



RTI – Initial Reporting Form

Student: _____ ID#: _____ Gr.: _____ D.O.B.: _____

Campus: _____

Bilingual/ESL: Yes No

Date: _____

Teacher: _____

Content Area of Concern: _____

Area(s) of Concern/Targeted Areas: (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Does not complete work | <input type="checkbox"/> Deficiencies in reading | <input type="checkbox"/> Poor retention of material |
| <input type="checkbox"/> Difficulty following written directions | <input type="checkbox"/> Difficulty following directions | <input type="checkbox"/> Difficulty completing tasks on time |
| <input type="checkbox"/> Deficiencies in math skills | <input type="checkbox"/> Homework concerns | <input type="checkbox"/> Limited background experience |
| <input type="checkbox"/> Deficiencies in written skills | <input type="checkbox"/> Deficiencies in spelling | <input type="checkbox"/> Inconsistent performance |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Lack of school readiness |

Describe the Student's Strengths: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Good attendance | <input type="checkbox"/> Follow directions |
| <input type="checkbox"/> Participates/Engages in lesson | <input type="checkbox"/> Attends tutorials |
| <input type="checkbox"/> Completes assignments | <input type="checkbox"/> Functions independently |

Tier I –Implemented the following Strategies/Interventions: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Differentiated instruction | <input type="checkbox"/> Re-teach / Re-test | <input type="checkbox"/> Pull out instruction |
| <input type="checkbox"/> Small group instruction | <input type="checkbox"/> Student Conference | <input type="checkbox"/> One to one instruction |
| <input type="checkbox"/> Extra time to complete work | <input type="checkbox"/> Parent Contact | <input type="checkbox"/> Repeated instruction |
| <input type="checkbox"/> Preferential seating | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Other: |

If other, please explain:



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Academic Grades Date:	STAAR Assess. Date:	Istation Reading Date:	D	SD	Istation Math Date:	D	SD
Reading: Writing:	Reading Score: Passed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Phonemic Awareness	<input type="checkbox"/>	<input type="checkbox"/>	Geometric Shapes Geometry	<input type="checkbox"/>	<input type="checkbox"/>
Math: Spelling:	Writing Score: Passed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Grapho- phonemic Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	Numbers & Operations Operations & Algebraic Thinking	<input type="checkbox"/>	<input type="checkbox"/>
Science:	Math Score: Passed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Vocabulary Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	Measurement & Data	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies:	Science Score: Passed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fluency Spelling	<input type="checkbox"/>	<input type="checkbox"/>	Number & Operations Fractions	<input type="checkbox"/>	<input type="checkbox"/>
Other:	Social Studies: Passed: Yes <input type="checkbox"/> No <input type="checkbox"/>				Probability & Statistics	<input type="checkbox"/>	<input type="checkbox"/>
TELPAS Composite Score: Date: _____ B <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> AH <input type="checkbox"/>							

Comments: _____

Teacher's Signature: _____ **Date:** _____