

Rtl Checklist: Student Information & Data



Review & analyze the following* to determine tier of support & develop interventions.

<p><u>Student Information:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Vision & Hearing Screening Results/Health Information (Focus) <input type="checkbox"/> Parent Contact Information (Focus) <input type="checkbox"/> Attendance History (Focus) <input type="checkbox"/> Student Intervention Documentation (Edugence Rtl) <input type="checkbox"/> Student Behavioral Documentation (Focus) <input type="checkbox"/> Other Student Behavioral Support Documentations (Focus) <input type="checkbox"/> ELL Student Profile or LAU Report* <input type="checkbox"/> Focus Data (discipline, PGP, IPI, etc.) <input type="checkbox"/> Student Work Samples demonstrating skill deficit(s), Progress Reports <input type="checkbox"/> Student Cumulative Folder & Report Cards <input type="checkbox"/> Home Language Survey <input type="checkbox"/> 504 Folder (Easy IEP) 	<p><u>Source:</u></p> <p>Nurse Parent Data Clerk Teacher Teacher Counselor LPAC Chair Teacher Teacher Data Clerk 504 Coordinator</p>
<p><u>Contact and Conference Records:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Parent-Teacher Conferences = Tier I (Parent Log Tab in Edugence Rtl) <input type="checkbox"/> Tier II & III Rtl Committee Meetings (Committee Notes Tab in Edugence Rtl) <input type="checkbox"/> Student-Teacher Conferences 	<p><u>Source:</u></p> <p>Teacher Rtl Members Review 360 Incidents</p>
<p><u>Professional Support Team:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Written Consultation Notes/Reports* (Speech Language Pathologist, Educational Diagnostician, Licensed Specialist in School Psychology, Counselor, Behaviorist, Interventionist etc.) 	<p><u>Source:</u></p> <p>District Professional Support Team</p>
<p><u>Assessments:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fountas & Pinnell Benchmark Assessment Recording Forms (BAS) <input type="checkbox"/> Universal Screener: Pre K-K CLI Engage, K-2 SmartyAnts, Gr 3-12 Achieve3000, Gr 1-8 & Algebra 1 NWEA MAP Math <input type="checkbox"/> Eduphoria Aware Data (STAAR, EOC, District Assessments, Stanford, ITBS/IOWA, CogAT, local assessments) <input type="checkbox"/> All St.A.R.S Services Recording Forms <input type="checkbox"/> TELPAS <input type="checkbox"/> Other: _____ 	<p><u>Source:</u></p> <p>Teacher Data Analyst Data Analyst District Professional Data Analyst _____ _____</p>
<p><u>Describe Other Concerns to be Discussed:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Dyslexia: _____ <input type="checkbox"/> Speech: _____ <input type="checkbox"/> Health Related: _____ <input type="checkbox"/> Other: _____ 	<p><u>Source:</u></p> <p>Dyslexia Teacher Speech Therapist Nurse _____</p>

*if applicable