

Response to Intervention (RTI) Committee Meeting / Decision Form

Student's Name: _____ DOB: _____ Age: _____

School: _____ Grade: _____ Referring Teacher: _____

Conference Date: _____ Conference Time: _____ Requested By: _____

1. Identify the condition(s) which necessitate this conference: _____

2. The following information was reviewed and discussed: (Check those that apply)

<input type="checkbox"/> RTI Checklist (2 pgs.)	<input type="checkbox"/> Student Work Samples
<input type="checkbox"/> Report Card / Progress Reports	<input type="checkbox"/> Permanent Record Card
<input type="checkbox"/> DIBELS Scores	<input type="checkbox"/> Standardized Test Scores
<input type="checkbox"/> STAR Reading / STAR Math Reports	<input type="checkbox"/> The Learning Institute (TLI) Student Accountability Report
<input type="checkbox"/> Hearing/Vision Screening	<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Discipline Records	<input type="checkbox"/> Behavior
<input type="checkbox"/> Classroom-Based Assessment Results	<input type="checkbox"/> Medication
<input type="checkbox"/> Mental Health / Medical Records	<input type="checkbox"/> Academics (Reading, Math, English, Science, Social Studies, and other areas)
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

3. Additional relevant date/information considered: _____

4. Decision(s) of committee and actions to be taken: _____

5. Interventions/Strategies Recommended: _____

RTI Committee Members Signature and Title:

1.	5.
2.	6.
3.	7.
4.	8.

Date for Next RTI Meeting: _____