**Woonsocket Middle School Form A pg 1**

**Request for Assistance**

**(*REFERRING TEACHER COMPLETES ONLY THIS PAGE*)**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Homeroom: \_\_\_\_\_\_\_\_\_ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hamlet/Villa Nova IEP Y/N ELL Y/N

School Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Requesting Assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Request:

*Specific classroom challenges observed that indicate a possible need for intervention services:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Strengths: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Check All That Apply**

\_\_\_\_ Emotional Issues \_\_\_\_ Attention Span \_\_\_\_ Organizational Skills

\_\_\_\_ Medical Issues \_\_\_\_ Academic Concerns \_\_\_\_ Attitude/Motivation

\_\_\_\_ Peer Interactive Skills \_\_\_\_ Speech/Language \_\_\_\_ Conduct

Please Check Any Existing Plans For This Student and Attach to this form

* Personal Literacy Plan Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Personal Math Plan Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Personal Social Behavior Plan Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Communication Dates**

Meetings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Calls \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please Attach: Evidence of Classroom Interventions and***

 ***Work Samples for this student and for a student meeting expectations.***

***Submit this request to the Principal.***

***Principal will schedule meeting and give form to School Counselor to complete page 3.***

***If applicable give page 2 to ESL Teacher or ESL Coordinator for completion.***

***THIS PAGE WILL BE COMPLETED BY ESL TEACHER OR COORDINATOR***

 **Form A pg 2**

**ELL Data Review for RTI**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Student/Family |  | Notes/Comment |
| General | Home country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Language(s) spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Original Entry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student lives with: \_\_\_ Mother \_\_\_ Father \_\_\_ GuardianHighest grade completed parent/guardian: \_\_\_ Mother \_\_\_ Father \_\_\_\_ GuardianRecent immigrant Y NRefugee Y NHigh family mobility Y N Low socio-economic status Y N |  |  |
|  |  |  |  |
| Education | Student attended school in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of years of schooling \_\_\_\_\_\_Interrupted schooling \_\_\_\_\_\_\_Little exposure to academic content \_\_\_\_\_\_Leaves school for extended periods \_\_\_\_\_\_Early childhood education \_\_\_\_\_\_\_Limited academic language in native language \_\_\_\_\_\_\_ |  |  |
| Language Proficiency | Entering \_\_\_\_\_ Beginning \_\_\_\_Developing \_\_\_\_ Expanding \_\_\_\_Bridging \_\_\_\_\_ Reaching \_\_\_\_\_\_ | Entering 1.0-1.9Beginning 2.0-2.9Developing 3.0-3.9Expanding 4.0-4.9Bridging & Reaching students can be exited  |  |  |

 **RtI Student Profile Form A pg 3**

***THIS PAGE WILL BE COMPLETED BY THE SCHOOL COUNSELOR.***

1. Academic Record (Include a copy of the current Report Card, Progress Report, Student Schedule,

 Permanent Record Card, and Individual Learning Plan)

Repeated Grade \_\_\_\_\_\_\_ 504 Plan Y/N E-Learning\_\_\_\_\_\_\_\_\_\_ (date)

Previously evaluated for Special Education Services \_\_\_\_\_\_\_\_\_\_\_\_\_ (date) (see Special Education Secretary or Easy IEP)

1. Attendance (Include a copy of attendance detail)

Number of days absent this year \_\_\_\_\_\_\_ Number of days tardy \_\_\_\_\_\_

Number of days absent last year \_\_\_\_\_\_\_ Number of days tardy last year \_\_\_\_\_

Consecutive Absences \_\_\_\_\_\_ Other Notable Patterns:\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Discipline Record (Include copy of discipline detail)
2. FBA \_\_\_\_\_\_
3. Health Record Vision\_\_\_\_\_\_\_\_\_ Hearing\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Outside Agency involvement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Testing History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grade |  |  |  |  |
| NECAP READING |  |  |  |   |
| NECAP MATH |  |  |  |  |
| NECAP WRITING |  |  |  |  |

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate other relevant assessments such as: Orchard (Instructional), Lexile (SRI), DRA, Steiglitz, GMADE, Pearson, BASI, ACCESS.