

<b>Braham Area Elementary RtI Program</b>	<b>PROBLEM IDENTIFICATION TEACHER REQUEST FOR ASSISTANCE FORM</b>
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<b>Student Information</b>	<b>Parent Information</b>	
Name: Grade: DOB:	Parent: Address:  Phone:	<input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> Non-custodial parent <input type="radio"/> Relative <input type="radio"/> Foster parent <input type="radio"/> Non-relative

<b>Teacher Information</b>	
Name:	Best Time To Meet:
I contacted parents on _____ by <input type="checkbox"/> phone <input type="checkbox"/> letter <input type="checkbox"/> note home <input type="checkbox"/> e-mail <input type="checkbox"/> at conference	
Result: _____	
_____	
_____	

Reason for Request for Assistance: <input type="checkbox"/> Academic <input type="checkbox"/> Behavior <input type="checkbox"/> Speech/Language <input type="checkbox"/> Other: _____
Comments: _____
_____
_____

Student Strengths: _____
_____
_____

<b>Braham Area Elementary RtI Program</b>	<b>PROBLEM IDENTIFICATION SCREENING SUMMARY</b>
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Student Name: \_\_\_\_\_ File Manager: \_\_\_\_\_

<b>CUMULATIVE FOLDER REVIEW (R)</b>
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Person Responsible: _____																					
<b>HEALTH INFORMATION</b> <input type="checkbox"/> Vision Concern <input type="checkbox"/> Hearing Concern <input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Other Diagnosis: _____  Medications: _____	<b>PREVIOUS SCHOOLS/SERVICES</b> <input type="checkbox"/> Pre-Referral Interventions – Dates: _____ <input type="checkbox"/> Title I– Dates: _____ <input type="checkbox"/> SPED Eval/Services– Dates: _____ <input type="checkbox"/> Out of District– Dates: _____ <input type="checkbox"/> Retained– Dates: _____ <input type="checkbox"/> Home Schooled– Dates: _____ <input type="checkbox"/> Social Worker _____ <input type="checkbox"/> Other _____																				
<b>ATTENDANCE</b> # Days Absent Last Year: _____ # Days Absent Current Year: _____ Other Concerns: _____	<table style="width: 100%;"> <tr> <th colspan="4" style="text-align: center;">GRADES</th> </tr> <tr> <th style="text-align: center;">ELEMENTARY:</th> <th style="text-align: center;">math</th> <th style="text-align: center;">reading</th> <th style="text-align: center;">writing</th> </tr> <tr> <td style="text-align: center;">above</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">meets</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">below</td> <td></td> <td></td> <td></td> </tr> </table> Other Concerns: _____	GRADES				ELEMENTARY:	math	reading	writing	above				meets				below			
GRADES																					
ELEMENTARY:	math	reading	writing																		
above																					
meets																					
below																					

<b>DISCIPLINE HISTORY</b>	
Total # of Discipline Referrals <u>Current</u> School Year: _____	Total # of Discipline Referrals <u>Previous</u> School Year: _____
<input type="checkbox"/> ATTACH DISCIPLINE DOCUMENTATION	

ADMINISTRATIVE ONLY

<b>INTERVIEW SUMMARY (I)</b>
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Person Responsible: _____			
	PARENT	STUDENT	TEACHER
DATE:			
TYPE OF INTERVIEW:			<input type="checkbox"/> Behavior <input type="checkbox"/> Academic
<input type="checkbox"/> ATTACH COMPLETED INTERVIEW NOTES			

<b>CLASSROOM OBSERVATION (O)</b>
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Date: _____	Person Responsible: _____
TYPE: <input type="checkbox"/> Interval <input type="checkbox"/> Anecdotal Observation <input type="checkbox"/> Duration <input type="checkbox"/> Frequency <input type="checkbox"/> Latency <input type="checkbox"/> Other: _____	
<input type="checkbox"/> ATTACH COMPLETED OBSERVATION FORM(S) (Minimum # of 2)	