

## CMCSS RTI Record

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_ Tier: 1 2 3  
Multiple Tiers Y N

Classroom Teacher: \_\_\_\_\_ Parent Contact Information: \_\_\_\_\_

Summary of Evidence Considered											
Current Grades	ELA	Math	Science	Soc. St.	Other	Reading	Maze	F	W	S	
						Percentiles	ORF*	F	W	S	
						Math Percentiles**	F	W	S		
<b>Fall (K-1)</b>		<b>Winter (K-1)</b>		<b>Spring (K-1)</b>		*ORF scores for middle and high school students are optional  ** No Math screening scores for Kindergarten in the fall  <b>Health Concerns</b>					
LIF	K/1	LIF	K	LIF	K						
LSIF	K/1	LSIF	K	LSIF	K						
PSF	1	PSF	K/1	PSF	K						
WIF	1	WIF	K/1	WIF	K/1						
NWF	1	NWF	1	NWF	1						
		ORF	1	ORF	1						
<b>Failed Grades/Subjects &amp; Other Evidence:</b>										<b>504 Referral</b> Yes No <i>Refer if health concerns exist.</i>	
<b>Skill Deficit Area:</b> Written Expression    Comprehension    Vocabulary    Fluency    Decoding    Phonics    Phonemic Awareness Number Sense    Addition    Subtraction    Multiplication    Division    Fractions    Equations    Measurement    Graphing    Geometry <i>Select only one per RTI Record Form. Students in multiple intervention groups should have a separate form for each area addressed.</i>											
Data-Based Intervention Decision Summary											
Name of Intervention: _____						Skill Addressed: _____					
Intervention Teacher: _____				Time Per Session: _____				Pupil/Teacher Ratio: _____			
PM Frequency		Date of Review		Tier Placement			Notes				
EOW	Weekly			1	2	3					
EOW	Weekly			1	2	3					
EOW	Weekly			1	2	3					
EOW	Weekly			1	2	3					
EOW	Weekly			1	2	3					
EOW	Weekly			1	2	3					
EOW	Weekly			1	2	3					
EOW	Weekly			1	2	3					
EOW	Weekly			1	2	3					
EOW	Weekly			1	2	3					
Parent Contact Record											
Date of Contact		Summary of Contact							Person Responsible		

RTI grade level team completes form during team meeting. Keep form in Student RTI folder maintained by intervention teacher.

# CMCSS RTI Fidelity Record

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Key: A=Absent TA=Teacher Absent H=Holiday O=Other							Direct Observation		Data Review Additional Notes	
Time of Day	M	T	W	T	F	% Total	Date	Score	Date	Decision
8/15 1		H								
8/22 2										
8/29 3										
9/5 4										
9/12 5	H									
9/19 6										
9/26 7										
10/3 8										
10/17 9										
10/24 10										
10/31 11										
11/7 12										
11/14 13		H			H					
11/21 14										
11/28 15			H	H	H					
12/5 16										
12/12 17										
1/2 18										
1/9 19	H	H								
1/16 20										
1/23 21	H									
1/30 22										
2/6 23										
2/13 24										
2/20 25										
2/27 26	H									
3/6 27										
3/13 28										
3/20 29										
4/3 30										
4/10 31										
4/17 32					H					
4/24 33										
5/1 34										
5/8 35										
5/15 36										
Lesson Plans Checked: (Date)							Lesson Plans Checked: (Date)			
Schedule Checked: (Date)							Schedule Checked: (Date)			
Fidelity Monitor Signature:							Fidelity Monitor Signature:			

\*Calendar weeks excluded are seasonal breaks, first and last week of school.