

SECONDARY STUDENT RESPONSE TO INTERVENTION (RtI) PLAN

This form is completed and updated by classroom teacher in conjunction with professionals.

Indicate student's behavioral/other major area(s) of difficulty. [Need documentation to support]

- | | | |
|--|---|---|
| <input type="checkbox"/> Task Completion | <input type="checkbox"/> Constant Breaking of Rules | <input type="checkbox"/> Level of Anxiety |
| <input type="checkbox"/> Level of Distractibility | <input type="checkbox"/> Argumentativeness | <input type="checkbox"/> Low Energy Level |
| <input type="checkbox"/> Short Attention Span | <input type="checkbox"/> Frequent Temper Outbursts | <input type="checkbox"/> Sadness, Tearfulness |
| <input type="checkbox"/> High Activity Level | <input type="checkbox"/> Fighting | <input type="checkbox"/> Social Withdrawal |
| <input type="checkbox"/> Acting Before Thinking | <input type="checkbox"/> Avoids Responsibility | <input type="checkbox"/> Poor Concentration |
| <input type="checkbox"/> Poor Organization and Work Habits | <input type="checkbox"/> Confusion | <input type="checkbox"/> Demanding Constant Attention |

Indicate student's major academic area(s) of difficulty. [Need documentation to support.]

- | | | |
|--|--|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Oral Reading (Word Recognition) | <input type="checkbox"/> Math Calculation |
| <input type="checkbox"/> Articulation | <input type="checkbox"/> Spelling | <input type="checkbox"/> Math Reasoning |
| <input type="checkbox"/> Phonics | <input type="checkbox"/> Handwriting | <input type="checkbox"/> Understanding Concepts |
| <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Written Language | <input type="checkbox"/> Retention of Learned Materials (Poor test grades) |
| <input type="checkbox"/> Vocabulary | <input type="checkbox"/> Following Oral Directions | <input type="checkbox"/> Rate of Performance in Comparison to Peers |
| <input type="checkbox"/> Decoding | <input type="checkbox"/> Following Written Directions | |
| <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Remembering Details | |

This information is a record of strategies tried in response to student's difficulties listed above. Teacher documents/initials response.

TIER I Behavior (Successful with 80-85% of students)	# of Weeks Tried (15-18)	Progress/ No Progress (P/NP)	Teacher Initials/ Date
BEHAVIOR/MEDICAL (Required for ALL Students)			
1. Student's medical history has been reviewed.			
2. Hearing and vision have been checked -complete RtI Health Information form.			
3. Medical reports have been received and reviewed with appropriate staff. (NOTE: FOR SECTION 504, REVIEW MEDICAL AND MOVE TO STATUS LOG.)			
CLASSROOM ENVIRONMENT (REQUIRED) (Required for ALL Students)			
1. Classroom rules are posted and taught/reviewed every two weeks.			
2. Classroom has regular routines and procedures that are clear, taught and practiced 1x 2 wks min.			
3. Behavior management system is clearly displayed and has been taught to all students.			
4. Appropriate rate of positive interactions/non-contingent attention (3 positive to 1 negative).			
5. Attendance issues have been addressed.			
POSITIVE BEHAVIORAL SUPPORTS (REQUIRED) (Required for Behavioral Referrals)			
1. Rate of praise for appropriate behavior (3 positive to 1 negative).			
2. Private talks			
3. Non-verbal cues			
4. Proximity control			
5. Opportunities to regain composure			
6. Behavior/Academic contracts			
7. Classroom jobs-rotated and assigned evenly (if appropriate)			
8. Opportunities to re-do assignments for credit			
9. Parent conference(s) and/or positive contact (notes) to parent-first contact is positive.			
10. Referral to Counselor			
11. BSP/LSSP consultation and implementation of strategies for classroom management.			