

Address: _____ Phone: _____

What is your preferred method of communication? Phone Email Regular Mail

II. Family Information:

What are your child's strengths? _____

What concerns do you have for your child? _____

In what language did your child first learn to talk? _____

If English is 2nd language, how long has your child spoken English? _____

What language is primarily spoken at home? _____

Major Life Events Experienced by Your Child:

- Divorce of Parents
- Death of a Close Family Member
- Major Illness
- Home Dislocation
- Home Fire
- Natural Disaster

Is there any other major life event experienced by your child that you think may have had an impact on your child: _____

III. Medical History:

Child's Physician: _____ Physician's phone #: _____

Check any of the following complications that occurred during pregnancy:

- Toxemia
- Gestational Diabetes
- Measles
- RH Incompatibility
- Alcohol
- Tobacco
- Low Oxygen
- Premature Birth
- Other _____

Has this child ever had any serious illnesses, accidents, or head injuries? YES NO

If "yes", please explain: _____

Has this child ever experienced problems in the following areas?

- walking
- temper tantrums
- underweight/overweight
- unclear speech
- failure to thrive
- hearing
- vision
- sleep problems
- eating problems
- does not speak
- fine motor skills (handwriting, tying shoes, etc)
- difficulty making friends
- gross motor skills (running, riding bike, skip, etc)
- other

If any of the above are checked please specify: _____

Please indicate any illness this child has experienced:

- Measles "Mumps"
- Asthma
- Frequent Ear Infections
- Gastro-intestinal problems
- Diphtheria
- Seizures
- Rheumatic fever
- Loss of consciousness
- Any heart condition
- Meningitis
- Allergies
- Verbal/motor tics
- Other, please describe: _____

Is this child presently on any medications? Yes No

If "yes", what kind? _____

Has your child ever had psychological counseling or therapy? Yes No

Complete the following if "Yes": Counselor's name: _____ Phone: _____

Has this child ever had a neurological exam? Yes No

If "Yes", please specify: _____

IV. Educational Background:

Did this child attend preschool? Yes No

If "Yes", where and for how long? _____

Have any relatives had difficulties similar to those this child is experiencing? Yes No

If "Yes", please explain: _____

Please indicate whether this child exhibits any of the following behavior:

- | | | |
|--|---|--|
| <input type="checkbox"/> Has a short attention span | <input type="checkbox"/> Has fears "Overreacts when faced with a problem" | |
| <input type="checkbox"/> Unhappy much of the time | <input type="checkbox"/> Seems impulsive | <input type="checkbox"/> Requires a lot of attention |
| <input type="checkbox"/> Enjoys active games | <input type="checkbox"/> Enjoys activities such as reading, drawing, writing, etc | |
| <input type="checkbox"/> Needs more help with schoolwork than others his/her age | | |
| <input type="checkbox"/> Other: _____ | | |

Please indicate any of the following that this student has experienced in school:

- | | | |
|---|---|---|
| <input type="checkbox"/> Skipped a grade | <input type="checkbox"/> Disliked going to school | <input type="checkbox"/> Had frequent absences from school |
| <input type="checkbox"/> Behavior problems | <input type="checkbox"/> Emotional difficulties | <input type="checkbox"/> Poor Grades <input type="checkbox"/> Been Retained |
| <input type="checkbox"/> Difficulty with Reading | <input type="checkbox"/> Difficulty with Math | <input type="checkbox"/> Difficulty with writing or spelling |
| <input type="checkbox"/> Changed schools several times in one school year | | <input type="checkbox"/> Has been evaluated for special education |
| <input type="checkbox"/> Other: _____ | | |

V. Social History

How does your child spend his/her free time? _____

How many close friends does your child have? 0-2 2-4 4 or more

Please indicate if your child is able to do the following (now or earlier in their development):

- | | | |
|--|---|---|
| <input type="checkbox"/> Show good eye contact | <input type="checkbox"/> Engage in pretend play | <input type="checkbox"/> Discuss a variety of interests |
| <input type="checkbox"/> Initiate conversation | <input type="checkbox"/> Initiate play | <input type="checkbox"/> Is able to adjust to change in routine |

Signature of person completing this form: _____

Relationship to student: _____

Please return this form to: _____



SAT/RTI Permission for Specialist's Participation

Student's Name _____

The Student Assistance Team / Response to Intervention Team requests parental permission for an Education Specialist (e.g. School Psychologist, Speech Pathologist, Vision Specialist, Occupational Therapist, and/or Physical Therapist) to be involved in the informal assessment for the above named student. Informal assessments may include: observations, interviews, checklists, brief assessments, curriculum based measurements, or other data collection.

_____ **I give permission** and I understand this consent is voluntary and may be revoked at any time

_____ **I do not give permission**

Parent/Guardian Signature _____

Date _____

Note: This permission is not for a special education or Section 504 evaluation; however, the informal screening may contribute to a SAT/RTI team decision to refer for such services.



SAT/RTI Parochial Teacher Information Form

Student Name: _____ School: _____
Classroom Teacher: _____ Date: _____
Reading Teacher: _____

Please complete this information form on the student listed above. Feel free to write additional comments and/or impressions regarding this student.

- _____ 1. Is this student receiving Title One Services?
- _____ 2. Does this student currently have an IEP?
- _____ 3. Does this student currently have a 504 plan?
- _____ 4. Has the SCIP process ever been implemented for this student?

<u>Subject Areas</u>	<u>Current Grade</u>	<u>Test Grade</u>	<u>% of Assignments Handed In</u>	<u>Quality of Work</u>
_____	_____	_____	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Improving <input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
_____	_____	_____	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Improving <input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
_____	_____	_____	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Improving <input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
_____	_____	_____	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Improving <input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent

Strengths: _____

Academic Concerns (please check all that apply):

- Basic Reading Skills Reading Fluency Reading Comprehension Vocabulary
- Memorization Skills Spelling Math Calculation Writing
- Story Problems Following Assignment Directions
- Other(s): _____

Behavior Concerns (please check all that apply):

- Attention Attendance Asking Questions Aggression
- Anxiety Hyperactivity Impulsiveness Depression
- Participation Self- Harm Bullying Tiredness
- Suicide Ideation Following Directions Following Rules Study Skills
- Work Completion Tardiness Organization Withdrawal
- Other(s): _____

Motor Concerns (please check all that apply):

- Fine Motor Gross Motor Handwriting

Speech Language Concerns: Please complete Speech/Articulation and Fluency Forms. Additional comments/information: Please use the back of this form

Present Level of Performance:

This student currently...

A typical peer currently...

Discussion Points:

What CHILD CHARACTERISTICS might be related to the concern?

What CURRICULUM issues might be related to the concern?

What PEER issues might be related to the concern?

What CLASSROOM ENVIRONMENT issues might be related to the concern?

What HOME/COMMUNITY issues might be related to the concern?

What TEACHER issues might be related to the concern?



SAT/RTI

Teacher Information Form

Language Concerns

Mark which areas the student exhibits difficulties:

	Math	Language Arts	Social Studies / Science	Specials	Non-Academic Times
Basic Concepts					
Comprehension of Written Information					
Comprehension of Directions					
Comprehension of Oral Information					
Short Term Recall					
Asking Questions					
Main Ideas / Details					
Fact / Opinion					
Predicting / Inferring					
Multiple Meaning Words					
Phonemic Awareness					
Organization					
Organization and Editing of Written Work					
Vocabulary					
Figurative Language					
Sequencing					
Participation in Class Discussion					
Topic Maintenance					
Turn Taking					
Simplified Sentence Structure					
Word Retrieval					
Non-Specific Language					



SAT/RTI Parochial Tier I Documentation

Student's Name _____

Grade _____

Teacher's Name _____

Primary Concern:

Please indicate all strategies that have already been implemented

READING/COMPREHENSION

	Start Date	Whole Group	Small Group	One-on-One	Amt. of Time (minutes per day)	Documentation Exists
Additional Phonics						
Direct Instruction						
Repeated Reading						
Repeated Listening						
Tapping						
Preview/Listen/Practice						
Paired Reading						
Chunk Strategy						
Additional Letter Identification						
Sound to Work (a apple /a/)						
Choral Responding						
Story Map						
Use of Visual Aids/Pictures						
Multi-Step Text Review						
Whisper Phones						
Fluency Builders						
Vocabulary Games/Activities						
Vocabulary Builders						
Graphic Organizers (Main Idea: Elements of Literature)						
Breaking Tasks Down into Smaller Parts						
OTHER:						
OTHER:						
OTHER:						
OTHER:						

MATH

	Start Date	Whole Group	Small Group	One-on-One	Amt. of Time (minutes per day)	Documentation Exists
Cover/Copy/Compare						
Math Manipulatives						
Highlight the Operation to be Performed						
Breaking Tasks Down into Smaller Parts						
Use of Visual Aids/Pictures						
Flash Cards						
Number Line						
Math in a Flash						
Touch Math						
OTHER:						
OTHER:						
OTHER:						
OTHER:						

WRITING/SPELLING

	Start Date	Whole Group	Small Group	One-on-One	Amt. of Time (minutes per day)	Documentation Exists
Handwriting without Tears						
Write-Say Method						
Multi-Sensory (writing in Jell-o, sand)						
Graphic Organizer						
Idea Mapping						
Breaking Tasks Down into Smaller Parts						
OTHER:						
OTHER:						
OTHER:						
OTHER:						

BEHAVIOR/ORGANIZATION

	Start Date	Whole Group	Small Group	One-on-One	Amt. of Time (minutes per day)	Documentation Exists
Giving Breaks						
Use of a Timer						
Having Student Repeat Directions						
Assignment Book						
Breaking Tasks Down into Smaller Parts						
Rewards						
Teacher Proximity						
Praise						
Use of Checklists or Picture Schedule						
Time Out						
Use of Visual Aids/Pictures						
Behavior Plan						
OTHER:						
OTHER:						
OTHER:						
OTHER:						



Date _____

Parochial RTI Tier II Documentation

Student's Name: _____

Primary Area of Concern: _____

Instructional SMART Goal: _____

Current Level of Performance (Baseline Data): _____

Description of Intervention Strategy: _____

Frequency: _____ Session Length: _____ Group Size: _____

Observations/Progress Monitoring:

Date: _____ Observations and Data from Progress Monitoring:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Next Steps (Circle One):

- Return to Tier I Move to Tier III Refer to MDT (Testing) Intensify Tier II Intervention