

**Response-to-Intervention (RTI)  
(Tier One)**

**Please be explicit in detailing Curriculum Framework Progress Guide research-based methods and/or strategies you have made in dealing with your concerns and what were the outcomes.**

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Research-Based Intervention Programs Used (if any): \_\_\_\_\_

What areas did it specifically address? \_\_\_\_\_

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Current Level of Academic and/or Behavioral performance: \_\_\_\_\_

Additional Interventions: (Please check all that applies)

- |   |   |
|---|---|
| <input type="checkbox"/> Teacher/Student Conference       | <input type="checkbox"/> Teacher/Parent Conference          |
| <input type="checkbox"/> Teacher/Counselor Conference     | <input type="checkbox"/> Teacher/Administrator Conference   |
| <input type="checkbox"/> Counselor/Student Conference     | <input type="checkbox"/> Counselor/Parent Conference        |
| <input type="checkbox"/> Administrator/Student Conference | <input type="checkbox"/> Administrator/Parent Conference    |
| <input type="checkbox"/> Program Adjustment               | <input type="checkbox"/> Referral to Pupil Personnel Worker |
| <input type="checkbox"/> Consultation with Psychologist   | <input type="checkbox"/> Referral to Neediest Kids          |
| <input type="checkbox"/> Behavior Assessment Plan         | <input type="checkbox"/> Behavior Intervention Plan         |
| <input type="checkbox"/> Detention Hall                   | <input type="checkbox"/> Behavioral Probation               |
| <input type="checkbox"/> Temporary Removal From Class     | <input type="checkbox"/> Short-Term Suspension              |

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**For SIT use only**

Date Reviewed: \_\_\_\_\_ Next Review Date: \_\_\_\_\_ No Further Action Needed: \_\_\_\_\_

SIT Disposition:

**RTI:**

- Continue research-based interventions, strategies and methods in Response-to-Intervention Process (Tier One)

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- Advance to more intensive research-based intervention (*Name the Program or strategies*) (Tier Two)

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- Advance to intensive research-based intervention program (2-3 students) (*Name the Program*) (Tier Three) and/or research based intervention \_\_\_\_\_

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Refer to SST:  Yes  No (Attendance/behavior case that does not require testing.)

SST date: \_\_\_\_\_ (Pupil Personnel Worker must be involved)