**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  \_\_\_ 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 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.