

## SAT/RTI Initial Paperwork Checklist

Before Turning packet in to the principal to begin SAT/RTI process, all must be attached:

\_\_\_\_\_ Parent Form – Developmental History Information and SAT/RTI Permission Form

\_\_\_\_\_ SAT/RTI Teacher Information Form (2 pages)

\_\_\_\_\_ RTI Tier II or Tier III Documentation

\_\_\_\_\_ NWEA printed scores

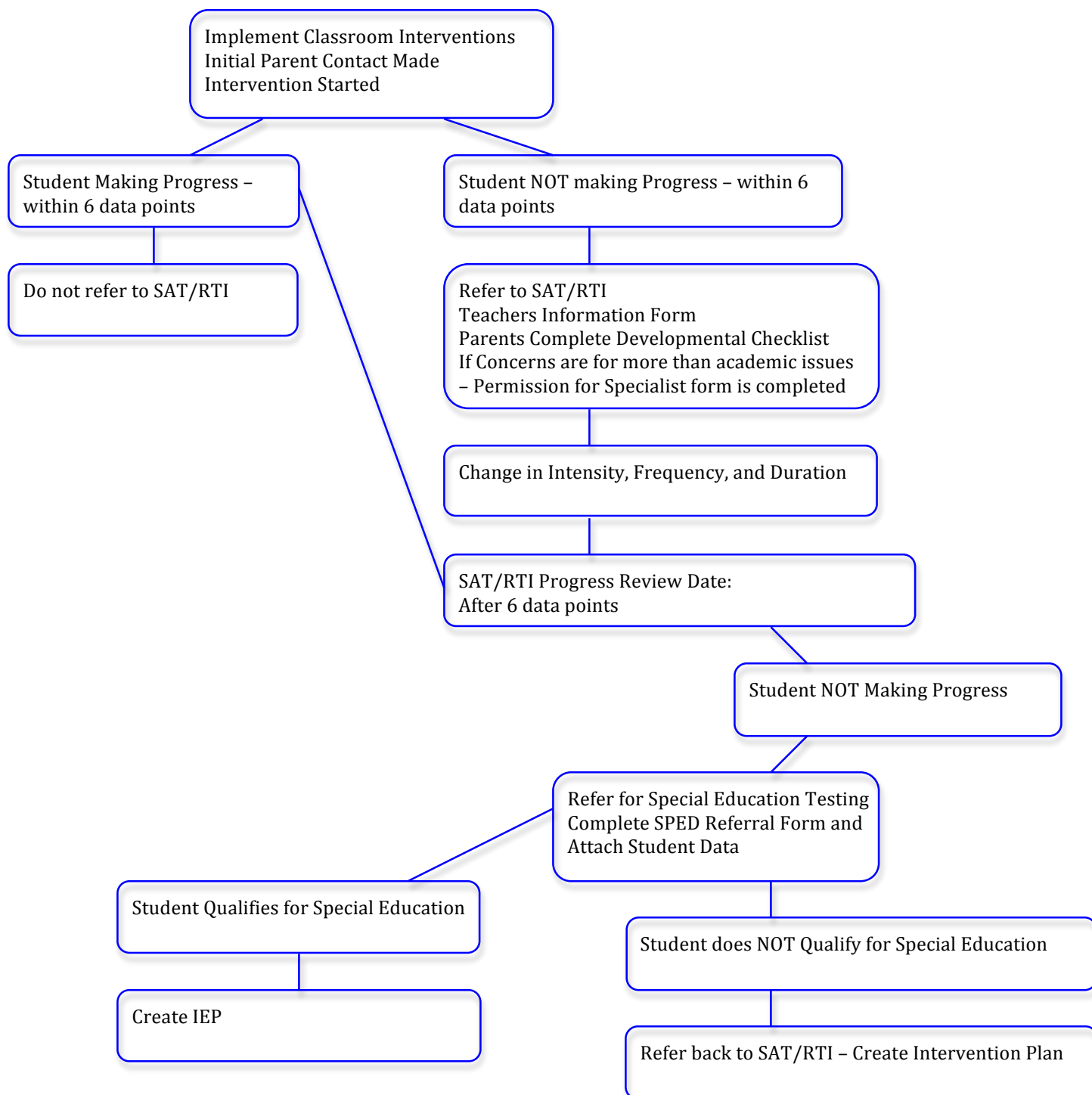
\_\_\_\_\_ AIMSweb printed scores

\_\_\_\_\_ Title I Needs Assessment (if available)

\_\_\_\_\_ Review of Initial Plan / SPED Referral

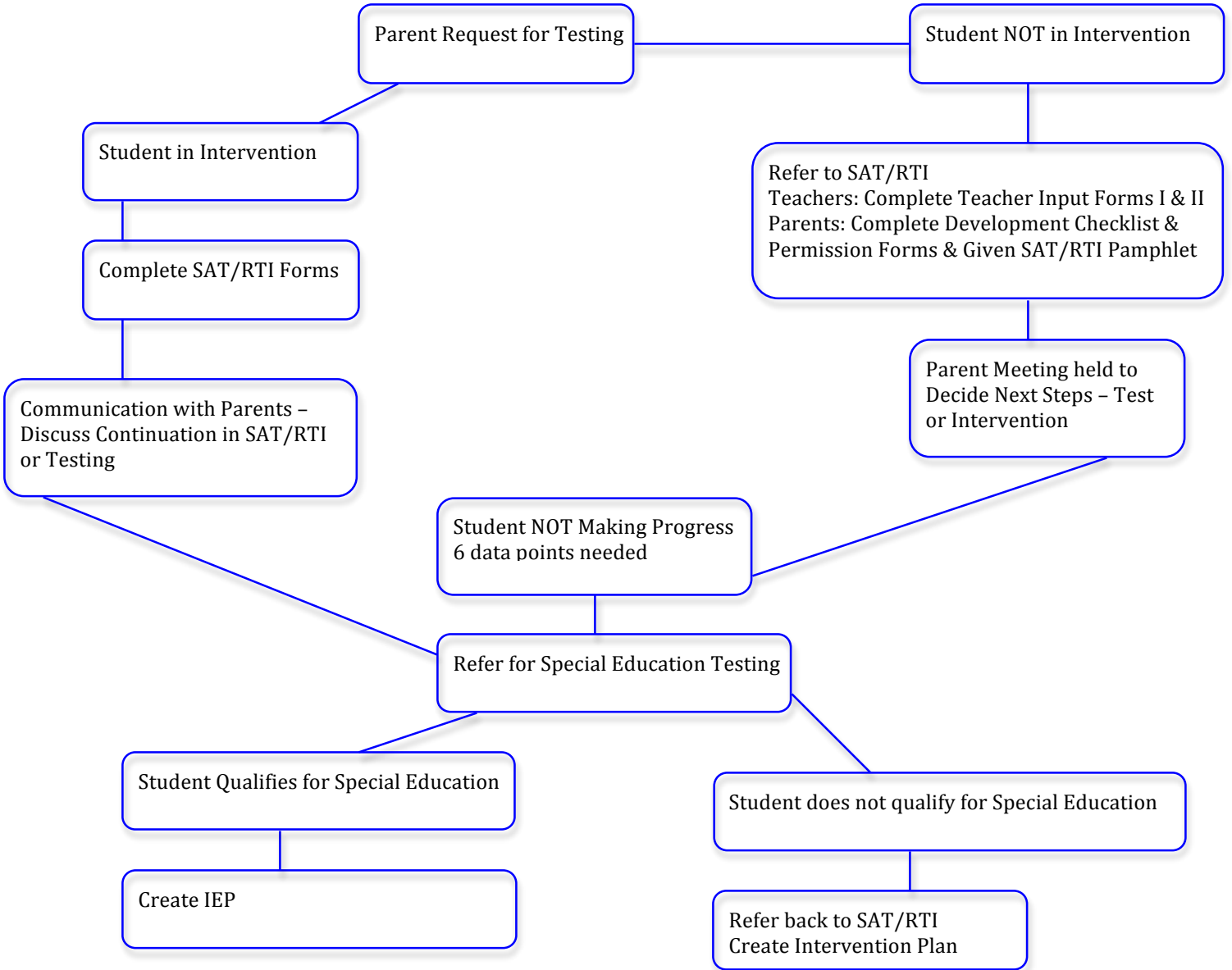
# SAT/RTI Flow Chart

## 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 2<sup>nd</sup> 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 Teacher Information Form Language Concerns

Mark which areas the student exhibits difficulties:

	Math	Language Arts	Social Studies/ Science	Specials	Non-Acadmic Times
Basic Concepts					
Comprehension of Written Information					
Comprehension of Directions					
Comprehension of Oral Information					
Short Term Recall					
Asking Questions					
Answering 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					



Date \_\_\_\_\_

## Review of Intervention Plan / SPED Referral

Student's Name \_\_\_\_\_

### GOAL/PROGRESS MONITORING:

Has the problem changed since the last meeting?  YES  NO  
If YES, redefine the problem:

Were the Interventions carried out as written?  YES  NO  
If no, please explain...

The following items MUST be attached:

- NWEA Student Summary Report
- AIMSweb
- Historical Grades (HS Only)
- NeSA scores
- i-Ready

Please indicate the information the team requests:

- Intellectual Ability
- ADD/ADHD
- Vision
- Academic
- Articulation
- Hearing
- Social/Emotional
- Language
- Autism Spectrum
- Behavioral
- Motor (fine or gross)

The following individuals attended this meeting:

_____	_____
_____	_____
_____	_____
_____	_____

SAT/RTI materials submitted to Director of Special Services by \_\_\_\_\_ on \_\_\_\_\_  
Principal Date

### SCHOOL PSYCHOLOGIST USE ONLY

#### ASSESSMENT NEEDS

#### TEAM

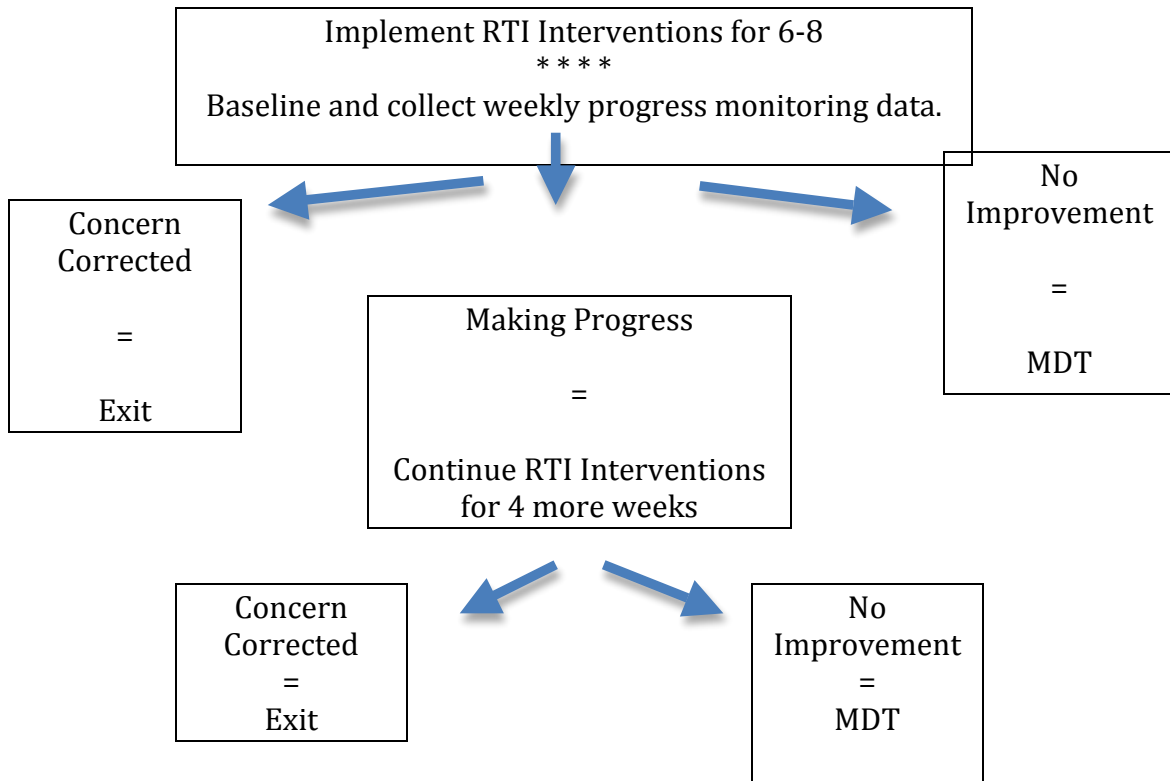
- Academic
- Intellectual
- Fine Motor
- Gross Motor
- Social and Emotional
- Speech and Language
- Observation
- Sensory
- Autism





## SAT/RTI Process for Articulation and Fluency only

1. Teacher makes referral to SAT/RTI.
2. The following forms need to be completed:
  - a. Teacher Referral
  - b. Parent Information sheet
3. Once SAT/RTI coordinator receives forms, notify SLP.
4. SLP will complete an observation of the child.
5. SAT/RTI meeting occurs.
6. a. Diagnostic intervention for 6-8 weeks with progress monitoring (signed parent permission for intervention needed)



*OR...*

- b. SLP will get permission to test.  
(e.g. students with multiple errors)



**SAT/RTI  
Teacher Referral Sheet  
Speech Only (Articulation and Fluency)**

**Date:** \_\_\_\_\_

**1. Student Information**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Teacher/School \_\_\_\_\_

**2. Teacher Concern (describe & give examples)**

a. Articulation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Stuttering \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Vocal Quality \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Hearing \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. How does this impact the student's classroom performance?**

Parent Contacted      Date: \_\_\_\_\_ Method of Contact: \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_



**SAT/RTI**  
**Parent Permission for Intervention**  
**Speech Only (Articulation and Fluency)**

The student Assistance Team requests parental permission for:

Student Name \_\_\_\_\_

To be involved in Response to Intervention (RTI) individual and or small group instruction for the above named student.

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

\_\_\_ **I do not give permission**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Note: This permission is not for a special education or Section 504 evaluation. However, the progress monitoring of the intervention may contribute to a SAT/RTI team decision to refer for such services.



**SAT/RTI  
Parent Input Sheet  
Speech Only (Articulation and Fluency)**

**Date:** \_\_\_\_\_

**1. Student Information**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Parent Email \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Teacher/School \_\_\_\_\_

**2. Medical History (ear infections, tonsils, hearing, allergies, medications)**

**3. Parental Concerns**

The Speech Language Pathologist (SLP) has permission to observe my child in the educational setting, if needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# RTI Tier II Documentation

**Student 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

# RTI Tier III Documentation

**Student 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 II

Refer to MDT (testing)

Intensify Tier III Intervention