**RtI to Referral Checklist**

**This is to be completed by the RtI Committee** and appropriate items should be

checked (√ ) when applicable and/or obtained.

**Area: \_\_\_\_\_ Behavior \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing**

(\**Behavior includes attention and/or hyperactivity-impulsivity)*

**\_\_\_\_\_ Student Intervention Documentation Form (Tier 2 and Tier 3 Data)**

**\_\_\_\_\_** **Copies of Test Data/Progress Monitoring Data:**

STAR Reading; STAR Math; NSGRA; Common Assessments;

 IXL Math; IXL ELA Diagnostic/Snapshot; CBMs;

 End of Unit Assessments; etc.

**\_\_\_\_\_ Progress Monitoring Graphs**

**\_\_\_\_\_ Parent Permission for Vision, Hearing, & FACE**

**\_\_\_\_\_ CLEARED – Vision and Hearing (current - within one year)**

**\_\_\_\_\_ FACE**

**\_\_\_\_\_ Current Report Card/Progress Report Grades**

**\_\_\_\_\_ Current Work Samples, in the Area(s) of Suspected Disability**

**\_\_\_\_\_ Discipline Records** (if applicable)

**\_\_\_\_\_ Attendance** (if a concern)

**\_\_\_\_\_ Medical Information** (if applicable)

**\_\_\_\_\_ EL Student**

 **\_\_\_\_\_ Met with ESL Resource Teacher – Obtained Info/Input**

**\_\_\_\_\_ Copies of EL Testing Data: ACCESS, WIDA, etc.**

 **\_\_\_\_\_ EL Teacher Invited to Referral Meeting**

**This completed form, along with all data collected, should be given to the IEP Chairperson when making a referral for Special Education testing**.