

MISD- RTI Tier 1 Student Information Form

Student Name: _____ Date: _____

DOB: _____ Current Grade Level: _____ Teacher: _____

Current DRA Level: _____	Current Grades: _____	Math Avg: _____	ELA Avg: _____
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Current Number of: Absences: _____ Tardies: _____ Discipline Referrals: _____

Reason for Concern: <input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Math Concepts <input type="checkbox"/> Math Problem Solving	<input type="checkbox"/> Language <input type="checkbox"/> Written Expression	<input type="checkbox"/> Behavior
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Student Strengths and Weaknesses: Check all that apply

Academic			
Strengths: <input type="checkbox"/> Appropriate academic level <input type="checkbox"/> Appropriate work pace <input type="checkbox"/> Assessment Performance <input type="checkbox"/> Attendance <input type="checkbox"/> Comprehension Strategies <input type="checkbox"/> Grades <input type="checkbox"/> Knowledge of Skills <input type="checkbox"/> Listening Skills <input type="checkbox"/> Math computation <input type="checkbox"/> Math reasoning <input type="checkbox"/> Motivation <input type="checkbox"/> Oral Language	Weaknesses: <input type="checkbox"/> Organization <input type="checkbox"/> Phonics <input type="checkbox"/> Problem Solving <input type="checkbox"/> Quality Work <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Seeks help when needed <input type="checkbox"/> Spelling <input type="checkbox"/> Vocabulary <input type="checkbox"/> Work Completion <input type="checkbox"/> Written Language <input type="checkbox"/> Other:	Strengths: <input type="checkbox"/> Appropriate work pace <input type="checkbox"/> Assessment Performance <input type="checkbox"/> Attendance <input type="checkbox"/> Comprehension Strategies <input type="checkbox"/> Consistent academic growth <input type="checkbox"/> Comprehension Strategies <input type="checkbox"/> Grades <input type="checkbox"/> Knowledge of Skills <input type="checkbox"/> Listening Skills <input type="checkbox"/> Math computation <input type="checkbox"/> Math reasoning <input type="checkbox"/> Motivation <input type="checkbox"/> Oral Language	Weaknesses: <input type="checkbox"/> Organization <input type="checkbox"/> Phonics <input type="checkbox"/> Problem Solving <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Seeks help when needed <input type="checkbox"/> Spelling <input type="checkbox"/> Vocabulary <input type="checkbox"/> Work Completion <input type="checkbox"/> Written Language <input type="checkbox"/> Other:

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Classroom Strategies Implemented: Check all that apply

- Adaptations of Materials:**
- Assignment Sheets/Assignment Notebook
 - Calculator
 - Hard copy of class notes
 - Highlighted material
 - Taped texts
 - Other:
 - Other:

- Alteration of Assignments:**
- Copy of Lecture/Notes Other:
 - Emphasis on major points Other:
 - Extra time for assignments Other:
 - Opportunity to respond orally Other:
 - Prioritized assignments Other:
 - Taped assignments/lectures

- Behavior Management**
- Classroom rules consistently enforced
 - Clearly defined/consistent limits
 - Frequent positive reinforcement
 - Ignoring minor infractions
 - Implementation of behavior contract
 - Logical consequences
 - Model prosocial behavior
 - Opportunity to help teacher
 - Private discussion regarding behavior
 - Promote time on task
 - Proximity Control
 - Routines and daily schedules are posted, taught, and followed
 - Structured learning environment to assist students in attention and focus
 - Supervision during transitions
 - Teacher and student interaction is frequent
 - Other:

- Modification of Environment**
- Minimize auditory distraction
 - One to one instruction
 - Preferential seating
 - Reduce visual stimuli
 - Small group instruction
 - Study carrel
 - Use of quiet area
 - Use of amplification system
 - Other:

- Modification of Instruction**
- Checking for understanding
 - Encourage participation
 - Extended "wait time"
 - Extra time for written responses
 - Frequent and immediate feedback
 - Leave class for specialized assistance
 - Open book exams
 - Oral exams
 - Other:
 - Other:
 - Peer tutoring
 - Preview test questions
 - Repeat instructions
 - Short instructions/Chunk tasks
 - Simplify vocabulary
 - Small group testing
 - Study sheets/Preview summaries
 - Use of computer
 - Visual Aides

Please describe any other strategies or accommodations you have tried with :

Learning Preferences: Check all that apply

- Choices
- Feedback from teacher or adult
- Hearing sound or music when working
- Informal furniture-sofa or sitting on the floor
- Learning early or late afternoon
- Learning early or late morning
- Learn Style: Auditory learner
- Learnig Style: Kinesthetic learner
- Learning Style: Tactual learner
- Learning Style: Visual learner
- Needs breaks while working
- Needs movement while learning
- Snacking or eating while studying
- Structure, guidelines, & timelines
- Use of whisper phone
- Working alone
- Working in quiet environment
- Working with bright light
- Working with low/shaded light
- Working with peers/buddy
- Working with teacher/adult
- Other:
- Other:
- Other:

Parent/Guardian Contact Information

Person contacted: _____ Relationship to student: _____

Method of Contact: Email US Mail Student In person Phone

Results/Outcome for method of contact:

Interpreter Needed: Y N If yes, what language?

	Lang/				
	Academic	Behavioral	Comm	Physical	Social
School's Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent's Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Discussion with Parent/Guardian: