

Academic RtI Checklist-Tier II

*Please \checkmark if completed, **N/A** if not applicable—Attach any pertinent information concerning items below

- Circle appropriate area: **Reading – phonics vocabulary fluency comprehension (select)**
- Math**
- Oral Expression**
- Listening Comprehension**
- Written Expression**

Strategic/targeted intervention and supplemental instruction for academic area of concern implemented with integrity which includes identification and documentation of:

_____ Specific deficit skill area/target skill: _____

_____ Scientifically research-based interventions used: *(list interventions & cite references)* _____

_____ Baseline data: Start date: _____
(Attach copy of baseline data)

_____ Resources needed for implementation/materials/training: _____

_____ Who will conduct the intervention: _____

_____ Where will the intervention occur: _____
Number of students in group: _____

_____ Frequency/intensity of intervention: Days per week _____
Length of intervention session: _____

_____ Method of measurement: What is the progress monitoring tool? _____
Is it appropriate? _____

_____ What criterion will determine a successful response to intervention: _____

_____ Who will monitor the progress: _____

_____ Who will chart the progress: _____

_____ Who will help ensure intervention is carried out as planned/intervention integrity: _____

_____ When will the team meet again to discuss progress (date): _____
Document dates of meetings: _____

_____ Does the intervention or criterion need to be modified: _____

_____ Progress monitoring conducted at reasonable intervals (specify dates) _____

(Attach copy of progress monitoring data)

_____ Graphical representation of progress in target academic areas (*attach*)

_____ Parent notified of progress at least once per grading period (*attach documentation*)

_____ Parent notified of concern(s) and informed of Tier III intervention plan if student does not meet intervention criterion (*attach documentation*)

_____ Receipt of informed parental consent for services if the decision is made to seek support services.

Academic RtI Checklist-Tier III

*Please √ if completed, N/A if not applicable—Attach any pertinent information concerning items below

- Circle appropriate area: **Reading – phonics vocabulary fluency comprehension (select)**
- Math**
- Oral Expression**
- Listening Comprehension**
- Written Expression**

Strategic/targeted intervention and supplemental instruction for academic area of concern implemented with integrity which includes identification and documentation of:

_____ Specific deficit skill area/target skill: _____

_____ Scientifically research-based interventions used: *(list interventions & cite references)* _____

_____ Baseline data: Start date: _____
(Attach copy of baseline data)

_____ Resources needed for implementation/materials/training: _____

_____ Who will conduct the intervention: _____

_____ Where will the intervention occur: _____
Number of students in group: _____

_____ Frequency/intensity of intervention: Days per week _____
Length of intervention session: _____

_____ Method of measurement: What is the progress monitoring tool? _____
Is it appropriate? _____

_____ What criterion will determine a successful response to intervention: _____

_____ Who will monitor the progress: _____

_____ Who will chart the progress: _____

_____ Who will help ensure intervention is carried out as planned/intervention integrity: _____

_____ When will the team meet again to discuss progress (date): _____
Document dates of meetings: _____

_____ Does the intervention or criterion need to be modified: _____

_____ Progress monitoring conducted at reasonable intervals (specify dates) _____
(Attach copy of progress monitoring data)

_____ Graphical representation of progress in target academic areas *(attach)*

_____ Parent notified of progress at least once per grading period *(attach documentation)*

_____ Parent notified of concern(s) and informed of modifications to Tier III intervention plan if student does not meet intervention criterion *(attach documentation)*

_____ Receipt of informed parental consent for services if the decision is made to seek support services.

_____ Refer to SATeam if data analysis indicates lack of measureable progress.