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| **Brownsville Independent School District**  **Response to Intervention**  **Checklist** |

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| **Student:** | **ID #:** | **DOB:** | **Gr.:** | **Campus:** |

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| **Directions:** | **Please all required forms are necessary to ensure proper documentation for RtI Meeting. Only one set of Parent, Initial, and Data forms applicable are required.** | **Date:** |

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| **Parent Forms:** | | **RtI Initial Forms:** | |
| **RtI 1** | **Parent Notification (E/S)** | **RtI 5** | **Initial Student Referral to RtI** |
| **RtI 2** | **Notice of Referral (E/S)** | **RtI 6** | **Student Health Information** |
| **RtI 3** | **Parent Information (E/S)** | **RtI 7** | **Process Meeting Minutes & Log** |
| **RtI 4** | **Parent Receipt** | **Data:** | Report Card, State Assessment, Mini Marks, Weekly Grades, Benchmarks, CPALLS, TPRI/Tejas Lee, Telpas, Special Programs Folder, Permanent Record Card (both sides) Fluency Routines, Math Fluency Routines |
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| **RtI Academic Concern** | |
| **RtI 8** | **Individual Plan and Progress Monitoring** |

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| **RtI Dyslexia Concern** | |
| **RtI 9A** | **Dyslexia Screening for Students Receiving English Instruction** |
| **RtI 9B** | **Dyslexia Screening for Students Receiving Spanish Instruction** |
| **Dyslexia Referral Checklist** *(refer to §504/Dyslexia)* | |

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| **RtI Behavior Concern** | |
| **RtI 10** | **Positive Behavior Support Plan (checklist)** |
| **RtI 11** | **Classroom Observation Data** |
| **RtI 12A** | **Vanderbilt Parent Assessment** |
| **RtI 12B** | **Vanderbilt Teacher Assessment** |
| **RtI 13** | **Behavior Assessment** |

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| **Speech Concern** | |
| **RtI 14A** | **Speech/Language Teacher Interview** |
| **RtI 14B** | **Teacher Observation of Student Oral Language** |
| **RtI 14C** | **Speech/Language Parent Interview** |
| **RtI 14D** | **Speech Screening Request Form** |

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| **Section 504** | |
| **RtI 15** | **Referral for Section 504** |
| **RtI 16** | **Consent for Release of Confidential Information *(if applicable)*** |
| **Section 504 Checklist** *(refer to §504/Dyslexia)* | |

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| **Special Services** |
| **RtI and Initial Referral Checklist** *(refer to Special Services)* |