



RTI – Behavior Checklist

Student: _____ ID#: _____ Gr.: _____ D.O.B.: _____
 Campus: _____ Teacher: _____ Date: _____

NOTE: THIS FORM IS USED WHEN CONSIDERING THE NEED TO START AN RTI BEHAVIOR INTERVENTION PLAN, REFERRALS FOR BEHAVIORAL DISABILITIES AND/OR LONG-TERM REMOVALS.

DIRECTIONS: Please indicate where, when, or with who the behavior occurs:

Location:	Time	Person:	Instructional Time:
<input type="checkbox"/> Classroom <input type="checkbox"/> Hallways <input type="checkbox"/> Cafeteria <input type="checkbox"/> Dismissal <input type="checkbox"/> Stairs <input type="checkbox"/> Other:	<input type="checkbox"/> Arriving at or Leaving School <input type="checkbox"/> Morning <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon <input type="checkbox"/> P.E. <input type="checkbox"/> Transitioning between Class <input type="checkbox"/> Other:	<input type="checkbox"/> Teacher <input type="checkbox"/> Teacher Assistant <input type="checkbox"/> Support Staff <input type="checkbox"/> Administration <input type="checkbox"/> Peer(s) <input type="checkbox"/> Other:	<input type="checkbox"/> Whole Group <input type="checkbox"/> Small Group <input type="checkbox"/> One-to-One <input type="checkbox"/> Independent Work <input type="checkbox"/> Transitioning between Activities <input type="checkbox"/> Other:

DIRECTIONS: Please indicate the strategies you have implemented prior to making this request, including dates of implementation and their degree of success: (Check [✓] all that apply)

Strategies Implemented:	Dates/Time:	OUTCOME:
Assignments sheets	/	<input type="checkbox"/> Good <input type="checkbox"/> Making Adequate Progress <input type="checkbox"/> Needs Improvement
Change in seating arrangement	/	<input type="checkbox"/> Good <input type="checkbox"/> Making Adequate Progress <input type="checkbox"/> Needs Improvement
Counselor behavior charts	/	<input type="checkbox"/> Good <input type="checkbox"/> Making Adequate Progress <input type="checkbox"/> Needs Improvement
Discipline/office referrals	/	<input type="checkbox"/> Good <input type="checkbox"/> Making Adequate Progress <input type="checkbox"/> Needs Improvement
Home school notes	/	<input type="checkbox"/> Good <input type="checkbox"/> Making Adequate Progress <input type="checkbox"/> Needs Improvement
Parent conference(s)	/	<input type="checkbox"/> Good <input type="checkbox"/> Making Adequate Progress <input type="checkbox"/> Needs Improvement
Parent phone contacts	/	<input type="checkbox"/> Good <input type="checkbox"/> Making Adequate Progress <input type="checkbox"/> Needs Improvement
Peer tutoring	/	<input type="checkbox"/> Good <input type="checkbox"/> Making Adequate Progress <input type="checkbox"/> Needs Improvement
Student conference(s)	/	<input type="checkbox"/> Good <input type="checkbox"/> Making Adequate Progress <input type="checkbox"/> Needs Improvement
Team conference(s)	/	<input type="checkbox"/> Good <input type="checkbox"/> Making Adequate Progress <input type="checkbox"/> Needs Improvement
Tutoring before/after school	/	<input type="checkbox"/> Good <input type="checkbox"/> Making Adequate Progress <input type="checkbox"/> Needs Improvement

Other factors to consider:

Is student taking medication? If "yes", specify:
 Is student having problems with his academics? If "yes", specify:
 Are there problems at home? If "yes", specify:

Teacher's Signature: _____ Date: _____