

TIER III

Meeting Date: _____

(Attach all assessments and progress monitoring reports.)

Additional Notes/Comments: _____

OPTIONS:

- _____ Problem solved, remain in current class
- _____ Provide additional strategies for implementation (Continue in Tier III)
- _____ Return to Tier II

Follow-Up Meeting Date: _____

_____ 504 or special education referral (Handicaps other than LD excluding dyslexia)

_____ If student is not successful following Tier III, consider referral to instructional services and programs, and complete all required paperwork:

- | | |
|------------------------------|-----------------------------------|
| _____ Dyslexia | _____ Special Education |
| _____ Section 504 | _____ Tutoring |
| _____ School Health Services | _____ DAEP |
| _____ Gifted and Talented | _____ General Education Homebound |
| _____ Counseling-Community | _____ Other _____ |

RtI TEAM MEMBERS:	Agree	Disagree	Agree	Disagree
√ Administrator Required/Name _____	_____	_____	√ Parent Required/Name _____	_____
√ RtI Coordinator Required/Name _____	_____	_____	Student/Name _____	_____
√ Referring Teacher Required/Name _____	_____	_____	Other Professional/Name _____	_____
√ Diagnostician/LSSP Required/Name _____	_____	_____	Other Professional/Name _____	_____

Principal Signature* _____

Parent's Signature** _____

Date of Initial Referral _____

Note: Referral to any program requires a parent signature. Refer to instructional program guidelines.

- √ Required Members
- * Principal's signature denotes all required RtI paperwork has been completed and reviewed.
- **Parent and principal must sign before dating the referral.
- RtI documentation/form(s) are completed by campus staff and sent to the appropriate program/department.