

**Woonsocket Middle School  
Request for Assistance**

**Form A**

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:*

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

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

Please Check All That Apply

<input type="checkbox"/> Emotional Issues	<input type="checkbox"/> Attention Span	<input type="checkbox"/> Organizational Skills
<input type="checkbox"/> Medical Issues	<input type="checkbox"/> Academic Concerns	<input type="checkbox"/> Attitude/Motivation
<input type="checkbox"/> Peer Interactive Skills	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> 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 of this student and a student meeting expectations.

Submit this request to the student's school counselor.

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 _____guardian Highest grade completed parent/guardian: ___Mother ___Father ___guardian Recent immigrant                      Y    N Refugee                                    Y    N High 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 1.0-1.9 Beginning 2.0-2.9 Developing 3.0-3.9 Expanding 4.0-4.9 Bridging & Reaching students can be exited

## RtI Student Profile

FORM A

**This section will be completed by the school counselor prior to convening the RtI team.**

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 MAPS \_\_\_\_\_ (date)  
 Evaluated for Special Education Services \_\_\_\_\_ (date)  
 vision\_\_\_\_\_ hearing\_\_\_\_\_ medical concerns\_\_\_\_\_
2. 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:
3. Discipline Record Include copy of discipline detail
4. FBA \_\_\_\_\_  
 outside agency involvement \_\_\_\_\_
5. Test data will be updated by the RtI team as necessary throughout the process.

### Relevant Testing History

Grade	5	6	7	8
NECAP READING				
NECAP MATH				
LEXILE (SRI)				
ORCHARD (Instructional)				
DRA				
BASI				
PEARSON Diagnostic Mathematics Assessment				
GMADE				
ACCESS				

Other \_\_\_\_\_

6. Tier I Start Date \_\_\_\_\_  
 Tier II Start Date \_\_\_\_\_  
 Tier III Start Date \_\_\_\_\_  
 Special Education Start Date \_\_\_\_\_ Exit date \_\_\_\_\_

Student Name \_\_\_\_\_ HR \_\_\_\_\_

Referring Teacher \_\_\_\_\_

Interventionist (When applicable) \_\_\_\_\_

RtI Meeting Date \_\_\_\_\_

Team Decisions:

\_\_\_\_\_ Student does not qualify for an RtI tier change at this time. Recommended classroom intervention(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Reconvene to assess progress on \_\_\_\_\_ after implementing the recommended intervention for 6-8 weeks.

\_\_\_\_\_ Student will be placed in (Appropriate personal plans will be included in the student's RtI folder.):

\_\_\_\_\_ Tier \_\_\_\_\_ Effective date: \_\_\_\_\_

\_\_\_\_\_ Tier \_\_\_\_\_ Effective date: \_\_\_\_\_

\_\_\_\_\_ Tier \_\_\_\_\_ Effective date: \_\_\_\_\_

\_\_\_\_\_ Tier \_\_\_\_\_ Effective date: \_\_\_\_\_

\_\_\_\_\_ Assessments and/or standardized testing indicate this student may be exited from current intervention services. Exit Date: \_\_\_\_\_

School Counselor Signature: \_\_\_\_\_ Date \_\_\_\_\_

RtI Chair's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Instructional Leader's Signature: \_\_\_\_\_ Date \_\_\_\_\_